

Appendices

Appendix A: Presenter Bio and Slide decks for Panel A presentations

Speaker Bios



Erna Snelgrove-Clarke MN, PhD

Erna Snelgrove-Clarke is a CIHR Embedded Clinical Researcher. Her program of research focuses on the identification of successful strategies for changing provider behaviour (interdisciplinary) to use best evidence to improve processes, experiences, and outcomes in maternal newborn care. Erna is exploring the transfer of knowledge through systematic reviews and mixed methodology, concentrating on the relationships of consumers, health care professionals, and organizational decision-makers. Areas of interest include women's pain, breastfeeding, obesity and pregnancy, uptake of clinical practice guidelines, student use of evidence in the academic and clinical settings, and person centred care



Annette McKinnon

Annette McKinnon's experiences in health care as a patient led to her passion to make things better for patients and families. They are part of the health care team and necessary to help in creating solutions. Starting with a blog and a social media presence, she has become involved with research teams and is a member of the Canadian Arthritis Patient Alliance (CAPA) and is a founding member of the Patient Advisors Network. She has been part of the Interdisciplinary Education Program of the University of Toronto for the past 8 years.

On Twitter you can find her [@anetto](https://twitter.com/anetto).



Martha Paynter RN, PhD(c)

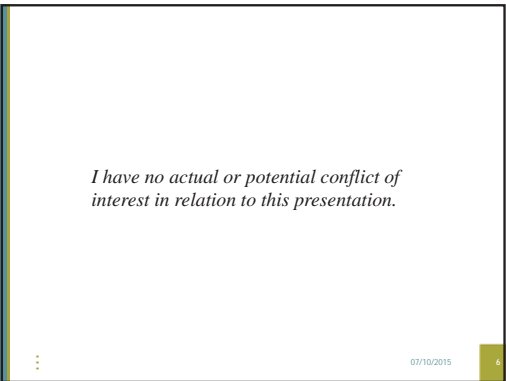
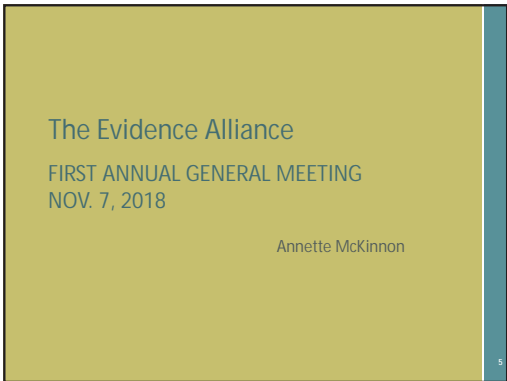
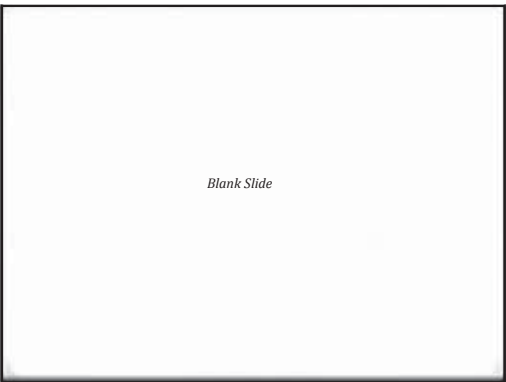
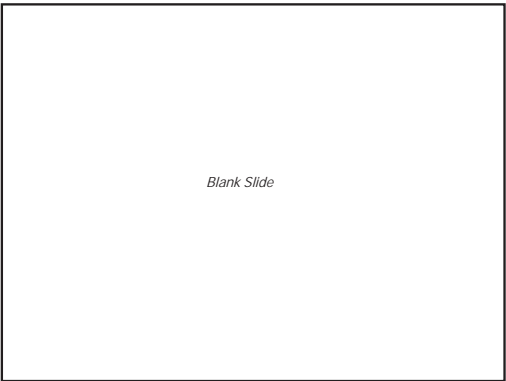
Martha Paynter is a registered nurse providing postpartum care at the IWK Health Centre and a doctoral student in Nursing at Dalhousie University. She is the founder and coordinator of Women's Wellness Within, a non-profit organization supporting criminalized women and transgender/nonbinary individuals in the perinatal period in carceral institutions and the community. She works to advance reproductive justice through advocacy, collaboration and nursing scholarship.



Ahmed Abou-Setta MD, PhD

Ahmed Abou-Setta is the Director of Knowledge Synthesis, George and Fay Yee Centre for Healthcare Innovation (University of Manitoba) and Manitoba SPOR SUPPORT Unit. He leads and supports patient-oriented research including clinical practice guidelines, systematic reviews, and overviews of reviews. His work has been featured in JAMA, BMJ, CMAJ, Annals of Internal Medicine, Cochrane and WHO publications. In addition, Dr. Abou-Setta is leading innovative research into methods for improving and streamlining the systematic review process. Furthermore, Dr. Abou-Setta is regularly involved in training of students and clinical professionals through an array of consultations, teaching, and collaborative research on knowledge synthesis projects.

Presenter Slide Deck



Our silos are far apart



07/10/2015

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Teamwork in healthcare solutions



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Evolving Patient-Researcher Collaboration: An Illustrative Case Study of a Patient-Led Knowledge Translation Event

By

[Jenny Leese](#),
[Sheila Kerr](#),
[Annette McKinnon](#),
[Erin Carruthers](#),
[Catherine Backman](#),
[Linda Li](#)
and [Anne Townsend](#)
August 4, 2017



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Happy Anniversary Evidence Alliance



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Thank you

HAPPY FIRST ANNIVERSARY
EVIDENCE ALLIANCE

Annette McKinnon
a.mckinnon@sympatico.ca
@anetto
416 285-1970

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MATERNAL HEALTH OUTCOMES OF INCARCERATED WOMEN

MARTHA PAYNTER MSc RN
SPOR NOVEMBER 7, 2018
MPAYNTER@DAL.CA

INNOVATIVE

- WOMEN'S WELLNESS WITHIN IS A REGISTERED NON-PROFIT ORGANIZATION THAT PROVIDES SUPPORT TO CRIMINALIZED WOMEN AND TRANSGENDER INDIVIDUALS WHO ARE PREGNANT OR PARENTING YOUNG CHILDREN IN NOVA SCOTIA. THE GROUP BEGAN WORKING TOGETHER IN 2012 AND WE SERVED OUR FIRST INCARCERATED CLIENT IN 2014. WWW'S 70+ MEMBERS INCLUDE FORMERLY INCARCERATED WOMEN, DOULAS, HEALTH CARE PROVIDERS, LAWYERS, STUDENTS, RESEARCHERS AND MENTORS. IT IS THE FIRST ORGANIZATION OF ITS KIND TO SUPPORT REPRODUCTIVE JUSTICE AS A RESPONSE TO THE INCREASING INCARCERATION OF WOMEN. WWW VOLUNTEERS HAVE SECURITY CLEARANCE AT THE NOVA INSTITUTION FOR WOMEN FEDERAL PRISON, THE CENTRAL NOVA SCOTIA CORRECTIONAL FACILITY PROVINCIAL JAIL, THE NOVA SCOTIA YOUTH FACILITY, AND SUPPORT WOMEN ON BAIL AND PAROLE IN THE COMMUNITY. WWW WORKS IN CLOSE PARTNERSHIP WITH ORGANIZATIONS INCLUDING THE CHEBUCTO FAMILY CENTRE, THE ELIZABETH FRY SOCIETIES OF CAPE BRETON AND MAINLAND NOVA SCOTIA, THE IWK HEALTH CENTRE, AND THE HALIFAX BRANCH OF THE WOMEN'S LEGAL EDUCATION ACTION FUND.

TRANSFORMATIVE

- WWW SUPPORTS INDIVIDUAL CLIENTS WHO HAVE EXPERIENCED CRIMINALIZATION OR ARE CURRENTLY INCARCERATED WHILE PREGNANT OR PARENTING YOUNG CHILDREN. WE PROVIDE DOULA SUPPORT, LACTATION SUPPORT, AND NAVIGATION OF HEALTH AND COMMUNITY SERVICES TO TRANSFORM WOMEN'S HEALTH OUTCOMES.
- WWW SEES CRIMINALIZATION THROUGH A HEALTH LENS AND AIMS TO IMPROVE GENERAL UNDERSTANDING OF HOW HEALTH INTERSECTS WITH THE EXPERIENCE OF CRIMINALIZATION, AND HOW THIS PROCESS CAN BE REDRESSED. WWW FACILITATES MONTHLY WORKSHOPS ON WOMEN'S HEALTH FOR IMPRISONED WOMEN AT THE CENTRAL NOVA SCOTIA CORRECTIONAL FACILITY ON TOPICS DETERMINED BY THE WOMEN INSIDE. WWW LEADS SEMINARS FOR HEALTH PROFESSIONALS AND STUDENTS AND SPEAKS PUBLICLY TO RAISE CONSCIOUSNESS OF THE RIGHTS AND REPRODUCTIVE HEALTH EXPERIENCES OF CRIMINALIZED WOMEN. IN 2018, WWW BEGAN OFFERING FULL SCHOLARSHIPS FOR TRAINING TO WOMEN WITH EXPERIENCE OF CRIMINALIZATION AND WOMEN WORKING DIRECTLY WITH WOMEN EXPERIENCING CRIMINALIZATION, SUCH AS HALFWAY HOUSE EMPLOYEES, TO BECOME DOULAS AND PROVIDE PEER SUPPORT.

IMPACTFUL

- SINCE 2014, WWW HAS SERVED OVER 30 INDIVIDUAL CLIENTS IN PREGNANCY, PRESENTED NATIONALLY AND INTERNATIONALLY, AND HOSTED DOZENS OF WORKSHOPS. WWW CLIENTS HAVE GONE ON TO PRESENT ACROSS NOVA SCOTIA ABOUT THEIR JOURNEYS TO PARENTING AND THE CHALLENGES THEY OVERCAME.

EVIDENCE-INFORMED

- WWW DEVELOPS TRAINING MODULES AND MANUSCRIPTS ABOUT THE PERINATAL AND REPRODUCTIVE HEALTH AND PARENTING OF CRIMINALIZED WOMEN. WWW ENCOURAGES FIRST VOICE PRESENTERS AND COLLABORATION. IN CONSULTATION WITH IMPRISONED WOMEN, WWW ANNUALLY UPDATES A PRACTICAL COMPREHENSIVE COMMUNITY RESOURCE GUIDE. FIND THE PDF ON OUR WEBSITE

ADVOCACY

- WWW ADVOCATES POLITICALLY FOR ACCESS TO HOUSING, INCOME, RESOURCES AND HEALTH CARE FOR CRIMINALIZED WOMEN AND TRANS INDIVIDUALS. CURRENT ADVOCACY CAMPAIGNS INCLUDE:
- BANNING SOLITARY CONFINEMENT OF WOMEN
- PROVIDING ACCESS TO INTERNET FOR INCARCERATED WOMEN TO IMPROVE COMMUNICATION WITH SUPPORT PEOPLE AND TO DEVELOP HEALTH LITERACY
- REDUCING BARRIERS TO TELEPHONE USE
- ENSURING DIGNITY AND RESPECT FOR IMPRISONED TRANSGENDER INDIVIDUALS
- ALLOWING FEDERAL PAROLEES TO APPLY FOR INCOME ASSISTANCE IN NOVA SCOTIA
- ENDING ALL DEPORTATIONS OF CRIMINALIZED INDIVIDUALS WHO CAME TO CANADA AS MINORS
- REDRESSING RACISM IN THE JUSTICE AND HEALTH SYSTEMS
- IMPROVING ACCESS TO PRENATAL CARE AND EDUCATION AND PERINATAL HEALTH SERVICES
- IMPROVING HOUSING AVAILABLE TO WOMEN TRANSITIONING FROM PROVINCIAL INCARCERATION
- REDUCING REMAND (PRETRIAL CUSTODY) OF MOTHERS

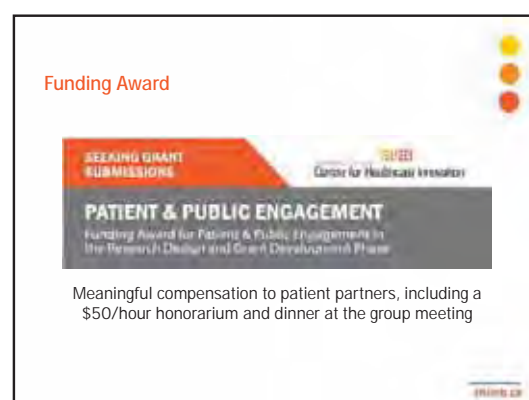
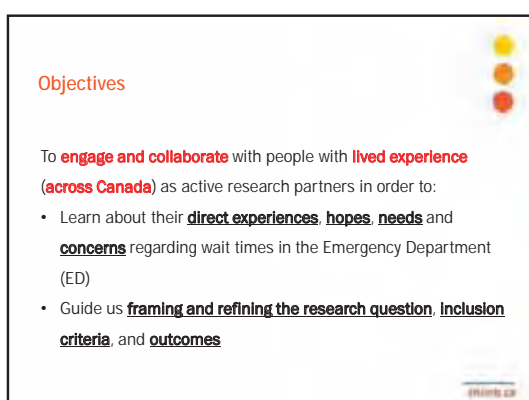
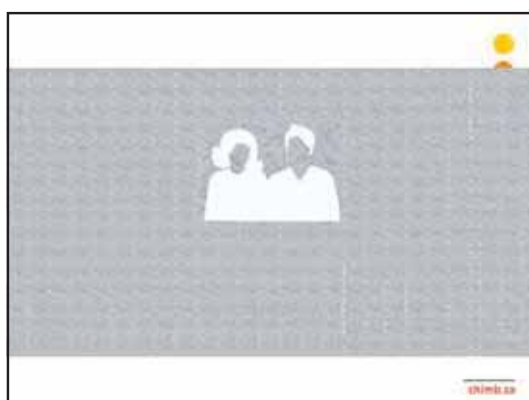
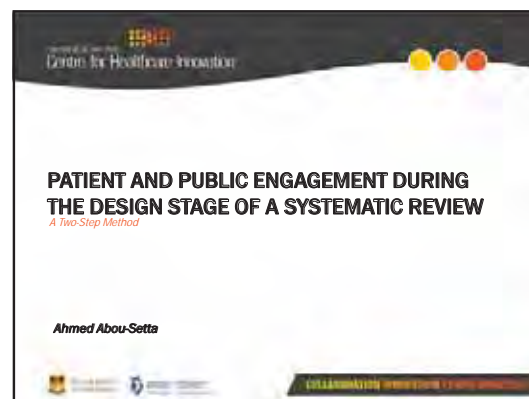
RECOGNITION

- IN DECEMBER 2017, WWW RECEIVED THE 50TH ANNIVERSARY OF THE NOVA SCOTIA HUMAN RIGHTS COMMISSION AWARD FOR AN ORGANIZATION WORKING TO ADVANCE HUMAN RIGHTS IN THE PROVINCE.

CONTACT

- EMAIL: WOMENSWELLNESSWITHINNS@GMAIL.COM
- TWITTER: @WITHINWOMENS
- WEB: WWW.WOMENSWELLNESSWITHIN.ORG
- [HTTPS://WWW.FACEBOOK.COM/WOMENSWELLNESSWITHIN/](https://WWW.FACEBOOK.COM/WOMENSWELLNESSWITHIN/)

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Recruitment Strategy

Initial point of contact:

Posters and information sheets sent to:

- * Manitoba SPOR SUPPORT unit
- * SPOR SUPPORT unit of Alberta



Recruitment Strategy

Communication through emails:

- Patient and Public Engagement (PPE) experts in Manitoba communicated with the patient engagement advisory council members and other local organizations.
- PPE platform in Alberta distributed emails through mailing lists to all members, local community groups and indigenous organizations.

Recruitment Strategy

First contact with patient partners:

- People with lived experience contacted us via phone or email
- Collaborated with a diverse group of 12 patient partners (people who identify as Indigenous, White, Immigrant, and/or living with a disability).

Engagement Strategy

1. Engaged patient and public partners as active research partners
2. Using trained facilitators, we built a safe environment to establish **trust, commitment, and openness** by facilitating a **trauma-informed, anti-oppression, anti-racist, and anti-colonial** approach to engagement.

Participatory Approaches

- Two-step modified-Delphi process:
 - Individual face-to-face meetings (semi-structured interviews with open-ended questions)
 - Information collected was subject to thematic analysis
- Simultaneously, researchers and stake-holders provided feedback on the review questions and outcomes of interest

Participatory Approaches

- Patient partners and researchers were invited to attend a group meeting facilitated by PPE experts to arrive at a consensus regarding the final review question and the outcomes of interest.

Results


1. Validate insights about the ED
2. Refining the review question and resolving conflicts between outcomes identified by researchers and patient partners
3. Support for grant applications

Two of the patient partners were involved in supporting the research team members to the Canadian Institutes of Health Research (CIHR) and provided letters in support of the applications at knowledge centers. One patient partner joined the team at a knowledge center.

Conclusions

- Using the **two-step process**, we successfully refined the review question and identified patient-oriented outcomes.
- Factors such as **funding** and involvement of **PPE experts** were crucial
- **Patient partner involvement** in the grant application stage was an important facilitator in obtaining **funding** for the systematic review.

Grants received



Budgeting for Engagement

Considerations When Developing a Budget for Patient & Public Engagement

Download a Template Budget for Patient & Public Engagement

Download a Template Budget for Patient & Public Engagement

<https://chimb.ca/sub-sites/1-patient-engagement/pages/79-budgeting-for-engagement>

Appendix B: Presenter Bio and Slide decks for Panel B presentations

Speaker Bios



Peter Oxland

Peter Oxland retired from IBM in 2013, and currently wears a few hats – a family advisor with Alberta Health Services' Critical Care, a Patient and Community Engagement Researcher, a volunteer facilitator with the AHS Grief Support Program's mature spousal loss support groups, a crisis line worker at Distress Centre Calgary, and a drum circle and kalimba workshop facilitator at Wellspring Calgary.

Peter got involved in all of these after his wife (Barb) died in Foothills Medical Centre's Intensive Care Unit in October 2012. The person who invited him to consider involvement with critical care was Dr. Tom Stelfox, Barb's ICU doctor.



Jennifer Donnan MSc, MBA, PhD(c)

Jennifer Donnan is a PhD Candidate in Health Outcomes at Memorial University's School of Pharmacy, studying under Dr. John-Michael Gamble and Dr. Hai Nguyen. During her pharmacy residency training in 2005 she became interested in how evidence-based medicine could support decision making at a policy level and pursued a master's degree in Health Technology Assessment and Management (2009). She has since spent the majority of her career in pharmacy research and drug information. For her PhD she is studying how patient preferences for drug therapy can influence and guide evidence-based prescribing decisions.



Suzanne Morin MD, MSc, FRCP, FACP

Suzanne Morin is an Associate Professor in the Department of Medicine, member of the divisions of General Internal Medicine, Endocrinology and Clinical Epidemiology and scientist at the Centre for Outcomes Research and Evaluation of the Research Institute of the McGill University Health Center. Dr Morin's research program includes the evaluation of outcomes of osteoporosis and its treatment, and implementation of health system improvement initiatives for patients who have sustained fractures such as secondary fracture prevention, pain management and functional recovery. She is a leader in clinical practice guidelines development for the management and prevention of osteoporosis and fractures.



Charlene Soobiah PhD(c)

Charlene Soobiah is a PhD Candidate at the Institute for Health Policy, Management & Evaluation at the University of Toronto and a graduate student in the Knowledge Translation Program at St. Michael's Hospital. Her dissertation focuses on evaluating the effectiveness of geriatrician-led care models and seeks to identify optimal care models to improve health outcomes. Charlene has a background in systematic reviews and knowledge translation and is focused on finding ways to engage patients, clinicians and policymakers in systematic review processes to optimize uptake of evidence into clinical practice.

Presenter Slide Deck



PANEL B

Speakers: Peter Oxland, Jennifer Donnan,
Suzanne Morin, Charlene Soobiah

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Patient Researchers: An Innovative Approach to Engage Patients and Families in Research

SPOR Evidence Alliance - AGM
Peter Oxland
November 7, 2018





(subset of co-presentation by Dr. Tom Stelfox & Peter Oxland)





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Disclosures



"I have no actual or potential conflict of interest in relation to this presentation."

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Topics

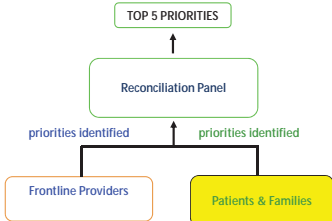


- Highlights of a Critical Care research project
 - Study Design
 - Team
 - Methods
 - Findings
 - Lessons Learned
- What's Next? ... considerations for research

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Study Design (1 of 2)

Reassessing Practices in the Daily Care of Critically ill Patients:
Identifying and Closing Evidence-Care Gaps



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graph BT
    FP[Frontline Providers] -- "priorities identified" --> RP[Reconciliation Panel]
    PF[Patients & Families] -- "priorities identified" --> RP
    RP --> TP[TOP 5 PRIORITIES]
  
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Study Design (2 of 2)

Patient and Community Engagement Research



- Novel approach to patient and family engagement
- Trains patients & family members with extensive healthcare experience, as peer-to-peer qualitative researchers
- Collaborative research conducted by, with and for, patients and family members

<https://pacerinnovates.ca/>

Team (subset)




Patient & Community Engagement Researchers (PaCERs)

Peter Oxland
Donna Oswell
Marilyn Gill (lead)
Debbie Boulton


Co-Principal Investigator
Dr. Tom Steffox

Methods



Objective: To engage former ICU patients and family members as qualitative researchers to:

- describe experiences of critically ill patients admitted to ICU & their families, &
- identify opportunities for improvement




Findings (1 of 2)

Themes



Comfort and Trust



A community of caring in the ICU where patients and families have strong comfort and trust and appropriate interaction with health care providers

Gill, M et al. Patient and Family Member-Led Research in the Intensive Care Unit: A Novel Approach to Patient-Centered Research PLoS One. 2016 Aug 5.

Findings (2 of 2)

Priorities (from PaCER)


- Provide a Dedicated Family Navigator
- Increase Provider Awareness of the Fragility of Family Trust
- Understand the Importance of the Mode, Tone and Content of Provider Communications
- Improve ICU to Hospital Ward Transitions
- Inform Patients about Long-Term Effects of Critical Illness

Priorities (from reconciliation)

- Transitions of care from ICU to hospital ward
- Family presence & effective communication
- Delirium screening
- Early mobilization
- Transitions of care between ICU providers

underway planned

Lessons Learned (family advisor, researcher)



- Former ICU patients & family members
 - life-changing experiences .. many want to 'give back'
 - underutilized resources
- Balance of personal stories & the collective voice
- Public involvement in research
 - opportunities exist - different roles, parts of project
 - is important to focus on & manage

Lessons Learned (ICU physician, researcher)



- Patients & families are keen to participate in research & practice change
- Patient & family member-led research is feasible and can identify opportunities for improving care that providers may not recognize
- This approach could serve as a model across other settings

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What's Next? ... Considerations for Research



- Where in a project's lifecycle to involve the public?
- What kinds of people to have involved?
- How can there be successful recruitment?
- How can there be a meaningful relationship for all?
- Who is currently successfully involving the public?

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Thank You

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PATIENT ORIENTED RESEARCH: EXPERIENCE IN DIABETES AND OBESITY

Jennifer Donnan, BScPharm, MSc, MBA
Memorial University of Newfoundland, School of Pharmacy

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www.mun.ca



DISCLOSURES

Conflict of Interest

I have no actual or potential conflict of interest in relation to this presentation.

I hold a CIHR Fellowship (priority area - Drug Safety and Effectiveness)

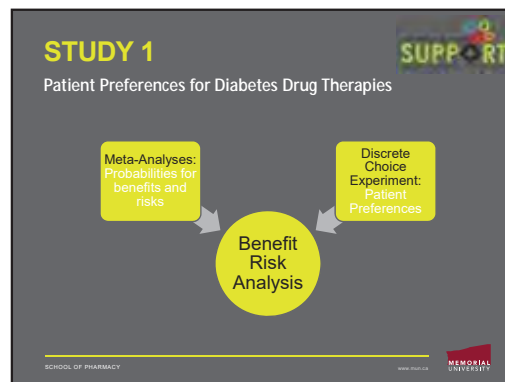
This research is partly funded through awards from

- NLCAHR
- NL Support
- DSECT

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POR APPROACH

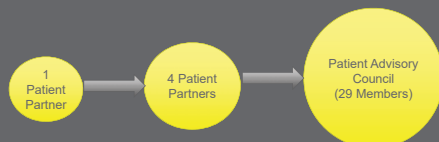
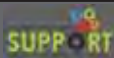
	Option A:	Option B:	Option C:
Assessing a risk	1%	2%	Any medication therapy
Expected decrease in A1C (%)	1.4% reduction	1.6% reduction	Choosing to use therapy based on glucose response
Reduction in major adverse cardiovascular events	10% reduction in risk	12% reduction in risk	Costs: \$40
Reduction in pain, itching and other symptoms	4-6% reduction in risk	Not reported in table	Financial cost: \$1000
Risk of severe side effects (e.g., weight gain, stomach upset, etc.)	1 out of 100 people	10 out of 100 people	Risk of diabetes complications and reduction in quality of life
Number of severe hypoglycemia (low blood sugar) episodes over 10 years	40 out of 100 people	50 out of 100 people	Report stress, time, eating habits, loss of sleep, weight gain
Risk of serious but rare side effects (e.g., liver disease)	1 out of 100 people	2 out of 100 people	Risk for those on other side effects
Assessment of side effect severity	Severe side effect	Severe side effect	10% potential risk of side effects less than the general population
Outcome	1.1	1.2	1.3

- ### CHALLENGES & LESSONS LEARNED
- Challenges**
- Recruitment was difficult
 - I was asking patients to solve a problem they did not know they had
 - Patients did not focus on the questions at hand
 - Cultural differences
- Lessons Learned**
- Engaging patients is more difficult than it sounds
 - Not true POR
 - Patients were still subjects or not partners in the research

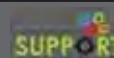


- ### OBJECTIVES
- To identify non-surgical strategies that benefit patients on the wait list through effective management of their severe obesity.
(Approach: Systematic Review)
 - To identify an objective and equitable way to prioritize patients living with severe obesity who are seeking surgery.
(Approach: Discrete Choice Experiment)

POR - APPROACH



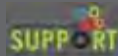
NEW CHALLENGES



- Ethics Board Hurdles
 - No established /accepted norm
 - Can patients be both patient partners and participants?
- Striking the right patient balance
 - Setting realistic expectations on our patient partners
- Compensation
 - How much and how long?
 - Our project timeframe has passed, but further input on KT would be valuable



ELEMENTS OF SUCCESS



- Patients understood and were passionate about the problem we were trying to solve
- Allowed ourselves to adapt our research questions and project vision
 - The research questions for the SR changed substantially as a result of engagement with patient partners
 - Patient partners were particularly helpful in planning KT initiatives



DIABETES - STUDY TEAM



Dr. J.M Gamble
Dr. Hai Nguyen
Dr. Carlo Marra
Dr. Kris Aubrey-Bassler
Dr. Mehdi Najafzadeh
Dr. Karissa Johnston
Dr. Eugene Chibrikov

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BARIATRIC SX - STUDY TEAM



PI - Dr. Laurie Twells
Dr. Tanis Adey
Dr. Zhiwei Gao
Dr. David Pace
Dr. Hai Nguyen
Ms. Jennifer Deon
Ms. Valerie Delaney
Ms. Raylene Pittman
Ms. Barbara Reid
Ms. Alicia Taylor

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SN Morin 2018

▶ 36

Patient Engagement in Clinical Guidelines Development

- ▶ Engagement of patients is essential in the development of high quality and relevant guidelines for the management of osteoporosis

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Methods

-

Results

	N=122
Sex, n (%)	
Women	109 (94%)
Language, n (%)	
English	108 (94%)
Ownership, n (%)	
Have QP	94 (77%)
Care for someone with QP	29 (24%)
Deception knowledge, n (%)	
Very knowledgeable	38 (34%)
Somewhat knowledgeable	87 (65%)



Results



Results

Conclusion

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Evaluating the comparative effectiveness of geriatrician-led models of care across healthcare settings

Charlene Soobiah PhD (candidate)
Wednesday November 7, 2018

Financial Disclosure

- I have no actual or potential conflict of interest in relation to this presentation
- Our study is funded by CIHR Strategy for Patient Oriented Research (SPOR) Network Knowledge Synthesis Grant (NKS 150583)



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Clinical Scenario

- Jane is a 80 year old woman who lives on her own.
- She has high blood pressure, diabetes and osteoarthritis.
- She sees several healthcare providers and takes multiple medications.
- She wants to continue to stay at home, but her family members are concerned about her diminishing memory and not being able to care for herself.



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Background

- Comprehensive geriatric assessments (CGA)** can help prioritize and manage complex health needs of older adults.
- CGAs are often conducted by geriatricians and an interdisciplinary team, and models vary across healthcare settings.
- It is unclear which geriatrician-led models of care are most effective at improving outcomes.

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Research Question

What is the comparative effectiveness of geriatrician-led models of CGA across healthcare settings?

- We conducted a systematic review using an integrated knowledge translation approach (IKT).¹
- IKT engages knowledge users in the conduct of research.

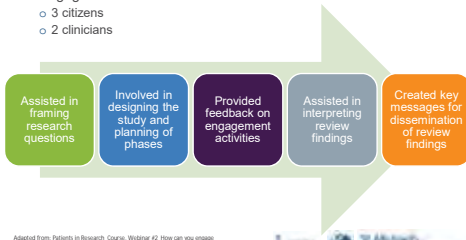
¹ Straus SE, Tetroe J, Graham I. Knowledge Translation in Health Care: Moving from Evidence to Practice. 2014.

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Steering Committee

Established a steering committee to guide conduct of systematic review and engagement activities

- 3 citizens
- 2 clinicians

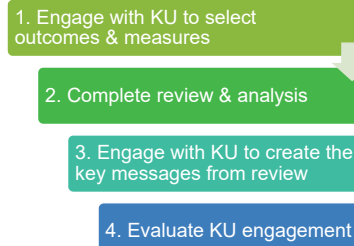


Adapted from Patients in Research Course, Webinar #2: How can you engage in PCOR? Knowledge Translation Program St. Michael's Hospital 2018

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Knowledge User (KU) Engagement Strategy within the Systematic Review



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Impact

- Establishing a steering committee allowed us to identify potential issues and challenges prior to conducting steps of the review
- Active KU engagement at specific stages in the review process allowed us to tailor the review findings to their decision making needs
- Assessment of KU engagement allowed us to understand which types of activities in the review process were engaging
 - In-person activity was perceived as more engaging than online activities
 - No difference was noted for engagement in multiple activities compared to one activity

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Acknowledgements

Thesis committee members: Drs. Sharon Straus, Jemila Hamid & Andrea C. Tricco

Steering Committee members: Mrs. Sylvia Teare, Mrs. Gayle Manley, Mrs. Elliot PausJenssen, Dr. Ainsley Moore & Dr. Sharon Marr

Review team: Caitlin Daly, Erik Blondal, Joycelynne Ewusie, Meghan Elliott, Laure Perrier, Eric Wong, & Joanne Ho

Questions?

c.soobiah@mail.utoronto.ca



Appendix C: Presenter Bio and Slide decks for Panel C presentations

Speaker Bios



Pertice Moffitt PhD

Pertice Moffitt is the Manager, Health Research Programs, North Slave Research Centre/ Aurora Research Institute in Yellowknife, Northwest Territories (NWT). She has lived and practiced nursing in Canada's north for over 25 years. She is currently Chair, Professional Conduct Committee of the Registered Nurses Association of the NWT and Nunavut. She is Past-President of the Canadian Association for Rural and Remote Nursing, past Board Member of the Canadian Rural Health Research Society (CRHRS), and currently a member of CRHRS. She is an activist against family violence and is a member of the Coalition against Family Violence in the NWT.



Christopher Klinger PhD

Christopher Klinger is a trainee with the SPOR Evidence Alliance and chairs the National Initiative for the Care of the Elderly's End-of-Life Issues Theme Team, a knowledge transfer network dedicated to enhancing the care of older adults in Canada and abroad. He also chairs the Quality End-of-Life Care Coalition of Canada's Research and Knowledge Translation Committee, a group of national stakeholder organizations concerned about quality end-of-life care. Chris is a knowledgeable and experienced educator - he has presented at numerous conferences and regularly teaches courses on aging, health systems/policy, research methods and public administration.





Elliot PausJenssen

Elliot PausJenssen is an older adult who is fortunate to continue to work in her retirement on issues she cared about during her working career as social worker in geriatric assessment. They include senior-friendly health care, elder abuse, and the development of age-friendly communities. She has served on the Boards of the Saskatoon Council on Aging and the Canadian Network for the Prevention of Elder Abuse and as external director on the Board of the Canadian Association of Occupational Therapists. Elliot appreciates being engaged in the SPOR Evidence Alliance.



Annie LeBlanc PhD

Annie LeBlanc's research focuses on translating comparative effectiveness research (CER) into practice through the design, evaluation, implementation, and sustainability of patient-centered interventions, and their impact on patient outcomes. This work is crucial to the advancement of patient-centered care. The engagement of stakeholders ensures that the research focuses on what really matters to patients and other stakeholders, thus optimizing sustainability of the targeted changes. Her work has three main domains: i) application of user-centered methods to develop patient-centered interventions, ii) pragmatic randomized trials to assess the effectiveness of these interventions, and iii) mixed methods studies to understand their implementation in practice.



PANEL C

Speakers: Pertice Moffitt, Christopher Klinger, Elliot PausJenssen, Annie LeBlanc

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2

Patient Engagement with Mothers and Grandmothers to Learn about Breastfeeding in the NWT

Pertice Moffitt PhD RN
SPOR Evidence Alliance
AGM November 7, 2017

“I have no actual or potential conflict of interest in relation to this presentation.”

Advisory and Circle of Knowledge Keepers



Research Design – Mixed Methods

Retrospective Chart Audits

- Birth Records
- Well Baby Records

Sharing Circles with Grandmothers

- Gwich'in
- Inuvialuit
- Kaitradecche
- Shukhtaa'tine
- Kaabogot'tine
- Dehcho'tine
- Metis
- Non-Indigenous

Individual Interviews with Mothers

- Dene
- Inuvialuit
- Metis
- Non-Indigenous

Knowledge Translation

- Booklet
- Video

Findings: Grandmothers



Moffitt Photo

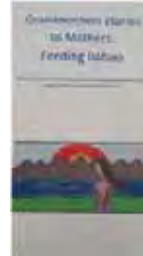
Demographics (n=49)

Indigenous 80% :
Dene (60%), Métis (5%) &
Inuvialuit (30%)
Mean age 66.8 (youngest 37;
oldest 91)

Themes

- Rekindling the past
- Being resourceful
- Surviving hardships
- Messages for new mothers

Implications & Recommendations



- Apply traditional knowledge to perinatal and parenting programs (to enhance breastfeeding outcomes);
- Engage in social justice to 'promote, protect and support' all mothers;
- Include grandmothers in strategies to promote and support breastfeeding in all communities;

Thank You!

- To read breastfeeding report visit:
<http://nwtresearch.com/projects/health/breastfeeding-nwt>
- For more information contact
pmoffitt@auroracollege.nt.ca

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10

 Annual General Meeting - November 07, 2018

Panel Presentations on
Patient-Oriented Research

*The Opioid Crisis in Seniors -
The Need for 'Lived Experience'*

 Christopher A. Klinger, PhD
SPOR Evidence Alliance Trainee
Contact: christopher.klinger@utoronto.ca

Overview

- ▶ The Opioid Crisis in Seniors
- ▶ Highlights from a Scoping Review of the Literature
- ▶ The Need for 'Lived Experience' and a Gendered Approach



Disclosures

- ▶ Research is a team sport;
- ▶ This project was funded by an Operating Grant (Knowledge Synthesis) from the Canadian Institutes of Health Research (CIHR), Grant Number: 397990;
- ▶ Principal Investigator: P. Lynn McDonald, PhD (University of Toronto, Factor-Inwentash Faculty of Social Work); Principal Knowledge User: Adriana Shnall, PhD (Baycrest Health Sciences Centre).
- ▶ "I have no actual or potential conflict of interest in relation to this presentation."



The Opioid Crisis in Seniors

Background



But: Little is actually known about the situation among older adults

Magnitude of the Problem Among Older Adults



Apparent Opioid-Related Deaths (Year)		
	2016	2017
50 to 59	23%	20%
60 to 69	7%	8%
>70	2%	1%
Older Adults:	30%	29%

<https://www.canada.ca/en/health-services/publications/health-topics/older-adults/apparent-opioid-related-deaths-released-june-2018.html>

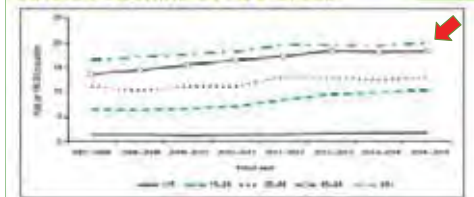
Spotlight on Provinces and Territories



Accidental Opioid-Related Deaths			
	New Brunswick	Ontario	Saskatchewan
50-59	21%	20%	17%
60-69	9%	7%	7%
>70	6%	1%	0%
Older Adults:	36%	28%	24%

<https://www.canada.ca/en/health-services/publications/health-topics/older-adults/apparent-opioid-related-deaths-released-june-2018.html>

Rate of Hospitalizations Due to Opioid Poisoning by Age Group



https://secure.cihi.ca/free_products/Opioid%20Poisoning%20Report%20%20EN.pdf

A Scoping Review of the



- ▶ Arksey and O'Malley's Framework (2005):
- ▶ 1. Identifying the Research Question(s);
- ▶ 2. Identifying Relevant Studies;
- ▶ 3. Study Selection;
- ▶ 4. Charting the Data;
- ▶ 5. Collating, Summarising and Reporting
- and
- ▶ 6. Stakeholder Consultation

<https://www.sagepub.com/doi/abs/10.1089/1365-3113.2005.00322.x>

Results



► Themes:

- Theme 1: Medical Application of Opioids
- Theme 2: Problematic Opioid Use
- Theme 3: Treatment and Prevention Strategies for Problematic Opioid Use
- Theme 4: Recommendations from the Literature

Results (continued)

- Data highlighted 'the invisible epidemic', with treatment strategies to be tailored to this older adult population in light of metabolic differences and drug interactions as part of aging;
- Legislative changes, including a **national opioid strategy** that expands access to substance abuse treatment programs and rescue drugs (such as naloxone) to counter opioid drug overdoses in seniors were proposed; alongside
- Prescription drug monitoring programs with data sharing across jurisdictions to alert prescribers and pharmacies of potential cases of drug interactions and misuse/prescription fraud.

Stakeholder Consultation



Photo courtesy of NICE, Release Provided.

► Further Input:

- Inclusion of lived-experience;
- Consideration of minority populations;
- Emphasis on non-medical treatment strategies (e.g., harm reduction) and determinants of health.

Inclusion of 'Lived Experience'...

► REB Comment Excerpts:

- Section X: "A focus group [with older adults] is not consistent with a scoping review."
- In addition, the focus group questions are highly sensitive questions about [individual] experiences with opioid use and privacy would be a concern."

To address the concerns above, the REB has the following recommendations:

- 1. Separate the stakeholder consultation with experts from the focus groups with older adults. In the interest of time, limit this current protocol to the stakeholder consultation. This will render the protocol low risk with minimal issues and can be approved quickly.
- 2. Submit a separate (new) protocol that involves the older adults. We do not recommend using focus groups to collect data given the sensitivity of the questions and potential vulnerability of participants. Individual interviews would be more appropriate.
- 3. ...



and a Gendered Approach

- E.g., Age and gender-appropriate prescribing following screening with regard to risk factors to avoid 'suffering in silence', and to recognize sex, gender and metabolic differences and drug interactions as part of complex care of older adults.



<http://www.igh.ox.ac.uk/gh11.htm>

Questions?



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My Experience as Citizen Partner in Research

Elliot PausJenssen, BA (Hons), MSW
Saskatoon Council on Aging



Conflict of Interest

- I have no actual or potential conflict of interest in relation to this presentation



Age-friendly Saskatoon Initiative (AFSI)

- 5 year (2011-2016) participatory research (PR) project of SCOA led by older adult volunteers
- Applied research process of WHO Global Age-friendly Cities: A Guide
- Older adults engaged in key decision-making and implementation
- In collaboration with 2 researchers



The Age-friendly Saskatoon Initiative 2011-2016



Social Engagement, Independence and Productivity among Older Adults: Participatory Research to Promote Aging in Place, 2014-2016

- A 3 phase PR project led by a researcher in collaboration with SCOA
- Phase 1: Identify priority needs, barriers and facilitators
- Phase 2: Develop proposal for user-controlled organization model that addresses needs identified
- Phase 3: Address non-medical support needs of low income seniors residing in subsidized housing in Saskatoon – with unanticipated finding



Peer Bullying in seniors' subsidised apartment communities in Saskatoon Canada: participatory research, 2016

- Responding to needs expressed by tenants
- A 2 phase PR study to identify the nature, prevalence and consequences of peer bullying
- Researcher led
- In collaboration with SCOA's Older Adult Abuse Task Force (OAATF)
- 3 older adult members were full participants in all phases of design, implementation and evaluation



Building Bridges – Fostering Respectful Communities in Seniors' Social Housing, 2018-2020

A 2 year participatory research project led by a researcher in collaboration with SCOA, Youville Centre and other organizations in Winnipeg

Create and pilot an intervention to respond to peer bullying, arguments and aggression in seniors' social housing



Evaluating the comparative effectiveness of geriatrician-led models of care across healthcare settings

- Member of steering committee tasked with coordinating and implementing the systematic review and disseminating the results



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Toward Meaningful Conversations In Clinical Encounters
Patient-Centered Translation of Evidence at The Point of Care



Annie LeBlanc, PhD (@Annie_LeBlanc)

Associate Professor, Faculty of Medicine, Laval University, QC
Investigator, Quebec Primary Healthcare and Social Services Research Center
Director, Capacity Building and Professional Development, Quebec SPOR SUPPORT Unit
Research Collaborator, KER unit, Mayo Clinic, Rochester, MN, USA

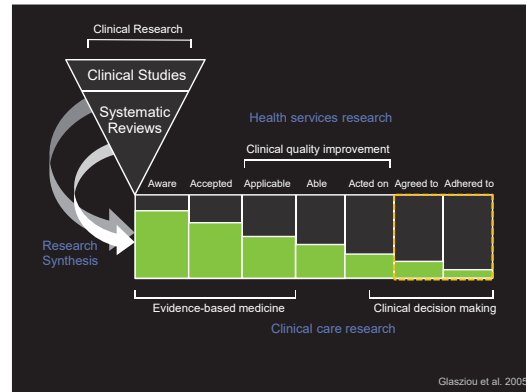


Disclosures

No financial conflict of interest

We do not receive funding from any for-profit pharmaceutical or manufacturer, nor do we receive any royalties or monetary benefits, directly or indirectly, from our research products (i.e. decision aids)

Our products are available free of charge



Glasziou et al. 2005

Comparative effectiveness research

synthesis of evidence that compare benefits & harms of options

Patient centered translation into action

design of care around the needs of the patient

Decision aid

helps involve patients in making deliberate choices based on pros/cons of options

Shared decision making

path to high quality healthcare

Conversation not information

Design to support the interaction of people not the transfer of information

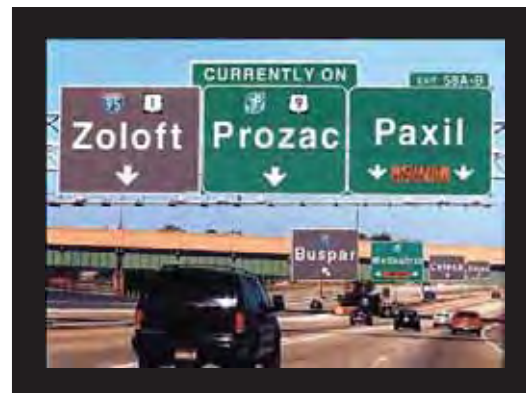
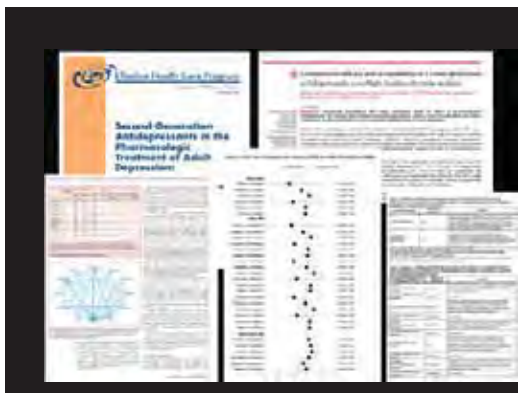
Designed for context

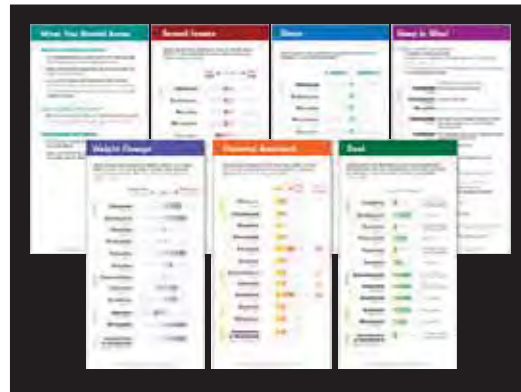
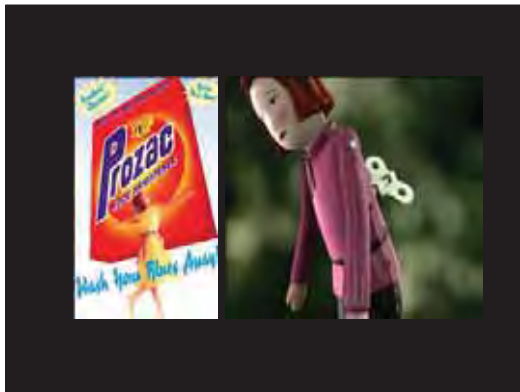
How that is done depends on the challenges of the medical and personal situation

Development is a partnership

The voice and experience of clinicians, patients and caregivers is the impetus of development

feasible and sustainable





Summary

Patients & clinicians

- more comfortable with the decision made (>20% ↑)
- more satisfied with the decision process (>30% ↑)

Patients

- more knowledgeable (14% ↑)
- more involved in the decision making process (50% ↑)
- Voiced preferences (92%) and issues of importance (63%)

Clinicians

- able to use decision aid with no/little training
- use of decision aid did not add to the length of encounter

No difference in adherence or in depression outcomes

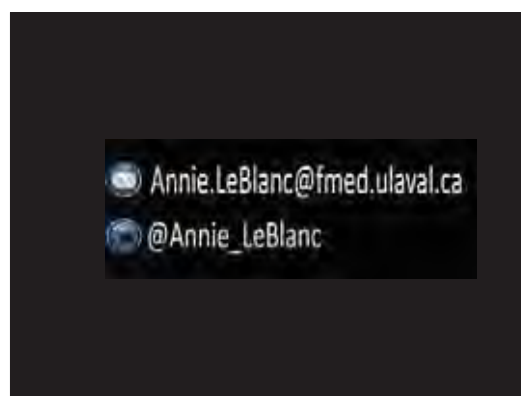
Project Scheme Grant

Our long-term goal

Improve the quality and patient-centeredness of mental and behavioral healthcare by successfully embedding SDM in primary care.

Aims

- Co-construct a suite of decision aids for anxiety and depression meeting the needs of end users (patients and clinicians).
- Co-construct with end-users and KUs tailored implementation plans (TIPs) to support implementation and routinization of decision aids. (User-centered design & Participatory action research)
- Assess effectiveness of TIPs in supporting implementation and routinization, and maintaining impact of the decision aids. (Pragmatic RCT with an embedded process evaluation)



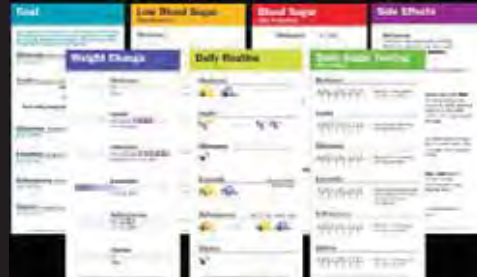
Summary of KER Experience

(12 Pragmatic RCTs)

- >50 practices, >800 clinicians, >3,000 patients
- >3,000 video-recordings of encounters
- Age: 20-92
- 74-90% clinicians want to tools again
- Adds <3 minutes to consultation
- 60% fidelity without training
- 20% improvement in patient knowledge
- 17% improvement in patient involvement
- Variable effect on clinical outcomes and cost

Mayo Clinic Encounter Decision Aids

Diabetes Medication Choice



Mullan et al. 2009; Branda et al. 2013; LeBlanc et al. (TBD)

Mayo Clinic Encounter Decision Aids

Statin Choice



Weymiller et al. 2007; Branda et al. 2013

Mayo Clinic Encounter Decision Aids

Osteoporosis Choice



Montori et al. 2011; LeBlanc et al. 2015

The ShareEBM Toolkit

Decision Aids Tools & Resources Leadership Planning & Assessing

Cardiovascular Primary Prevention Choice Link to interactive DA Demos & tutorials Link to evidence	Journal Clubs Cardiovascular Depression Diabetes Osteoporosis	Video Presentations 15 min/15 slides What's-In-It-For-Me	Process mapping Considerations worksheet Value stream mapping Culture Mapping Measurement tools Patient Satisfaction Survey
Depression Med Choice Link to printable DA Storyboard and demo Take-home brochure Link for evidence	Video Presentations 15 min/15 slides 20 min/21 slides 4-min SDM video 4-min SDM interview	Testimonials Clinicians (4) Patients (3)	
Diabetes Med Choice Link to printable DA Link to interactive DA Take-home brochure Demo Link to evidence	Testimonials Clinicians (4) Patients (3)	Related Publications Bibliography References	
Osteoporosis Choice Info on the calculator Link to interactive DA Demo	EHR templates		

Appendix D: Presenter Bio and Slide decks for Panel D presentations

Speaker Bios



Brian Mittman PhD

Brian Mittman is a Research Scientist at the Kaiser Permanente Department of Research and Evaluation, Division of Health Services Research and Implementation Science. He co-leads the UCLA Clinical and Translational Science Institute's Implementation and Improvement Science Initiative. Mittman chaired the planning committee that launched the journal Implementation Science, and is currently co-editor in chief emeritus. He was a founding member of the Institute of Medicine Forum on the Science of Health Care Quality Improvement and Implementation, and past chair of the NIH Special Emphasis Panel on Dissemination and Implementation Research in Health.



Jennifer Watt MD, PhD(c)

Jennifer Watt is a geriatrician at St. Michael's Hospital. She completed her medical school training at the University of Ottawa, residency in internal medicine at Western University, and residency in geriatric medicine at the University of Toronto. She is currently a PhD candidate in clinical epidemiology and health care research at the University of Toronto. Her research interests include understanding the safety and effectiveness of pharmacological and non-pharmacological interventions in older adults.



Sophie Desroches RD, PhD

Sophie Desroches is a Full Professor at the School of Nutrition at Université Laval, and research scientist at the Institute of Nutrition and Functional Foods. Her research program aims to secure the conceptual, methodological and practical bases for identifying and evaluating knowledge translation strategies that will optimize adherence to dietary advice for the prevention and management of chronic diseases. Her more recently funded research projects have explored the use of social media platforms as knowledge translation strategies to deliver dietary behavior change interventions.



Kelly Mrklas MSc, PhD(c)

Kelly Mrklas is a KT Implementation Scientist for the Strategic Clinical Networks(TM) at Alberta Health Services and supports the design, implementation, evaluation, and scale of evidence-informed change across Alberta. Since 2014, she has provided 250+ project consults, given 75+ presentations, and collaborated on 60+ grant submissions. Ms. Mrklas is a named investigator, collaborator and knowledge user on 24 initiatives totaling \$21.5M, with 9 under peer review. Kelly is a PhD candidate at the University of Calgary, supervised by Drs. Ian Graham and Michael Hill; her work focuses on the science of integrated KT and health research partnership impact assessment.



PANEL D

Speakers: Brian Mittman, Jennifer Watt,
Sophie Desroches, Kelly Mrklas

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Conducting patient-oriented research as an “embedded researcher” working within a large integrated healthcare delivery system in the U.S.

Brian S. Mittman, PhD
Senior Scientist, Kaiser Permanente
Southern California Dept of Research
and Evaluation
Email: Brian.S.Mittman@kp.org

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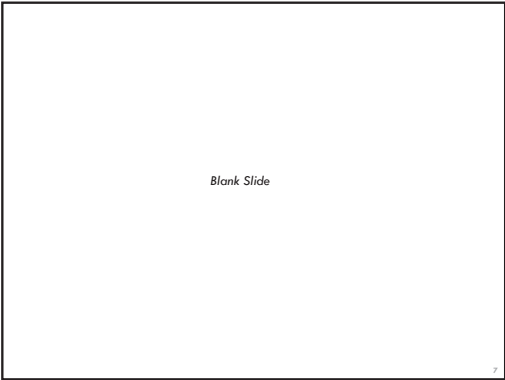
- As a member of a research group working within a large integrated healthcare delivery system, conducting research with (and for) that system and its patients, clinicians, staff and leaders, we identify and facilitate three categories of patient (i.e., “consumer” or healthcare system “member”) involvement in healthcare-related activities:
 - Consumer involvement in the care process, through self-management, family caregiving, and through approaches such as peer counseling in which consumers play an active role in providing health services to other consumers.
 - Consumer involvement in healthcare system governance and decision making, through active participation in “patient advisory councils” and other methods in which consumers support and advise health system leaders in key activities such as monitoring health system performance, identifying and diagnosing performance problems, identifying and vetting and developing solutions, and evaluating and refining those solutions.
 - Consumer involvement in research across all phases of research, including identifying and prioritizing and refining research questions, study design, site and subject selection and recruitment and retention, data collection, data analysis and interpretation, reporting and dissemination, and implementation.

- In the U.S., the Patient-Centered Outcomes Research Institute (PCORI) has been highly influential in promoting and guiding enhanced patient engagement in research and conducting patient-oriented research.
- Large integrated delivery systems have been especially responsive and productive in embracing this message, adopting engagement approaches and in innovating new ways to engage patients and other stakeholders.
- PCORI has developed extensive written guidance and resources (<https://www.pcori.org/about-us/our-programs/engagement/public-and-patient-engagement>) and offers support for ongoing efforts to enhance engagement methods and activities.
- Large integrated delivery systems in the U.S. have augmented this guidance with additional resources (<http://www.hcsrn.org/en/Tools%20&%20Materials/Patient%20Engagement/>)

5


- High-value, relevant research conducted by -- and for -- large healthcare systems should be patient-oriented and patient-partnered, but also oriented toward (and partnered with) a broader set of stakeholders, including health system clinicians, staff and leaders and external stakeholders.
- PCORI and AHRQ (U.S. Agency for Healthcare Research and Quality) are supporting an expert conference in early 2019 to develop guidance and recommendations for health system-based (“embedded” or “partnered”) research programs involving extensive engagement and collaboration among (a) health system leaders, clinicians and staff, (b) consumers and (c) researchers.

6



8

Experiences in Patient-Oriented Research



November 7, 2018


SPOR Evidence Alliance AGM

Dr. Jennifer Watt, BSc MD FRCPc



PhD Candidate, Clinical Epidemiology and Health Care Research

Phillipson Scholar, Department of Medicine

Eliot Phillipson Clinician-Scientist Training Program



ennifer.watt@mail.utoronto.ca



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Funding:

1. Canadian Institutes of Health Research Doctoral Research Award
2. University of Toronto Department of Medicine Eliot Phillipson Clinician Scientist Training Program

I have no actual or potential conflicts of interest in relation to this presentation.


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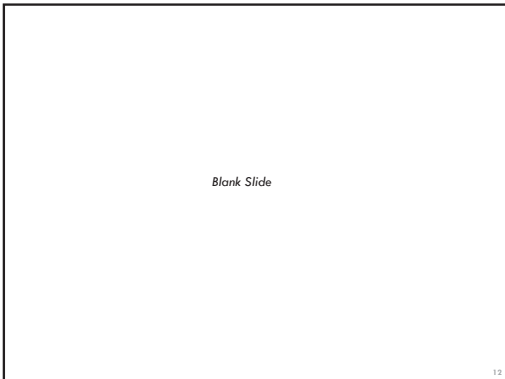
Watt J, Goudreau Z, Teitico AC, Veroniki AA, Straus SE. Comparative safety and efficacy of pharmacological and non-pharmacological interventions for the behavioral and psychological symptoms of dementia: protocol for a systematic review and network meta-analysis. Syst Rev. 2017;6(1):182.

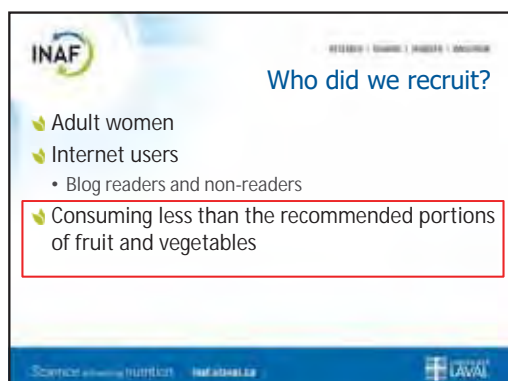
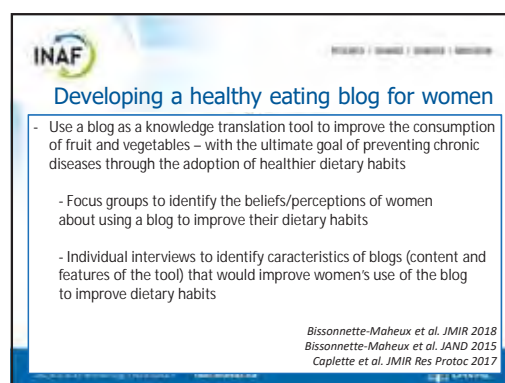
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Thank you!



ennifer.watt@mail.utoronto.ca





INAF

Multiple interventions: a challenge for POR?

Nutrition intervention	Knowledge translation intervention (blog)
<ul style="list-style-type: none"> Prevention of chronic diseases through improved dietary habits <ul style="list-style-type: none"> Fruit and vegetable consumption is the best indicator of overall diet quality The majority of Quebecers and Canadians do not meet the recommendation for that food group 	<ul style="list-style-type: none"> Internet users Blog readers

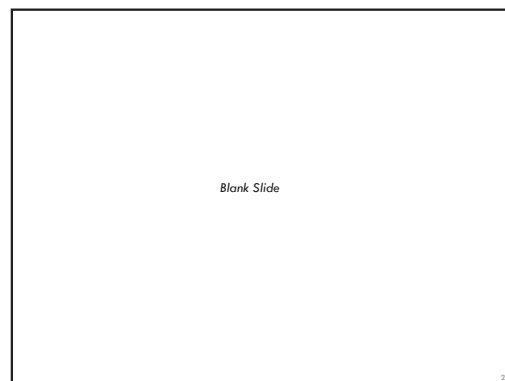
Science enhancing nutrition | inaf.atozlab.ca

INAF

Who should be invited as patient partners?

- Prevention – individuals are not yet affected by the health condition(s) the intervention is targeting
- They can still be patients/clients consulting with health professionals for prevention
- Who should we invite as patient partners?
 - Who would be the best representatives to make the project relevant?
 - Which criteria should be used?
 - Socio-demographically diverse sample?
 - When using multiple interventions, should different patients be invited to address issues separately for each intervention?

Science enhancing nutrition | inaf.atozlab.ca



SPOR Evidence Alliance 2018 Annual General Meeting

Research Experiences with Patients

Kelly Mrklas PhD(c)
KT Implementation Scientist
Strategic Clinical Networks™

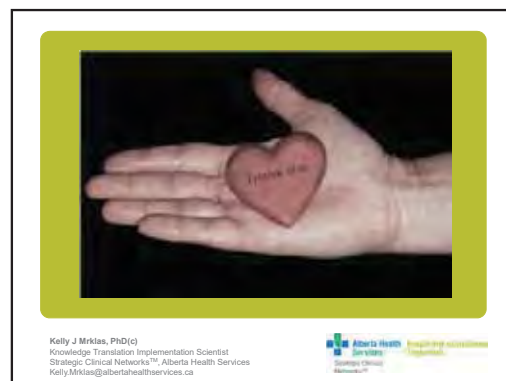
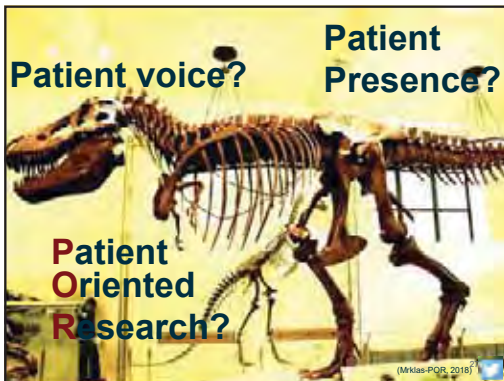
The Pantages Hotel
Toronto, ON
November 7, 2018

Alberta Health Services
Strategic Clinical Networks™

Conflict of Interest Statement

I have no actual or potential conflict of interest in relation to this presentation.

(Mrklas-POR, 2018)



Appendix E: Committee Update

International Advisory Committee – Progress Update

Research Query Services

- Alliance began accepting research queries in April 2018
- 10 queries have been received to date
 - 1 international, 5 national and 4 provincial (3 from Quebec, 1 from Northwest Territories) level queries
 - All requests for knowledge synthesis to inform policy decisions, clinical practice guidelines, or decision tools

Knowledge Translation and Implementation

- **Patient Partner Engagement Strategy** has been developed and is being reviewed by the Partnerships Committee
- **Knowledge Translation Strategy** for Alliance activities is under development by the KT Committee
- 15 Newsletters to spread the word about current research activities have been released to date

Training and Mentorship

- **Capacity Building and Training Strategy** has been developed and is being reviewed by the Training Committee
 - A working group has been created to develop core competencies for the training strategy
- Training initiatives will start being implemented in 2019

Administration

- The Alliance was rebranded with a new name (*formerly named* REACH network), logo, and visual identity after consultation with our members
- The Alliance website was launched in April 2018 along with the query intake platform
- A report on the **asset map of Canadian clinical practice guideline developers** has been published and a searchable online database is now under development
- **New Member Intake Policy** has been developed to expand the membership of researchers, research trainees, patient partners and knowledge users in the Alliance.
 - It is currently being reviewed by the Steering Committee and the Partnerships Committee

Steering Committee – Progress Update

Meetings

- The Committee had two web conference meetings since August 2018
- The first meeting was an introductory meeting to get oriented to the Alliance and review the **Terms of Reference**

Research Query Services

- The Committee did not yet have to meet for query prioritization, which only takes place when 5 or more requests for standard responses are received within a month

Administration

- The Committee began discussing **Patient Compensation Strategy** for all Alliance activities
- The Committee began reviewing the **New Member Intake Policy** for researchers, research trainees, patient partners and knowledge users

Next Steps

- Finalize the **Patient Compensation Strategy**
- Finalize the **New Member Intake Policy**
- Begin reviewing the **Capacity Building and Training Strategy** for final feedback

Executive Committee – Progress Update

Meetings

- The Committee has participated in 5 web conference meetings and received 3 monthly updates (in place of a meeting) since February 2018.
- The first meeting was an introductory meeting to get oriented to the Alliance and review the **Terms of Reference**

Research Query Services

- Alliance began accepting research queries in April 2018
- 10 queries have been received to date

- 1 international, 5 national and 4 provincial (3 from Quebec, 1 from Northwest Territories) level queries
- All requests for knowledge synthesis to inform policy decisions, clinical practice guidelines or decision tools
- The Committee had a chance to review the query prioritization process, but no query prioritization has been required to date
- The Committee last met to review the work plan and budget submissions for two provincial queries from Quebec
 - The Committee had a chance to provide feedback on the assessment process

Next Steps

- Discuss and finalize the query assessment process
 - Central Coordinating Office will prepare a methods manual for the research teams to direct them to relevant reporting and methodological guidelines
- Discuss communication strategy to spread the word when new queries are received

Knowledge Translation Committee – Progress Update

Meetings

- The Committee met twice since June 2018
- The first meeting was an introductory meeting to get oriented to the Alliance and review the **Terms of Reference**

Knowledge Translation and Implementation

- At the second meeting, the Committee began discussing the scope of its oversight
 - It was clarified that the Committee is responsible for developing and overseeing the implementation of the KT strategy and not carrying it out

Next Steps

- Continue discussing the KT strategy of the Alliance
- Discuss strategies to coordinate with other SPOR entities that have KT platforms

Partnerships Committee – Progress Update

Meetings

- The Committee had a chance to meet once to get oriented to the Alliance and review the **Terms of Reference**

Next Steps

- Review and provide feedback on the **Patient Partner Engagement Strategy**
- Review and provide feedback on the **New Member Intake Policy**
- Discuss strategies to evaluate the Patient Partner Engagement Strategy

Training Committee – Progress Update

Meetings

- The Committee had a chance to meet twice since June 2018
- The first meeting was an introductory meeting to get oriented to the Alliance and review the **Terms of Reference**

Training and Mentorship

- The Committee began discussing the **Capacity Building and Training Strategy** of the Alliance at the second meeting
 - A working group was established to discuss the core competencies of the training strategy

Next Steps

- Review and provide feedback on the **Capacity Building and Training Strategy**
- Continue discussions about the core competencies of the training strategy
- Discuss strategies to leverage and coordinate with other SPOR entities that have training components

