



CMA Leadership Innovation Fund

2009

*Creative ideas to advance
leadership in medicine*

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CMA Leadership Innovation Fund 2009

Guidelines and Application Form for Medical Students and Residents

OVERVIEW

The **CMA Leadership Innovation Fund** is designed as part of the CMA leadership development strategy to encourage emerging physician leaders to implement creative ideas that will:

- enhance their own professional development and that of their peers, and/or
- improve the lives of patients and/or communities.

PURPOSE

The fund supports Canadian medical students and residents in their creation of innovations that will contribute significantly to the advancement of leadership in the medical community. Projects can include anything from short-term action research or literature reviews on topical leadership issues; career development or mentoring projects for peers; health promotion/awareness or health advocacy ideas for communities; or toolkits and guides to provide help on subjects such as sustaining the health and wellness of colleagues or encouraging rural and Aboriginal students to pursue medical studies.

The proposed project should engage students/residents in critical thinking and problem solving that deepens their knowledge of leadership and non-clinical professional development. The work should also improve students' habits of inquiry, self-directed learning and critical reflection.

All projects must contribute to ongoing growth and improvement of non-clinical development for the medical profession. "One-shot," individual professional growth experiences, such as attending a conference or engaging a professional speaker, are discouraged. Recipients are also expected to exercise professional leadership by sharing their new learning with their colleagues.

ELIGIBILITY CRITERIA

Applicants must be members of the CMA and enrolled in a Canadian medical school as a medical student or resident at the time of the application.

FUNDING

Each CMA Leadership Innovation Fund recipient will be granted an amount up to a maximum of Can\$2500. Funding will be in the form of an educational grant. In addition, CMA will provide ad hoc in-kind support in terms of mentorship, background research, educational or marketing expertise, etc. The total number and value of grants awarded in 2009 will be determined by the funds available. Funds may be used for fees, books or other materials that enable applicants to learn subject matter, instructional approaches and skills.

DEADLINE

Applications must reach the CMA Office for Leadership and Professional Development by **May 25, 2009**, midnight EST to be considered for funding in 2009. Electronic submission is preferred.

COMPLETION

All activities awarded funding in 2009 must be completed by **April 1, 2010**.

SELECTION PROCESS

A CMA committee will review the applications and identify the recipients of this award. The corporate sponsor of the project will not be involved in, or influence in any way, selection of the recipients.

Restrictions

Funds may not be used to:

- o pursue degrees
- o pursue professional development that solely benefits the individual applicant
- o support activities that do not enhance education
- o fund travel to conferences and similar events
- o support international volunteer work

Completion of project

Recipients will be expected to exercise professional leadership by sharing their new learning with their colleagues in the form of a product, a written manuscript, a journal article, or a conference abstract with accompanying poster/slides.

All approved projects must include a notice on all material produced to indicate that funding support was provided through the CMA Leadership Innovation Fund.

Successful candidates will be acknowledged at the CMA and Canadian Society of Physician Executives Canadian Conference on Physician Leadership to be held on April 22–24, 2010, at the Sheraton Centre Hotel in Toronto.

APPLICATION

Please adhere closely to the following submission instructions. Failure to comply with these instructions will disqualify the application.

Please note that only applications received by **May 25, 2009**, midnight EST will be considered.

PART I - CONTACT INFORMATION

Title of Project:

Your Name:

Group (if you're part of an organized entity):

Medical School or Residency/Fellowship Program:

Mailing Address:

Phone number(s):

E-mail(s):

PART II - PROJECT DESCRIPTION

Please note that we will not consider applications that do not respect the number of words criteria. We realize that being succinct is challenging; however, our experience is that people who are able to sum up their ideas in 3 minutes or less or in 150 words or less have usually thought carefully about what they propose to do, are very clear on their objectives and are able to accomplish their goals with respect to the agreed-upon timeline.

Before writing the application, please review carefully the objectives of this fund, the restrictions to funding and the descriptions of the 5 projects selected last year (see attached Appendix A).

Selection Criteria

Item required	Weighing of criteria (equally distributed: content, quality of writing and presentation)
1. Please provide a short SUMMARY that CMA can use to publicize your project, should it be accepted for funding (max. 250 words).	30%
2. Please describe your innovation project's objectives, activities, timelines and who will benefit (10 lines maximum). Note: The project must be nonclinical.	15%
3. Please explain how your idea is unique/innovative (50–150 words).	15%
4. Please describe how your idea/proposal responds to a real need (50-150 words). *Attached letters of support from peers and mentors are also welcome.	10%
5. How do you plan to share your learning from this project with colleagues? How will you make this project available to or reproducible by others? (50–150 words.)	20%
6. What resources are needed for project completion? Please list all resources necessary, including facilities, people, money, equipment, etc. (Your request must not total more than Can\$2500). Please identify whether any additional support (cash or in-kind) will be provided by other sources and, if yes, indicate the source of such funding.	10%
7. Do you have a mentor for this project? If yes, who is she or he? If no, are you interested in CMA's assistance in helping you find one?	Information only

The total application should not exceed 3 pages. *You may also append additional documentation, but the application will be judged solely on the quality of your answers to the above questions.

Please submit your application

Electronically to:	leadership@cma.ca
Or fax to:	613-521-1268
Or mail to:	Canadian Medical Association Office for Leadership and Professional Development 1867 Alta Vista Drive Ottawa, ON K1G 5W8

Thanks for your application!

If we have any questions about your application we may write or call you for clarification. We will make every attempt to notify successful applicants as soon as possible.

Appendix A

CMA Leadership Innovation Fund
2008 Projects

Title of Project: **Beyond the walls of the classroom: Opportunities for personal development through formalized mentorship of medical students**

Name: **Aaron Knox, Nawaaz Nathoo, Madhav Sarda**

Medical School: **Medical Students Association, University of Alberta**

Mentorship is defined as “a dynamic, reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé), aimed at promoting the development of both.” Medical school is often a very stressful environment, which can lead to anxiety for students. Medical students face pressures ranging from the need to create a social network to learning vast amounts of scientific material. Students often feel isolated in this system and lack mentorship. The purpose of this project is to help relieve the anxiety students feel and in turn decrease student stress levels, resulting in overall better health outcomes. Creating a mentorship program will allow monitoring of student well-being and will enable students to prepare adequately for life in residency.

Title of Project: **From Medicine to Movements: How physicians become partners in community collective action**

Name: **Baijayanta Mukhopadhyay**

Medical School: **McGill University**

Doctors are accustomed to responding to the needs of individual patients who present to them with specific concerns. But how does this concern for one individual shift in crisis situations? How does a physician, who consistently sees the same pattern of injury or illness in a range of individuals, uphold the interests of the patient? In this case, a doctor’s role may be to shift from individual caregiver to a participant or organiser in collective action. This project explores this transition through exploring the case studies of physicians who have become involved in social movements to address their patients' concerns, understanding how they see this participation in collective action as part of their professional duty. Identifying and interviewing physician-activists in a wide range of movements will help understand how this leadership is developed. Through this process, I want to bring their story forwards from their original awakening to the cause they champion to describe how they became involved with the networks and institutions in which they participate. I also want to take their story backwards, asking them to trace events and orientations in their lives that may have rendered them particularly susceptible to mobilisation in the event of a social crisis. While there is a vast body of literature on recruitment into social movements, there are few case studies describing how prominent physicians become advocates for a cause. Piecing together these narratives will highlight the why and the how physicians become trusted leaders in their communities.

Title of Project: **Planting a seed**

Name: **Nicole E. Cardinal, Terri Aldred**

Medical School: **University of Manitoba Medical School**

Census data indicates that between 1996 and 2001, non-reserve North American Indian, Métis and Inuit populations all made important gains in education. Increasing numbers of these populations were completing secondary school and moving on to finish post-secondary studies. With increasing educational programs aimed at addressing the needs of Aboriginal people we are seeing positive results in education among the Aboriginal population. The Aboriginal Health Group (a student-led university group in consultation with the Aboriginal Health Careers Program at the University of Alberta) intends to create a workbook that will promote Health Careers and post-secondary education to Aboriginal children. This initiative is collaboration between Aboriginal Medical students, Aboriginal communities and school-age children. The purpose of the workbook is to promote the importance of education among students while using cultural themes and Aboriginal medical students as role models. It also exposes Aboriginal children to health careers as a future occupation because of the under representation of Aboriginal people currently in these fields.

Title of Project: **WISH Clinic**

Name: **Isanne Schacter**

Medical School: **Aboriginal Health Group, University of Alberta**

The Alan Klass Memorial Program for Health Equity is a new initiative within the Undergraduate Medical Education Program at the University of Manitoba. This program will enhance the elements of the medical curriculum that address health disparities, whether based on race, gender, socio-economic status, sexual orientation, persons with physical or mental disabilities or geographic location.

The Alan Klass Memorial Program for Health Equity will fund 6 students for a 10-week placement to further develop a proposal for a student-led interprofessional inner city health care service program, and to help begin to bring the clinic into reality. The students will continue to assess health care delivery services in the inner city, and identify gaps if they exist. A needs assessment will be conducted to determine the community's greatest need. Liaison with other students in health professions, community agencies and community health clinics will be a large component in development of this proposal. The student will formulate a proposal for addressing the gaps in services, using a multidisciplinary model of health care delivery. Work on building the clinic is expected to begin by late summer 2008.

The main objective of the WISH Clinic for the summer of 2008 is to continue to build upon the work completed during the summers of 2006 and 2007. The first of 2 main objectives of the project is to assess the elements of the medical curriculum that address health disparities unique to Winnipeg based on issues of race, gender, socioeconomic status, sexual orientation and disparities of geographical location. Second, the project aspires to assess the health care delivery services in the inner city health care service program in the hopes of identifying any gaps. The information collected will be factored into plans for the development and implementation of the WISH Clinic.

Title of Project: **IMAGINE: Interdisciplinary Medical and Allied Groups for Improving Neighbourhood Environment**

Name: **Christine Law, Sagar Dugani, Kevin Koo**

Medical School: **University of Toronto**

IMAGINE is an interdisciplinary, student-run community clinic program aimed at creating and providing holistic health care to the core neighbourhoods of downtown Toronto. IMAGINE envisions an interprofessional community-based clinic program that will meld the collective knowledge and abilities of health care students. With the guidance and encouragement of faculty and other healthcare professionals, the team will develop a service program specific to the needs of the population it aims to serve. Students at IMAGINE will not only apply their clinical knowledge, but rather, through community assessment and research, IMAGINE will address the needs of target population through patient education and appropriate healthcare service delivery. Moreover, IMAGINE aims to create a stable, long-term and committed clinic that the partners and community will recognize as a source of assistance. As part of a student education program, students will in turn receive a hands-on health service education that will complement their studies.

Unlike any other community-driven programs, IMAGINE will be the first program of its kind in Toronto that will encompass service-learning, interprofessionalism and community partnership. Participating students will get opportunities to work directly with the vulnerable groups in Toronto, while actively learning the medical skills that are necessary to assess and address the unique healthcare needs of these groups.

A working model and infrastructure of this program has already been established, and a preliminary partnership agreement has been made with St. Christopher's House, a Toronto-based centre that provides support to struggling individuals and a strong activist in community development.