

# The EXTRA Difference: Leadership Development

## Jessica Kerr

Communications Specialist

## Mary Ellen Jeans, RN, PHD

Secretary General

Academy of Canadian Executive Nurses

The development of leadership positions in nursing is paramount to strengthening the Canadian healthcare system and is one of ACEN's priorities. National reports, such as the Romanow Report (2002) from the Commission on the Future of Health Care and the 2003 First Ministers Health Accord (Health Canada 2006), have highlighted the importance of building leadership capacities among healthcare professionals.

In response to this need, the Canadian Health Services Research Foundation (CHSRF) launched the program Executive Training for Research Application (EXTRA) in 2004. EXTRA is an interprofessional two-year competitive fellowship program. Its twofold goal is to enhance the skills of Canadian healthcare executives (nurses, physicians and health administrators) to use existing research in their day-to-day decision-making and thereby increase the use of evidence-based decision-making overall.

EXTRA's accomplishments have led organizations to encourage those among their leadership ranks to take advantage of the program as one means to attain their own succession planning goals, and also to build capacity in their organizations for research literacy and use. The Halifax-based Capital District Health Authority (CDHA) has supported five EXTRA fellows and has made a commitment to continue to encourage its leadership team to participate in EXTRA. Dr. Judith Kazimirski, Vice President of Medicine for CDHA, said, "There is absolutely no question that this health authority has benefited as much from this program as have the participants themselves."

Now in its third year, EXTRA has accepted 76 fellows, one-third of whom were from nursing. The success of the fellowship is a direct result of the advantages that fellows have derived from their participation and work in EXTRA. Some benefits of EXTRA, in the participants' own words:

My EXTRA experience is improving my future; it is enabling me in my career. [I am able] to influence long-term decisions by working with evidence plus building and enhancing leadership skills. I am acquiring knowledge that will in the long term transcribe into my work.

– *EXTRA fellow Karen MacRurry-Sweet, Health Services Director, Heart Health and Emergency at CDHA in Nova Scotia*

The biggest benefit of EXTRA for me is the satisfaction with my own growth and the potential increase of my own marketability. EXTRA is an opportunity that enables you to market yourself in a different way, given the increased expertise and experience with evidence-based leadership practice. The continued future link with the program and the fact that I can keep these tools for the rest of my career is incredibly attractive to me.

– *Wendy Fucile, Vice President, Clinical Programs and Chief Nursing Officer, Peterborough Regional Health Centre in Ontario*

The fellowship consists of five components: residency sessions, self-directed learning between sessions, mentoring support, an intervention project and post-program support. The

intervention project gives participants the opportunity to use and advance new skills while also contributing to their organization's success and growth:

Another real benefit of the EXTRA program comes from delving into the research directed toward a very specific project. Inevitably, through this focused process, you find different ways of looking at things. By focusing time and energy on the literature, we can open up new opportunities to pursue. ... I have used this new skill for my intervention project but also I have done half a dozen research searches specifically for issues that I am wrestling with at work.

– *EXTRA fellow Kristen Krull-Naraj, Vice President, Patient Care Services and Chief Nursing Officer, Royal Victoria Hospital*

The fellowship creates an atmosphere that encourages the exchange of ideas on issues facing the health system:

I think another great benefit of EXTRA has been the peer learning. Despite the diversity of our intervention projects, and the very different roles and work environments in which we work, there is a striking similarity of experiences and challenges we face. ... There has been considerable informal sharing of knowledge and expertise both during the resi-

dency sessions and when we are all back in our home territories (e-mail is great here). For instance, we exchange information on how we have solved certain problems and what the results have been, as well as sharing articles and resources.

– *Patty O'Connor, Associate Director of Nursing, Neuroscience Mission, McGill University Health Centre, Montreal*

For some fellows, EXTRA is more than learning; it offers “an opportunity to re-energize what [we] believe in terms of changing and improving how services can be delivered to meet the needs of patients, clients or citizens,” says Debra Vance, Community Area Director – River East and Transcona, Winnipeg Regional Health Authority and Government of Manitoba, Family Services and Housing.

Moreover, the program enables participants to learn from the successes and failures of other facilities, other regions, and other provinces.

“We often share similar issues from coast to coast. Some of us have dealt with things at a greater depth and have learned from it. The Ontario contingent has gained important knowledge from the other provinces concerning their regional health authorities, such as how they function and what they can learn from them,” states Krull-Naraj.

Most importantly, the EXTRA program helps identify the different constraints that professions face. For many, the roles of the various disci-

plines within the health system have been clarified.

“Since we all have different views of the world ... often we don’t understand the bigger scheme, details and nuances of issues others are facing. Yet, after sharing experiences, things that didn’t make sense before become understandable. This new perception gives us the opportunity to help inform each other by means of our different stories and experiences,” says Krull-Naraj.

EXTRA fellows receive the additional advantages of access to top instructors from Canada and the United States and unique recognition from their affiliation with the program.

“Numerous people have contacted me by virtue of the fellowship. Organizations of which I was previously unaware have asked me to come and participate in their learning activities and to share what occurs in the EXTRA program. ... As a result ... , I have made fantastic connections with another whole group of superb people ... to whom I can look for experience and expertise. For me, the connections that are facilitated all across the country have been the richest part of the program. They allow you to access expertise with great ease,” says O’Connor.

The future of the health system depends on the initiative of individuals. Programs like EXTRA offer support to those special individuals. But it is individuals like those involved in EXTRA and other leadership programs who are making the difference. MacRurry-Sweet comments, “we need to encourage nurses who are in senior leadership

roles to take on programs like EXTRA. To take on learning that enables them as a nurse decision-maker but also as a global decision maker.”

To make the difference we all want to see.

The 2007 call for applications is October 1, 2006. The deadline for submissions is March 1, 2007.

For more information about the EXTRA program and how to apply, please visit [www.acen.ca](http://www.acen.ca) (and click on EXTRA link); [http://chsrf.ca/extra/index\\_e.php](http://chsrf.ca/extra/index_e.php); and [www.cna-aiic.ca/CNA/practice/leadership/extra/default\\_e.aspx](http://www.cna-aiic.ca/CNA/practice/leadership/extra/default_e.aspx).

## References

Romanow, R. 2002 (November). *Commission on the Future of Healthcare in Canada: Building on Values – The Future of Healthcare in Canada*. Final report. Retrieved August 10, 2006. <<http://www.hc-sc.gc.ca/english/care/romanow/hcc0086.html>>.

Health Canada. 2006 (May 8). *First Ministers Accord on Health Renewal*. Retrieved August 10, 2006. <[http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2003accord/fs-if\\_1\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2003accord/fs-if_1_e.html)>.

### ACEN Scholarship 2006 Awarded to Nancy Purdy

**N**ancy Purdy has completed her third year of full time study in the Doctor of Philosophy in Nursing program (PhD - Nursing Leadership in Health Services Delivery) at the University of Western Ontario. Nancy has worked in various clinical, education and leadership roles in the acute care sector and most recently held a Chief Nursing Officer role in a large multi-site community hospital. She has presented locally and nationally on topics ranging from critical care concepts and leadership to research related to work environments for nurses in practice and manager roles. Nancy participated on an expert panel that synthesized a comprehensive body of literature to create the RNAO Healthy Work Environments Best Practice Guideline “Developing and Sustaining Nursing Leadership” launched in June 2006. She has been a co-investigator for two provincial studies of nurse managers examining the relationship between work environments, job satisfaction and their health outcomes.

Nancy’s doctoral research involves a non-experimental multi-level design to determine the relationship between nurses’ perceptions

of their work environment and the quality and risk outcomes for both the patient and the nurse.

Data will be collected using standardized questionnaires completed by a sample of nurses and discharged patients affiliated with selected medical and surgical units from acute care hospitals across Ontario. The results have the potential to build evidence for use by nursing leaders as they prepare business cases for the investment in strategies that will create healthy work environments, sustain and build the nursing workforce and, in turn, achieve positive patient outcomes. Nancy is particularly interested in developing partnerships between nursing leaders in academia and practice so that her future research reflects an integration of priorities from both sectors.

