

## FELLOWSHIP COMPETITION: IMPORTANT INFORMATION

### CALL FOR LETTERS OF INTENT (WINTER 2013)

According to its objectives that aim to recruit and train researchers in the field of nursing intervention, the Nursing Intervention Research Network of Quebec (RRISIQ) will offer fellowships in the winter of 2013.

The requested letter of intent is mandatory to allow candidates to prepare for the competition.

| Funding programs        | Maximum amount allocated | Maximum duration of fellowship |
|-------------------------|--------------------------|--------------------------------|
| Postdoctoral Fellowship | 50 000\$/year*           | 2 years                        |
| Doctoral Fellowship     | 40 000\$/year*           | 2 years                        |
| Masters Fellowship      | 15 000\$/year*           | 2 years                        |

*\*All applicants must notify the RRISIQ of any other fellowships already granted or to be received. Where applicable, the RRISIQ **will top-off any funding** received (up to \$40,000 for Masters and \$60,000 for Doctoral fellowships).*

*\*For nursing professionals without a valid license to practice in Quebec, the fellowship amounts are \$7,500(Masters), \$20,000 (Doctoral) and \$25,000 (Postdoctoral).*

**For renewals, please specify in the LOI all changes made to your original demand, if applicable.**

## ELIGIBILITY OF CANDIDATES

- Enrolled in the first or second year of a full-time nursing sciences graduate or post graduate program at one of our 4 partner universities:
  - McGill University- School of Nursing
  - University of Montreal - Faculty of Nursing
  - University of Sherbrooke - School of Nursing
  - Laval University - Faculty of Nursing
- Supervised or co-supervised by a regular researcher of RRISIQ.
  - The names of network's current regular members are listed at the end of this document. To summarize, the regular researcher status is attributed to those with a Ph.D., who hold a regular position (assistant, associate, full, emeritus) at the faculty or school of any of RRISIQ's partner universities (Laval, McGill, Montreal, Sherbrooke) and who are qualified to supervise research projects of students in graduate or post graduate programs in his or her affiliated institution.
- Hold or be in the process of obtaining a Quebec nursing license;
- Be a Canadian citizen or permanent resident.

- *For doctoral students only:* Have on your thesis committee, at least one researcher network member who holds an appointment in one of the network's partner universities (see above) other than where the candidate is registered;
- *For postdoctoral students only:* The postdoctoral internship must take place at a university different from that of the candidate's doctoral studies. Students who are enrolled at a university other than the Network's partner universities must be co-supervised by one of the Network's members.

Projects must address the following **RRISQ areas of research**, therefore must:

Propose to conduct a research project aimed to **develop, adapt, implement, test and evaluate** a clinical intervention, in management and organization of services or in nursing education:

**A clinical nursing intervention** refers to an action, a set of actions or a program within the scope of professional nursing practice which is provided to patients, families, groups or populations.

- **The expected outcomes** should be physical, psychological, social or other clinical outcomes **directly evaluated by the target clientele**. Clinical outcomes may also include quality of care indicators (e.g. complications, falls, and pressure ulcers) and use of services (e.g., cancer screening, physician visits, and hospitalizations). The concept of "**clinical outcomes**" refers to the evaluation of such interventions on patients, **not** on nurses, students, services or organizations.

**Intervention in management and organization of services in nursing** refers to a set of activities which may relate to organizational models, attracting nursing strategies, deployment and utilization of material and human resources dedicated to care, new forms of work organization for health care providers, the introduction and use of information technology and communications, changes in the work environment of health care providers, the development and measures for assessing the quality and performance, the implementation of organizational practices to support the management and delivery of nursing services.

- **The expected outcomes** of interventions in management and organization of services, include: optimizing the use of material and human resources dedicated to care (scope of nursing practice, retention and stability, role clarity, autonomy, collaboration); optimization of care processes (accessibility, continuity, comprehensiveness, quality of service), patient safety, optimizing the environment in which services are provided; improving the condition of patients.

**An intervention in nursing education** refers to any activity or educational program, including a strategy, a pattern or practice of learning, teaching or nursing assessment, conducted among nurses and nursing students.

- **The expected outcomes** include the quality of learning, the development of nursing skills (clinical judgment, leadership, discipline, etc.), of skill levels (access to a more advanced stage of expertise). The results may be clinical (quality of care, patient safety, utilization of services).

**Knowledge transfer interventions in nursing** can be conducted in any of the three domains of research listed above (e.g.: implementation of clinical practice guidelines and assessment of clinical outcomes, Cochrane review of the effects of intervention, etc.). If the intervention is nurse oriented (e.g., knowledge transfer), it must include at least one clearly identified measure of clinical patient outcome.

## HOW TO APPLY-LETTER OF INTENT

### **Letter of Intent form:**

*See attached PDF form.*

**This letter is mandatory.** It allows the RRISQ to screen potentially fundable projects that will be evaluated by the committee. It is used as a means to evaluate the degree to which the project coincides with the definition of nursing interventions listed above and relates to the RRISQ objectives.

In order to complete the PDF forms interactively please follow the instructions bellow:

1. After opening the PDF form and before making any modification to it, it is obligatory to save it on your computer; **name\_family name\_LOI program.pdf** (for example: Simon\_Lavoie\_ LOI PhD.pdf)
2. Fill up that copy of the form interactively or type your text in WORD and copy-paste it into the pdf form.
3. Re-Save the filled PDF file.
4. Attach your filled PDF file to your e-mail message and send it to RRISQ.

| <b>2013 COMPETITION-important dates</b>  |                                      |
|--|--------------------------------------|
| Approximate date by which the updated forms are available online on the RRISQ website      | December 15th 2012                   |
| <b>Deadline to submit a letter of intent (LOI)</b>   | <b>January 15<sup>th</sup> 2013</b>  |
| Approximate date by which the candidate should receive a reply to his/her LOI              | <b>Beginning of February 2013</b>    |
| <b>Deadline to submit a full application**</b>   | <b>February 20<sup>th</sup> 2013</b> |
| Approximate date by which the candidate should receive a reply to his/her full application | <b>End of June 2012</b>              |

## RRSIQ CONTACT INFORMATION

**Note:** Please send us the completed form by email at [edna.brustein@umontreal.ca](mailto:edna.brustein@umontreal.ca) before 4pm, January 15<sup>th</sup>, 2013.

*Incomplete or late applications will not be considered.*

*For further information, please contact us at: (514) 343-6111 ext 1810  
To view the information documents or download the application form, visit our website at [www.rrsiq.com](http://www.rrsiq.com)*

### The Network's current regular researchers:

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| <b>Strategic Grouping 1: Chronic Disease Management and End of Life Care</b> | <b>Leaders : José Coté &amp; Virginia Lee</b>  |
| Subgroup 1: Communication and Information Technology in Care                 | <i>M.-P. Gagnon ; G. Roch ; J. Gagnon ; J. Coté ; S. Dubois ; L. Mathieu ; S. Jetté; A. Arnaert; C. Loïselle ; N Dubuc</i>   |
| Subgroup 2: Innovative Patient and Family Care Intervention                  | <i>R. Cohen; V. Lee; M. Purden; A. Legault; F. Ducharme; F. Duhamel; F. Dupuis; S. Cossette; M. Lavoie; A. Laizner, D. Tremblay</i>                                      |
| <b>Strategic Grouping 2: Accessibility, Continuity and Safety in Care</b>    | <b>Leaders: Caroline Larue &amp; Carl-Ardy Dubois</b>  |
| Subgroup 1 : Primary Care  | <i>D. Contandriopoulos; J. Goudreau; D. D'Amour; J.-P. Bonin; A. Gagnon; A. Lang; D. St-Cyr ; C. Michaud; C. Larue</i>   |
| Subgroup 2: Transitions between Sectors of Care                              | <i>J. Ritchie; A. Biron; M.-C. Richer; M. Lavoie-Tremblay; C. Dallaire; J. Pepin; C.-A. Dubois; M. Alderson; I. Brault; F. Gallagher; C. Sounan; C. Viens; F. Girard</i> |
| <b>Strategic Grouping 3: Personalized Care</b>                               | <b>Leaders: Sonia Semenic &amp; Céline Gélinas</b>   |
| Subgroup 1: Humanistic Care and Vulnerable Persons                           | <i>S. Semenic; J. Rennick; N. Feeley; L. Bell; L. O'Reilly; A. Bourbonnais; C. Cara; H. Lefebvre; K. Lechasseur</i>  |

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| Subgroup 2: Symptom Evaluation and Management | <i>C. Gélinas; C. Johnston; S. Lemay; P. Bourgault; M. C. Gallani</i> |
| <b>Platforms</b>                              |   |
| <b>Resource Platform</b>                      | <b><i>Leaders: Sylvie Le May &amp; Cécile Michaud</i></b>             |
| <b>Knowledge Transfer Platform</b>            | <b><i>Leaders: Johanne Gagnon &amp; Damien Contandriopoulos</i></b>   |
| <b>International Development Platform</b>     | <b><i>Leader: Jacinthe Pépin</i></b>                                  |