



Canadian Foundation for
**Healthcare
Improvement**



EXTRA

2013 CALL FOR EXTRA FELLOWSHIPS

The 14-Month Extra Team Fellowships

The 14-month Executive Training for Research Application (EXTRA) fellowships support teams of healthcare executives in initiating and leading evidence-informed improvements in their own organizations, or across jurisdictions involving multi-site teams and cross-boundary quality and performance improvement initiatives.

Key Dates

Application Deadline

February 5, 2013

Results Announced

April 3, 2013

First Residency Session

August 11–23, 2013

For complete details on eligibility, application submissions and selection process, download the *EXTRA 2013 Guide for Applications* from our website at chsr.ca/extra or contact Canadian Foundation for Healthcare Improvement staff at grantsandawards@chsr.ca



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**Healthcare
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CANADIAN
NURSES
ASSOCIATION



ASSOCIATION DES
INFIRMIÈRES ET
INFIRMIERS DU CANADA



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION

› PARTNERS

The EXTRA program is offered through a partnership of the Canadian Foundation for Healthcare Improvement (formerly the Canadian Health Services Research Foundation), the Canadian College of Health Leaders (CCHL), the Canadian Medical Association (CMA), the Canadian Nurses Association (CNA), and a consortium of Quebec partners, represented by the Initiative sur le partage des connaissances et le développement des compétences (IPCDC).

› PROGRAM BENEFITS

EXTRA teams will collaborate and network with Canadian peers and faculty who possess improvement experience and skills through active mentoring and coaching of the intervention project, guided reading, topical coursework consisting of case-based teaching methods at residency sessions and competency-based self-directed e-learning. EXTRA fellows will develop the following core set of competencies:

- knowing where and how to search for appropriate evidence to design and implement 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 workflow mapping and simplification; six sigma and Lean processes; 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

› ELIGIBILITY

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 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 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 applicants 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 related to ALC, 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.

Individuals from small organizations who 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, in leadership positions, are eligible to apply.

The improvement goal or quality gap problem to be addressed in the intervention project must be clear and well defined in the application submission. The intervention projects must be fully aligned with organizational strategic priorities and the work responsibilities of the team members.

Team applications from healthcare organizations must include a physician leader, with the exception of applications from the long-term care (LTC) sector and community based organizations. LTC and community based organizations who are not including a physician leader must provide clear details on how the physician community will be engaged in the proposed improvement activity. If the LTC or community organization is part of a collaborative multi-site improvement initiative team submission, involving a health science centre or a community hospital, a physician must be included in the team composition.

Applications from multi-site teams must be submitted by the CEO of the organization willing to take the 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.

b) Team 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* are eligible to apply as single government department teams or across policy jurisdictions, including teams that are made up of individuals from the policy and delivery sectors. Physician participation from delivery organizations linked to the improvement activity is highly desirable. Team applicants must identify an intervention project closely aligned with ministry priorities in implementing healthcare improvement policies 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 in leadership positions. Team applications from a government ministry must be submitted by the assistant deputy minister(s).

Multi-organizational teams will need to identify one lead organization and have sign-off by all sponsoring organizations.

› PERIOD OF FELLOWSHIP

EXTRA is a 14-month training experience, but only four weeks will be spent away from the workplace at residency sessions (two weeks in August, one week in February and one week in June of the following calendar year). In addition, participants will need to be released from regular duties for no less than one day per week to have focused time for the intervention project and to complete the e-learning curriculum between residency sessions. **All team members are required to participate in the residency sessions, IP webinar reporting and e-learning activities.**

› EXTRA CURRICULUM

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 program has five components:

- A one-day orientation session
- Away-from-home residency sessions (4 weeks in total over 14 months, spread over three residency sessions)
- Intervention projects, supported by mentors and coaches, conducted at home organization(s)
- Completion of e-learning curriculum between residency sessions
- Network building

› FACULTY

The EXTRA curriculum is delivered by experienced leaders in quality and performance improvement, comprising high-quality domestic and international academic faculty. Teaching methods at the residency sessions are a dynamic mix of lectures, case studies, small-group work, skills acquisition for managing health information, and change-management simulation exercises. EXTRA also provides comparative and international perspectives on healthcare systems through keynote speakers and guest faculty drawn from abroad.

› 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.

› ACCREDITATION, CERTIFICATION, PROFESSIONAL DEVELOPMENT CREDITS

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 MSc 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 MSc Health Services Research from the Department of Health Policy, Management and Evaluation.

EXTRA fellows also qualify for the following:

- a diploma conferred by the program partners – the Canadian Foundation for Healthcare Improvement, the Canadian Medical Association, the Canadian College of Health Leaders, the Canadian Nurses Association, and the Quebec Consortium (IPCDC)
- 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 the Canadian College of Health Service Leaders (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 CCHL, the opportunity to obtain a CCHL Fellowship designation that takes into account the EXTRA fellowship work
- certification levels will apply to competency-based e-learning curriculum
- Linkages with the LEADS in A Caring Environment capabilities framework that has been adopted by CCHL

SELECTION CRITERIA

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 the maximum can be obtained from an EXTRA fellowship

2) The intervention project

- clarity of priority area for improvement with specific targets and timelines for implementation
- clarity of project design, intervention, target groups and methods
- intervention is important to the organization's quality and performance improvement plans
- clear evidence from the senior leadership in participating organization(s) that the intervention project is aligned with organizational priorities and/or quality improvement goals
- innovativeness of approach
- likelihood that the team will make measured progress towards their improvement project in their host organization(s) during the fellowship timeframe
- clarity regarding the applicant(s) role in the intervention project

3) The overall application

- supported by host organization, CEO and senior executive team
- evidence of obtaining, from sponsoring organization, the required resources and dedicated time to undertake learning and intervention
- coherence between applicant(s), intervention project and host organization, and the overall objectives of the EXTRA fellowship
- well written and carefully prepared application that follows the guidelines

PROGRAM FEES

A one-time \$5,000 program fee per individual must be paid by the sponsoring organization once the team is accepted into the program.

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

APPLICATION PROCESS

Applicants must consult the full details on the application requirements and process provided in the **EXTRA 2013 Guide for Applicants**, available at www.chsrf.ca/extra.

The results of the selection process will be available on April 3, 2013 at www.chsrf.ca/extra.

Applicants must use the appropriate EXTRA electronic application form, which is available at grantsandawards@chsrf.ca. When requesting an application form, please specify which application form is required: Single organization or multi-site/ across jurisdiction team application. Any questions can be addressed to grantsandawards@chsrf.ca.

CONFLICT OF INTEREST AND ETHICS

All team members must agree to abide by the Canadian Foundation for Healthcare Improvement Conflict of Interest Policy as disclosed on the Canadian Foundation for Healthcare Improvement web site at <http://www.chsrf.ca/Libraries/Policies/Conflict-of-Interest-June2012-EN.sflb.ashx>.

The Canadian Foundation for Healthcare Improvement also 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, Edition 2” (2010) available from the website of the [Interagency Advisory Panel on Research Ethics](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/) at <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/>. 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-Agency Framework: Responsible Conduct of Research” (2011): a framework prepared jointly by the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council and the Social Sciences and Humanities Research Council, available from the Panel on Responsible Conduct of Research web site at <http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/>.

Applications must be received at the Canadian Foundation for Healthcare Improvement on or before 12 p.m. EST on February 5, 2013.

Completed applications should be sent by courier to:

Grants, Awards & Partnerships
Executive Training for Research Application
(EXTRA) Program
2013 Call for Fellowships
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