JSGS 827 HEALTH CARE ORGANIZATION & ADMINISTRATION

UNIVERSITY OF REGINA CAMPUS	
INSTRUCTOR:	Amy Zarzeczny
PHONE:	306-337-3345
E-MAIL:	amy.zarzeczny@uregina.ca
OFFICE HOURS:	By appointment for phone or video meetings (working remotely due to COVID-19)
OFFICE LOCATION:	334.6 CB, College Avenue Campus
TERM:	Winter 2021
ROOM:	N/A - Online
DATE AND TIME:	N/A - Online

LAND ACKNOWLEDGEMENT

The University of Saskatchewan campus of the Johnson Shoyama Graduate School of Public Policy is situated on Treaty 6 Territory and the Homeland of the Métis, while the University of Regina campus is situated on Treaty 4 Territory and the Homeland of the Métis. We pay our respect to the First Nation and Métis ancestors of this place and reaffirm our relationship with one another. As we engage in Remote Teaching and Learning, we would also like to recognize that others will be attending this course from other traditional Indigenous lands. I ask that you take a moment to make your own Land Acknowledgement to the peoples of those lands. In doing so, we are actively participating in reconciliation as we navigate our time in this course, learning and supporting each other**.**

HONOUR CODE

At the Johnson Shoyama Graduate School of Public Policy (JSGS), we believe honesty and integrity are fundamental in a community dedicated to learning, personal development, and a search for understanding. We revere these values and hold them essential in promoting personal responsibility, moral and intellectual leadership, and pride in ourselves and our University.

As JSGS students, we will represent ourselves truthfully, claim only work that is our own, and engage honestly in all academic assignments.

Since articulated standards and expectations can influence attitudes, and because each of us shares the responsibility for maintaining academic integrity (see below for details on academic integrity at the JSGS), we are committed to upholding the Academic Honor Code.

Academic Honour Pledge

As a member of the JSGS community, I pledge to live by and to support the letter and spirit of JSGS's Academic Honour Code.

CALENDAR DESCRIPTION

This course will provide students with an understanding of issues involved in the management and organization of health services. Students will examine issues related to managing health in terms of regional health authorities, health ministries and individual health organizations.

LEARNING OBJECTIVES

- Recognize how healthcare in Canada is structured and delivered, with an emphasis on analyzing the role and impact of regionalization (and de-regionalization) on the organization and administration of healthcare.
- Develop and demonstrate insight into key aspects of healthcare administration, including financial and human resource management, and how they relate to one another and to larger system-level priorities and planning.
- Consider the influence of core values including safety, quality and patient-centered care on our approach to healthcare in Canada, and evaluate the role of organizational and administrative factors in furthering these objectives.

MHA PROGRAM COMPETENCIES

1. Health Services and Health Status - Ability to analyze health services and other factors that impact health status and demonstrate a commitment to improving the health status of individuals, families, and communities.
2. Management, Governance, and Leadership - Ability to inspire support for a vision or course of action and successfully direct the teams, processes, and changes required to accomplish it.
3. Communication and Interpersonal Skills - Ability to communicate effectively and build enduring, trust-based professional relationships.
4. Systems Thinking and Creative Analysis - Ability to identify key issues and problems, analyze them systematically, and reach sound, innovative conclusions.
5. Public Policy and Community Engagement - Ability to understand how organizational and public policies are formulated, their impact on healthcare organizations and communities, and how to influence their development.
6. Continuous Evaluation and Improvement - Commitment to on-going evaluation for continuous organizational and personal improvement.

COURSE CONTENT AND APPROACH

This course is divided into modules. Each module focuses on a particular topic and involves a set of readings, content with associated activities (e.g., watching a webinar, viewing a news article or video, reviewing a website, etc.), and a discussion forum. Reviewing course materials in a thoughtful, analytical manner is an essential part of this course. Students will be expected to incorporate these materials in their discussion forum participation. Participation in the discussion forums is also an important element of the course and will be addressed in greater detail below

This is a graduate level course prepared for professional students. Each of you brings unique expertise and experience to the class which you are encouraged and indeed expected to share. The success of this course and the quality of your experience will depend largely on your own level of engagement. The course is designed to be a joint learning experience for which we all share responsibility.

USE OF VIDEO AND RECORDING OF THE COURSE

There will be a number of live webinars scheduled throughout the course. These webinars will be held using Zoom and will be recorded to support students who may not be able to attend live due to work or family conflicts, connectivity challenges, or other restrictions. As a result, the University of Regina may collect students' images, voices, names, personal views and opinions, and course work under the legal authority of *The Local Authority Freedom of Information and Protection of Privacy Act*. Recordings will be posted only in our URCourses site, which is a password protected learning management system, and made available only to registered students in the course.

Students who participate in a Zoom session with their video on or utilize a profile image are consenting to have their video or image recorded (including anything visible in the background). If you have concerns with such recording, be sure to keep your video off and do not use a profile image. In addition, students who un-mute their microphone during class and participate orally are consenting to have their voices, and personal views and opinions recorded. If you are unwilling to consent to this recording, please do not un-mute your microphone during class. If you have any questions about the collection or use of your personal information, please contact your instructor.

REQUIRED READINGS

The following book will be used as reference text: Gregory Marchildon, *Health systems in Transition: Canada 2nd ed* (Toronto: University of Toronto Press, 2013), hereafter referred to as Canada. This book can be accessed for free online at:
http://www.euro.who.int/__data/assets/pdf_file/0011/181955/e96759.pdf. All other required materials will also be available online at no cost to students, either through the University of Regina library or through open access sources.

SUPPLEMENTARY READINGS

Supplementary materials will also be suggested for each module. These materials are **not** required but will provide additional background and introduce different perspectives on the topics being considered. You are advised to pick and choose which of the supplementary materials to review depending on your areas of interest and/or challenge. Please do not feel any obligation to review all of the supplementary materials!

COURSE OUTLINE AND ASSIGNMENTS

Module 1: Introductions & Orientation	**Jan. 11 – Jan. 17***

*Please note: this is a short, one-week module.

This first module will facilitate group introductions and include an overview of the course structure, content, expectations and methods of evaluation. It will also present an opportunity for students to become familiar with navigating and using the different features associated with this URCourses site.

There will be a **live webinar** scheduled in this module during which the instructor will review the syllabus and key expectations for the course. It will also be an opportunity for students to seek clarification on any points of confusion. This webinar will be recorded and a link subsequently made available on our URCourses site. Any students who are unable to attend are welcome to send questions to the instructor in advance by email. The date and time for the webinar will be posted in our URCourses site along with access information.

Module 2: Organization of the Canadian Health Care System	**Jan. 18 – Jan. 31**

This module addresses the organization of the Canadian health system including national, provincial and regional levels. Issues involved with historical factors, governance and operations, and strategic directions will be considered. We will pay special attention to different examples of Indigenous Governance models.

Required materials:

- ➢ Canada, chapters 1 & 2 (pp. 1-59).
- ➢ Mossialos, Elias, Ana Djordjevic, Robin Osborn, and Dana Sarnak. 2017. *International Profiles of Health Care Systems*. New York City: The Commonwealth Fund. https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2017_may_mossialos_intl_profiles_v5.pdf.
  ***Please note: you are only required to review **pages 21-30**, for the summary on Canada.*
- ➢ Marchildon, Gregory P. 2016. "Regionalization: What Have We Learned?" *Healthcare Papers* 16(1): 8-14. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.12927/hcpap.2016.24766.
- ➢ Lavoie, Josée G., Derek Kornelsen, Yvonne Boyer, and Lloy Wylie. 2016. "Lost in Maps: Regionalization and Indigenous Health Services." *Healthcare Papers* 16(1): 63-73. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.12927/hcpap.2016.24773.
- ➢ Levesque, Alexander R. 2017. "Developing a New First Nations Health Governance System: Creation of an Independent, First Nations Run Organization." *Health Reform Observer* 5(2): Article 4. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.13162/hro-ors.v5i2.3099.

- Lindsay, Allan, Andrew Hatala, Sabina Ijaz, Elder David Courchene, and Elder Burma Bushie. 2020. "Indigenous-led health care partnerships in Canada." *CMAJ* 192(9): E208-E216. https://www.cmaj.ca/content/cmaj/192/9/E208.full.pdf.

Supplementary materials:

- Uchimura, Liza, Ana Viana, and Gregory P. Marchildon. 2019. "Managers and clinicians: Perceptions of the impact of regionalization in two regions in Canada." *Healthcare Management Forum* 32(3): 163-166. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1177%2F084047041881791 3.
- Aggarwal, Monica, and A. Paul Williams. 2019. "Tinkering at the margins: evaluating the pace and direction of primary care reform in Ontario, Canada." *BMC Family Practice* 20(128): https://doi.org/10.1186/s12875-019-1014-8.
- Lavoie, Josée G., Amohia Boulton, and Laverne Gervais. 2012. "Regionalization as an Opportunity for Meaningful Indigenous Participation in Healthcare: Comparing Canada and New Zealand." *The International Indigenous Policy Journal* 3(1): Article 2. https://login.libproxy.uregina.ca:8443/login?url=http://search.proquest.com/docview/1400428 692?accountid=13480.
- Fierlbeck, Katherine. 2016. "The Politics of Regionalization." *Healthcare Papers* 16(1): 58-62. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.12927/hcpap.2016.24772
- Philippon, Donald J., Gregory P. Marchildon, Kristiana Ludlow, Claire Boyling, and Jeffrey Braithwaite. 2018. "The comparative performance of the Canadian and Australian health systems." *Healthcare Management Forum* 31(6) 239-244. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1177%2F084047041878837 8.

Module 3: Funding & Resource Allocation	Feb. 1 – Feb. 14

This module looks at funding models and financial considerations at different levels of governance in public health care administration in Canada. Particular attention will be paid to the implications funding and resource allocation have for system-level priorities and improvement efforts.

Required materials:

- Canada, ch. 3 (pp. 61-79).
- McIntosh, Tom, et al. 2010. "Population Health and Health System Reform: Needs- Based Funding for Health Services in Five Provinces." *Canadian Political Science Review* 4(1): 42-61. http://ojs.unbc.ca/index.php/cpsr/article/view/130/278.
- Wranik, Wieslawa, and Susan Haydt. 2018. "Funding models and medical dominance in interdisciplinary primary care teams: qualitative evidence from three Canadian provinces." *Human Resources for Health* 16(38): https://doi.org/10.1186/s12960-018-0299-3.
- Kershaw, Paul. 2018. "The need for health in all policies in Canada." *Canadian Medical Association Journal* 22(190): E64 – 65. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1503/cmaj.171530

** NOTE: This Kershaw commentary refers to the following article, which you can read for interest or greater detail: Dutton, Daniel J., Pierre-Gerlier Forest, Ronald D. Kneebone, and Jennifer D. Zwicker. 2018. "Effect of provincial spending on social services and health care on health outcomes in Canada: an observational longitudinal study." *Canadian Medical Association Journal* 22(190): E66-71. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1503/cmaj.170132.

Supplementary materials:

- ➤ Tsasis, Peter, Nirupama Agrawal, and Natalie Guriel. 2019. "An Embedded Systems Perspective in Conceptualizing Canada's Healthcare Sustainability." *Sustainability for Healthcare* 11(2): 531 https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.3390/su11020531.
- ➤ Stabile, Mark, Sarah Thomson, Sara Allin, Sean Boyle, and Reinhard Busse. 2013. "Health care cost containment strategies used in four other high income countries hold lessons for the United States." *Health Affairs* 32(4): 643-652. https://login.libproxy.uregina.ca:8443/login?url=http://search.proquest.com/docview/1337185288?accountid=13480.
- ➤ Smith, Neale, Craig Mitton, Alan Davidson, and Iestyn Williams. 2014. "A politics of priority setting: Ideas, interests, and institutions in healthcare resource allocation." *Public Policy and Administration* 29(4): 331-347. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.1177/0952076714529141.
- ➤ Quentin, Wilm, et al. 2018. "Paying hospital specialists: Experiences and lessons from eight high-income countries." *Health Policy* 122: 473-484. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1016/j.healthpol.2018.03.005.

Module 4: Health Workforce Planning & Practice Management   Feb. 22 – Mar. 7*

***Please note: This module starts after Family Day and the Reading Week break which run from Feb. 15 – 20th. No course activity is expected during this time.**

This module provides an overview of health professions and some of the factors that impact health human resource (HHR) policy and planning (e.g., supply and demand; retention and recruitment; regulation and self-regulation; professional scope of practice). With this background, you are encouraged to think about the implications of health system changes (e.g. inter-professional heath teams or electronic health records) that have direct and indirect impacts on healthcare professionals.

Required materials:

- ➤ Canada, last section of ch. 4 & ch. 5 (pp. 89-119).
- ➤ Bourgeault, Ivy, Sarah Simkin, and Caroline Chamberland-Rowe. 2019. "Poor health workforce planning is costly, risky and inequitable." *Canadian Medical Association Journal* 191(42): E1147-8.
     https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1503/cmaj.191241.

- Nelson, Sioban, et al. 2014. *Optimizing Scopes of Practice: New Models of Care for a New Health Care System*. Report of the Expert Panel appointed by the Canadian Academy of Health Sciences.
  http://www.cahs-acss.ca/wp-content/uploads/2014/08/Optimizing-Scopes-of-Practice_REPORT-English.pdf; NOTE: although this entire report is valuable, only the following portions are required: pp. 8-15; 19-26; 63-65 (page numbers of the document itself; not the PDF).
- Decter, Michael B. 2008. "Healthcare systems and organizations: Implications for health human resources." *Healthcare Quarterly* 11(2): 80-84.
  https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.12927/hcq.2008.19621.
- O'Brien, Patricia, Monica Aggarwal, Linda Rozmovits, Mary-Kay Whittaker, and Philip Ellison. 2016. *The Teaming Project; Learning from high-functioning interprofessional primary care teams.* Department of Family and Community Medicine, Quality Improvement Program, University of Toronto.
  http://www.dfcm.utoronto.ca/sites/default/files/The%20Teaming%20Project%20Report%202020 16-10-17.pdf.

Supplementary materials:

- Owens, Brian. 2019. "Unemployed physicians a sign of poor workforce planning." *Canadian Medical Association Journal* 191: E647-8.
  https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1503/cmaj.109-5760
- Baumann, Andrea, et al. 2016. "Strategic Workforce Planning for Health Human Resources: A Nursing Case Analysis." *Canadian Journal of Nursing Research* 48(3-4) 93-99.
  https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1177/0844562116680715.
- Video (5 mins) by Health Council of Canada on "Teams Manage Chronic Disease in Canada" [Twillingate, NL].
  http://www.youtube.com/watch?v=PADGp1I34is

Module 5: Quality and Safety – Health System Priorities	Mar. 8 – Mar. 21

The purpose of this module is to explore the health quality and safety movements in Canada. We will consider provincial health quality efforts and will examine initiatives aimed at improving patient safety and reducing adverse events in clinical settings. Through all of this work, we will take a systems-level perspective whenever possible in order to explore options available to health system leaders seeking to improve quality and safety.

Required materials:

- Canada, p. 134-145.
- Laeeque, Hina, Barb Farlow, and Sandi Kossey. 2020. "Patient Safety Never Events: Cross-Canada Checkup" *Healthcare Quarterly* 22(Special Issue): 46-57. https://www-longwoods-com.libproxy.uregina.ca/content/26047/healthcare-quarterly/patient-safety-never-events-cross-canada-checkup.
- Baker, Ross G. 2014. "Governance, Policy and System-Level Efforts to Support Safer Healthcare" *Healthcare Quarterly* 17(Special Issue): 21-26.
  https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.12927/hcq.2014.23955.

- White, Deborah E., Jill M. Norris, Karen Jackson, and Farah Khandwala. 2016. "Barriers and facilitators of Canadian quality and safety teams: a mixed-methods study exploring the views of health care leaders." *Journal of Healthcare Leadership* 8: 127-137. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.2147/JHL.S116477.

Supplementary materials:

- Martin, Danielle, et al. 2018. "Canada's universal health-care system: achieving its potential" *Lancet* 391: 1718-1735.
- Federal Agency Roundtable. 2014. "National Perspectives on Patient Safety: Ten years later." *Healthcare Quarterly* 17 (Special issue): 6-13. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.12927/hcq.2014.23957.
- Chattergoon, Saleem, Shelley Darling, Rob Devitt, Wolf Klassen. 2014. "Creating and sustaining value: Building a culture of continuous improvement" *Healthcare Management Forum* 27: 5-9. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.1016/j.hcmf.2013.12.002.
- Institute of Health Policy, Management and Evaluation. 2015. *Beyond the Quick Fix: Strategies for Improving Patient Safety*. http://ihpme.utoronto.ca/wp-content/uploads/2015/11/Beyond-the-Quick-Fix-Baker-2015.pdf.
- Health Quality Ontario. 2017. Patient Safety Learning Systems: A Systematic Review and Qualitative Synthesis. Ontario Health Technology Assessment Series 17(3):1-23. http://www.hqontario.ca/Evidence-to-Improve-Care/Journal-Ontario-Health-Technology-Assessment-Series.

Module 6: Patient and Family-Centred Care; Principles & Implementation   Mar. 22 – Apr. 4*

*Please note: There are no classes on Good Friday, April 2nd. No course activity is expected that day.

In this module we will consider the movement to patient and family-centred care (PCC) in Canada. We will examine various perspectives on, and definitions of, PCC. We will also discuss PCC initiatives and their implementation at a health systems level.

Required materials:

- Health Canada. 2015. "Patient partnership, public empowerment." Unleashing Innovation: Excellent Healthcare for Canada. Chapter 5: 47-56. http://healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/alt/report-healthcare-innovation-rapport-soins-eng.pdf.
- British Columbia Ministry of Health. 2015. *The British Columbia Patient-Centered care Framework.* Government of British Columbia. http://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care-framework.pdf.
- Born, Karen, and Andreas Lupacis. 2012. "Public Engagement in Ontario's Hospitals: Opportunities and Challenges." *Healthcare Quarterly* 15 (Special Issue): 16-20. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.12927/hcq.2012.23159.
- Abraham, Marie, and Julie Ginn Moretz. 2012. "Implementing Patient-and Family-Centered Care: Part I – Understanding the Challenges." *Pediatric Nursing* 38(1): 44-47.

https://login.libproxy.uregina.ca:8443/login?url=https://search.proquest.com/docview/922566390?pq-origsite=gscholar.

➤ Abraham, Marie, and Julie Ginn Moretz. 2012. "Implementing Patient-and Family-Centered Care: Part II – Strategies and Resources for Success." *Pediatric Nursing* 38(2): 106-109. https://login.libproxy.uregina.ca:8443/login?url=https://link.gale.com/apps/doc/A288688193/EAIM?u=ureginalib&sid=EAIM&xid=b4bd633f.

Supplementary materials:

➤ McBrien, Kerry A., et al. 2018. "Patient navigators for people with chronic disease: A systematic review." PLoS One. 13(2): 1-33. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1371/journal.pone.0191980

➤ Fredericks, Suzanne, et al. 2012. "Discussion of Patient-Centered Care in Health Care Organizations." *Q Manage Health Care* 21(3): 127-134. https://login.libproxy.uregina.ca:8443/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00019514-201207000-00002&LSLINK=80&D=ovft.

➤ The Honourable Dustin Duncan. 2015. *Patient First Review Update; The journey so far and the path forward*. Regina, SK: Saskatchewan Ministry of Health. https://publications.saskatchewan.ca/api/v1/products/91721/formats/108629/download.

➤ Williams, Jaime, Thomas Hadjistavropoulos, Omeed O. Ghandelari, Xue Yao, and Lisa Lix. 2015. "An evaluation of a person-centred care programme for long-term care facilities." *Ageing and Society* 35(3): 457-488. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.1017/S0144686X13000743.

➤ Brunoro-Kadash, Cheryl, and Nick Kadash. 2013. "Time to care: a patient-centered quality improvement strategy." *Leadership in Health Services* 26(3): 220-231. https://login.libproxy.uregina.ca:8443/login?url=http://search.proquest.com/docview/1412782821?accountid=13480.

Module 7: Performance Assessment, Planning and Accountability   Apr. 5 – April. 15*

*Please note: this final module is a shortened module

The purpose of this module is to use your knowledge of the organization and administration of health care in Canada to consider how to effectively measure performance, improve outcomes and manage change. This module's content will be a useful resource for your Health Reform Analysis assignment.

Required materials:

➤ Canada, ch. 7 (pp. 129-148).
➤ Health Council of Canada. 2011. *A Citizen's Guide to Health Indicators*. Toronto: Health Council of Canada (37 pp). https://healthcouncilcanada.ca/files/2.10-HCC_Indicators_Bookmark_Accessible.pdf.
➤ Leeb, Kira. 2018. "Does health system performance reporting stimulate change?" *Healthcare Management Forum* 31(6): 235-238.

https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1177/0840470418782515.

➢ Forster, Alan J., and Carl van Walraven. 2012. "The use of quality indicators to promote accountability in health care: the good, the bad, and the ugly." *Open Medicine* 6(2):75-78. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3659217/.

➢ Veillard, Jeremy, Tai Huynh, Sten Ardal, Sowmya Kanandale, Niek S. Klazinga, and Adalsteinn D. Brown. 2010. "Making Health System Performance Measurement Useful to Policy Makers: Aligning Strategies, Measurement and Local Health System Accountability in Ontario." *Healthcare Policy* 5(3): 49-65. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.12927/hcpol.2013.21639.

➢ Mannion, Russell, and Jeffrey Braithwaite. 2012. "Unintended consequences of performance measurement in healthcare: 20 salutary lessons from the English National Health Service." *Internal Medicine Journal* 42(5): 569-574. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.1111/j.1445-5994.2012.02766.x.

Supplementary materials:

➢ Presentation by John Wright, Kevin Smith and Kelly Isfan: Indicators, Analytics and Dashboards. May 16, 2012, video runtime: 58 minutes. https://login.libproxy.uregina.ca:8443/login?url=http://www.longwoods.com/audio-video/all/1/5525.

➢ Health Council of Canada. 2012. *Measuring and Reporting on Health System Performance in Canada: Opportunities for Improvement.* Toronto: Health Council of Canada. https://healthcouncilcanada.ca/files/HCC_Health_Indicators_WP_EN_WEB.PDF.

➢ Jeyaraman, Maya M., Sheikh Qadar, Aleksandra Wierzbowski, Farnaz Farshidfar, Justin Lys, Graham Dickson, Kelly Grimes, Leah A. Phillips, Jonathan I. Mitchell, John van Aerde, Dave Johnson, Frank Krupka, Ryan Zarychanski, and Ahmed Abou-Setta. 2018. "Return on investment in healthcare leadership development programs." Leadership in Health Services 31(1): 77-97. https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1108/LHS-02-2017-0005.

➢ Contandriopoulos, Damien, Francois Champagne, and Jean-Louis Denis. 2014. "The Multiple Causal Pathways Between Performance Measures' Use and Effects." *Medical Care Research and Review* 71(1): 3-20. https://login.libproxy.uregina.ca:8443/login?url=http://dx.doi.org/10.1177/1077558713496320.

EVALUATION

Assignment	% of Total Course Grade	Timeframe/Due Date
Discussion Forum Engagement – Assessment of 5 select posts (your choice)	10%	April 12, 2021 (8:00 a.m. SK time)
Moderation Assignment	5%	As assigned
Group Project – Poster Presentation	20%	Feb. 24, 2021 (8:00 a.m. SK time)
Briefing Note	30%	Mar. 24, 2021 (8:00 a.m. SK time)
Health Reform Analysis	35%	April 19, 2021 (8:00 a.m. SK time)

Details on the requirements for each assignment follow below. Please see the JSGS Grade Descriptions in the relevant student handbook (available at: http://www.schoolofpublicpolicy.sk.ca/students/resources/useful-links-and-documents.php#JSGSdocuments) for information about expectations and associated marking ranges.

➢ **Submitting Assignments:** All assignments must be submitted using the Assignments upload tool in our URCourses site.   Marks and feedback will be returned using the same tool. Please ensure you keep a copy of all work submitted for evaluation in this course, at minimum until you have received your final grade.
  **Please note that URCourses operates on Saskatchewan time, and Saskatchewan does not observe daylight savings. You will need to adjust accordingly for submission deadlines.

➢ **Turnitin:** This course uses a version of Turnitin that is integrated into URCourses. There are a few specific things to note about our use of Turnitin:
  - Turnitin is a tool for online submission and grading and that will be its primary function in this course. It also offers an originality checking function which can provide an opportunity for students to improve their assignments (e.g., by making sure citations are complete and accurate, etc.) before a final submission.
  - Students can choose to view an "originality report" for their assignment. Originality reports are not designed to identify plagiarism but identify high degrees of similarity. Similarities can occur for a variety of reasons (e.g., improperly formatted citations, common phrases or expressions, etc.). If, for example, your originality report identifies improperly formatted citations, quotation marks you have forgotten to include, or a cite that isn't referenced, you can fix the problem with your assignment and resubmit any time before the due date.
  - Student papers will NOT be stored on Turnitin.
  - Students are NOT required to create or use a personal Turnitin account. All assignment submissions and viewing of marks and feedback are accessed through our URCourses site.

➢ **Naming of Assignment Documents:** Please use the following format when naming your assignments (i.e. for the file name when you save the document before uploading it):

  Last name_assignment name

  For example: Zarzeczny_briefing note

➢ **Referencing:** As discussed further below, Academic Integrity is of paramount importance and is taken very seriously. Anytime you use material (e.g., ideas, data, etc) from someone or somewhere else, you **must** reference your source. A wide variety of citation styles exist. For the purpose of consistency, the Johnson Shoyama Graduate School of Public Policy generally uses the Chicago Manual of Style's in-text, author date system. Please note the in-text, author date system does not use footnotes or endnotes, however you are permitted to use footnotes or endnotes for your

briefing note assignment. There is a quick referencing guide that provides helpful examples of this referencing style available on our URCourses. Students can also access the full online version of the Chicago Manual of Style through the University of Regina library.

DESCRIPTION OF ASSIGNMENTS:

➢ *DISCUSSION FORUM ENGAGEMENT - Assessment of 5 select posts (your choice) (10% - DUE MONDAY, APRIL 12, 2021, 8:00 A.M. SK TIME)*

Active, meaningful participation is essential to success in an online course, particularly at the graduate level. The discussion forums are where students are expected to engage critically with the course material and to contribute their own thoughts, insights and questions. They also provide an opportunity for students to exchange ideas as well as share personal experiences and expertise. Although the discussion forums will be closely monitored by the instructor they are intended to primarily be an *opportunity for peer-to-peer discussion* and debate. Details on expectations for participation can be found below, following the descriptions of the forums.

There are 2 discussion forums in this course. Only the module-specific discussion forum is used for evaluation purposes:

1. Module-Specific Discussion Forum (5 'top' posts for evaluation – see below)

   Each module will include a discussion forum which is intended to play the role of live discussions in a seminar-style course. The discussion forum is where students are expected to engage critically with the material and to contribute their own thoughts and questions. It will also provide an opportunity for students to exchange ideas as well as share their personal experiences and expertise. Discussion forums will be available only when a given module is running (see dates in the course outline below, and note that modules open at 8 a.m. and close at midnight). The class will be divided into groups for the discussion forums to facilitate a more coherent discussion.

2. "Current Events" Forum (optional)

   The "Current Events" Forum presents an opportunity for us to engage with one another in discussions about current developments and issues relevant to health system organization and administration. I will post links to relevant news stories as they occur and encourage students to do the same, and to share reactions/thoughts/ideas.

Expectations & Evaluation Criteria:

Each student will be asked to **select 5** of their discussion forum posts to submit for evaluation at the end of term. Each post must come from a different module and must be drawn from the module-specific discussion forums. These 5 posts can be copied and pasted into a single word document, which should be submitted using the link the Assignments block of the course site.

Criteria for evaluation include assessment of the following:

- o *Level of engagement*: To what extent do the contributions reflect thoughtful, respectful engagement with the ideas of others, and reflect efforts to engage in a discussion as opposed to postings of isolated individual thoughts?
- o *Quality of content contributions*: To what extent do the contributions demonstrate an accurate understanding of the content and an analytical/critical approach?
- o *References and support*: To what extent are the ideas presented appropriately supported or justified with reference to course materials and/or other relevant sources (vs. consisting solely of an individual's own opinion or experiences)?

Throughout the course we will engage with a large volume of material and associated discussions so it is important to keep postings concise and on-point. **Please limit each posting to no more than 200 words**.

➤ *MODERATION ASSIGNMENT (5% - AS ASSIGNED)*

Each student will be required to act as his/her group's moderator (similar to a seminar leader) for a given module. The moderation assignments will be made available in Module 2 and will take effect in Module 3. Students are free to switch modules with one another as long as notice of the change is provided to the instructor in advance of the start of the module.

Moderators are responsible for the following:

1. Prepare and post at least one initial discussion topic or question to their group for the module.

2. Monitor and engage in the discussion throughout the module, which may include answering questions arising, posing additional questions to others, and generally encouraging a robust discussion. Please note: it is the moderator's contributions that are assessed here. The moderator's mark is not affected by the level of participation of group members.

** note:** moderators must submit a word document with their initial discussion question(s) using the assignment submission tool. Please follow the file naming approach outlined in the syllabus and make sure your name is on the submission. This submission is due by noon (SK time) the day after your module closes.

The criteria for evaluation of moderation include: level of engagement with peers; quality of leadership; demonstrated familiarity with course content; originality of thought and analysis

Please note: In some cases, there may be more than one moderator assigned per group for a given module. If that is the case, the moderators are to share the moderation duties. Each moderator must provide at least one initial discussion question/topic and be active in moderating and facilitating the discussion. Moderators will be marked separately for their performance. However, while it is not required, moderators should feel free to communicate with one another and work together to minimize overlap and promote complementary approaches.

> **GROUP PROJECT – POSTER PRESENTATION (20% - DUE WEDNESDAY, FEBRUARY 24TH, 8:00 A.M. SK TIME)**

Students will be divided into groups. Each group must work together to create a research poster and give a poster presentation. Further information about topic selection and poster requirements will be provided at the start of the semester.

The poster will be presented (via Zoom) by at least one member of the group.

The criteria for evaluation include: poster design (aesthetics, clarity and professionalism); depth of research; quality of analysis; quality of presentation (including ability to summarize effectively and field questions)

Please note: It is recognized that group work is often challenging, particularly when participants are in different locations and have varying demands on their availability. However, it is also recognized that modern workplaces are increasingly decentralized with increasing use of distance options, and that professionals are often called upon to work collaboratively with team members who have different levels of experience, availability, and commitment. Accordingly, this assignment will present an opportunity for students to hone their abilities to navigate the challenges of using technology and other means to work effectively with individuals with varied skill sets and in different contexts.

> **BRIEFING NOTE (30% – DUE WEDNESDAY, MARCH 24TH, 8:00 A.M. SK TIME)**

Each student must prepare a short briefing note (max 2 pages, 12-point font). Details on the topic will be provided at the start of the course.

Formatting is important because a briefing note should be easy to read and digest quickly. It is often advisable to avoid dense blocks of text, ensure sufficient white space, and use headings effectively. Using bullet points is acceptable. You may use single, 1.5 or double-spaced text, depending on what works best with the formatting approach you have chosen. There are many different ways to prepare a briefing note. For the purpose of this assignment, the briefing note must contain the following elements:

Topic, addressee & author information: The briefing note should clearly indicate the topic, the audience and the author.

Issue: 1-2 sentences setting out the policy issue addressed in the briefing note. Issue statements are often framed as a question (e.g., Whether and how to ….).

Background: Provide only the essential context and history. Try not to be longer than 1 paragraph but 2 paragraphs should be the maximum (note: bullet points are acceptable and often preferred). Exercise good judgment about what your target audience needs to understand in order to make the best (most evidence-based) decision possible. The information presented in this section should be factual and objective.

Analysis: Analyze key considerations (e.g., economic, political, social, etc.) and present important risks, opportunities and trade-offs.

Options: Provide 2-3 alternative responses to the issue outlined above. Each must be viable and feasible, and should present the decision-maker with legitimate points of comparison. Each option should be accompanied by a brief (1-3 sentences) summary of its key implications or considerations.

Briefing Note & Referencing: Please note that in the professional sphere, briefing notes may not always contain references. However, in an academic environment, academic integrity is essential and sources must be credited appropriately. For the purpose of this assignment, students are expected to reference any material, data, ideas, etc., taken from other sources. In addition to promoting academic integrity, effective referencing also serves to strength the final product by enhancing transparency and reproducibility, and by enabling readers to evaluate the strength of the conclusions based on the quality of the data/information sources. For the purpose of this assignment, you may use footnotes, end-notes or the in-text, author-date reference style. Whichever approach you choose, please use the Chicago Manual of Style's format for the reference.

> ➢ ***PROVINCIAL/TERRITORIAL HEALTH REFORM ANALYSIS (35% - DUE MONDAY, APRIL 19TH, 8:00 A.M. SK TIME)***

Each student must prepare a Health Reform Analysis (HRA), in the style of *Health Reform Observer*, on a topic of their choice. The *Health Reform Observer* is an open-access, peer reviewed journal with a diverse target audience that includes academics, decision-makers and practitioners (see https://mulpress.mcmaster.ca/hro-ors/index).

> The "*Health Reform Observer – Observatoire des Réformes de Santé is an open access, peer-reviewed, online journal presenting the best evidence available on reforms related to the governance, financing and delivery of health care in the Canadian provinces and territories. The journal aims to be a bridge between scholars and decision-makers and facilitate the flow of rigorous, evidence-based information.*" (see: https://mulpress.mcmaster.ca/hro-ors/index)

The HRA Guidelines provide the following description:

> "*Provincial/territorial health reform analyses (HRAs) are short, primarily descriptive articles pertaining to one salient reform related to the governance, financial arrangements[1], and delivery of the health care system in a specific jurisdiction[2]. HRAs should not exceed 2,000 words in length (excluding the abstract and "For More Detail" list).*" (https://mulpress.mcmaster.ca/hro-ors/hra-template)

The Guidelines for Health Reform Analyses can be found here: https://mulpress.mcmaster.ca/hro-ors/hra-template (Please note: the assignment is to prepare a Health Reform Analysis, NOT a Comparative Health Reform Analysis or a Letter to the Editor/Commentary).

This assignment will provide students with an opportunity to apply the knowledge and skills practiced in this course including, though not limited to, rigorous analysis of complex health system issues as well as effective writing. Strong assignments will demonstrate students' success with regard to the learning objectives set out at the beginning of this syllabus. With that in mind, students are encouraged to give careful thought to their section of topic. Please seek approval of your topic in advance from the Professor.

The paper will be evaluated for both style and content (see the sample marking guide available on our URCourses site). The goal should be to produce a potentially publishable piece that would be of interest to the *Health Reform Observer's* audience, which includes scholars, practitioners and decision makers.

A few key points to note:

- The piece should be written in a style that is accessible to both academics and decision-makers;
- It must follow the standard format outlined in the HRA Guidelines, including the required elements for the main body of the article;
- It should be a **maximum** of 2,000 words (excluding the keywords, key messages, abstract, references, and for more detail sections);
- References can follow either the Chicago Manual of Style's in-text, author-date system, or the format described in the HRA Guidelines Final Manuscript Formatting Requirements (https://mulpress.mcmaster.ca/hro-ors/how-to-format-ms);
- You are NOT required to provide your abstract in French (English only).

LATE ASSIGNMENTS

5% will be deducted per day for late assignments, subject to extensions granted in exceptional circumstances which are generally unanticipated and outside the student's control (e.g., illness, family emergency). If such a situation should arise, please contact the Professor as soon as possible.

STUDENTS WITH SPECIAL NEEDS

University of Regina (U of R): Students in this course who, because of a disability, may have a need for accommodations are encouraged to discuss this need with the instructor and to contact the Coordinator of Special Needs Services at (306) 585-4631.

University of Saskatchewan (U of S): Students in this course who, because of a disability, may have a need for accommodations are encouraged to discuss this need with the instructor and to contact Disability Services for Students (DSS) at 966-7273.

STUDENTS EXPERIENCING STRESS

U of R: Students in this course who are experiencing stress can seek assistance from the University of Regina Counselling Services. For more information, please see the attached document, visit this website: http://www.uregina.ca/student/counselling/contact.html, or call (306) 585-4491 between 8:30 a.m. to 4:30 p.m. Saskatchewan time Monday to Friday. Unfortunately, support cannot currently be provided to students resident outside the province.

ACADEMIC INTEGRITY AND CONDUCT

U of R: Ensuring that you understand and follow the principles of academic integrity and conduct as laid out by the University of Regina (available at http://www.uregina.ca/gradstudies/grad-calendar/policy-univ.html) is vital to your success in graduate school. Ensuring that your work is your own and reflects both your own ideas and those of others incorporated in your work is important: ensuring that you

acknowledge the ideas, words, and phrases of others that you use is a vital part of the scholarly endeavour. If you have any questions at all about academic integrity in general or about specific issues, contact your course instructor to discuss your questions.

U of S: Understanding and following the principles of academic integrity and conduct as laid out in the University of Saskatchewan's Guidelines for Academic Conduct is vital to your success in graduate school (available at www.usask.ca/university_secretary/council/reports_forms/reports/guide_conduct.php). Ensuring that your work is your own and reflects both your own ideas and those of others incorporated in your work is important: ensuring that you acknowledge the ideas, words, and phrases of others that you use is a vital part of the scholarly endeavour. If you have any questions at all about academic integrity in general or about specific issues, contact any faculty member and we can discuss your questions.

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ACKNOWLEDGEMENTS

My thanks go to Dr. Gregory Marchildon who developed an earlier version of this course and whose work in the field continues to influence my teaching practices.

JSGS GRADE DESCRIPTIONS

85+ excellent
A superior performance with consistent strong evidence of:
• a comprehensive, incisive grasp of the subject matter;
• an ability to make insightful critical evaluation of the material given;
• an exceptional capacity for original, creative and/or logical thinking;
• an excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently; and
• an excellent ability to apply theories to real-world problems and intersect with related disciplines.

80-85 very good
An excellent performance with strong evidence of:
• a comprehensive grasp of the subject matter;
• an ability to make sound critical evaluation of the material given;
• a very good capacity for original, creative and/or logical thinking;
• an excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently; and
• a strong ability to apply theories to real-world problems and intersect with related disciplines.

75-80 good
A good performance with evidence of:
• a substantial knowledge of the subject matter;
• a good understanding of the relevant issues and a good familiarity with the relevant literature and techniques;
• some capacity for original, creative and/or logical thinking;
• a good ability to organize, to analyze, and to examine the subject material in a critical and constructive manner; and
• some ability to apply theories to real-world problems and intersect with related disciplines.

70-75 satisfactory
A generally satisfactory and intellectually adequate performance with evidence of:
• an acceptable basic grasp of the subject material;
• a fair understanding of the relevant issues;
• a general familiarity with the relevant literature and techniques;
• an ability to develop solutions to moderately difficult problems related to the subject material; and
• a moderate ability to examine the material in a critical and analytical manner.

Below 70% is a failing grade