



TRAINING FOR CHANGE

Olena Kurysko (far right), the health program coordinator in the Canada-Ukraine Partners office in Kyiv, recently met in Ottawa with two CIDA representatives - George Saibel and Norah Patriquin (third from the right). At the far left is Paulette Schatz, PIH program manager in Ottawa, who arranged three weeks of staff training for Kurysko in July. PIH is managed by the Canadian Society for International Health and funded by the CIDA.

Kurysko's training program was developed by CDT - Consulting, Training and Development Ltd., an Ottawa firm headed by Dr. Andy Molino. It included sessions on new management methods, conflict resolution, team-building, organizational change, presentation skills, managing transitions and leadership development. She met with management psychologists and consultants, staff from Health Canada, the Public Service Commission and the Ontario Ministry of Community and Social Services, as well as other government departments and national organizations. Every session, she said, was "like a discovery."

data collection in the Crossroads Regional Health Authority based in Wetaskiwin and visiting the Southern Alberta Institute of Technology, the University of Calgary's Faculty of Medicine, the Calgary Region Health Authority and the Alberta Shock Trauma Air Rescue program. The third week was spent in Ottawa, visiting Health Canada, Statistics Canada, the Canadian Institute for Health Information, and SHL Systemhouse International.

The four-week visit ended in Toronto with meetings at MediaLinx, a new provider of health information on the INTERNET, and the Health Information Research Unit at McMaster University in Hamilton.

Dr. Mischenko said at the end of the visit that, having learned about the Canadian experience, Ukraine would not "translate the pattern blindly." He added however: "Having seen your health care system we already have formed an idea of how we are going to reorganize the health care system in Ukraine. We realize the funds that are available are not being managed or used in the best possible way at present."

Ukraine first has to reorganize inpatient, acute health care, reducing the number of beds and the period of stay, as that is the most costly. After that, the polyclinics will be

reformed and the Canadian family doctor concept may be introduced. "In order to resolve these issues, we shall have to change the information systems in the hospitals and polyclinics," he added.

"Where patient information is required, the Canadian system may be used as a basis," said Dr. Mischenko. "Once we get back from Canada, we shall get our experts together to see what has been done so far and how we can incorporate the Canadian experience into the system. We can't really replicate the Canadian 'average stay' model or approach automatically because there are different circumstances such as transportation."

Says study tour coordinator Kohut: "The people visiting Canada are in the position to influence change in Ukraine and the direction of reform. They wanted to know more about what we do and how we do it. This was their chance to find out. We made sure the doors were open for them to see a broad spectrum of health information methods and technologies."

Kohut says the Ukrainians will decide how best to capitalize on the knowledge that exists in Canada. He expects institutional partnerships to result.



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