CHHRNews

CANADIAN HEALTH HUMAN RESOURCES NETWORK

NEWSLETTER

VOLUME I ISSUE 3

CHHRN's New Quality of Worklife Theme

The quality of work environments and the health and well-being of Canada's healthcare workforce both dramatically affect the efficiency, effectiveness and quality of health care services. Rates of burnout and poor mental health issues among health professionals are high and rising, and rates of absenteeism, illness and disability are higher in the health workforce than any other worker group in Canada. Work in this thematic area will focus on the development of healthy workplaces, defined by The Quality Worklife - Quality Healthcare Collaborative as "a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work/job design conditions that maximize health and wellbeing of healthcare providers, quality of patient outcomes and organizational performance". This theme will also focus on issues of work-life balance, stress, burnout, absenteeism, illness and disability among health workers, and optimizing the mental and physical well-being of the health workforce.

Other CHHRN HHR Themes

- HHR Planning
- Scopes of Practice
- Mobility & Migration
- Rural, Remote & Aboriginal

Learn more: www.hhr-rhs.ca

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at CHHRN

HHR Databases merged into CHHRN Library

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CHHRN International Advisory Committee

Dr. Charles Godue

Senior Advisor, Human Resources for Health,
Pan American Health Organization

Native to the city of Granby, in the Eastern Township of Québec, Dr. Charles Godue obtained his medical degree from the University of Sherbrooke in 1976. The following year, he pursued an internship in pediatrics at the Montreal Children's hospital, followed by a year of training in family medicine at the Maisonneuve– Rosemont Hospital in Montreal. In 1978, left Canada to work as a volunteer physician in the rural Maya-Mam community in the highlands of Guatemala, where he worked with a multi-disciplinary team providing primary health care services.

In 1981, Dr. Godue returned to Canada due to deteriorating living conditions and security as a result of civil war that shook Guatemala. The practical experience of the impact on Indian and peasant communities in Central communities in terms of what is now referred to as social determinants of health gave Dr. Godue incentive to pursue specialized training in community medicine at the Montreal General Hospital and a master's degree in epidemiology and biostatistics at McGill University in Montreal.

In the following years, he maintained active involvement in international health issues including political and social transformation processes in Central America and Haiti which connected him to the Pan American Health Organization (PAHO) and the World Health Organization's regional office for the Americas. In 1991, he joined PAHO's health human resources unit at the headquarters in Washington DC; a unit responsible for cooperation with countries of the America's with regards to health human resource policy where he assumed the role of coordinator of the Training Program in International Health, Regional Advisor for Public Health and Medical Education, and, Chief of the Unit of Human Resources Development. He continues to provide expertise in the area of health systems and human resources for health in his current role at PAHO as Coordinator, Human Resources for Health, Area of Health Systems and Services.

CHHRN is pleased to have Dr. Godue as a member of the CHHRN International Advisory Committee which benefits greatly from this knowledge, expertise and advice.

For more information about Dr. Godue: **www.hhr-rhs.ca** or **www.paho.org**

Volume 1, Issue 3

International HHR Update

International Health Workforce Collaborative

The International Health Workforce Collaborative (IHWC) was initiated in 1996 (as the International Medical Workforce Collaborative) by an informal group of health economists, representatives of medical organizations and government officials from the United States, United Kingdom and Canada with inclusion from Australia the following year to bring together policy makers, academics, researchers and practitioners from these four countries through a series of conferences for the purpose of providing a valuable opportunity to better understand global trends that affect medical workforce policies and to promote an exchange of policy approaches across countries on medical workforce planning. It includes approximately 20 delegates from each of these countries and guests from several other countries and organizations. Delegates include governmental and non-governmental policy makers, economists, researchers, medical educators, health service clinicians and managers.

The IHWC recently held the ***14th International Health Workforce Collaborative*** conference at the Loews Hôtel Le Concorde in Québec City on May 6-9, 2013. This particular conference featured a more action oriented agenda, than previous years and included such topics as "Making Workforce Innovation Real" and "From Learning to Application: Ideas and Challenges for decision makers". This conference also saw participation from the OECD and a small delegation from Sweden. A full report of the proceedings from this conference will be available soon on CHHRN website as well as the Royal College of Physicians and Surgeons of Canada website.

For more information visit: **www.rcpsc.medical.org**
Or contact: **info@hhr-rhs.ca**

CHHRN Theme

HHR Planning: Ongoing Research

Effects of Quebec's Primary Health Care Reform on Access to Health Care

Catherine Dunkley-Hickin[1], Erin Strumpf[2]
[1]McGill University, Dept. of Epidemiology, Biostatistics, and Occupational Health
[2]McGill University, Dept. of Economics

Successful Interdisciplinary Collaboration in Health Services and Policy Research

Laurie J. Goldsmith,
Simon Fraser University, on behalf of the PEAK Study Team

Evaluating the Dedicated Physician Role in "Care by Design" - A New Model of Long-term Care

Emily Gard Marshall, Michelle Boudreau, Barry Clarke, Fred Burge, Melissa Andrew
Additional study team members: Greg Archibald, Nancy Edgecombe, Anthony Taylor, Gary MacLeod, Cherie Gilbert, Jan Jensen, and Andrew Travers.

Laying the Foundation for Primary Care Performance Measurement in Ontario

Brian Hutchison, Michelle Rey, Wissam Haj-Ali, Saurabh Ingale
Health Quality Ontario

An Exploratory Study of Interprofessional Teams in Primary Care Networks: A Case Study of the Chinook Primary Care Network

Shelanne Hepp, Rob Wedel, Renee Misfeldt, Gail Armitage, Jana Lait
Alberta Health Services

Financial and Non Financial Incentives for Health Care Providers in Canada: An Overview of Reviews

R. Misfeldt, J. Lait, G. Armitage, S. Hepp, K.Jackson, J. Linder, E. Suter
Workforce Research and Evaluation, Alberta Health Services

Exploring the Relationship Between Governance Models in Healthcare and Health Workforce...Transformation: A Systematic Review

S. Hastings, G. Armitage, S. Hepp, K. Jackson, J. Linder, S. Mallinson, R. Misfeldt, E. Suter
Workforce Research and Evaluation, Alberta Health Services

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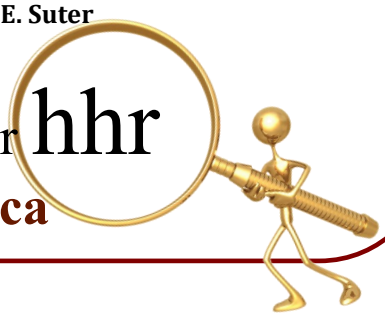

Thesis/Student Research Spotlight

Bridging Silos: Increasing Patient Related Collaboration Between Solo/Small Group Family Physicians and Home Health Staff

Shannon Berg[1], **Dr. Sam Sheps**[2], **Dr. Morris Barer**[2], **Dr. Margaret McGregor**[2], **Dr. Sabrina Wong**[2], **Dr. Ying MacNab**[2]
[1]*Vancouver Coastal Health and University of British Columbia*
[2] *University of British Columbia School of Population and Public Health*

The Feminization of BC's Primary Care Physician Workforce: Implications of Service Supply

Lindsay Hedden, Morris Barer
UBC Centre for Health Services and Policy Research

A Realist Evaluation of a Nurse Practitioner-led Care Transition Intervention in Ontario, Canada

Kristen Pitzul, MSc, Natasha Lane, MSc, Anu MacIntosh-Murray, PhD, G. Ross Baker, PhD, Walter Wodchis, PhD
Institute of Health Policy, Management and Evaluation, University of Toronto

Barriers to Integrated Heatlh Care: Patients and Providers Exploring the Journey

Nicole Wallace, BA, M. Pysch; Karen Jackson, RN, BScN, MEd; Omenaa Boakye, MSc, PMP; Esther Suter, PhD
Workforce Research and Evaluation, Alberta Health Services

Why has the Canadian Federal Government Placed an Orphan Drug Strategy on the Decision Agenda Now?

Examining the Agenda Setting Process using Causal Stories
Mark Embrett, *Health Policy, McMaster University*

Assessing the Prevalence, Penetration and Performance of Hospitalist Physicians in Ontario: Implications for the Quality and Efficiency of Inpatient Care

Heather L. White
PhD Candidate, *IHPME, University of Toronto*

The role of interprofessional collaboration on the discharge planning process in the neonatal intensive care unit

Myuri Manogaran, BSc (Hon), MHSc and **Brenda Gamble**, MSc, PhD
Faculty of Health Science, University of Ontario Institute of Technology, Oshawa ON, Canada

Scopes of Practice: Feature

A Neglected Resource: Transforming Healthcare Through Human Capital

Report of the Innovative Delivery Models Working Group 2012

Dr. Victor J. Dzau with Natalie Grazin, Richard Bartlett, Dr. Krishna Udayakumar, Thomas Kibasi, Dr. Nicolaus Henke and Matthew Pettigrew

EXECUTIVE SUMMARY

"Health is all about people. Beyond the glittering surface of modern technology, the core space of every health system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them."[1] Over the past two decades, healthcare policy has emerged as a pressure point for dozens of governments, both in higher and lower-income countries. Indeed, health policy experts now commonly refer to the "iron triangle"[2] of cost, quality and access in healthcare, and thereby acknowledging the difficulty of positively impacting all three of these factors across any healthcare system (for example, improving quality and increasing access without increasing costs). Research launched through the World Economic Forum – now being taken forward by the newly launched International Partnership for Innovative Healthcare Delivery (IPIHD)[3] – has identified healthcare delivery innovations that provide step-function improvements in cost, quality and access, and are fundamentally changing the traditional model of healthcare delivery.

This paper looks at some of the most compelling models, with a particular emphasis on how they relate to one critical and underexplored area: innovation in human capital. The paper examines how the principles and lessons from successful models can be translated for use in other countries, focusing on the role of government and policy leaders in supporting these innovations.

There could not be a more appropriate time to discuss this topic. The "iron triangle" seems to be emerging as a pressing theme globally, and all three factors of it are addressed by the utilisation of human capital. At the same time, evidence is mounting to show that the labour productivity of healthcare workers has flat-lined, or even decreased, across many high-income countries.

REFERENCES:

1 Frenk J, Chen L, Bhutta Z. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world, *The Lancet*. 4 December 2010; 376(9756): 1923-1958
2 Wenzel RP, Rohrer JE, The iron triangle of health care reform. *Clin Perform Qual Health Care*. 1994 Jan-Mar;2(1):7-9. . PMID: 10135447
3 International Partnership for Innovative Healthcare Delivery, http://www.ipihd.org

Visit the CHHRN Scopes of Practice Theme Page to Read Full Report:
www.hhr-rhs.ca

Ongoing Research

The Role of Emotional Intelligence to Enhance the Delivery of Care: What will it take to lead in Healthcare? The role of emotional Intelligence to enhance the delivery of care

Presenting Author: **Brenda Gamble**, PhD[a]
Olena Kapral, MA (Candidate) b, **Paul Yielder**, PhD[a] and **Winston Isaac**, PhD[c]
[a]*University of Ontario Institute of Technology, Oshawa, Ontario, Canada;* [b]*University of Ottawa, Ottawa, Ontario, Canada;* [c]*Ryerson University, Toronto. Ontario, Canada*

Readiness for Interprofessional Education: Views From the Clinical Setting

Brenda Gamble, PhD[a]; **Ruth Barker**, M.R.T. (T.), BSc., M. Ed.[b]; and **Manon Lemonde**, RN PhD[a]
[a]*University of Ontario Institute of Technology, Oshawa, Ontario, Canada;* [b]*Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada*

Exploring the Impact of Expanded Roles for Dental Hygienists in Ontario

For the Canadian Public Health Association 2013 Annual Conference "Moving Health Forward: Evidence, Policy, Practice" Ottawa, Ontario - June 9-12, 2013
G. Randall, Patricia Wakefield
DeGroote School of Business, McMaster University
With funding from the Ontario Health Human Resources Research Network

To learn more or to showcase your research visit www.hhr-rhs.ca

CHHRN Theme Feature

Mobility & Migration Meeting Report

Sept-15th-18th. 2013:

Destination and Source Countries of Health Worker Migration Projects

This meeting provided an opportunity to share findings from the "Destination Country" study (entitled *On the move: A comparative examination of policy addressing health care provider migration in Canada, the U.S., the U.K., and Australia)* and the "Source Country" study (entitled *"Source Country Perspectives on the Migration of Highly Trained Health Personnel: Causes, Consequences and Responses").* The overall objective was to bring together teams representative of both Destination and Source Countries projects on health worker migration as a knowledge exchange and shared learning opportunity.

Co-investigators from the CIHR funded 'Destination Country' study, Dimitra Groutsis and Allison Squires, came from Australia and the US to speak about the findings which arose from their countries, while Prof. Bourgeault addressed the report on Canada as a destination country of health worker migration.

Representatives from the 'Source Country' study were also in attendance to discuss findings from the project's four case study country sites: Jamaica, two States of India (Punjab and Kerala), 2 States of South Africa (Limpopo and the Western Cape), and the Philippines. For many, the meeting presented a first opportunity to hear about common challenges, themes, lessons learned etc. emerging in the other case study countries.

In all country sites, a spectrum of health professionals were surveyed about their intentions to migrate or their experiences with migration. Depending on the country, these included physicians, nurses, midwives, pharmacists, dentists, dental auxiliaries, and physio or other types of therapists. A number of common findings across the sites could already be discerned, notably:

- A significant number of health workers indicated that they would be somewhat or very likely to emigrate in the next 5 years – as high as 60% in India;
- The most frequently cited working conditions which prompted their desire to leave included: income, opportunity for further education/advancement; and infrastructure;
- The most frequently cited living conditions-related reasons for wanting to leave included: high cost of living, and the poor quality/upkeep of public infrastructure;
- Overall, economic reasons dominated as a push factor towards migration.

All four country sites also conducted interviews with key informants. Individuals who participated in these interviews came from a broad range of organisations, such as government ministries, hospital administrations, academic institutions and regulatory boards of the different health professions. Common findings from these included:

- Health professional migration is a serious issue, in particular nurse migration (which is primarily female and which brings forth special gendered challenges and concerns);
- Countries do little to encourage or prevent migration for work.

Findings from an additional study conducted under the 'Source Country' project involved interviews with key international policy stakeholders. Investigator Nicola Yeates of the Open University conducted this study and reported the findings, notably that: health worker migration needs to be situated in a global and regional governance policy framework, with better systems for monitoring and capturing health worker requirements and migration flows in source and destination countries; there is a need to enforce and monitor ethical recruitment practices; and, we must seek to ensure that source countries benefit from global financial and technical assistance on human resources for health across a health system.

A summary of the proceedings for this meeting is featured on the:

Health Worker Migration website at

www.healthworkermigration.com

Mobility & Migration theme page of the CHHRN website at

www.hhr-rhs.ca

CHHRN Theme Feature

Rural, Remote and Aboriginal

NEW

CHHRN-CFHI Mythbuster:

IMGs are the Solution to the Doctor Shortage in Underserviced Areas

If you are one of the many Canadians without a family doctor, you know how challenging a problem this can be. For Canadians in rural and remote areas, this problem is especially serious. Most rural and remote communities face a shortage of health workers, especially doctors. Although rural Canadians constitute 22% of the population, fewer than 10% of physicians and 2% of specialists work in these areas. While Canada as a whole averages one doctor per approximately 450 residents, this ratio can be as low as one in 3,000 in some remote areas. Adding to this problem, residents of rural and remote communities often have greater healthcare needs than urban residents, experiencing higher rates of chronic disease, traumatic accidents, and poorer mental health than their urban counterparts.

To address the shortfall of doctors in rural and remote areas, some provinces, territories, and local health authorities recruit international medical graduates, physicians who were educated abroad. Often, international medical graduates are given temporary placements in underserviced communities while they await full professional registration and complete immigration paperwork. Unfortunately, international medical graduates have not been the solution they were hoped to be, with many leaving the remote communities upon receiving their full licenses. This results in high levels of physician turnover and continued problems for underserviced communities. Furthermore, of the international medical graduates who moved elsewhere in Canada, 76.7% went to work in urban communities (10 000 or more population).

Several barriers contribute to the difficulty rural and remote areas have in retaining physicians, including a heavy workload, professional isolation, and limited career options. Personal considerations are also important obstacles, including fewer educational opportunities for children, and limited cultural and religious resources. Employment and social opportunities available for spouses may also be inadequate, further hindering long-term retention in remote areas.

While all of these barriers play a role in poor retention rates, there are ways in which retention can be improved. Research suggests that receiving medical training in rural areas can play a significant role in a physician's decision to practice in a rural area. By exposing students from urban areas to rural life and learning experiences, an interest in rural practice may develop. Thus, the biggest obstacle to maintaining sufficient health staff in remote areas is not recruitment, but rather retention. Increased support of rural physicians may serve to retain physicians and decrease rural dependence on international medical graduates and simultaneously reduce the health worker shortage in remote areas.

Read the full mythbuster at: www.hhr-rhs.ca

Upcoming Events in HHR

Leadership Forum

Date: February 14, 2014
Venue: Montreal, QC

More information will be available soon!

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For more information:
www.cahspr.ca

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Date: May 13-May 15, 2014
Venue: Toronto, ON
COMING SOON: Program, Registration

CALL FOR ABSTRACTS

Deadline for submissions: January 9, 2014

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UBC CENTRE FOR HEALTH SERVICES AND POLICY RESEARCH

2014 CHSPR Policy Conference

Date: February 25th 2014
Venue: Vancouver, BC

For more information:
www.chspr.ca

COMING SOON: Information about featured speakers, registration, and conference-related events

CANADIAN NURSES ASSOCIATION

2014 Annual Meeting and Biennial Convention

Date: June 16-18, 2014
Venue: Winnepeg, MB

For more information:
www.cna-aiic.ca

Apply Now CALL FOR ABSTRACTS Deadline for submissions: December 6, 2013

OP-ED in HHR

What Doctor Shortage?

CANADA SOON TO BE AWASH IN NEW DOCTORS

By Morris Barer and Robert Evans, National Post | 08/10/13

A version of this commentary appeared in the National Post, Winnipeg Free Press and the Vancouver Province

Earlier this year the Paris-based Organization for Economic Cooperation and Development released the results of a survey of average waiting times for medical care in 25 countries. This was not a shining moment for Canada.

Waits for most medical services are far longer here than in most of the comparator countries. This is simply the latest evidence seemingly supporting the rhetoric of a "doctor shortage" that has been a recurring theme in the Canadian public discourse for the past twenty years. But let's take a closer look at the evidence.

Over the past fifteen years, first-year medical school enrolments in Canada have almost doubled, from 1575 in 1997-98 to about 3000 in 2012-13. The number of foreign medical graduates entering practice in Canada annually has also more than doubled since the year 2000. Over that same period, the number of Canadians who obtained their medical degrees internationally and entered practice in Canada annually has increased 250%.

The Canadian Institute for Health Information (CIHI) reports released this week indicate that between 2008 and 2012 the number of physicians rose three times faster than the growth of the overall population, and for the sixth year in a row, the number of physicians per population has reached a new peak and is continuing to rise.

While this need not necessarily translate into equivalent amounts of additional care provision, it does highlight some troubling trends. We are only just beginning to see the effects of the expansion in domestic training capacity. In other words, we are in the early stages of a dramatic expansion in physician supply that will continue for decades.

Canada will soon have too many doctors. Contrary to the continuing doctor shortage rhetoric from ill-informed or interested parties, a "physician glut" appears already to be in the pipeline. But, we are told, Canada needs more doctors because the population is aging. True enough, but every study ever done has found that demographic change adds only about 0.5% annually to per capita use of services.

Well, what about the women? The physician workforce is becoming increasingly feminized and female physicians put in fewer hours per year over a lifetime of practice; so goes the argument. Moreover younger male physicians are also working fewer hours than their predecessors. So, many more doctors will be needed.

But again, the awkward facts intrude. Average medical expenditures per physician in Canada (adjusted for fee changes) have been rising, not falling, even as the overall supply expands and becomes increasingly female. If average hours of work are falling, how is it that adjusted payments per physician are rising? Either physicians are delivering more services per hour, or their fees are actually rising much faster than the official fee schedules show (or both). And if they are finding ways to deliver more care, in spite of putting in fewer hours, how is it that we need more doctors?

None of this denies the fact that some patients continue to have difficulty finding family doctors, and face excessive waiting times, particularly for certain specialists and some diagnostic tests and surgeries. But evidence is beginning to emerge of Canadian-trained doctors who cannot find work. We suspect this is the beginning of a new and unfortunate trend.

Nevertheless, some pundits and politicians advocate pumping more doctors into the system, by making it easier for Canadians studying medicine abroad (CSAs) or foreign trained medical graduates (FMGs) to enter practice in Canada.

This would be an obvious response to a doctor shortage — if there was one. An estimated 3570 Canadians are currently studying medicine at schools in the United Kingdom, Australia, Poland, the Caribbean and elsewhere. Assuming a four-year training program, these CSAs represent a potential increase to domestic supply of nearly 900 new physicians per year, well above the numbers of CSAs entering presently.

Alas, a barrier stands in their way: to enter practice they must not only pass Canadian qualifying examinations and complete residency (specialty) training here; but there are far fewer residency positions available for CSAs than there are CSAs looking for them. Should Canada create and fund more residency slots for them? At another time and place the case might be compelling. But not here, and certainly not now.

What is needed, instead, is a comprehensive and coordinated set of national policies that recognize the reality of the new domestic training situation, and use the opportunity to better manage the overall system, and get physicians with the right training, expertise and resources to where they are needed.

Morris Barer is an advisor with EvidenceNetwork.ca, Professor in the Centre for Health Services and Policy Research (CHSPR), School of Population and Public Health, UBC, and the lead for the western hub of the Canadian Health Human Resources Network (CHHRN). Robert Evans is an emeritus professor of economics, UBC.

NATIONAL POST

Also appeared in:

Winnipeg Free Press

The Province It starts here.

HHR Research Spotlight

Send us your HHR posters, reports, publications, videos and awards and exposure your work to a range of researchers, decision-makers and knowledge users across the country.

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- HHR Planning
- Scopes of Practice
- Mobility/Migration
- Rural/Remote/Aboriginal HHR
- Quality of Worklife

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Dr. Lorelei Lingard Ted Talk

Collective Competence: Thinking Differently About Competence to Improve Healthcare

CHHRN recently posted Dr. Lorelei Lingard's TED Talk on collective competence under “features” in the Scopes of Practice theme page.

Dr. Lorelei Lingard is a leading researcher in the study of communication and collaboration on healthcare teams. She is a Professor in the Department of Medicine at the University of Western Ontario (UWO) and the inaugural Director of the Centre for Education Research & Innovation at the Schulich School of Medicine & Dentistry.

Dr. Lingard obtained her Ph.D. in Rhetoric from the English Department at Simon Fraser University, specializing in rhetorical theory, genre theory, medical discourse, and qualitative methodology. As a rhetorician, she investigates 'language as social action': that is, how social groups use language to get things done, and how that language acts on them, their identities, their purposes, their situations, and their relationships. Her research program has investigated the nature of communication on interprofessional healthcare teams in a variety of clinical settings, including the operating room, the intensive care unit, the internal medicine ward, the adult rehabilitation unit, and the family health centre.

FOR MORE INFORMATION VISIT WWW.HHR-RHS.CA

HHR Student Spotlight

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Ndolo Njie, MN Candidate

Ndolo Njie is a clinical nurse with over ten years of work experience in clinical settings. She is currently a full-time RN at the University of Ottawa's Heart Institute., a part-time clinical professor with the School of Nursing, at the University of Ottawa. She is also presently completing her degree in Masters of Science in Nursing and her thesis topic is entitled "Exploring the Integration Experience of Internationally Educated Nurses (IENs) Within the Canadian Health Care System" which focuses on IENs who have successfully obtained their RN lisences. Her research interest include: effective HHR integration, diversity in health care and sustaining and maximizing capacity for all nurses. She is also happily married and a mother of three wonderful children.

Thesis Background:

The representation of internationally trained registered nurses (RN) in Ontario is growing. International recruitment of nurses has been influenced by predicted nursing shortages over the past decade due to an aging nursing workforce and a short supply of nursing graduates. This research examines the nursing practice of IEN within the Canadian health care system after successful completion of their RN license exams. Researches that explore the challenges IENs face within various practice settings that impact their nursing practice and effective integration are documented. Given the increasing diversity of the Canadian patient population due to rising immigration trends, an exploration of the effective integration of IENs, and how they contribute to the promotion of nursing care that reflects cultural understanding, and a welcoming environment for all patients is vital at all levels. This research will examine the value IENs bring to the Canadian health care system, its influence on patient care, and nursing work relationships.

READ MORE AT:
WWW.HHR-RHS.CA

Upcoming HHR Research Funding Opportunities

1 CIHR Partnership for Health System Improvement 2013-2014

Application Deadline: November 1st 2013
Anticipated Notice of Decision: June 20th 2014
Funding Start Date: June 1st 2014

2 Operating Grant: Knowledge to Action

Application Deadline: December 2nd 2013
Anticipated Notice of Decision: June 20th 2014
Funding Start Date: June 1st 2014

3 CIHR Open Operating Grant

Registration Deadline: February 3rd 2014
Application Deadline: March 3rd 2014
Anticipated Notice of Decision: June 27th 2014
Funding Start Date: October 1st 2014

For more information about these opportunities visit:
www.researchnet-recherchenet.ca

CHHRN Letter of Support

We are very pleased to provide letters of support for upcoming research proposals in HHR– from the CIHR Meeting, Planning and Dissemination Grants, the Open Operating Grants and Partnership for Health System Improvement Grants and beyond. These letters outline the many resources available to members as well as the provision of in-kind support through CHHRN's knowledge brokering capacity including knowledge dissemination of HHR research through pan-Canadian webinars and the opportunity to showcase your research on the CHHRN website, social media and newsletter.

For more information visit: www.hhr-rhs.ca
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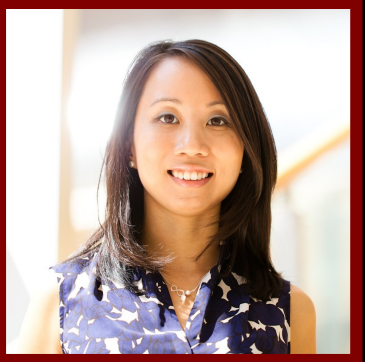
Successful CIHR Grant Recipients in HHR



In 2011, Stella Ng began a post-doctoral fellowship, funded by a CIHR-STIHR and the Lawson Health Research Institute, with Lorelei Lingard, Director, Centre for Education Research & Innovation and Professor, Dept. of Medicine, Schulich School of Medicine & Dentistry, Western University. In her previous practice as an educational audiologist, Stella had worked with countless families of children with disabilities caught between the disparate worlds of clinics and school-based health services or special education. Despite the common goal of optimal support for children, clinical recommendations and school-based supports were often incompatible. Informed by Stella's practice experience and recent PhD research in Health Professional Education and supported by Lorelei's expert mentorship and experience studying communication in healthcare, the team's research proposal garnered a 2011 OHHRRN planning grant. These grants were launched to bolster the success of health human resources proposals in the CIHR Open Operating Grants Program (OOGP).

Indeed, with the support of OHHRRN, Lingard and Ng completed significant planning and pilot work, leading to success in the March 2013 CIHR OOGP. Stella has since been appointed as scientist/assistant professor at the University of Toronto (Centre for Faculty Development, St. Michael's Hospital; Centre for Ambulatory Care Education, Women's College Hospital; Dept. of Speech-Language Pathology, Faculty of Medicine) further facilitating the multi-site nature of the study. Lingard and Ng are joined by a nation-wide team of co-investigators (K. Hibbert, S. Phelan, S. Regan, C. Schryer, R. Stooke), clinical collaborators (K. Leslie, M. Steele) and community and ministry advisors. This research aims to support parents, policy-makers, and professionals in providing more effective, efficient, and equitable integrated services for children with disabilities.

For more information visit the OHHRRN website:
www.rorrhs-ohhrn.ca

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CHHRN HHR Tools and Resources

CHHRN Database Directory

CHHRN's Database Index is now live; it was launched in August, 2013. The index gives researchers use of summary as well as access information to over 230 (and growing) healthcare database sources.

The index was launched as an integral part of the CHHRN Library. This integrated approach puts a more powerful resource in the hands of the users; in response to a query the search engine can deliver information on databases only or on a combination of sources including databases, qualitative and quantitative research as well as data analysis results, that may inform the researcher on his/her area of interest. An integrated approach presents almost 5,400 additional resources that the researcher may draw upon.

"The combining of the library and database index allows for a more organic interplay of resources, from background to qualitative and quantitative research findings to data sources. We realized in our development work that the two should not be separate; that approach would not be presenting the best resource to the users" commented Dr. Ivy Bourgeault, lead of CHHRN's Central Hub.

Need to draw a random sample of dentists in Nova Scotia? We have access information for that database. Need background on how those dentists are regulated or recent research results on the availability of dentists there? Those resources are all available – all within the CHHRN Library.

The database index may be accessed via the CHHRN website: http://www.hhr-rhs.ca, through the Library link. Search for databases only using the advance search capability or let yourself go and search for all resources in your field of interest.

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- Increased collaboration and knowledge exchange among the HHR community
- Exposure of your research to a range of decision-makers/ knowledge users
- Public profile of your HHR interest and expertise on CHHRN website

OVER 150 MEMBERS

For more information visit: www.hhr-rhs.ca

PAN-CANADIAN HHR TOOLKIT

Pan-Canadian HHR TOOLKIT

Health Human Resources Planning Toolkit

Through funding from Health Canada, the Nova Scotia Health Research Foundation (NHSRF) developed a Pan-Canadian Health Human Resource (HHR) Planning Toolkit. The Toolkit is based on experience and best practices from across Canada and supports HHR planners and decision-makers.

Visit the website to learn more and interact with fellow HHR practitioners at **www.hhrtoolkit.ca**

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