

2010 CALL FOR FELLOWSHIPS

EXPANDED ADMISSION CRITERIA

EXTRA program admission criteria have been expanded to allow participation by interdisciplinary teams and to allow up to four additional fellows from government ministries or departments. Please see eligibility details in section 4.

KEY DATES

APPLICATION DEADLINE: **March 2, 2010**
 RESULTS ANNOUNCED: **May 1, 2010**
 FIRST RESIDENCY SESSION: **August 8-19, 2010**

FOR COMPLETE DETAILS ON ELIGIBILITY, APPLICATION SUBMISSIONS AND SELECTION PROCESS, DOWNLOAD THE **2010 GUIDE FOR APPLICANTS** FROM OUR WEB SITE AT WWW.CHSRF.CA/EXTRA OR CONTACT FOUNDATION STAFF AT GRANTSANDAWARDS@CHSRF.CA.

Assistance with preparing applications is available from the EXTRA Regional Mentoring Centres. Please contact the following:

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

FOR CONTACT DETAILS, PLEASE SEE PAGE 17 OF THE 2010 GUIDE FOR APPLICANTS. REGIONAL MENTORING CENTRES CAN LINK APPLICANTS TO FORMER EXTRA FELLOWS WHO MAY ALSO PROVIDE ASSISTANCE WITH PREPARING APPLICATIONS.

APPLICATION STREAMS

- INDIVIDUAL APPLICATIONS
- TEAM APPLICATIONS

The Canadian Health Services Research Foundation invites health-service executives and policy makers from ministries and/or their organizations to submit applications for the 2010 EXTRA fellowships competition.

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

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

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

* 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.

1. 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) and major course materials are available in both English and French.

2. PARTNERS

The EXTRA program represents a partnership of the Canadian College of Health Service Executives, the Canadian Health Services Research Foundation, the Canadian Medical Association, the Canadian Nurses Association, and a consortium of Quebec partners, represented by the Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS). The program is administered by the Canadian Health Services Research Foundation under the direction of a distinguished advisory council with representatives from nursing, medicine and other health-services professions, chaired by a former Quebec minister of health and social services, Dr. Jean Rochon.

3. OBJECTIVES

EXTRA fellowship training gives participants the opportunity to acquire skills and learn a systematic approach for finding and applying evidence from research to inform complex decisions and change strategies in their organizations and regional health authorities.

Through the EXTRA training program, participants:

- acquire and use research-based evidence to assess issues and problems and analyze alternative courses of action;
- design and implement a change-management intervention of strategic importance to their organization;
- use data and research information in decision-making with greater confidence;
- learn about topics in health information management;
- collaborate with colleagues from across the country and across disciplines to acquire skills in evidence-informed decision-making in the management of health systems, from a broad comparative perspective; and
- communicate and teach the skills needed for improved use of research in the management of health organizations.

4. ELIGIBILITY

Eligible Applicants

a) Applicants from healthcare organizations

Nurse, physician and other health-service executives currently occupying leadership positions in direct-care-delivery organizations.

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

b) Applicants from government ministries or departments

Policy makers currently occupying senior leadership positions whose responsibilities include significant linkages to providers of direct care and delivery of services.

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

Additional Eligibility Information about Team Applications

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

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

a) Team applications from direct-care-delivery organizations

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

b) Team applications from government ministries or departments

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

5. PERIOD OF FELLOWSHIP

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

6. LEARNING APPROACH

EXTRA training in research literacy and use is based on adult learning principles, responsive to participants' needs, and takes into account participants' considerable existing skills. The program offers a "blended" learning experience with a focus on the application of research-use skills learned in the classroom to solving healthcare management issues in the workplace. The program has five components:

- away-from-home residency sessions (six weeks in total over two years, spread over four away-from-home residency sessions);
- intervention projects conducted at home organizations (designed as catalysts for significant organizational change);
- educational activities between residency sessions;
- network building; and
- post-program support and activities, involving program graduates and their organizations.

From the six weeks of residency sessions to the development of the intervention projects, the fellowship experience will be fully supported with guidance from mentors and top-flight faculty from Canada and abroad. In between residency modules, participants, faculty and mentors interact via the EXTRA desktop, which is a unique online learning platform incorporating sophisticated knowledge resources with tools for learning, research and collaboration. The EXTRA program offers a rich opportunity to collaborate across disciplines and share experiences on complex healthcare management issues with executives from French- and English-speaking Canada.

7. CURRICULUM

The 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 three key content themes are research-based evidence, change management and systems thinking. These themes are reflected in the areas of study organized into curriculum modules developed by leading experts. Participants will develop an understanding of research, evidence and research methodology; develop leadership competencies drawing on research skills; and learn to apply research and leadership skills to organizational change. Each module is delivered by experts who are leaders in their fields, by virtue of either their research or professional experience. Teaching methods at the residency sessions include a dynamic mix of lectures, case studies, small-group work, health-information-management skills acquisition, and change-management simulation exercises. EXTRA also provides comparative and international perspectives on healthcare systems through keynote speakers and guest faculty drawn from abroad.

8. 2010-2012 RESIDENCY SESSIONS: DATES AND LOCATIONS

FIRST RESIDENCY SESSION: AUGUST 8-19, 2010— THE FAIRMONT TREMBLANT, MONT-TREMBLANT, QUEBEC

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

Module 2: Demystifying the research world

SECOND RESIDENCY SESSION: FEBRUARY 5-11, 2011 — HOTEL OMNI, MONT-ROYAL, MONTREAL, QUEBEC

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

THIRD RESIDENCY SESSION: AUGUST 7-18, 2011 — THE FAIRMONT TREMBLANT, MONT-TREMBLANT, QUEBEC

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

Module 5: Sustaining change in the organizational context

FOURTH RESIDENCY SESSION: FEBRUARY 12-16, 2012 — HOTEL OMNI, MONT-ROYAL, MONTREAL, QUEBEC

Module 6: Synthesis and Storytelling for Healthcare

9. PROGRAM FEES

a) Healthcare organizations

A one-time \$7,000 program fee per individual must be paid by the sponsoring organization at the time of acceptance of the fellowship(s). All participants must have a laptop computer upon entering the program.

b) Government ministries and departments

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

10. APPLICATION PROCESS

Fellowship applications must be received at the Foundation offices on or before **12 p.m. EST on March 2, 2010**.

Completed applications should be sent by courier to:

Grants, Awards & Partnerships

Executive Training for Research Application (EXTRA) Program

2010 Call for Fellowships

Canadian Health Services Research Foundation

1565 Carling Avenue, Suite 700

Ottawa, ON K1Z 8R1

Applications must use the appropriate EXTRA electronic application form, which is available at grantsandawards@chrsf.ca. When requesting an application form, please specify whether you require an organizational individual or team application form or a government/ministry individual or team application form. Any questions can be addressed to grantsandawards@chrsf.ca.

When completing your application, you must consult the full details on the application requirements and process provided in the **EXTRA 2010 Guide for Applicants**, a copy of which will accompany the application form and which is also available at www.chrsf.ca/extra. In addition, prospective applicants may wish to contact existing program participants or graduates from their region to discuss their experiences with this exceptional research-use training program. The names and organizational affiliations of these fellows can be found at www.chrsf.ca/extra. The results of the selection process will be available on May 1, 2010, at www.chrsf.ca/extra.

Applicants should also review and ensure they are aware of CHSRF's conflict of interest policy, which can be found at www.chrsf.ca/about/do_conflict_interest_e.php.