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Canadian Health Services Research Foundation
2012 EXTRA Team Fellowships

Guide for Applicants

Please read this guide carefully before making an application.



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The Canadian Health Services Foundation is an independent organization dedicated to accelerating healthcare improvement and transformation for Canadians. We collaborate with governments, policy-makers, and health system leaders to convert evidence and innovative practices into actionable policies, programs, tools and leadership development.

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1. INTRODUCTION

Many provincial governments now dedicate more than half of their budget to healthcare. This is creating enormous pressure for healthcare organizations to demonstrate productivity and performance improvements and raises a pressing need to better align the clinical, management, and policy focus on improvements and system performance. These two imperatives—(1) adding value through improved performance and (2) quality—lie at the core of the **new team-based 14-month EXTRA program**. Building on the existing curriculum, along with the EXTRA program’s strengths rooted in organizational change initiatives, the new 14-month fellowship offers shorter and more focused training in better management and use of evidence for quality and performance improvement.

The overall balance of the program has shifted towards a stronger mix of evidence-informed management and leadership for performance, based on case studies taught by innovators who are recognized management leaders in the field. There is an enhanced focus on groups: the curriculum has been rebalanced to focus particularly on the process of motivating change; initiating project leadership; leveraging the executive and governance structures of organizations for quality and performance; building technical solutions to data collection and reporting; setting targets; and reporting on performance to create a virtual cycle of measurement, targeting, implementation and rebasing the targets.

The EXTRA program is grounded in the complex reality of managing today’s health services. During your 14-month fellowship, your team will be carrying out an “intervention project” (IP) designed to actively engage you and your organization(s) in a quality improvement initiative supported by research evidence. You will be building on your own experience and applying the knowledge and skills from the EXTRA program to improvement and performance issues and real situations in your home organization. Consequently, the intervention project is intended to be the main vehicle to integrate and translate the learning from the program into practice.

Realistically, health system managers make decisions in a fast-moving and dynamic context. Consequently, research-based evidence, when available, is likely to be in competition with other information and influences that are often more pressing. Your intervention project, with full support from the senior management team, should lead to a significant quality improvement initiative within your organization and demonstrate the value of using research-based evidence applied to the decision-making process.

2. EXTRA PROGRAM PARTNERS

The EXTRA program is supported by a group of partnering organizations: the Canadian Health Services Research Foundation (CHSRF), the Canadian College of Health Leaders (CCHL), the Canadian Nurses Association (CNA), the Canadian Medical Association (CMA,) and a consortium of 12 Quebec partners represented by Institut national d'excellence en santé et en services sociaux (INESSS). CHSRF is responsible for the overall management and delivery of the EXTRA program.

Partners in the Quebec consortium led by *INESSS*

Agences de développement de réseaux locaux de services de santé et de services sociaux du Québec
Association des directeurs généraux des services de santé et des services sociaux du Québec
Association des cadres supérieurs de la santé et des services sociaux
Association des gestionnaires des établissements de santé et de services sociaux
Association québécoise d'établissements de santé et de services sociaux
Collège des médecins du Québec
Fédération des médecins omnipraticiens du Québec
Fédération des médecins spécialistes du Québec
Institut national de santé publique du Québec
Ministère de la Santé et des Services sociaux du Québec
Ordre des infirmières et des infirmiers du Québec

The EXTRA partners have a high regard for the program. They see the key benefit of EXTRA training as providing Canada with a cohort of healthcare executives who have skills to use research to lead change and to disseminate quality and performance improvement methods across the system.

The EXTRA program was set up with a grant from Health Canada. The views expressed within the program do not necessarily represent the views of Health Canada.

3. EXTRA ADVISORY COUNCIL

The program operates under a distinguished advisory council with representatives from the leadership ranks of 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 EXTRA fellows. The council's current membership includes:

- Dr. Jean Rochon (Chair), Expert associé, Institut national de santé publique du Québec
- Dr. Adalsteinn Brown, Chair in Public Health Policy, Dalla Lana School of Public Health, University of Toronto
- Dr. David Butcher, Vice-President, Medicine, Northern Health Authority, British Columbia
- Mme Lise Denis, Directrice générale, Association québécoise d'établissements de santé et de services sociaux, Quebec
- Mrs. Louise Jones, former Senior Vice President, Eastern Health, Newfoundland and Labrador
- Mrs. Kay Lewis, Chief Executive Officer, Stanton Territorial Hospital, Northwest Territories
- Mr. Joseph Mapa, President and Chief Executive Officer, Mount Sinai Hospital, Ontario
- Dr. James O'Brien, Vice-President, Research Innovation and Development, Horizon Health Network, New Brunswick
- Mme Carole Trempe, Directrice générale, Association des cadres supérieurs de la santé et des services sociaux, Quebec

4. LANGUAGE POLICY

The EXTRA fellows and faculty can participate in all program activities using the official language of their choice. There is simultaneous interpretation at the residency sessions. The EXTRA desktop (electronic network), E-learning curriculum, course readings and residency curriculum materials are available in both English and French.

5. PROGRAM FEE

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

Please note: All participants must have a laptop computer upon entering the program.

PART A – PROGRAM FEATURES

1. Purpose of the EXTRA Team Fellowships

The purpose of the new 14-month EXTRA fellowships is to identify and support teams of healthcare executives in initiating and leading evidence-informed improvements in their own organization(s), or across jurisdictions with multi-site teams and cross-boundary intervention projects. The fellowships offer an opportunity for healthcare leaders to acquire knowledge, skills and competencies that will help them to:

- Use research-informed evidence in decision-making with greater confidence
- Design and implement a research-informed change-management intervention of strategic importance to their organization
- Build organizational and cross-jurisdictional capacity for research use in support of quality and performance improvement

EXTRA teams have the opportunity to:

- Acquire skills and knowledge to support improvement
- Learn specific techniques and leadership tactics and strategies to initiate, manage and sustain improvement
- Use organizational research evidence, quality improvement theory and change management to support improvement
- Design and achieve measured progress on an organizational improvement initiative, or a multi-site improvement initiative across jurisdictions
- Implement effective and sustainable evidence-informed solutions that address organizational and regional health system priorities
- Collaborate and network with Canadian peers who have skills and experience in improvement

2. The Team Fellowships

2.1. Eligibility

The new EXTRA fellowships are available to **teams** composed of two to four individuals who have completed professional training in any health discipline, including medical practitioners, nurses, allied health professionals, health managers and health policy-makers. It is expected that recipients of EXTRA team fellowships will have completed their initial professional training in the last five to 15 years, have an ongoing commitment to the application of evidence in healthcare, and occupy leadership roles in their organizations. The team applicant(s) must provide strong evidence of support from their organization(s) throughout the tenure of the fellowship.

a) Team applications from healthcare organizations

Applicants from healthcare delivery organizations can apply as single organizational teams, multi-site teams, or as cross-jurisdictional teams. While most quality improvement focuses on specific programs and services, EXTRA team fellowships encourage participation of teams constituted across organizations and jurisdictions with a focus on improvements in, for example, transitions of care, continuum of care integration between different parts of the system, interventions focused on high-priority performance issues like infection control, and more effective alignment of services across hospitals and community providers. Individuals from small organizations that may not be in a position to put forward a team are strongly encouraged to join teams from larger organizations, or across jurisdictions, to work on intervention projects of common interest.

Typical job titles for team members include chief of nursing, chief of medicine, vice-president or chief operating officer. Directors and department heads/chiefs from these 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 leadership positions, are eligible to apply. Team applications from an organization/regional health authority must be submitted by the CEO and must include a physician leader on the team. Teams must identify an intervention project closely aligned with organizational goals and their own work responsibilities.

Applications from multi-site teams must be submitted by the CEO of the organization willing to lead the team, must include a physician leader on the team, and must include signatures of the CEO(s) of the other participating organizations.

b) Team applications from government ministries or departments

Policy-makers currently occupying senior leadership positions whose responsibilities include significant linkages to providers of direct care and delivery of services are eligible to apply as a single government department team or across policy jurisdictions, including teams that are made up of individuals from the policy and delivery sectors. 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. Examples of interventions include efforts to scale up and spread successful improvements across the system; system planning that uses the needs of patients to help focus improvements; and more effective alignment of improvement priorities and activities between the policy and delivery sectors.

Typical job titles for team members include assistant deputy minister, director general, executive director, and managers with significant span of authority. These are individuals whose jobs and responsibilities have a significant scope of influence within government and/or who can demonstrate

that they are on a career trajectory to more senior leadership positions. Team applications from a government ministry must be submitted by the assistant deputy minister(s).

The EXTRA multi-site or cross-jurisdictional 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/regional health authority, depending on the nature of the intervention project and its implementation strategy.

Multi-organizational and cross-jurisdictional teams will need to have sign-off by all sponsoring organizations.

c) Small organizations and team applications

Small organizations, with limited resources, may not be in a position to sponsor an EXTRA team. Nevertheless, small organizations are encouraged to sponsor individuals from their organizations to link with teams from larger organizations in their own regions working on intervention projects of common interest. If you are from a small and non-urban organization that may be unable to meet the \$5,000 program fee to participate in a linked team application, you may apply to the EXTRA program's equity fund for assistance to cover the program fee, prior to submitting an application.

2.2. Citizenship

Applicants must be Canadian citizens or permanent residents of Canada. Applicants who have not yet been granted permanent residency status may apply to the EXTRA program, provided that such status has been sought. Prior to commencement of fellowship, evidence that this status has been granted must be provided.

2.3. The intervention project

The first objective of the intervention project is to engage the organization(s) in a quality improvement change strategy. The intervention project must make systematic use of research-based evidence in various areas such as policy, program, or administrative issues. Intervention projects can be conducted by a single organizational team, a multi-site team, or as a cross-jurisdictional team. While most quality improvement focuses on specific programs and services, EXTRA team fellowships encourage participation of teams constituted across organizations and jurisdictions with a focus on improvements in, for example, transitions of care related to alternate level of care, continuum of care integration between different parts of the system, interventions focused on high-priority performance issues, such as infection control, and more effective alignment of services across hospitals and community providers. (See Appendix B for a list of examples of intervention project areas.)

The second objective of the intervention project is to provide teams with opportunities to collaborate with other fellows in the EXTRA program on similar or comparable projects. An intervention project can be a multi-site or cross-sector activity and involve collaboration and sharing of knowledge between EXTRA teams. This approach could mean a fellow being involved directly with another fellow's organization, or it could mean creating less formal opportunities to learn about other organizations. Collaboration could also lead to the pairing of organizations to implement the desired change.

To apply, applicants must submit a proposal outlining the following elements of their intervention project:

- Identifying an important quality gap or performance improvement issue in the organization
- Clearly articulating the problem to be addressed
- Be of the scope that can be completed within the 14-month fellowship tenure

In planning the time commitment involved in undertaking the EXTRA fellowship, applicants should keep in mind that the intervention project is going to be a key component of the learning experience and that it has to be completed within the 14-month time-frame of the fellowship. Consequently, as indicated above, the intervention project must be a priority for the organization and should be closely linked to the applicant's day-to-day work.

As agreed in the EXTRA Fellowship Acceptance Memorandum of Understanding (MOU), it is expected that the organization's CEO or ADM will ensure that participants have protected blocks of time (at least one day per week, or 20% of work time) to move forward with the development of the intervention project. Participants will also need additional support at the organizational level (technical, professional and collegial collaboration) to optimize and disseminate the learning process associated with the intervention project in the work setting.

2.4. Ethics

Applicants should investigate and identify, at the application stage, what form of ethics approval the intervention project will require (for example, ethics approval for projects involving human subjects, accessing data and information protected under privacy and confidentiality provisions requiring full or expedited research ethics board approval, or approval to conduct quality assurance projects). Note that quality improvement (QI) projects/interventions may pose ethical issues, requiring an ethics review approach that is distinct from that used with research projects. Please consult the following ethics screening tools available on www.ahfmr.ab.ca/arecci/areccitools.php to assess the risks for participants in QI projects, as well as guidelines for appropriate ethical management of these projects. Reference: Flaming, D., Barrett-Smith, L., Brown, N., Corcoran, J. 2009. "Ethics? But It's Only Quality Improvement!" *Healthcare Quarterly* 12(2): 50-55.

Employees and trustees of CHSRF are not eligible for this award. In addition, all applications and proposals must fully disclose any relationship with [CHSRF board members](#). Board members are prohibited from being the signatory on applications/proposals submitted to CHSRF. All nominators and nominees must adhere to [CHSRF's conflict of interest policy](#) (PDF).

CHSRF requires that program teams, administering agencies and partners respect the requirements for the ethical conduct of research as expressed in the following policy documents:

- "Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans" (1998) available from the website of the [Interagency Advisory Panel on Research Ethics](#). The appropriate local review committee operating in accordance with the relevant statements of policy must approve any research involving human subjects before it starts; and
- "Tri-Council Policy Statement: Integrity in Research and Scholarship" (1994): a Tri-Council Policy Statement prepared jointly with the Natural Sciences and Engineering Research Council and the

Social Sciences and Humanities Research Council, available from the [Natural Sciences and Engineering Research Council of Canada](#) web site.

2.5. Coaching and Mentoring Resources for EXTRA teams

Support is a critical component of the EXTRA program. To meet the learning objectives of the program and carry through the intervention project, teams are provided with dedicated support from a number of people. In general terms, the support includes:

- An organizational/ministry sponsor (CEO or assistant deputy minister) to ensure top-level organizational commitment in all aspects of the EXTRA program, including access to the senior executive team, protected time for residency and project work, and support for and active engagement in the organizational or policy change dimensions. The CEO or assistant deputy minister participates in the final residency session, and co-presents with the teams the results and impacts of the intervention project to the expert panels assessing the project results and outcomes.
- An academic mentor assigned to each team to assist with methodology and data requirements as well as the systematic use and application of evidence from research to improvement initiatives.
- An organizational coach assigned to teams and participating organizations to assist with the change management process and the tactical and strategic approaches to effective implementation of the intervention project.
- Regional mentoring centres (RMCs) to provide a regional contact point and support for teams' relationships with mentors and coaches, along with opportunities for linkage and exchange activities involving researchers, practice leaders, decision-makers and students.
- EXTRA program staff for ongoing program information, communications and relationships between the EXTRA program, RMCs and the fellows' home organizations.
- Faculty on site at residency sessions to provide curriculum advice and consultations with teams on the design and application of the intervention project.

a) Academic mentors assist teams with:

- the practical application of evidence
- choosing research and design strategies
- analyzing improvement theories and methodologies
- collecting and analyzing data
- determining appropriate methodologies
- finding and choosing evidence that will support the project
- information searching and retrieval
- critically appraising what is found
- synthesizing research
- examining current academic research on systems thinking and change management
- improving research and writing skills
- choosing evaluation strategies

b) Intervention project coaches assist teams and organizations with:

- making the improvement problem/question practical and oriented to the organization
- assessing the political readiness and timing within the organization
- determining key player involvement
- tactical and strategic approaches to project implementation
- getting buy-in from potential users of the information

- putting in place research transfer strategies — what kind of evidence will be useful given the culture and orientation of the organization
- using the evidence found — understanding internal politics and how to move agendas forward in the organization
- determining the line of decision-making authority
- systems thinking in the organization
- managing change in the organization
- translating the writing into the language of the organization
- getting closure on data analysis and final report writing phases; and
- ensuring that the findings will make a difference once the project ends.

c) Regional mentoring centres

EXTRA offers academic and coaching mentoring resources to EXTRA fellows in their own region, covering both academic (theoretical) and change management (applied) aspects of the program curriculum.

The role of the regional mentoring centres is to ensure that support is provided to EXTRA teams with the academic course material and intervention projects, both in their design and implementation. The RMCs are the direct contact point for the fellows' mentoring relationships; most of the mentoring centres' work concentrates on establishing and maintaining a regional pool of qualified mentors and coaches, ensuring that the teams receive effective academic mentoring and organizational coaching support. The mentoring and coaching support is tailored to the context and needs of the teams and on the area of expertise they need to draw on in different stages of implementing the intervention projects.

Two particular activities of the RMCs merit additional comment. The first is that the mentoring centres hold local orientation sessions for teams, mentors and coaches, as well as workshops and seminars for the fellows, mentors, researchers and interested decision-makers and policy-makers in the region. These sessions create more opportunities for collaboration between the research, policy and applied worlds. The second focuses on the intervention project—a key improvement activity of the teams in the EXTRA program, since it applies the concepts and theoretical information from the curriculum to the quality and performance improvement objectives of the organization. The RMCs ensure the intervention projects garner special attention from both the academic mentor and the organizational coach assigned to team(s).

The following four centres operate as the mentoring sites for the EXTRA program. Each of these also covers the northern parts of its respective region:

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

d) Milestones and contacts with mentors and coaches

The leads at the RMCs monitor the mentoring and coaching arrangements and work with teams to resolve issues and concerns. The mentoring and coaching activities are closely monitored by CHSRF and the RMCs.

Following acceptance into the EXTRA program, the EXTRA teams and their respective regional mentoring centres will discuss and formalize the mentoring and coaching support needed to support the teams. A *Mentoring and Coaching Agreement*, provided by the RMC, will need to be signed, naming the team and the mentor and coach assigned to the team(s), and listing the roles and responsibilities in the mentoring and coaching relationship.

Given the importance of mentoring and coaching in the EXTRA program, it is expected that teams will have regular contact with their mentors and coaches and will involve the organization(s), in the case of the coach, throughout the fellowship timeline.

2.6. Regional orientation workshops

Regional orientation workshops are held each year in May. The purpose of these sessions is to:

- orient the teams new to the EXTRA program;
- review roles and responsibilities, and establish working relationships between the EXTRA teams, academic mentors, coaches, program staff and colleagues from the regional mentoring centres; and
- prepare teams for their first residency session and provide detailed training on the distance education component of the program and the use of the EXTRA Desktop, the web-based electronic platform used in all aspects of learning throughout the 14-month fellowship. Laptop readiness and fellows' attendance at the orientation workshop are mandatory.

2.7. EXTRA curriculum

During the residency sessions, a series of curriculum modules is the core of the academic program. Spread over three 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 how to apply them to their intervention project. Each module is delivered by top-flight faculty using a variety of techniques including lectures, case studies and pairs' exercises. 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, coaches, academic advisors, between-session exercises and work on the intervention project.

The new curriculum also incorporates e-learning, case examples, simulations and experience from Canadian and international case studies that characterize how quality and performance improvement is done effectively by leaders in high-performing healthcare organizations in Canada, the U.S., the U.K. and elsewhere. It maintains a scholarly and measurement-oriented base in the framing of the issues.

The EXTRA curriculum is designed to link theory to practice, promote maximum interaction and participation, and translate the learning from the classroom into effective change-management intervention projects. The key content themes are: better capacity for extraction and use of evidence in

context; improvement theory; leadership development; change management; and systems thinking.

The curriculum includes active organizational coaching and academic mentoring of the implementation project, guided reading, topical coursework consisting of case-based teaching methods at residency sessions, competency-based self-directed e-learning modules, and mentored and active leadership development. Through these activities, EXTRA fellows will develop the following core set of competencies:

- knowing where and how to search for appropriate evidence to support improvement initiatives;
- acquiring skills in health evidence literacy, health information literacy, research methods, change and improvement theory, and improvement evaluation, with a focus on measuring the effectiveness and efficiency of the chosen interventions;
- employing leadership strategies to ensure successful execution of improvement initiatives, including effective communications and engagement with researchers, clinicians, board members, policy-makers and consumers at suitable points along the change process;
- designing tactical approaches, strategic levers, and feasible plans for implementing changes, including work flow mapping and simplification, six sigma and lean process, Institute for Healthcare Improvement(IHI) methods, barriers and root cause analysis, and methods to test and scale up improvements;
- knowing how to assemble data and information associated with public reporting of quality and performance initiatives.

2.8. Program Structure

The program has five components:

- A one-day orientation session
- Completion of e-learning curriculum prior to attending the first residency session
- Away-from-home residency sessions (four weeks in total over the 14-month fellowship)
- Team intervention projects, supported by mentors and coaches, conducted at home organization(s)
- Completion of e-learning curriculum between residency sessions, self-directed study, and interactions with the academic mentor and organizational coach
- Network-building

As well, there are post-program support and activities to spread improvement knowledge and share results of intervention projects across the system. There is also the potential for EXTRA fellows to be involved in further comparative system learning opportunities, along with support for building local capacity for an evidence-informed decision-making quality-focused community of practice.

Fellowship schedule:

April 10, 2012	Award announcement
May 2012	Team orientation sessions will be held in each region

June-July 2012	EXTRA teams complete e-learning curriculum <i>Module 1: Understanding health information uses for management, health evidence literacy, research methods, numeracy, and improvement evaluation (e-learning)</i>
August 2012 Fairmont Tremblant Mont-Tremblant, Quebec Two-week session in residence	Residency session <i>Module 2: Using and supporting the use of research-based evidence in healthcare organizations and systems</i> <i>Module 3: Leadership for improving performance and quality</i>
September-December 2012 Your workplace	EXTRA teams complete e-learning curriculum, continue ongoing intervention project work and report on intervention project progress
February 2-8, 2013 Hotel Omni Mont-Royal Montreal, Quebec Week-long session in residence	Residency session <i>Module 4: Refining, accelerating and sustaining change</i> Annual CEO Forum EXTRA teams participate at CEO forum and present posters
March-May 2013 Your workplace	EXTRA teams complete e-learning curriculum, continue ongoing intervention project work and report on intervention project progress
June 2013 <i>Date and location to be confirmed</i> Toronto, Ontario Week-long session in residence	Residency session <i>Module 5: Intervention project presentations to expert panels.</i>
July 2013	Teams submit final intervention project report.

2.9. 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 participating teams. The EXTRA faculty are experts in their fields, with a balance of experienced leaders in quality and performance improvement and high-quality Canadian and international academic faculty. They have strong backgrounds in improvement theory and practices, knowledge utilization, leadership development, change management, linking research with policy communities, and evidence-informed organizational and decision-making processes. The EXTRA residency sessions also include renowned guest faculty from various domains (clinical, managerial and policy sectors).

Terry Sullivan, Academic Coordinator

Professor, Department of Health Policy
University of Toronto

Terrence Sullivan is the independent board chair of the Canadian Agency for Drugs and Technologies in Health (CADTH). He also chairs the board of Public Health Ontario (the Ontario Agency for Health Protection and Promotion). From 2001 to March 2011 he occupied successively responsible positions at Cancer Care Ontario (CCO), the final seven years as President and CEO during which period the entire

organization transformed its business model to performance measurement and improvement of cancer services. From 1993-2001 he was the founding president of the Institute for Work & Health (IWH), a private not-for-profit institute affiliated with several universities and which is North America's leading research center on work-related injury. He has played senior roles in the Ontario Ministries of Health, Cabinet Office and Intergovernmental Affairs. He served as Assistant Deputy Minister, Constitutional Affairs and Federal-Provincial Relations during the Charlottetown negotiations, and he served two successive First Ministers of Ontario as Executive Director of the Premier's Council on Health Strategy, including a period as Deputy Minister (1991). A behavioural scientist, Terry is full professor in the Department of Health Policy, Management and Evaluation (Faculty of Medicine) as well as in the Dalla Lana School of Public Health at the University of Toronto. He chairs the Research Advisory Committee for the Workplace Safety and Insurance Board (WSIB) in Ontario as well as the Quality Improvement and Systems Performance (QISP) committee for the Canadian Partnership Against Cancer (CPAC).

As academic co-ordinator for the EXTRA program, Dr. Sullivan is responsible for the academic content of the EXTRA program and overall curriculum development.

Jean-Louis Denis

Professeur titulaire

École Nationale d'Administration Publique

CHSRF/CIHR Chair on the transformation and governance of healthcare organizations

Université de Montréal

Jean-Louis Denis is Full Professor at the École Nationale d'Administration Publique (ÉNAP) and holds the CHSRF/CIHR Chair on the transformation and governance of healthcare organizations at the Université de Montréal. He pursues research on governance and process of change in healthcare organizations and systems. His current research looks at integration of care and services, the development of primary care and the role of scientific evidence in the adoption and implementation of clinical and managerial innovations. He is a member of the Royal Society of Canada, fellow of the Canadian Academy of Health Sciences and chair of the advisory board of CIHR's Institute of Health Services and Policy Research. He was the founding academic coordinator of the EXTRA/FORCES initiative from 2003 to 2007.

Robert Hayward

Professor and Assistant Dean Health Informatics Division of General Internal Medicine Associate

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

Professor, Clinical Epidemiology and Biostatistics
Faculty of Health Sciences
McMaster University

At McMaster University, Dr. John N. Lavis is a 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.

Louise Lemieux-Charles

Chair, Department of Health Policy, Management and Evaluation (HPME)
Faculty of Medicine
University of Toronto

Louise Lemieux-Charles, PhD, is Chair of the Department of Health Policy, Management and Evaluation (HPME), University of Toronto. In addition to her role as chair, she is an Associate Professor in HPME, Program Director of the Hospital Management Research Unit, an adjunct scientist with the Institute for Work and Health, and a member of the Collaborative Centre for Bioethics at the University. Prior to her appointment in HPME, she held positions in senior management in the acute care system, in teaching and in consulting. Her current research focuses on performance management, human resources management, organizational learning, knowledge transfer, and service delivery networks all within the context of healthcare.

David Streiner

Professor, Department of Psychiatry, University of Toronto
Professor Emeritus, Departments of Clinical Epidemiology & Biostatistics and of Psychiatry & Behavioural Neurosciences
McMaster University

Dr. David Streiner's primary research interests are quality of life 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; quality of life in children with epilepsy; 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.

2.10. Accreditation and Certification

A program diploma will be conferred by the program partners, including the Canadian Health Services Research Foundation, the Canadian Medical Association, the Canadian College of Health Leaders, the Canadian Nurses Association, and the Quebec Consortium (INESSS).

The EXTRA program is formally recognized by the University of Montreal, Royal Roads University and the University of Toronto. Graduates of the EXTRA program can earn university credits toward a Diplôme d'études supérieures spécialisées in health services administration (DESS) or an M.Sc. at the University

of Montreal. Royal Roads University offers credits towards a Graduate Diploma in Health Systems Leadership, and the University of Toronto offers credits toward the M.Sc. Health Services Research from the Department of Health Policy, Management and Evaluation.

EXTRA fellows also qualify for the following:

- Continuing Medical Education Credits offered by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada
- Maintenance of Certification (MOC) Level 1 credits by CCHL
- CCHL Certified Health Executive (CHE) designation
- CCHL Fellowship Program — as a partner, CCHL offers the EXTRA fellows who meet the pre-requisites for admission as determined by the College the opportunity to obtain a CCHL Fellowship designation taking into account the EXTRA fellowship work
- Linkages with LEADS in A Caring Environment, capability framework that has been adopted by CCHL and AHS

Certification levels are available for EXTRA participants who complete the program's competency-based e-learning modules.

3. Selection Criteria

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

3.1. The applicant(s)

- Demonstrated commitment to evidence-based quality improvement
- Strength of clinical and/or management quality improvement achievements
- Clarity of roles, contribution and accountability of each team member to improvement initiative
- Potential for healthcare leadership
- Clarity of career goals and synergy with the goals of EXTRA fellowship
- At a career stage where maximum can be obtained from EXTRA fellowship

3.2. The intervention project

- Articulation of a well-defined problem to be addressed
- Importance of the intervention to organization's quality and performance improvement plans
- Clear evidence from the senior leadership in the organization(s) that the intervention project is aligned with organizational priorities
- Clarity of priority area for improvement with specific targets and timelines for implementation
- Clarity of project design, intervention, target group and methods
- Innovativeness of approach
- Likelihood that the team will make measured progress towards the intervention project in its host organization(s) during the fellowship timeframe
- Clarity regarding the applicant's role in the intervention project

3.3 The overall application

- Supported by host organization, senior executive team, organizational sponsor
- Evidence of obtaining, from sponsoring organization, the required resources and dedicated time to undertake learning and intervention
- Coherence between applicant(s), intervention project, organizational mentor and host organization, and the overall objectives of the EXTRA fellowship
- Well-written and carefully prepared application that follows the guidelines provided

4. Application Process

4.1. General

Applicants must consult the full details on the application requirements and process provided in the *EXTRA 2012 Guide for Applicants*, a copy of which will accompany the application form and which is also available at www.chsrf.ca/extra. Applicants are advised to read the guide carefully before preparing and submitting their application. Applicants should check that all information contained in the application is correct at the time of submission.

The application form can be downloaded (Microsoft Word format) from the CHSRF website. Separate application forms for the following stream of applications are available in electronic format from grantsandawards@chsrf.ca:

- Single organization team applications (including government departments/ministry)
- Multi-site/across jurisdiction team applications (including government departments/ministry)

4.2. Co-sponsored and cross-institutional team fellowships

Applications from organizational multi-site teams must be submitted by the CEO of the organization willing to take lead for the team, must include a physician leader on the team, and must include signatures of the CEO(s) of the other participating organizations.

Applications from government departments/ministry team applications or from across jurisdictions must be submitted by the organization willing to take lead for the team, and must include signatures of the CEO(s) or ADM(s) of the other participating organizations.

4.3. Electronic submission

Applications must use the appropriate EXTRA electronic application form, which is available at grantsandawards@chsrf.ca. When requesting an application form, please specify which form is required: a single organization team application form or a multi-site/across jurisdiction team application form. The applicants are responsible for ensuring complete documentation is provided. Any questions can be addressed to grantsandawards@chsrf.ca.

Signatures must be provided to confirm that the candidates, the organizational/ministry sponsors and the CEOs/ADMs have all 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.

Conflict of Interest and Ethics

Employees and trustees of CHSRF are not eligible for this award. All nominators and nominees must adhere to [CHSRF's conflict of interest policy](#) (PDF).

CHSRF requires that program teams, administering agencies, and partners respect the requirements for the ethical conduct of research as expressed in the following policy documents:

1. "Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans" (1998) available from the website of the [Interagency Advisory Panel on Research Ethics](#). The appropriate local review committee operating in accordance with the relevant statements of policy must approve any research involving human subjects before it starts; and
2. "Tri-Council Policy Statement: Integrity in Research and Scholarship" (1994): a Tri-Council Policy Statement prepared jointly with the Natural Sciences and Engineering Research Council and the Social Sciences and Humanities Research Council, available from the [Natural Sciences and Engineering Research Council of Canada](#) web site.

4.4. Due date

Fellowship applications must be received at CHSRF offices both via e-mail and in hard copy (one original and three copies) on or before **12 p.m. EST on February 1, 2012**.

Completed applications should be e-mailed to grantsandawards@chsr.ca.

Completed applications should also be sent by courier to:

**Grants, Awards & Partnerships
Executive Training for Research Application (EXTRA) Program
2012 Call for Fellowships
Canadian Health Services Research Foundation
1565 Carling Avenue, Suite 700
Ottawa, ON K1Z 8R1**

4.5. Notification of results

The eligibility screening, panel review and selection will take place by March 2012, and the results will be posted on the CHSRF website by April 10, 2012 at www.chsr.ca/extra.

Program orientation packages will be sent by May 7, 2012 to successful applicants, and site visits with sponsoring organizations and orientation sessions will be held in each region in late May. Participants will complete the e-learning modules prior to the first residency session in August 2012, which is taking place at the Fairmont Tremblant, Mont-Tremblant, Quebec.

4.6. Resubmissions

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 as described in the panel summary.

4.7. Enquiries

Applicants requiring additional information regarding any aspect of the EXTRA team fellowships can send an e-mail enquiry to grantsandawards@chsr.ca.

5. Review and selection process

5.1. Eligibility screening

CHSRF staff will conduct a preliminary eligibility assessment according to application requirements. If an application appears ineligible or incomplete, or if team applications from a single organization or ministry are not accompanied by a letter from the CEO/ADM, they will not be forwarded for review. The applicants are responsible for ensuring complete documentation is provided. If an application is deemed ineligible, it will be returned without a full advisory council review, and the applicant(s) will be provided with an explanation of the decision.

5.2. Review and ranking

The EXTRA program's distinguished advisory council, which includes regional representatives from the nursing, physician, health service executive and policy settings, will select the teams. The main job of the advisory council, in its role as a review panel, is to select excellent teams. There are, however, 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 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.

5.3. Privacy and Access to Information

Documents containing personal information are handled and protected in accordance with the provision of the federal *Access to Information Act*, the *Privacy Act*, and the *Personal Information Protection and Electronics Document Act*, all of which set standards for the collection, storage, use and disclosure of, and access to, personal information. Personal information is disclosed only with permission of the individuals to whom it relates or where the Acts allow.

5.4. Confidentiality

Information contained in applications is regarded as confidential, unless otherwise stated, and will be received and treated as confidential by CHSRF and its representatives. It is a legislated responsibility of all CHSRF reviewers, and persons assisting the review process, not to disclose any personal confidential information to which they become privy as a result of exercising their responsibilities to CHSRF.

Information comprising the names of successful applicants and their sponsoring organizations, together with the title of the intervention project and an abstract, may be published in CHSRF's annual report and are available through the CHSRF website. CHSRF may also release information about the areas of the intervention projects and a brief description of the project provided by the applicant(s).

6. Monitoring

The intervention project monitoring is intended to achieve measured progress on the improvement initiative within the 14-month fellowship timeline. Following the first residency session in August, the EXTRA teams, working with the assigned academic mentors and organizational coaches, will set out clear milestones for the intervention project implementation. Teams will report on results and milestones every two months. Results and milestones of the intervention projects will be shared with the sponsoring organization(s).

7. Conditions of the EXTRA team fellowships

7.1. Memorandum of Understanding

Successful teams and their respective sponsoring organizations must enter into a formal agreement governing the terms and conditions of the fellowship. EXTRA team fellowships are provided through a Memorandum of Understanding with the sponsoring organizations to enable teams to undertake an intervention project. Fellowships must be taken up by the end of April 2012.

7.2. Reporting on progress

Regular reporting on the progress of the intervention project is a requirement of the EXTRA program. The faculty, academic mentors, and coaches will provide you and your organization(s) with ongoing feedback and comments on your work. Milestones for the intervention projects will need to be met throughout the 14-month fellowship. You will also engage in ongoing self-assessment, participate in peer dialogue and shared learning, and receive support and feedback from mentors and coaches assigned to the teams.

7.3. Intellectual property and open access

Any rights to intellectual property, data collected and copyright developed as a result of the fellowship are jointly owned by CHSRF and award holder or by the sponsoring organization(s), depending on the particular intellectual property agreement of the team's organization. The parties agree that the reports and other documentation resulting from the intervention projects will be made freely available online to the broader community within six months of completion in the following locations:

- CHSRF and award holder selected web sites. This will constitute an irrevocable worldwide, non-exclusive, perpetual, royalty-free, unlimited license of publication for both parties.
- Open access journals.
- Non-open access journals where the publisher agrees to archive the paper in an open access repository within six months of publication (e.g. Institutional Repository or PubMed Central).

7.4. Acknowledgement in publications

Fellows must acknowledge CHSRF and the sponsoring organization(s) in any publication or presentation of the intervention projects undertaken by the EXTRA team fellowships.

7.5. Changes to the intervention project and/or organizational sponsorship(s)

During the term of the EXTRA team fellowship, the proposed intervention project must not be altered without the written consent of CHSRF. Any request to alter the proposed intervention project plan must be submitted to CHSRF in writing, accompanied by detailed evidence and reference to the proposed changes. During the term of the EXTRA team fellowship, CHSRF must be advised in writing about any alterations to fellow(s) organizational affiliation and/or sponsoring organizational support plans to participating teams, accompanied by detailed reference to the proposed changes.

7.6. Attendance at residency sessions

Full participation of all team members in all residency sessions of the EXTRA program is essential to retaining the fellowship.

7.7. Completion of e-learning curriculum between residency sessions

All members of teams are required to complete the competency-based e-learning modules for which certification will be available.

8. Administration of Fellowships

CHSRF is responsible for the overall administration of the fellowships.

8.1. Program Co-ordinators

Nina Stipich
Senior Director, Education and Training
Canadian Health Services Research Foundation
1565 Carling Avenue, Suite 700
Ottawa ON K1Z 8R1
Phone: 613-728-2238 ext. 231
Fax: 613-728-3527
E-mail: nina.stipich@chsr.ca

Jessie Checkley
Program Officer, Executive Training
Canadian Health Services Research Foundation
Phone: 613-728-2238 ext. 356
Fax: 613-728-3527
E-mail: jessie.checkley@chsr.ca

Anique Turgeon
Program Officer, Executive Training
Canadian Health Services Research Foundation
Phone: 613-728-2238 ext. 350
Fax: 613-728-3527
E-mail: Anique.Turgeon@chsr.ca

Academic support and curriculum development

Terrence Sullivan

Academic Co-ordinator

E-mail: tsulliva2@gmail.com

Regional mentoring centres

Atlantic Regional Mentoring Centre

Cathy Peyton

Program Assistant

Atlantic Regional Training Centre (ARTC)

Phone: 709-777-8736

Fax: 709-777-7382

E-mail: cpeyton@mun.ca

Ontario Mentoring Centre

Miguel A. Pérez

Program Assistant

Ontario Regional Training Centre (OTC)

Phone: 905-525-9140 ext. 26203

Fax: 905-526-7949

E-mail: mperez@mcmaster.ca

Quebec Mentoring Centre

Regula Bucher

Program Assistant

FERASI Centre

Phone: 514-343-6111 ext. 2692

Fax: 514-343-2306

E-mail: regula.bucher@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

EXTRA Desktop

Robert Hayward, Director

Centre for Health Evidence

University of Alberta

Tel: 780-492-6632

Fax: 780-492-1748

E-mail: info@cche.net

Program Evaluation

Werner Müller-Clemm
Director, Strategic Evaluation
Canadian Health Services Research Foundation
Tel: 613-728-2238
Fax: 613-728-3527
E-mail: Werner.mullerclemm@chrsf.ca

9. Frequently Asked Questions

1. Why a new and shorter training program?

Evaluations show that many fellows felt the two-year program was very demanding on their family and work lives. The shorter, more focused 14-month program will allow CHSRF to extend the opportunity for training to more people who might have been reluctant to make a two-year commitment. The new curriculum will have an e-learning component, allowing for the residency learning to be more focused on hands-on work on the intervention projects.

2. Am I eligible to apply?

Several elements have to be considered regarding the eligibility of teams and organizations: section 2.1 of this guide presents details about eligibility for teams applying from direct-care-delivery organizations and government departments/ministries. If you are unsure about your eligibility, contact Nina Stipich at nina.stipich@chrsf.ca for clarification.

3. 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 management positions working in direct-care-delivery organizations and government departments/ministries.

4. Can I receive a paper copy of the application form?

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

5. 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.

6. How many copies do I need to submit?

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

7. What address do I send my application to?

Grants, Awards and Partnerships
Executive Training for Research Application (EXTRA program)
2012 Call for Fellowships
Canadian Health Services Research Foundation
1565 Carling Avenue — Suite 700
Ottawa, ON K1Z 8R1

8. 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.

9. Who should sign the application if the CEO is an applicant or one of the applicants in a team submission?

The Board Chair of your organization should sign the application if the CEO is an applicant.

10. Can you provide me with proof that my application has been received by CHSRF?

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

11. When is the deadline?

All completed applications, both via e-mail and hard copy, must be received at CHSRF offices by February 1, 2012, by 12 p.m. EST.

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

Unsuccessful applicants can submit a new application to the EXTRA training program in later years. However, to strengthen their applications, applicants must take into account the comments from the panel that are provided with the notification of results in the panel summary. Please note that the EXTRA program does not keep unsuccessful applications for later consideration; you must reapply.

13. Does my CV accompany my application?

Yes. The application form has to include a brief CV (maximum five pages), tailored to EXTRA program objectives.

14. Do you require any specific formatting for the five-page CV?

There are no specific format requirements for the five-page CV. We require the electronic version in MS Word or PDF format; however, any text file is acceptable. Please ensure your CV includes dates for all activities, education background, and work experience.

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

Yes, your position in the organization should be clearly identified. We require the electronic version in MS Word or PDF format (8 ½ x 11).

16. What is the word limit for the application?

There is a maximum word limit for most questions in the application form. Concise answers are encouraged, but need to have enough information to convey meaning and ensure clarity. Applications exceeding the word limit will not be accepted.

17. Do I need to attach reference letters?

No. The selection panel does not need any reference letters.

18. 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), including dates obtained.

19. What is meant by the "Chief Information Officer" on the application form?

The Chief Information Officer is the person within the fellow's organization or department who would provide the required computer software and technical support to allow the fellow's participation in the EXTRA program's virtual learning community, as fellows are linked into this community shortly after being accepted into the program. The EXTRA staff work with this person, immediately following the acceptance of the fellowship, to co-ordinate setting up the fellow's access.

20. Do I need a PhD or a Master's degree to be considered for the program?

No. The EXTRA program is not targeting researchers or intending to turn the participants into researchers. EXTRA aims to give all participants the skills and knowledge to become change agents in quality and performance improvement, and leaders in tactics and strategy to initiate, manage and sustain evidence-informed improvement.

21. 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 residency sessions, your organization 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.

Once agreed to with your organization, we will issue the cheque directly to your organization, which will pay you the total income replacement amount.

22. Does the organization have to pay \$5,000 for each team member?

Yes.

23. What are the other costs incurred by organizations, over and above the \$5,000 per applicant program admission fee?

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. It is also expected that the fellow's organization or department would cover the CEO's travel and accommodation costs to attend Module 5: Intervention project presentations in June.

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

Attendance of the CEO or assistant deputy minister is not covered by the fellowship; therefore the cost has to be assumed by the organization or ministry.

25. 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.

26. Can my family travel with me to residency sessions?

Yes. However, fellows who enter into the EXTRA program should be prepared for and understand the demands that are placed on them while attending the residency sessions. The program activities fellows are expected to engage in (outside of the formal daytime classroom time) are: faculty consultations; group work; networking with colleagues; classroom assignments/readings; and reflection time. All of these activities are an integral part of completing the program successfully. This is a consideration to keep in mind when determining the realistic amount of personal time that will be available outside of the program activities. Another consideration is the cost of meals for family members while on site;

these can add up significantly, as dining options are limited (in some locations) to the meals that are set up for the program. While the EXTRA program staff and faculty understand the importance of work/family balance and fully appreciate the demands that this type of time commitment away from home can put on families, it is important to weigh all factors carefully before determining whether or not to bring your family to the residency sessions.

27. How is my fellowship evaluated?

The faculty, academic mentors, and coaches will provide you and your organization(s) with ongoing feedback and comments on your work. Milestones for the intervention projects will need to be met throughout the 14-month fellowship. You will also engage in ongoing self-assessment, participate in peer dialogue and shared learning, and receive support and feedback from mentors and coaches assigned to the teams. A program diploma and other accreditation provisions will be conferred upon successful completion of all program requirements.

28. Is the EXTRA program recognized by a university? Can EXTRA training and the project work be used as part of study towards a higher degree?

Yes. The EXTRA program is formally recognized by the University of Montreal, Royal Roads University, and the University of Toronto. Graduates of the EXTRA program can earn university credits toward a Diplôme d'études supérieures spécialisées in health services administration (DESS) or an M.Sc. at the University of Montreal. Royal Roads University offers credits towards a Graduate Diploma in Health Systems Leadership, and the University of Toronto offers credits toward the M.Sc. Health Services Research from the Department of Health Policy, Management and Evaluation.

See section 2.10 of the guide for more details regarding EXTRA program Accreditation and Certification.

29. What does the residency component involve?

The away-from-home residency component consists of four modules. These four areas of study are supported by a comprehensive distance learning component dedicated to skills in health information literacy and health evidence literacy. 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, coaches 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 of your intervention project. You will learn from case studies and critically assess how concepts and models relate to real-life organizations and your own improvement work.

30. What is involved in e-learning between the residency sessions?

In between residency modules, you will keep in touch with faculty and fellows using the EXTRA Desktop, a customized Internet-based learning platform that 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, you will be expected to complete segments of the e-learning curriculum, for which certification will be available. The objective of the e-learning curriculum is to enhance the content learned within the residency sessions through self-directed study and interactions with EXTRA faculty, academic mentors and coaches on achieving measured progress on your intervention project.

31. What is expected of the CEO/assistant deputy minister?

Team applications require the CEO or the assistant deputy minister to assume a sponsorship role for the improvement activity and to ensure top-level organizational commitment for its implementation. For team applications, the CEO or assistant 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.

The home organization(s) and the teams should also look for and create opportunities to share the learning from the EXTRA program in their region and across the system.

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 sponsoring organization(s). The majority of the memorandum will be a set of clauses describing the obligations and undertakings of the teams, the host organization or government department/ministry, and the EXTRA program.

32. What stage in my career should I have reached to be considered for a fellowship?

The EXTRA fellowships are designed to support the training of health professionals who have reached a stage in their careers where they are likely to contribute at least 25 more years as leaders and influencers in healthcare improvement and evidence-informed decision-making. While no age limit applies, the expectation is that applicants will have completed their initial professional training and post-secondary education between five and 15 years previously. We also expect applicants to be receptive and willing to be mentored and coached, and to actively engage in career development activities designed to help them attain and demonstrate effective skills in healthcare improvement and leadership.

33. What roles do academic mentors and organizational coaches play? How are these roles different?

The academic mentor assigned to each team will assist with methodology and data requirements and the systematic use and application of evidence from research to improvement initiatives.

An organizational coach assigned to teams and participating organizations will assist with the change management process and the tactical and strategic approaches to effective implementation of the intervention project.

See section 2.5 of the guide for more details regarding respective roles of academic mentors and organizational coaches.

34. Is ethics approval required prior to commencement?

Applicants should investigate what form of ethics approval their project will require (full ethics approval or approval to conduct a quality improvement project) at the application stage. It is expected that successful teams will begin the process of gaining ethics approval as soon as they are advised of the success of their application.

35. Who should I address questions to?

Any questions, concerns, or comments should be sent by e-mail to CHSRF staff at grantsandawards@chsr.ca.

36. Can I get further information about the program over the phone?

All enquiries are handled by e-mail as a way of monitoring the types of problems encountered and ensuring that the information provided is accurate and consistent. If you have a query, please send an e-mail to grantsandawards@chsr.ca. The e-mail query may include a request to speak directly with the EXTRA program staff, which will be communicated accordingly and followed up.

10. Examples of multi-site intervention projects

Across the policy and delivery levels, cross-boundary, cross-jurisdictional, cross-regional, and cross-provincial

Cross-boundary

Example # 1

The Problem

Stroke victims do not always receive adequate rehabilitation, home care services and family medicine follow-up services. As a result, these patients often end up in an alternate level of care bed and contribute to emergency room congestion. This situation may occur because of lack of coordination between the hospital, the complex care rehabilitation center, the Community Care Access Center (CCAC) and the Family Health Team.

The Intervention Project

A multi-site project involving executives from the hospital, the rehabilitation center, the CCAC and a manager or physician from the Family Health Team could lead the design and implementation of a comprehensive, seamless follow-up program for stroke patients, based on evidence of best interdisciplinary practices and optimal patient flow processes. The results of this change initiative could be measured with indicators on the patient's level of recuperation and on the level of use of institutional services.

Example # 2

The Problem

In a recent study at a health centre, 72% of registered patients suffering from a chronic disease were diagnosed as having more than one chronic affliction. Mismanagement of these diseases results in poor patient outcomes and increased utilization of hospital and long-term institutional care.

The Intervention Project

A multi-site project involving executives from the hospital, the CCAC, and the Family Health Team or the Community Health Center could lead the development of a systemized multi-organizational, interdisciplinary approach to the care of these patients, using research evidence on multiple chronic disease management and optimal patient flow. This could involve the development of adjusted clinical protocols and improved patient flow processes. Results could be measured on the patient's satisfaction and overall health maintenance, as well as on the level of use of institutional services.

Example # 3

The Problem

Early recognition and treatment of mental health illness in youth has been demonstrated to be an efficient way to avert a chronic and disabling course of the illness. The health system, however, is not well equipped to ensure this early detection and treatment.

The Intervention Project

A multi-site project involving executives from a family health team, a general hospital site and a tertiary psychiatric hospital could lead the development of an integrated intervention program for these patients at the onset of the illness. Results could be measured in terms of reduced patient use of emergency resources, as well as with patient wellness indicators.

Cross-regional

Example # 1

The Problem

Follow-up to ultra-specialized hospital services requires close cooperation between the referring general hospital and the academic health center (which is not always well structured in clinical and administrative protocols). This can result in patient readmission to the academic center with negative consequences to the health of the patients.

The Intervention Project

A multi-site project involving executives from a general regional hospital and an academic health science center could lead an initiative to implement clinical and administrative protocols guiding the clinical services, as well as the patient discharge and follow-up procedures and support services, provided in both institutions. Results could be measured by patient health recuperation indicators and use of institutional resources.

Example # 2

The Problem

Smaller organizations such as Community Health Centers in Ontario need to optimize their administrative and clinical resources due to increased demand for their services. Because of their size, they do not have the support services to develop and implement new models of integrated administrative and clinical services.

The Intervention Projects

Two or more Community Health Centers, supported by research evidence of efficient approaches, could organize a joint project team of executives to lead the development and implementation of models of integrated administrative services for their organizations, from cooperation to full amalgamation. The implementation results of these models could then be shared with other Community Health Centers through their provincial association.

Two or more Community Health Centers could organize a joint project team of executives to lead the development and implementation, in each of their organizations, of a model of service delivery for a specific population, based on best practices and research evidence..

Cross-jurisdictional

Example # 1

The Problem

A number of provinces and the Canadian territories cannot offer a certain number of specialized and ultra-specialized hospital services to their population. As provided by the Canada Health Act, patients are referred to other provinces where these services are available. Also, patients sometimes choose to receive these services in another province because of the proximity of the services or the perceived better quality of these services. This is particularly the case in border regions. Although the transferability of patients is ensured by law, the post-discharge services required for these patients in their home institutions is not always well coordinated and at times is hampered by jurisdictional differences in regulations and system delivery. This results in undue readmissions and poorer patient outcomes.

The Intervention Project

A multi-site project involving executives from the two ministries of health, a referring institution and an ultra-specialized academic center could lead an initiative to develop joint policies to guide the cross-jurisdictional transfer and follow-up of patients. This project would include the development of clear clinical and administrative protocols to ensure quality of care and adequate patient flow. Results could be measured in patient outcomes and the level of use of services.

Cross-provincial

Example # 1

The Problem

Various new and innovative public health programs are being implemented in provinces across Canada. However, the results of these innovations are not always replicated in other jurisdictions for a variety of reasons—cultural differences, population readiness or differences, and others. As well, results of programs are not always shared between jurisdictions, so the best possible course to follow is not always clear.

The Intervention Project

Two or more public health agencies in different provinces could lead the development and the implementation of a new model of public health intervention on a specific public health issue, based on research evidence and documented best practices and results from other jurisdictions. Results could take into account population and other environmental differences and be measured with jointly determined indicators. Organizations such as the Urban Public Health Network could be involved in the project and in the dissemination of results.

Example # 2

The problem

Even though excellent methods and processes exist to evaluate the patient outcomes and cost-effectiveness of health interventions, there is a natural tendency for evaluations to focus on new services and/or products that are being considered for coverage, rather than re-evaluating existing funded services and products. This lack of attention on existing services could mean they become no longer effective or cost-effective.

The Intervention Project

An intervention project, led by executives from at least two provinces, could synthesize research evidence and develop an implementation plan for a systematic approach for taking in and acting on research evidence related to existing funded health services and products. The specific environment of each province could be taken into account and documented to demonstrate its impact on the implementation program or approach. Results could be measured using the same indicators of efficiency in each province.

11. FELLOWS

2011 EXTRA Fellows* / Boursiers FORCES 2011*



Lisa Adams

Project Leader
Commission of Inquiry,
Eastern Health



Kathy Greene

Director
Department of Decision Support
Bryère Continuing Care



Natalie Petitclerc

Directrice Générale Adjointe
Centre de Santé et de Services
Sociaux de Québec-Nord



John Andruschak

Vice President and Consolidation Lead
Pathology and Laboratory Medicine
Provincial Health Services Authority



Sandra Janes

Director
Health Services, Medicine,
Geriatrics and Emergency
Capital District Health Authority



Andréanne Saucier

Associate Director of Nursing and
Co-Director
Cancer Care Mission and
Respiratory Services
Office of Quality, Patient safety and
Performance Cancer Care Mission
McGill University Health Centre



Susan Bowman

Manager, Physiotherapy and
Orthopedic Clinic and
Interim Manager
Occupational Therapy and Speech
Language Pathology Winnipeg
Regional Health Authority



Michelle Joyner

Manager
Medical Affairs
St. Joseph's Healthcare Hamilton



Stavros Savopoulos

Medical Director
Hospital Care and Chief of Family
Practice, QE II Site Capital District
Health Authority



Stephanie Connidis

Service Chief
Community Health Unit (8.4 Halifax
Infirmary)
Capital District Health Authority



Kathleen Klaasen

Manager
Nursing Initiatives
Winnipeg Regional Health Authority



Michel Simard

Directeur
Services à la Clientèle par Intérim
Centre de Santé et de Services
Sociaux de La Matapédia



Sandra D'Auteuil

Infirmière Chef
Programme Psychiatrie, Santé
Mentale et Toxicomanie
Centre Hospitalier de l'Université
de Montréal



Paul Komenda

Medical Director
Home Hemodialysis, Manitoba
Renal Program, Winnipeg Regional
Health Authority



Julie Stratton

Manager
Epidemiology
Peel Public Health



Minnie Downey

Program Director
Cardiac Services
Fraser Health Authority



Martin Lamarre

Directeur Adjoint
Services Professionnels
Centre Hospitalier Universitaire
de Québec



Vlatka Tustonic

Lead
Strategic Initiatives
Department of Continuing Care
and Senior's Health Saskatoon
Health Region



Marilyn R. El Bestawi

Executive Director
Hospital, Pharmacy &
Diagnostic Services
Baycrest Centre for Geriatric Care



Jocelin Lecomte

Commissaire Local Adjoint
Plaintes et à la Qualité des Services
Centre de Réadaptation
Lisette-Dupras



Monali Varia

Surveillance Advisor
Peel Public Health



Carolyn Freeman

Co-Director
Office of Quality, Patient Safety and
Performance, Cancer Care Mission
McGill University Health Centre



Jane Newlands

Manager
Primary Health Care and
Seniors' Health
Guysborough Antigonish
Strait Health Authority



Laura Wheatley

Senior Manager
Clinical Development
St. Joseph's Healthcare Hamilton



Laurentiu Fulicea

Psychiatre
Centre Hospitalier de l'Université
de Montréal



Karen Omelchuk

Corporate Director
Health System Planning,
Planning and Strategic Services
Interior Health Authority



David Gaulin

Cogestionnaire
Clinico-Administratif Programme
Psychiatrie et Santé Mentale
Centre Hospitalier de l'Université
de Montréal



Alison Paprica

Director (Acting)
Health System Planning
& Research Branch
Ontario Ministry of Health
and Long-Term Care

*at commencement of fellowship /
* à l'obtention de la bourse

2010 EXTRA Fellows* / Boursiers FORCES 2010*



Renay Bajkay

Director, Residential Services
Coast Mental Health



Jean-François Fortin Verreault

Directeur adjoint, Ressources humaines
Centre hospitalier de l'Université de Montréal



Cynthia Sinclair

Manager of Initiatives, Personal Care Home Program
Winnipeg Regional Health Authority



Sandra Barr

Program Director, Heart Centre
Providence Health Care



Richard Gibson

Chief, District Department of Family Practice
Capital District Health Authority



Melissa Thomson

Program Director
Grey Bruce Health Services



Ann Bartlett

Acting Vice President
Patient Services
Cambridge Memorial Hospital



Michelle Harvey

Directrice, Ressources financières et informationnelles
Centre de santé et de services sociaux de Dorval-Lachine-LaSalle



Elaine Warren

Program Director, Surgery
Eastern Health



Annie Bélanger

Conseillère cadre à la direction générale
Centre de santé et de services sociaux des Sommets



Martine Lachance

Directrice adjoint
Soins infirmiers
Centre hospitalier universitaire de Québec



Margot Wilson

Project Director, Chronic Disease Management
Providence Health Care



Liliane Bernier

Adjointe à la directrice des soins infirmiers
Centre hospitalier universitaire de Québec



Gene Long

Senior Policy Advisor
Toronto Public Health



Peter Bieling

Director- Mood and Anxiety Services, Geriatric Services, and Quality and Evaluation (Mental Health and Addictions)
St. Joseph's Healthcare Hamilton



Victoria Madsen

Change Management Manager
Administrative Department
St. Joseph's Healthcare Hamilton



Beverley Bryant

Manager, Education and Research
Peel Region Public Health Department



Jocelyne Maxwell

Directrice générale
Centre de santé communautaire du Témiskaming



Hélène Daniel

Directrice, Services professionnels
Centre de santé et de services sociaux de Dorval-Lachine-LaSalle



Gaylene Molnar

Program Manager
Geriatric Evaluation and Management Services and Rehabilitation Outpatients
Saskatoon Health Region



Chantal Desfossés

Directrice,
Communications, relations avec le milieu et secrétariat général
Centre de réadaptation en déficience intellectuelle Montérégie-Est



Joe Puchniak

Manager, RAI/MDS and Decision Support, Personal Care Home Program
Winnipeg Regional Health Authority



Carolyn Edwards

Director, Primary Healthcare
Capital District Health Authority



Shannon Ryan

Manager, Primary Healthcare
Capital District Health Authority

*at commencement of fellowship /
* à l'obtention de la bourse

2009 EXTRA Fellows* / Boursiers FORCES 2009*



Sonia Bélanger

Directrice générale
Centre de santé et des services
sociaux Coeur-de-l'Île



Barbara Fitzgerald

Director, Nursing
Princess Margaret Hospital
University Health Network



Doug Prince

Director, Health Services
Exploits, Central Regional
Health Authority



Agostino Bellissimo

Chief, Department of
Emergency Medicine
St. Joseph's Healthcare Hamilton



Myriam Giguère

Directrice, Direction des
services hospitaliers
Centre hospital universitaire
de Montréal



Yolaine Rioux

Directrice, Programmes de
santé publique, Centre de
santé et des services sociaux
Richelieu-Yamaska



Heather Brown

Vice President, Rural Health,
Central Regional Health Authority,
Grand Falls-Windsor



Nazlin Hirji

Director, Nursing/Patient Care,
Toronto Rehabilitation Institute



Jean Rousseau

Chef d'unité, Programme de
dépistage, génétique et lutte au
cancer, Institut national de santé
publique du Québec



Pat Campbell

Chief Executive Officer, ECHO:
Improving Women's Health
in Ontario



Glenn Kissman

Manager, Home and Community
Care Information Systems
Interior Health



Paula Rozanski

Directrice générale
Centre de santé et des services
sociaux la Pommeraie



Gerardo Castaneda

Chief Information Officer
St. Joseph's Healthcare



Christina Krause

Executive Director, BC Patient
Safety & Quality Council



David Schramm

Surgical Director
University of Ottawa Auditory
Implant Program
The Ottawa Hospital



Daniel Castonguay

Directeur général,
Centre de santé et des services
sociaux Richelieu-Yamaska



Janet McElhaney

Physician Program Director
Elder Care Program
Providence Health Care



David Thompson

Corporate Director
Seniors Care
Providence Health Care



Yves Desjardins

Directeur, Information de la qualité
et de la performance
Centre de santé et des services
sociaux Sud-Ouest-Verdun



Wayne Miller

Senior Director
Corporate Strategy and Research
Eastern Health



Sarah Downey

Vice President
Princess Margaret Hospital
University Health Network



Malcolm Moore

Chief of Medical Services, Head,
Division of Medical Oncology
and Hematology
Princess Margaret Hospital University
Health Network



Susan Drouin

Associate Director, Nursing,
Women's Health Mission
McGill University Health Centre



Jacqueline Nobiss

Director
Aboriginal Health Services
Winnipeg Regional Health Authority



Dana E. Erickson

Vice-President & Chief
Administrative Officer
Health Sciences Centre, Winnipeg
Regional Health Authority



Wayne Overbo

Senior Health Economic Policy
Advisory, Health & Social Services,
Government of the Northwest
Territories

*at commencement of fellowship /
* à l'obtention de la bourse

2008 EXTRA Fellows* / Boursiers FORCES 2008*



Jean-Paul Bahary

Centre hospitalier de l'Université de Montréal
Montréal, QC



Kathy Langlois

First Nations, Inuit & Aboriginal Health, Health Canada
Ottawa, ON



Penny Sutcliffe

Sudbury and District Health Unit
Sudbury, ON



Patty Chapman

Bluewater Health
Sarnia, ON



Marie-Suzanne Lavallée

CHU mère-enfant Sainte-Justine
Montréal, QC



Mary Townend

Hôpital régional de Sudbury Regional Hospital
Sudbury, ON



Lori Chartier

Saskatoon Health Region
Saskatoon, SK



Martin Lees

Bluewater Health
Sarnia, ON



Mark A. Vimr

St. Joseph's Health Centre
Toronto, ON



Eric Costen

First Nations, Inuit & Aboriginal Health, Health Canada
Ottawa, ON



Catherine Morris

Cambridge Memorial Hospital
Cambridge, ON



Megan Ward

Region of Peel Public Health Department
Brampton, ON



Mélie De Champlain

Centre de santé et de services sociaux de Matane
Matane, QC



Beatrice Mudge

Cambridge Memorial Hospital
Cambridge, ON



Todd M. Webster

Grey Bruce Health Services
Owen Sound, ON



Spencer Dickson

Bluewater Health
Sarnia, ON



James P. O'Brien

Atlantic Health Sciences Corporation
Saint John, NB



Nancy Whitmore

Huron Perth Healthcare Alliance
Stratford, ON



Carolyn Gosse

St. Joseph's Healthcare
Hamilton, ON



Becky Palmer

Children's and Women's Health Centre of British Columbia
Vancouver, BC



Patricia Wiebe

First Nations, Inuit & Aboriginal Health, Health Canada
Ottawa, ON



James R. Haney

David Thompson Health Region
Red Deer, AB



Elsie Rolls

Veterans' Services, Capital District Health Authority
Halifax, NS



John Woods

St. Joseph's Healthcare
Hamilton, ON



Lyne Jobin

Direction générale de la santé publique, Services des orientations en santé publique, Ministère de la santé et des services sociaux, Québec, QC



Sylvie Simard

Centre de santé et de services sociaux Jeanne-Mance
Montréal, QC



Sandra Laclé

Sudbury and District Health Unit
Sudbury, ON



Susan Snelling

Sudbury and District Health Unit
Sudbury, ON

*at commencement of fellowship /
* à l'obtention de la bourse

2007 EXTRA Fellows* / Boursiers FORCES 2007*



Kenneth Baird

Atlantic Health Sciences Corporation (AHSC)
Saint John, NB



Anne Fortin

Agence de la santé et des services sociaux de la Capitale-Nationale
Québec, QC



Micheline Ste-Marie

Centre universitaire de santé McGill
Montréal, QC



Gisèle Beaulieu

Régie régionale de la santé 4
Edmunston, NB Institutions



Kathleen Ann Heslin

York Central Hospital
Richmond Hill, ON



Sylvanus Thompson

Toronto Public Health
Toronto, ON



Denise Bettez

Agence de la santé et des services sociaux de la Montérégie
Longueuil, QC



Alice Kennedy

Eastern Health
Saint John's, NF



John Van Massenhoven

Winnipeg Regional Health Authority
Winnipeg, MB



Diane Boivin

Centre de santé et de services sociaux de Montmagny-l'Islet
Montmagny, QC



Patricia Lefebvre

Centre universitaire de santé McGill
Montréal, QC



Tracy Wasylak

Calgary Health Region
Calgary, AB



Suzanne Boivin

Centre de santé et de services sociaux du Grand Littoral
Saint-Romauld, QC



Kim Lenahan

Toronto Rehabilitation Institute
Toronto, ON



Madeleine Boulay Bolduc

Centre universitaire de santé McGill
Montréal, QC



Kelli O'Brien

Western Regional Integrated Health Authority
Corner Brook, NF



Ted Braun

Calgary Health Region
Calgary, AB



Mary Puntillo

St. Joseph's Healthcare
Hamilton
Hamilton, ON



Brendan CARR

Capital District Health Authority
Halifax, NS



Betty Reid-White

Eastern Health
Saint John's, NF



Sandi Cox

Bloorview Kids Rehab
Toronto, ON



Thaddeus Rezanowicz

Centre de santé et services sociaux Jeanne-Mance
Montréal, QC



Richard Deschamps

Hôpital Charles LeMoyné
Longueuil, QC



Leanne Smith

Saskatoon Health Region
Saskatoon, SK

*at commencement of fellowship /
* à l'obtention de la bourse

2006 EXTRA Fellows* / Boursiers FORCES 2006*



Luce Beauregard

Centre de santé et de services sociaux d'Ahuntsic et Montréal-Nord
Montréal, QC



John Knoch

David Thompson Health Region
Red Deer, AB



Nancy Roberts

South-East Regional Health Authority
Moncton, NB



Philippe Benoit

Agence de la santé et des services sociaux de la Montérégie
Longueuil, QC



France Laframboise

Centre de santé et de services sociaux des Sommets
Sainte-Agathe-des-Monts, QC



Frédérick Ross

Centre de santé et de services sociaux de la Côte de Gaspé
Gaspé, QC



Trish Bergal

Winnipeg Regional Health Authority
Winnipeg, MB



Suzanne Lanctôt

Centre universitaire de santé McGill
Montréal, QC



Mary Russell

Capital Health District Authority
Halifax, NS



Raj Bhatla

Royal Ottawa Health Care Group
Ottawa, ON



Chantal Lapointe

Centre de santé et de services sociaux Jeanne Mance
Montréal, QC



Nancy Savage

Atlantic Health Sciences Corporation
Saint John, NB



Bette Boechler

Saskatoon Health Region
Saskatoon, SK



Virgil Luca

Centre de réadaptation Lucie-Bruneau
Montréal, QC



Dan Skwarchuk

Winnipeg Regional Health Authority
Winnipeg, MB



Faith Boutcher

North York General Hospital
Toronto, ON



Diane Lyonnais

Centre de santé et de services sociaux Vaudreuil-Soulanges
Vaudreuil, QC



Jodi Younger

St. Joseph's Health Care
Hamilton, ON



Inta Bregzis

Community Care Access Centre of Waterloo Region
Kitchener, ON



Yves Masse

Centre hospitalier de l'Université de Montréal
Montréal, QC



Ward Flemons

Calgary Health Region
Calgary, AB



Sue McCutcheon

Grey Bruce Health Services
Wiarton, ON



Patrick Gaskin

Grand River Hospital
Kitchener, ON



Louise Patrick

Services de santé SCO
Ottawa, ON



Geoffrey Johnston

Saskatoon Health Region
Saskatoon, SK



Elaine Rankin

Cape Breton District Health Authority
Inverness, NS

*at commencement of fellowship /
* à l'obtention de la bourse

2005 EXTRA Fellows* / Boursiers FORCES 2005*



Carolyn Baker

St. Joseph's Health Centre
Toronto, ON



Benoit Marchessault

Centre de santé et de services
sociaux de Sorel-Tracy
De Sorel-Tracy, QC



Carl Taillon

Centre hospitalier universitaire
de Québec/Hôpital
Saint-François d'Assise
Ste-Foy, QC



Sam Campbell

Queen Elizabeth II Health Sciences
Centre
Halifax, NS



Kevin Mercer

CCAC of Waterloo Region
Kitchener, ON



Gaetan Tardif

Toronto Rehabilitation Institute
Toronto, ON



Irma Clapperton

Agence de développement de
réseaux locaux de services de santé
et des services sociaux de Montréal
Montréal, QC



Christine Penney

British Columbia Ministry of Health
Services
Victoria, BC



Annemarie Taylor

Provincial Health
Services Authority
Vancouver, BC



Helen Clark

Winnipeg Regional Health Authority
and HSC
Winnipeg, MB



Jacques Ricard

Centre de santé et des services
sociaux Haut-Richelieu-Rouville
St-Jean-sur-Richelieu, QC



Dylan Taylor

Alberta Hospital/Stollery
Children's Hospital
Capital Health
Edmonton, AB



Wendy Fucile

Peterborough Regional Health
Centre
Peterborough, ON



Susan Richardson

Children's Hospital of Eastern
Ontario
Ottawa, ON



Bonnie Urquhart

Northern Health Authority
Prince George, BC



Lucie Grenier

CHA Hôtel-Dieu de Lévis
Lévis, QC



Lise Roy

Régie régionale de la santé 4
Edmundston, NB



Debra Vanance

Winnipeg Regional Health
Authority & Manitoba Family
Services and Housing
Winnipeg, AB



Owen Heisler

Red Deer Regional Hospital, David
Thompson Health Region
Red Deer, AB



John Ruetz

St. Peter's Health System
Hamilton, ON



Kateri Leclair

Institut de réadaptation de Montréal
Montréal, QC



Angèle Saint-Jacques

CHU Sainte-Justine
Montréal, QC



Noella Leydon

Saskatoon Health Region
Saskatoon, SK



Jocelyne Sauvé

Agence de développement de réseaux
locaux de services de santé et de
services sociaux de la Montérégie
Longueuil, QC



Karen MacRury-Sweet

Capital District Health Authority
Halifax, NS



Andrea Seymour

River Valley Health
Fredericton, NB

*at commencement of fellowship /
* à l'obtention de la bourse

2004 EXTRA Fellows* / Boursiers FORCES 2004*



Pierre Jean Allard

Service de Santé SCO
Ottawa, ON



Nancy Lefebvre

Saint Elizabeth Health Care
Markham, ON



Lynn Stevenson

Fraser Health Authority
Surrey, BC



Luc Boileau

Agence de développement de
réseaux locaux de services de
santé et de services sociaux de la
Montréal, Longueuil, QC



Denise Mauger

Institut de réadaptation
de Montréal
Montréal, QC



Vincent Tam

Hôpital de Réadaptation Lindsay
Montréal, QC



Lindsay Campbell

Inverness Consolidated Memorial
Hospital, Cape Breton District
Health Authority
Inverness, NS



Heather McPherson

Sunnybrook & Women's College
Health Sciences Centre
Toronto, ON



James Worthington

The Ottawa Hospital
Ottawa, ON



Maureen Cava

Manager, Professional Practice,
Toronto Public Health
Toronto, ON



Patricia O'Connor

Montreal Neurological Hospital,
McGill University Health Centre
Montréal, QC



Brock Wright

Winnipeg Regional Health
Authority
Winnipeg, MB



Marilyn Field

St. John's Nursing Home Board
St. John's, NL



Jean-Claude Plourde

Interior Health
Trail, BC



Sonja Glass

Grey Bruce Health Services
Owen Sound, ON



Linda Sawchenko

Western Regional Integrated Health
Authority
Corner Brook, NF



David Goldstein

Queen's University
Kingston General Hospital
Kingston, ON



Corinne Schalm

The Capital Care Group
Edmonton, AB



Heather Hoxby

St. Joseph's Hospital
Hamilton, ON



Iain Smith

Queen Elizabeth Hospital
Charlottetown, PEI



Kirsten Krull-Naraj

Chief Nursing Officer, Royal Victoria
Hospital
Barrie, ON



Susan Smith

Capital Health
Halifax, NS



Esther Leclerc

Centre hospitalier de
l'Université de Montréal
Montréal, QC



Steven Soroka

Capital District Health Authority
Halifax, NS

*at commencement of fellowship /
* à l'obtention de la bourse