

# Different Roads, Same Destination: Launching Regional Training Centres

## Divers chemins, destination commune : le lancement des Centres régionaux de formation

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## Abstract

The four Regional Training Centres (RTCs) founded by the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research have used their regional context and resources to develop an innovative approach to reach their common goal of increasing capacity in applied health and nursing services research in Canada. As this overview explains, experiential learning features prominently in all four RTCs with the involvement of healthcare decision-makers and organizations. An interdisciplinary conceptual and methodological approach has been emphasized, resulting in both a regional and a national network of faculty, researchers, healthcare decision-makers and graduate students who are committed to the field of applied health and nursing services research. Faculty, decision-makers and students have gained a deeper understanding of how to achieve knowledge translation and exchange within the context of applied health and nursing services research to promote evidence-informed decision-making.

## Résumé

Fondés par la Fondation canadienne de la recherche sur les services de santé et les Instituts de recherche en santé du Canada, les quatre Centres régionaux de formation (CRF) ont utilisé leur contexte régional et leurs ressources pour élaborer une approche novatrice afin d'atteindre un objectif commun : accroître la capacité en recherche appliquée en services de santé et de soins infirmiers au Canada. Tel qu'énoncé dans le présent aperçu, l'apprentissage par l'expérience occupe une place prioritaire dans les quatre CRF en raison de la collaboration des décideurs et des organismes du secteur des soins de santé. Une approche conceptuelle et méthodologique interdisciplinaire a été privilégiée, créant ainsi un réseau régional et national de membres de corps professoraux, de chercheurs, de décideurs en matière de soins de santé et d'étudiants des cycles supérieurs qui se consacrent au domaine de la recherche appliquée en services de santé et de soins infirmiers. Cette approche permet aux corps professoraux, aux décideurs et aux étudiants de mieux comprendre comment réaliser l'application et l'échange des connaissances dans le domaine de la recherche appliquée en services de santé et de soins infirmiers afin de favoriser la prise de décisions éclairées par des preuves.

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## Key Messages

- The RTCs have developed a national network building capacity in applied health and nursing services research.

- Regional contexts have helped shape innovative approaches to achieve a common goal.
- Experiential learning that links students with healthcare decision-makers and organizations has been crucial to the RTCs' success.
- Interdisciplinary training is an essential feature of the RTCs.

**T**HE CANADIAN HEALTH SERVICES RESEARCH FOUNDATION (CHSRF) AND the Canadian Institutes of Health Research (CIHR) established a partnership to create the Capacity for Applied and Developmental Research and Evaluation (CADRE) program. This was a response to a perceived need for more health and nursing services research capacity in Canada and for greater, more specific orientation of existing and developing health and nursing services researchers toward the application and use of research (Conrad 2008).

Following a request for proposals from CHSRF/CIHR between 2001 and 2002, four Regional Training Centres (RTCs) were developed as part of CADRE. The RTC network has a national presence through four centres: the Atlantic Regional Training Centre – Applied Health Services Research (ARTC), the Centre de formation et d'expertise en recherche en administration des services infirmiers (Centre FERASI), the Ontario Training Centre in Health Services and Policy Research (OTC) and the Western Regional Training Centre for Health Services Research (WRTC). CHSRF/CIHR identified the desired program outcomes, and each RTC designed its training program, to meet regional needs within the participating universities (Table 1). Centre FERASI focuses specifically on nursing research and administration.

This paper provides an overview of the four regional training centres, including information on course and workshop delivery, placements and residencies, individual organizational structure and lessons learned (which outline some of the challenges and opportunities this unique initiative has faced over the past seven years). In addition to applied training opportunities, students receive a stipend. Stipend levels vary from RTC to RTC based on number of years of training, local opportunities and expectations.

## RTC Mandate

The mandate of the RTCs is to enhance the capacity of applied health and nursing services researchers at the master's and doctoral levels over a 10-year period (Conrad 2008). A regional approach was taken to ensure that institutions within each region would build their training programs on the existing strengths of their universities and foster local and regional linkages with healthcare decision-makers (DMs). The RTCs have established interdisciplinary programs emphasizing the creation of experiential learning opportunities for students with DM organizations (Dallaire et al. 2008; DiCenso et al. 2008; Sheps et al. 2008). The use of non–university-based experiential

TABLE 1. Universities of the Training Centre Network

ARTC	CENTRE FERASI	OTC	WRTC
Dalhousie University Memorial University University of New Brunswick University of Prince Edward Island	Université de Montréal Université Laval McGill University Université de Sherbrooke	Lakehead University Laurentian University McMaster University University of Ottawa University of Toronto York University	University of Alberta University of British Columbia University of Manitoba and Affiliate sites from universities across Western Canada

learning is a relatively new idea for a graduate program (Sheps et al. 2008). The goal of this collaboration is to give DMs and students a better understanding of how each can achieve enhanced knowledge translation and exchange within the context of applied health and nursing services research to promote evidence-informed decision-making.

### Centre Profiles

The following RTC data include students completing their training in the spring of 2008.

#### Atlantic Regional Training Centre – Applied Health Services Research

The Atlantic Regional Training Centre – Applied Health Services Research (ARTC) began in 2002 as a partnership between Dalhousie University, Memorial University and the University of New Brunswick, with the University of Prince Edward Island joining in 2003, making it an Atlantic Canada initiative. The primary purpose of the ARTC is to increase health services research capacity throughout Atlantic Canada.

The ARTC developed a two-year, thesis-based master’s program in Applied Health Services Research (Table 2). Each year the cohort comprises students from each of the four sites. The ARTC faculty is drawn from a range of departments and faculties, including Community Health and Humanities at Memorial University of Newfoundland, Health Services Administration and Bioethics at Dalhousie University, Biomedical Engineering and Nursing at University of New Brunswick and Nursing, Nutrition and Education at University of Prince Edward Island. In addition, thesis committee supervisors for students come from diverse disciplines from all four sites and include DMs.

Partnerships are key components of the ARTC. The underlying partnership has been the cooperative relationship among the four universities through their offering a common degree program that is geographically dispersed, providing access to expertise well beyond that available at any single partner site. The Nova Scotia Health Research Foundation is a major regional partner providing financial support for the ARTC.

Governance of the ARTC has two levels: an Advisory Board to provide advice and direction with regard to strategic planning, and a Management Team that oversees the day-to-day running of the centre. The Advisory Board includes deans of graduate studies or equivalent from the four universities, deputy ministers of health or their designates from Newfoundland and Labrador, New Brunswick, Nova Scotia and Prince Edward Island and CEOs of healthcare organizations, community representatives and students. This diverse group of people provides advice and links the ARTC to healthcare stakeholders and academic systems at a senior level. The Advisory Board also provides key connections for students' residencies and assists in the development of their thesis research projects. The Management Team comprises a principal investigator from each university, an overall program manager, four site coordinators and an instructional designer.

Over two years of study, students complete a total of eight courses using a hybrid model of course delivery, including Web-based distance techniques and three face-to-face regional workshops to allow interactions with DMs. In addition to coursework, students engage in the research, writing and defence of a thesis and attend local and national conferences (Table 2). The ARTC supports student memberships in the Canadian Association of Health Services and Policy Research (CAHSPR). The learning outcomes of the program are that students will (1) undertake health services

TABLE 2. ARTC profile

<b>ARTC Profile</b>	
Training Sites	Dalhousie University, Nova Scotia; Memorial University of Newfoundland, Newfoundland and Labrador; University of New Brunswick, New Brunswick; University of Prince Edward Island, PEI
Student Background	Interdisciplinary backgrounds: Arts, Sciences, Journalism, Allied Health Professionals
Program Requirements	Eight courses with a concentration in research methods, knowledge translation and exchange, research ethics, Canadian health policy, determinants of health; three workshops; <b>Statistical Package for the Social Sciences (SPSS)</b> (workshop) thesis and defence; residency
Course Delivery	Hybrid model using 60% Web-based and 40% face-to-face delivery method
Student Admissions	64 (52 Master's, 7 PhD), 5 withdrawn = 59
Students Completed Master's/Doctoral Degree	26 (25 Master's, 1 PhD)
Student Financial Support	Master's: \$6,000/yr plus tuition for 2 years PhD: \$9,000/yr plus tuition for 3 years \$1,000 travel fund

\* Data from 2001-2007.

research, (2) design, supervise and evaluate projects, (3) critically evaluate health services research literature, (4) employ innovative approaches in health services research through understanding diversity in decision-making environments and processes, (5) communicate health services research issues and results clearly and responsibly to DMs, academics and the general public and (6) integrate and synthesize health services research results across disciplines.

During the summer between years one and two, students complete a four-month residency working with DM organizations. The residencies have spanned the country, including placements with the College of Family Physicians of Canada in Ontario, Fraser Health in British Columbia, the Nova Scotia Department of Health, Health and Social Services in Prince Edward Island, the Public Health Agency of Canada in Ottawa, the Eastern Regional Health Authority in Newfoundland and Labrador and the Department of Health and Wellness in New Brunswick.

### Centre de formation et d'expertise en recherche en administration des services infirmiers (Centre FERASI)

Created in 2001, Centre FERASI developed an inter-university and interdisciplinary partnership of four universities (Université de Montréal, Université Laval, McGill University and, more recently, Université de Sherbrooke) to promote nursing administration research. Centre FERASI was created in response to the lack of a master's-level training program in nursing administration in the province of Quebec since 1983. Additionally, only a few Canadian universities were providing doctoral-level training in nursing administration. The three main objectives of Centre FERASI are (1) to train students at the doctoral and master's level in nursing services administration, (2) to develop research in nursing services administration and (3) to promote knowledge translation and exchange among students, researchers, DMs and policy makers.

The Centre FERASI program is offered to students registered in various programs including Nursing, Community Health, Public Health, Management, Industrial Relations and related disciplines (Table 3). Doctoral students must attend three courses developed by Centre FERASI, and master's students must choose two (Table 3). They must undertake a research project/internship in nursing administration. The Centre FERASI's courses are embedded in the master's or doctoral programs in each university.

A key and unique component of the Centre FERASI is its research residency model. Each doctoral student is paired with a DM over all four years of his or her doctoral studies, and the DM organization provides 50% of the student's support. The student's research project is endorsed by the DM organization. The DM develops the project with the student and supervisor, assists the student with implementation of the project in the organization, introduces the student to all the levels of the organizational management and participates in the academic committees during the student's doctoral program. The project is related to a subject important to the DM organi-

zation. Master's students are required to do a thesis, a practicum or an essay for an organization, with a DM participating on the supervisory committee and during the implementation and the realization of the project, dependant on selected option.

Centre FERASI receives additional financial support from a number of sources including the Fonds de la recherche en santé du Québec (FRSQ/provincial funds), university partners and DM partners, the latter representing an important part of Centre FERASI's funding.

The centre's 23-member Advisory Board consists of individuals from the universities, DMs, provincial government, professional associations and unions. There are three main committees: the executive, scientific and grant committees, comprising representatives from universities and DM organizations.

Centre FERASI focuses on three main outcomes: (1) the number of students trained, (2) publications and conferences and (3) knowledge translation and exchange activities. To date, the centre has welcomed seven cohorts of graduate students. The number of students admitted totals 104, of which 64 are funded and 33 have graduated from their degree programs (Table 3). The scientific production of the students rep-

TABLE 3. Centre FERASI profile

<b>Centre FERASI Profile</b>	
Training Sites	Joining Anglophone & Francophone universities: Université de Montréal McGill University Université Laval Université de Sherbrooke (in 2008)
Student Background	Nursing, administration, public health, community health, administration sciences and related disciplines
Program Requirements	Five courses focus on health policies and nursing practices, nursing services organization, nursing human resources planning, knowledge transfer, nursing workforce determinants; seminars and conferences; thesis and defence; research residency, project/internship in nursing administration
Course Delivery	Face-to-face courses; videoconference
Student Admissions	104 (81 Master's, 23 PhD), of which 64 are funded
Students Completed Master's/Doctoral Degree	33 (29 Master's, 4 PhD)
Student Financial Support	Master's: \$20,000/yr during one year (renewable once) PhD: \$50,000/yr during 4 years (50% provided by DM organization) Travel funds: \$1,000/yr Publication support: \$1,500/yr Doctoral research training stage in Canada or abroad: \$4,000/yr

\* Data from 2001–2007.

resents a total of 31 published articles and 143 presentations to scientific conferences. Through the research residency, the students have been active in knowledge translation and exchange activities. Centre FERASI also organizes a number of seminars every year.

### **Ontario Training Centre in Health Services and Policy Research**

Established in 2002, the Ontario Training Centre in Health Services and Policy Research (OTC) is a consortium of six Ontario universities and 20 principal investigators offering graduate training leading to a Diploma in Health Services and Policy Research at Lakehead, Laurentian, McMaster, Ottawa and York universities and to an equivalent qualification through the Collaborative Graduate Program in Health Services and Policy Research at the University of Toronto. OTC's mandate is to increase health services research capacity in Ontario through a specific graduate training program built on existing university and DM environment strengths (Table 4).

OTC has received additional financial support from several branches of the Ontario Ministry of Health and Long-Term Care, the CIHR Institute for Health Services and Policy Research (IHSPR), Health Canada, the Ontario Rehabilitation Research Advisory Network and the Canadian Institute for Health Information (CIHI).

The centre operates with an overall director, a program manager and site directors at each of the six participating universities. An Advisory Board (including representatives from CHSRF, DMs, university administrators, students and alumni) guides its strategic positioning, development and long-term sustainability.

The program in health services and policy research was approved individually at each of the participating universities by the Ontario Council on Graduate Studies (OCGS) as a Type 2 Diploma at five of the six sites and as a Collaborative Program at one. A Type 2 Diploma in Ontario is a graduate specialty (health services research, in this case) that requires academic work (usually two or three courses and a field placement) in addition to that of the primary graduate degree in which the student is enrolled. Type 2 Diplomas are not stand-alone programs.

Graduate students eligible to apply for OTC admission may come from 26 fields that encompass traditional and non-traditional health disciplines, including, among others, Nursing, Pharmacy, Public Health, Business Administration and Women's Studies. To date, OTC has admitted five cohorts of graduate students (23 in 2003, 28 in 2004, 19 in 2005, 24 in 2006 and 29 in 2007) for a total of 123.

The program in health services and policy research is based on a set of five competencies: (1) understanding of the Canadian healthcare system, (2) ability to carry out health services research, (3) understanding of theories regarding how the health of populations is produced, (4) understanding theories of health and health services knowledge production and (5) understanding of knowledge exchange and research partnerships.



Unique program features include course availability at any of the six participating universities, summer institutes, distance learning opportunities, linkages with students and faculty across universities and disciplines, and field placement opportunities in policy and research settings across the province.

TABLE 4. OTC profile

<b>OTC Profile</b>	
Training Sites	Lakehead University, Laurentian University, McMaster University, University of Ottawa, University of Toronto, York University
Student Background	26 fields from traditional and non-traditional health disciplines
Program Requirements	A minimum of three half course equivalents above and beyond the requirements of the parent graduate degree (including the Summer Institute and a 200-hour Policy Practicum); course examples include Canadian healthcare system, knowledge transfer and mixed methods research designs
Course Delivery	Traditional classroom instruction, distance (Web-based) education, institutes, field placements (Policy Practicum) and conferences Twelve courses addressing specific OTC competencies have been developed since early 2004. They are taught from different sites
Student Admissions	123 (58 Master's, 65 PhD)
Students Completed RTC Program	30 (23 Master's, 7 PhD)
Student financial Support	Up to \$15,000 for the program per student regardless of level (Master's or PhD) or status (full-time or part-time)

\* Data from 2001–2007.

Graduation from the OTC program requires completion of a minimum of three half course equivalents above and beyond the requirements of the graduate program in which the student is enrolled. Two of these three courses are mandatory: a one-week Summer Institute and a Policy Practicum (i.e., a field placement or residency).

OTC Summer Institutes represent a full-time week of intensive learning whereby experts in the selected field provide students with opportunities for advanced knowledge exchange. The institute is designed to expose students to the policy imperatives and realities of designing and delivering health services for varied populations in different healthcare contexts. As part of their learning, students complete team projects, the outcome of which is the preparation of a letter of intent (LOI) according to a format typical of open grants competitions.

In addition to the Summer Institute, the OTC sponsors the attendance of each

new cohort of students to a major conference in health services and policy research, usually the annual conference of the Canadian Association for Health Services and Policy Research (CAHSPR).

The Policy Practicum is a field placement requiring students to spend at least 200 hours in a policy-making environment working and interacting with stakeholders in the healthcare system.

### Western Regional Training Centre for Health Services Research

The WRTC is a collaborative training initiative launched in September 2001 designed to support training of applied health services researchers (master's and doctoral students) across disciplines and institutions, equipping them to address the research needs of a wide range of healthcare administrators and policy makers (Table 5). The WRTC receives substantial regional financial support from the Alberta Heritage Foundation for Medical Research. In addition, the WRTC receives support from the Michael Smith Foundation for Health Research.

Initially, two training sites were established in the Department of Health Care and Epidemiology, University of British Columbia (UBC), and the Department of Community Health Sciences, University of Manitoba (UM); in 2007, a third training site was added at the University of Alberta in the Faculty of Nursing and School of Public Health (UA). The WRTC is supported by two research centres, the UBC Centre for Health Services and Policy Research (CHSPR) and the UM's Manitoba Centre for Health Policy (MCHP). In 2002, in response to the demand from graduate student researchers in other departments and universities (other than four core departments), a Student Affiliate status was added to the program, resulting in a network of students from across the four western provinces.

A WRTC Management Team (three site directors and a program manager) oversees day-to-day operations with part-time site coordinators. WRTC governance is the responsibility of the Management Team, supported by an Advisory Committee for overall strategic planning and comprising three members from each site: a healthcare DM, a researcher/faculty member and a student representative. Planning retreats are held every second year.

The WRTC program objectives include providing applied health services research training opportunities to equip researchers to address the research needs of a wide range of healthcare policy makers; attracting graduate students from a broad range of disciplines, including health and non-health backgrounds; involvement of decision-makers in all aspects of the training program; exposure of students to the interface of research and decision-making; providing interdisciplinary conceptual and methods training; and developing linkages with other departments and universities to add diversity and strength to WRTC activities (Table 5).

## Different Roads, Same Destination: Launching Regional Training Centres

TABLE 5. WRTC profile

WRTC Profile	
Training Sites	University of British Columbia University of Manitoba University of Alberta and Affiliate sites across Western Canada
Student Background	Interdisciplinary – from health and non-health disciplines
Program Requirements	Seminar series – knowledge exchange over 2 years; 2 courses in health policy and research methods; 4-month field placement; Fall Institute; CAHSPR conference; other workshops/conferences
Course Delivery	Face-to-face; some teleconferencing & videoconferencing
Student Admissions	93 (51 Master's, 40 PhD, 2 Post-doctoral)
Students Completed RTC Program	73 (40 Master's, 31 PhD, 2 Post-doctoral)
Student financial Support	Core departmental students \$16,000/yr for two years Affiliates \$5,000/yr for 1–2 years Membership and travel to annual CAHSPR conference Top-up policy in effect for students receiving external awards

\* Data from 2001-2008.

During the planning stage, the WRTC principals decided that rather than create a new degree program across the four provinces (which would have been extremely difficult and time-consuming), they would instead build on the existing core departmental graduate programs, which were highly complementary. Each of the three core sites operates a regular seminar series, Current Topics in Health Services Research (with presentations by DMs, students and researchers and recommended readings). Through the seminar series, students meet on a regular basis face-to-face over the two years, a practice that creates a cohesive group at each site. Students at other sites and affiliate students across Western Canada participate in the seminar series in person or via teleconferencing (with some videoconferencing).

Students complete two courses in each of health services research methods and health policy. The Fall Institute brings together all students for a concentrated training session that includes local faculty, researchers and DMs. The students also participate in various local workshops/conferences (CHSPR, MCHP). The WRTC sends all students each year to the annual CAHSPR conference and pays for student memberships. Training in SAS, qualitative methods, grant writing and other skill development workshops are offered through the WRTC.

The highlight of the WRTC training is the field placement (usually four months full-time) at a healthcare DM site. This field placement experience is meant to provide

the student and the DM with an opportunity to work together on a research or policy project identified by the agency (Sheps et al. 2008). The field placement provides an excellent opportunity for students to come to understand the issues facing healthcare organizations regarding evaluation of their programs, policy development and the reasons organizations make the decisions they make (including the evidence they use to support such decisions).

### **Career Activities of Graduates**

Graduates of all four centres have had no difficulty finding employment or career positions following completion of RTC training. Students are often employed prior to completing their graduate degree through the placement/residency. Graduates have found employment with health authorities, government departments, universities (as faculty), hospitals, health networks and research centres. Because of the applied nature of the RTC programs, graduates have been hired for senior positions. A number of graduates have gone on to complete doctoral and post-doctoral studies and medical school training.

### **Partnerships and Strategic Alliances**

Over the years, the RTCs have developed partnerships and strategic alliances with various local and national organizations or other training programs.

### **Executive Training for Research Application**

Each RTC has taken on the role as mentoring support sites for the CHSRF Executive Training for Research Application (EXTRA) program. Health services professionals participating as EXTRA Fellows make presentations at RTC workshops, institutes, seminars and courses. They may also be involved in supervising placements/residencies and participating on advisory and other committees (Conrad 2008).

### **Canadian Association for Health Services and Policy Research**

The RTCs recognize the importance of participation in the Canadian Association for Health Services and Policy Research (CAHSPR) and have supported student membership in CAHSPR. A number of students from the RTCs also attend the annual conference.

### **Canadian College of Health Services Executives**

The ARTC has developed an agreement with the Canadian College of Health Services Executives (CCHSE) to promote the ARTC's training program within the CCHSE

organization. ARTC students are eligible for membership within the CCHSE program, which can lead to the designation of Certified Health Executive (CHE).

### CIHR Strategic Training Initiative in Health Research

The WRTC has partnered with a number of the CIHR Strategic Training Initiative in Health Research (STIHR) programs through the development of joint training activities, including workshops and the 2004 CIHR Summer Institute (which gathered 60 graduate students, faculty and decision-makers from across the country).

### CHSRF/CIHR Chairs

Researchers and students of the Centre FERASI have collaborated on a number of research projects with the CHSRF (Conrad 2008) and CIHR Chairs (e.g., Chair of Governance and Transformation of Health Care Organizations, Chair of Knowledge Transfer and Innovation, Canada Research Chair on Behaviour and Health). These chairs have also acted as supervisors for students.

### Lessons Learned

The development and delivery of the RTC programs are complex and challenging. All four centres have developed their training programs differently, but with the common goal of increasing capacity in applied health and nursing services research. In year four, each of the RTCs underwent an external review by CHSRF/CIHR, resulting in renewed funding to the 10-year mark (Davey and Altman 2008; Rathwell et al. 2008). A number of challenges have arisen around the development and delivery of the training programs, especially in relation to university collaboration (DiCenso et al. 2008).

The overall impact of the RTCs, as well as the many challenges they have faced over the past six years, are addressed in more detail in the additional papers in this special supplement of *Healthcare Policy/Politiques de Santé*. A few examples follow.

### Program development/delivery

- A new approach to training delivery, with no models to build upon, can be accomplished with sufficient long-term support from individuals committed to the concept of linkage and exchange between universities and healthcare decision-makers.
- Building a network of individuals and organizations can be complex; harmonizing different academic traditions, backgrounds and fields – and different cultures, Anglophone and Francophone, in the case of the Centre FERASI – was difficult, but it can be done.

- Developing and maintaining relationships with various individuals involved in the training programs, including faculty, researchers, administrators, DMs and students, require a commitment of time and of targeted resources.
- Distance across sites and provinces creates an added challenge in communications, training delivery and reporting. Making time available for a certain amount of face-to-face contact is critical.
- The varied academic and professional backgrounds of the students necessitate an open-minded approach to the training and mutual respect from all involved.
- Delivering training across sites/provinces is expensive and requires adequate and flexible financial support. Travel costs for annual institutes and workshops need to be included in the budget.
- Course delivery and program communication across sites enable individuals to participate at a distance. Meetings and course delivery via Internet, videoconferencing and teleconferencing can be expensive.
- Some of the RTCs have had difficulty attracting faculty to participate owing to workload and lack of recognition of their involvement by their home academic departments. Participation in cross-university initiatives such as this requires greater recognition and must be addressed at senior university levels.
- For faculty, the additional teaching and mentoring activities can add to an already heavy workload. This situation is especially difficult for junior faculty who do not have tenure.
- Because of the programs' design and innovation, the added program requirements for students (e.g., placement/residency, institutes/workshops) create a heavier than usual workload; for the majority of students, the benefits far outweigh these costs.
- Delivery and administration of the training programs require substantial committed project management support (e.g., a program manager, site coordinators, instructional designers and administrators).

### Impact of the RTCs

- Over the initial 10-year period, the RTCs will have trained enough graduates to increase the number of health services and nursing researchers and build a strong community of practice, both regionally and across Canada.
- The provision of ongoing support for this community of practice – including continuing engagement with healthcare organizations and provision of tools, knowledge and support to the researchers trained by the RTCs – is critical in fulfilling the vision of enhanced linkage and exchange for the betterment of the Canadian healthcare system.

- As a community of practice, RTC alumni need support in maintaining their connection to the RTC program as they pursue their various career paths in academia and decision-maker organizations.
- There is a need to increase the RTCs' national and international visibility and exposure.

## Conclusion

Since the launch of the CADRE program, RTC principals, program managers and other faculty from the four RTCs have met face-to-face twice a year to discuss the program as a whole with CHSRF and CIHR staff. During these meetings, ideas are shared, challenges discussed and plans for the future made. This environment fosters a collegiality that benefits all – an unexpected outcome of the program. The four RTCs continue on their individual paths of contributing to the development of a community of practice in applied health and nursing services research. While this journey has been a wonderful one for the RTCs, their students and decision-making partners, the current funding commitment from CHSRF/CIHR ends in 2011/2012. However, a vision for sustainability has developed that will take the RTCs beyond what was initially imagined (see Montelpare et al. 2008).

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