



**SPOR Evidence Alliance**  
Strategy for Patient-Oriented Research

**Alliance pour des données  
probantes de la SRAP**   
Stratégie de recherche axée sur le patient

Strategy for Patient-Oriented Research

**SPOR**  
Putting Patients First 

# 2021 Annual General Meeting



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# Acknowledgements

## Traditional Land

We wish to acknowledge the traditional land on which the Central Coordinating Office of the SPOR Evidence Alliance operates, now known as “Toronto”.

For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit.

This meeting place is still home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

June 21st was National Indigenous People’s Day in Canada.

The month is a call to honour, acknowledge, and celebrate the diverse Nations and unique cultures of First Nations, Inuit and Métis peoples who have called this land home since time immemorial.

## Grieving Indigenous Children

June is National Indigenous History Month and we continue to grieve for the Indigenous children who lost their lives at residential schools across Canada. Our thoughts are with the families, their nations, and all survivors of residential schools.

It is important to spend time learning about the history and the effects of residential schools in Canada. It is also a time to reflect on ongoing roles and responsibilities towards Truth and Reconciliation with Indigenous peoples and to take steps towards decolonization and anti-oppression.

# Funding Acknowledgement

The Strategy for Patient-Oriented Research (SPOR) Evidence Alliance is supported by the Canadian Institutes of Health Research (CIHR) under the SPOR initiative, and the generosity of partners from 41 public and not-for-profit organizations across Canada who have made cash or in-kind contributions.

## Disclaimer

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# Meeting Agenda

Time	Agenda Items	Speakers/Moderators
12:00-12:05 (5 minutes)	<b>Welcome</b>	Dr. Andrea Tricco
12:05-12:15 (10 minutes)	<b>Opening Ceremony</b>	Elder James Carpenter
12:15-12:20 (5 minutes)	<b>Poll: Check-In</b>	Dr. Andrea Tricco
12:20 – 13:00 (40 minutes)	<b>Opening Presentation: Our Journey So Far: A Progress Update on the SPOR Evidence Alliance</b>	Dr. Andrea Tricco
13:00 – 13:10 (10 minutes)	Health Break	
13:10 – 14:10 (60 minutes)	<b>Presentation: Centering Indigenous Knowledge: Engaging with Indigenous Ways of Knowing, Being, and Doing in Knowledge Synthesis</b>	Elder H. Neil Monague Dr. Jennifer Walker Dr. Janet Jull Mr. Andrew Forbes
14:10 – 14:20 (10 minutes)	Health Break	
14:20 – 15:00 (40 minutes)	<b>Presentation: Patient Engagement in the SPOR Evidence Alliance: Reflection and Learnings and Charting a Path Forward</b>	Dr. Linda Li Ms. Linda Wilhelm Mr. Vikram Bubber Ms. Annette McKinnon Ms. Elliot PausJenssen
15:00 – 15:40 (40 minutes)	<b>Health and Wellness Workshop: Social Connection &amp; Self-Care</b>	Ms. Chantal Sinclair
15:40 – 15:45 (5 minutes)	Health Break	
15:45 – 16:15 (30 minutes)	<b>Breakout Session: Touch-Base with Your Committee</b>	Breakout Rooms
16:15 – 16:20 (5 minutes)	<b>Closing Remarks</b>	Dr. Andrea Tricco



# Opening Ceremony

The 2021 Annual General Meeting welcomed **Elder Grey Cloud James Carpenter**, a knowledge keeper and traditional healer, to open the day.

In First Nation, Métis, and Inuit communities, Elders are highly regarded figures who have attained a high degree of knowledge and understanding of their culture, traditional teachings, ceremonies, and healing practices.<sup>1</sup> They are recognized for their wisdom, stability, humour, sound judgment, and ability to provide appropriate advice and guidance on a particular matter.<sup>2</sup> They are leaders, teachers, role models, and mentors in their respective communities, who at times provide the same functions as advisors, professors, and doctors.<sup>3</sup>

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## The Ceremony

Dr. Andrea Tricco offered Elder James Carpenter a traditional tobacco tie in the palm of her left hand to open the day and he accepted the offer. Elder Carpenter led a smudging ceremony to start the day.

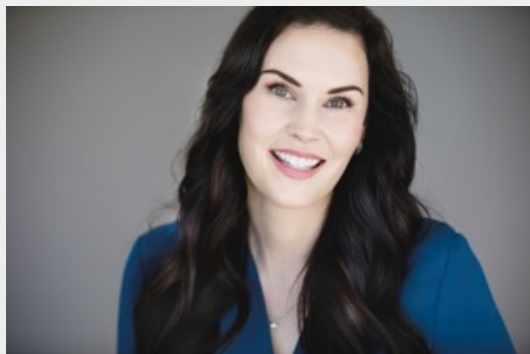
Smudging is a tradition of many First Nations and Métis, which involves the burning of one or more sacred medicines gathered from the Earth to purify the air, mind, spirit, and emotions.<sup>4</sup>

Miigwetch to Elder Carpenter for imparting his wisdom on us.



- 
1. [https://www.oise.utoronto.ca/deepeningknowledge/Teacher\\_Resources/Curriculum\\_Resources\\_\(by\\_subjects\)/Social\\_Sciences\\_and\\_Humanities/Elders.html](https://www.oise.utoronto.ca/deepeningknowledge/Teacher_Resources/Curriculum_Resources_(by_subjects)/Social_Sciences_and_Humanities/Elders.html)
  2. <https://www.ualberta.ca/provost/media-library/indigenous-files/elderprotocol.pdf>
  3. <https://carleton.ca/indigenous/resources/guidelines-for-working-with-elders/>
  4. <https://www.ictinc.ca/blog/a-definition-of-smudging>

# Our Journey So Far: A Progress Update on the SPOR Evidence Alliance



**Dr. Andrea Tricco**  
*Scientist and Director,*  
Knowledge Synthesis Team,  
Knowledge Translation Program  
St. Michael's Hospital  
Unity Health Toronto.

Dr. Andrea Tricco opened with a presentation on the progress of the SPOR Evidence Alliance to date. The presentation provided updates on the SPOR Evidence Alliance membership, governance structure, research query services, training and capacity development and advancing the knowledge.

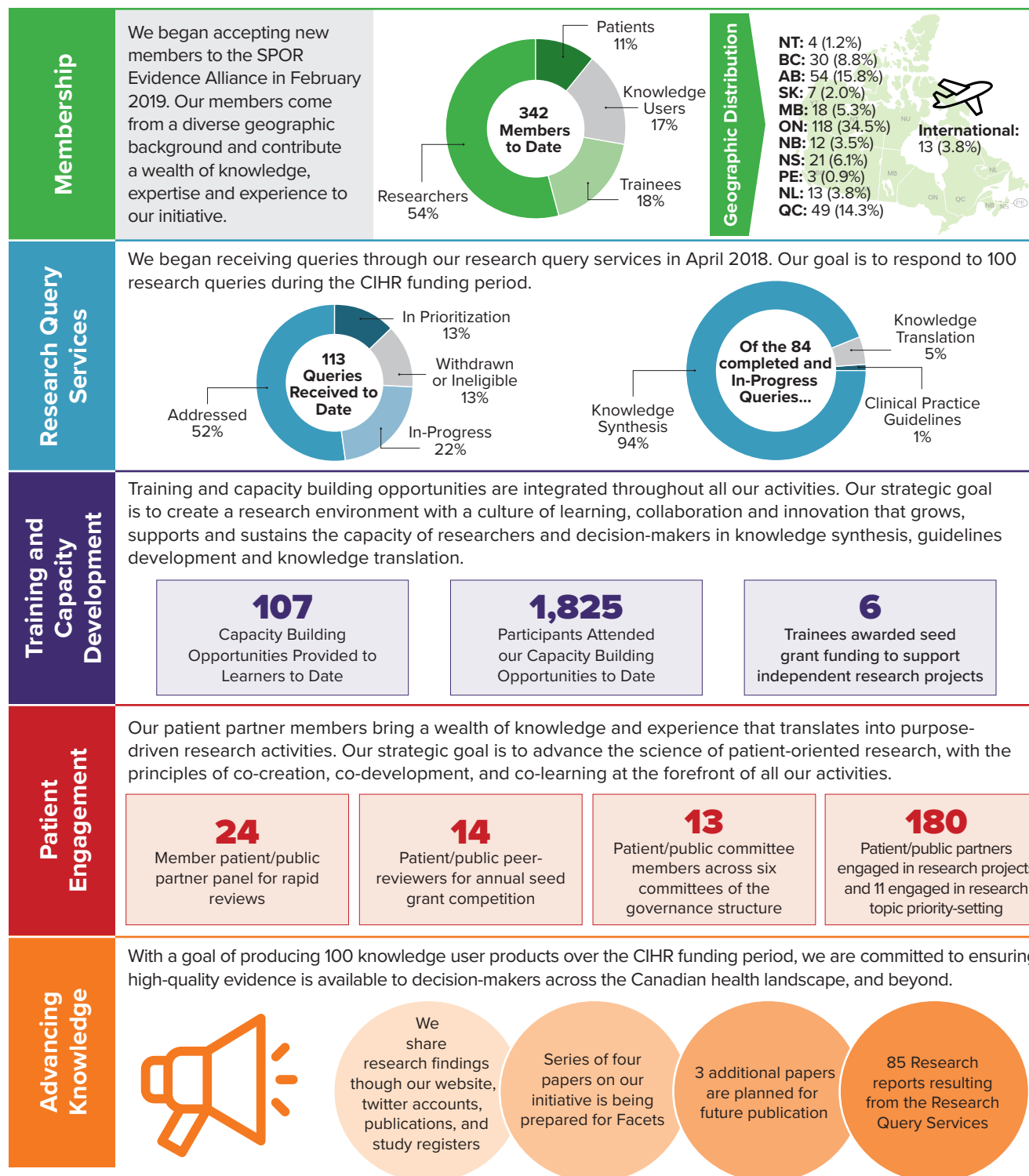


**Dr. Tricco is extremely knowledgeable about the Alliance and the work that is being accomplished. I appreciated both the positive as well as critical reflections. It was a great overview.”**



# SPOR Evidence Alliance Progress Update Infographic

The Strategy for Patient-Oriented Research Evidence Alliance is a partnership between researchers and trainees, patients and members of the public, healthcare providers, health system managers, policy makers, and other decision makers who use research to inform policy and practice decisions. This initiative is currently in its fifth year of funding from CIHR, and fourth year of full operation.



# Centering Indigenous Knowledge: Engaging with Indigenous Ways of Knowing, Being, and Doing in Knowledge Synthesis



**Dr. Jennifer Walker**  
*Associate Professor,*  
Health Research Methods,  
Evidence, and Impact, Faculty  
of Health Sciences  
McMaster University



**Dr. Janet Jull**  
*Assistant Professor,*  
Rehabilitation and Health System  
Leadership Program  
Queen's University



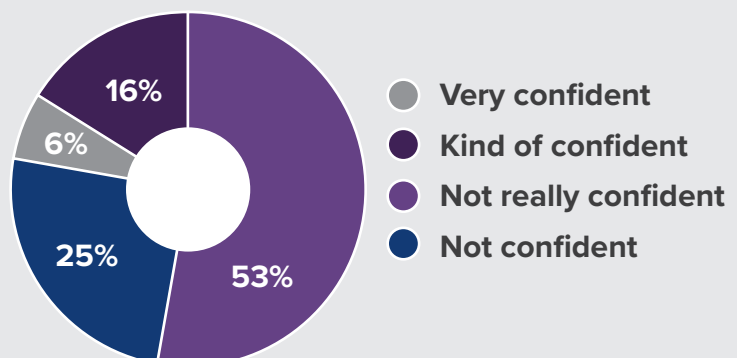
**Mr. Andrew Forbes**  
*PhD Candidate,*  
University of Ottawa

Dr. Jennifer Walker, Dr. Janet Jull and Mr. Andrew Forbes, who lead the SPOR Evidence Alliance Indigenous Peoples' Engagement working group, presented on Indigenous ways of knowing, being and doing in knowledge synthesis.

The presentation opened up with a poll that asked the following question:

***How confident do you feel engaging in an Indigenous community-centric partnership?***

- The results found that over half of the meeting attendees (53%) were not really confident at engaging in an Indigenous community-centric partnership.



**Information shared that is very important, new and so useful to inform thinking and engagement”**

During their presentation, the following key themes were discussed:

## **1. Indigenous sovereignty and self-determination**

- When working with Indigenous communities, the principle of non-interference, and working in ways that maintain independence and sovereignty of these communities is not only important, but it is an inherent right of Indigenous communities.
  - Researchers and research teams must honour the original relationship of non-interference and sovereignty that have been disrupted by settler colonialism and colonization.
- A second key principle when working with Indigenous communities is relational accountability that highlights team members' work in relation to one another.
- It is imperative to understand that the principles of non-interference and interrelationships complement one another.
  - Researchers and research teams working with Indigenous communities have to be comfortable with the complexity of this concept.
- When working with Indigenous communities, it is important to center and understand that Indigenous knowledges cannot be disentangled from other forms of knowledge, such as Western ideas of knowledge (e.g. publishing research, peer-review, synthesizing, etc.).
  - Respecting Indigenous sovereignty and self-determination in knowledge synthesis means that Indigenous peoples have to guide and shape knowledge synthesis processes that focus on the Indigenous topics and/or Indigenous knowledges.
  - Western-oriented knowledge synthesis approaches and tools may also be helpful.

## **2. Knowledge synthesis that respects and includes Indigenous knowledges**

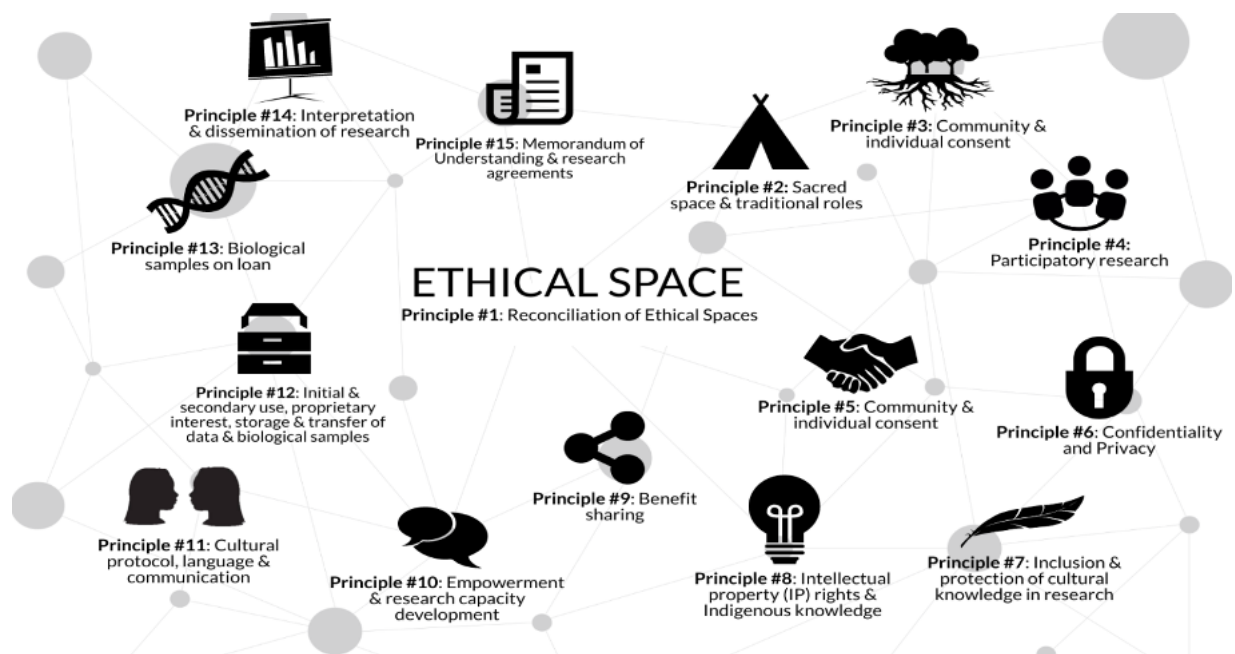
- It is important for researchers to promote the development of knowledge synthesis strategies that are respectful and inclusive of Indigenous knowledges and ways of knowing, being, and doing.
- Knowledge synthesis must be guided and centered on Indigenous knowledges, rather than western-oriented knowledge synthesis approaches.
- **Community-Centred Partnerships**
  - We can use principles of the the 5 Rs of Community-Centred Partnerships (see next page) to facilitate partnership between community and academic research partners in research studies.
  - These principles were developed by Métis communities for Métis and other Indigenous communities.
  - These principles can guide Indigenous community and academic partner relationships.
- Academics must learn how to build partnerships for Indigenous research through a journey of learning that will benefit Indigenous peoples' health outcomes.

## COMMUNITY-CENTRED PARTNERSHIPS

Respect	Reciprocity	Relevance	Responsibility	Relationships
<ul style="list-style-type: none"> <li>Promotes respect for Indigenous people and their views of the world</li> </ul>	<ul style="list-style-type: none"> <li>Respectful exchange of ideas, and respect for all in the research relationship</li> <li>Mutual benefit for everyone</li> </ul>	<ul style="list-style-type: none"> <li>Identified as having relevance by the Indigenous individuals and/or communities who will use or be impacted by the research</li> </ul>	<ul style="list-style-type: none"> <li>Supports Indigenous individuals and/or communities to exercise responsibility in the research and related processes</li> </ul>	<ul style="list-style-type: none"> <li>Approaches to research that prioritize relationships</li> </ul>

### 3. Ensure Indigenous peoples are ethically engaged on projects

- The starting point of community research is the **ethical space**, which is about creating opportunities for those from opposing worldviews to commit to respectful interactions and engage in ethical research to support reconciliation.
- Indigenous peoples must be involved throughout the research cycle, with research adhering to the principles of ethical space.





Dr. Jennifer Walker, Dr. Janet Jull, and Mr. Andrew Forbes provided progress updates on research activities they have completed and are currently working on in collaboration with the SPOR Evidence Alliance Indigenous Peoples' Engagement working group. This includes the following:

1. Scoping Review on Shared Decision Making (SDM) with Inuit Research Partners
2. SPOR Evidence Alliance Webinar: A Discussion About a Principled Approach to Research (date to be determined)
3. Workshop: Knowledge Synthesis in Indigenous Research

Meeting participants were asked what type of products or presentations they would like to see from the Indigenous Peoples' Engagement working group. Meeting participants highlighted that they would like to see:

- Videos and/or infographics
- "Live" workshops (small groups)
- Workshops and webinars
- Theatre roleplay (creative visual media) that aim to highlight specific examples of Indigenous peoples engagement in the research process

The presentation concluded by highlighting the importance of having conversations about Indigenous sovereignty and self-determination in research. The importance of building an understanding about knowledge synthesis that includes and respects Indigenous knowledge amongst Indigenous and non-Indigenous researchers was emphasized.

## **Helpful Resources**

[Indigenous Community Research Partnerships video](#)

[Indigenous Community Research Partnerships training resources](#)

[Research is Ceremony: Indigenous Research Methods](#)

[Truth and Reconciliation Commission of Canada](#)

[The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#)

# Patient Engagement in the SPOR Evidence Alliance: Reflection and Learnings and Charting a Path Forward



**Dr. Linda Li**  
*Professor & Scientist,*  
Arthritis Research Canada  
Department of Physical Therapy,  
University of British Columbia

Dr. Linda Li led a presentation and panel discussion with patient partners on patient engagement within the SPOR Evidence Alliance.



**[I've learned that] we need to continue this hard work to make patient engagement more visible"**

## Self-Study Survey

15 of 17 invited patient partners completed the survey to provide feedback on their experience in partnering with the SPOR Evidence Alliance.

The survey included demographic questions, the patient engagement in research questionnaire (PIERS-22) and open-ended questions.



As a growing organization, which deliberately set out to actively involve patients and caregivers, the SPOR Evidence Alliance conducted a self-study to reflect on its own experiences in its first 3 years of operation.

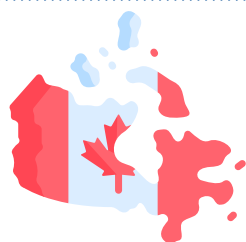
**88%**  
response rate

**12**  
women

**62.6**  
years average age

**1.6**  
years of involvement  
on average

They participated in a variety of activities, including governance, project teams, and seed grant reviews.



**6** from British Columbia  
**3** from Ontario  
**3** from Saskatchewan  
**1** from Alberta  
**1** from Quebec  
**1** from New Brunswick



**17** Active patient partners of the Evidence Alliance were invited to complete a survey.



Patient partners rated the quality of their involvement within the Evidence Alliance.



Patient partners provided open-text feedback on what worked well and what could be improved.

## Strengths

The SPOR Evidence Alliance has created a collegial environment for good communication, collaboration, and co-learning

The SPOR Evidence Alliance has a comprehensive patient engagement strategy and compensation policies

The SPOR Evidence Alliance has created a variety of opportunities, including leadership roles for patient partner involvement

The SPOR Evidence Alliance has supported patient partners to submit queries for systematic reviews and participate in review of the proposals

## Opportunities for Growth

Take a deliberate (planned) approach to involving patient voices in decision-making

Expand on outreach strategy to recruit a more diverse group of patient partners that better reflects Canada's ethnic diversity

Continue to support a diverse group of patient partners to join at different levels of the SPOR Evidence Alliance's operation

Ensure more timely payment of patient partner appreciation (compensation)



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## Panel Discussion

During the patient partner panel discussion, SPOR Evidence Alliance patient partners Ms. Alison Hoens, Ms. Annette McKinnon, Ms. Elliot PausJenssen, Ms. Linda Wilhelm, and Mr. Vikram Bubber discussed opportunities for the SPOR Evidence Alliance to grow with respect to patient partner engagement.

Key points brought up through the panel discussion included:

1. Ensuring the use of plain language in all communications.
2. Creating a safe and respectful environment for patient partners in all activities.
3. Continuing to engage patient partners on research projects through the research query services.
4. Creating resources for new patient partners to help orient them within the SPOR Evidence Alliance.



**Ms. Alison Hoens**  
*Clinical Professor and Physical Therapy Knowledge Broker, The University of British Columbia Faculty of Medicine Department of Physical Therapy*



**Ms. Annette McKinnon**  
*Patient and member of the Steering Committee, Canadian Arthritis Patient Alliance (CAPA) Member, Knowledge Translation Committee, SPOR Evidence Alliance*



**Ms. Elliot Pausjenssen**  
*Advocate for older adults Patient Partner, Saskatoon Council on Aging Member and Co-Chair, Knowledge Translation Committee, SPOR Evidence Alliance*



**Ms. Linda Wilhelm**  
*President, The Canadian Arthritis Patient Alliance Member, Steering Committee, SPOR Evidence Alliance*



**Mr. Vikram Bubber,**  
*Patient Partner, BC Cancer Agency, Fraser Health Authority Member, Executive Committee, SPOR Evidence Alliance*



# Health and Wellness Workshop: Social Connection & Self-Care



**Ms. Chantal Sinclair**  
*Wellness Coordinator*  
Unity Health Toronto

Ms. Chantal Sinclair conducted a health and wellness workshop that focused on social connection and self-care.

The workshop discussed the following key topics:

1. The importance of social connection
2. Embracing loneliness
3. Self-care building social connection
4. Self-care practices

Ms. Sinclair presented the mental health continuum self-check, which provides guidance on how to check on your mental health and well-being.



**[I've learned] the importance of embracing loneliness and other painful emotions, of self-compassion and loving kindness meditations and daily self-care"**

# Mental Health Continuum Model

HEALTHY	REACTING	INJURED	ILL
<b>Signs and Indicators</b>			
<ul style="list-style-type: none"> <li>Normal mood fluctuations</li> <li>Calm/confident</li> <li>Good sense of humour</li> <li>Takes things in stride</li> <li>Can concentrate/focus</li> <li>Consistent performance</li> <li>Normal sleep patterns</li> <li>Energetic, physically well, stable weight</li> <li>Physically and socially active</li> <li>Performing well</li> <li>Limited alcohol consumption, no binge drinking</li> <li>Limited/no addictive behaviours</li> <li>No trouble/impact due to substance use</li> </ul>	<ul style="list-style-type: none"> <li>Nervousness, irritability</li> <li>Sadness, overwhelmed</li> <li>Displaced sarcasm</li> <li>Distracted, loss of focus</li> <li>Intrusive thoughts</li> <li>Trouble sleeping, low energy</li> <li>Changes in eating patterns, some weight gain/loss</li> <li>Decreased social activity</li> <li>Procrastination</li> <li>Regular to frequent alcohol consumption, limited binge drinking</li> <li>Some to regular addictive behaviours</li> <li>Limited to some trouble/impact due to substance use</li> </ul>	<ul style="list-style-type: none"> <li>Anxiety, anger, pervasive sadness, hopelessness</li> <li>Negative attitude</li> <li>Recurrent intrusive thoughts/images</li> <li>Difficulty concentrating</li> <li>Restless, disturbed sleep</li> <li>Increased fatigue, aches and pain</li> <li>Fluctuations in weight</li> <li>Avoidance, tardiness, decreased performance</li> <li>Frequent alcohol consumption, binge drinking</li> <li>Struggle to control addictive behaviours</li> <li>Increase trouble/impact due to substance use</li> </ul>	<ul style="list-style-type: none"> <li>Excessive anxiety, panic attacks, easily enraged, aggressive</li> <li>Depressed mood, numb</li> <li>Non compliant</li> <li>Cannot concentrate, loss of cognitive ability</li> <li>Suicidal thoughts/intent</li> <li>Cannot fall asleep/stay asleep</li> <li>Constant fatigue, illness</li> <li>Extreme weight fluctuations</li> <li>Withdrawal, absenteeism</li> <li>Can't perform duties</li> <li>Regular to frequent binge drinking</li> <li>Addiction</li> <li>Significant trouble/impact due to substance use</li> </ul>

## Actions to Take at Each Phase of the Continuum

<ul style="list-style-type: none"> <li>Focus on task at hand</li> <li>Break problems into manageable tasks</li> <li>Controlled, deep breathing</li> <li>Nurture a support system</li> </ul>	<ul style="list-style-type: none"> <li>Recognize limits, take breaks</li> <li>Get enough rest, food, exercise</li> <li>Reduce barriers to help-seeking</li> <li>Identify and resolve problems early</li> <li>Example of personal accountability</li> </ul>	<ul style="list-style-type: none"> <li>Talk to someone, ask for help</li> <li>Tune into own signs of distress</li> <li>Make self-care a priority</li> <li>Get help sooner, not later</li> <li>Maintain social contact, don't withdraw</li> </ul>	<ul style="list-style-type: none"> <li>Follow care recommendations</li> <li>Seek consultation as needed</li> <li>Respect confidentiality</li> <li>Know resources and how to access them</li> </ul>
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## The Big 4

GOAL SETTING	VISUALIZATION	SELF TALK	TACTICAL BREATHING
<ul style="list-style-type: none"> <li>Specific: your behaviour</li> <li>Measurable: see progress</li> <li>Attainable: challenging and realistic</li> <li>Relevant: want it or need it</li> <li>Time-bound: set finish time</li> </ul>	<ul style="list-style-type: none"> <li>Be calm and relaxed</li> <li>Use all senses</li> <li>See positive mental images</li> <li>Keep it simple</li> <li>Use movement</li> </ul>	<ul style="list-style-type: none"> <li>Become aware of self-talk</li> <li>Stop the negative messages</li> <li>Replace with positive</li> <li>Practice thought stopping:                             <ul style="list-style-type: none"> <li>"I can do this."</li> <li>"I am trained and ready."</li> <li>"I will focus on what I can do."</li> </ul> </li> </ul>	<p>Rule of 4:</p> <ul style="list-style-type: none"> <li>Inhale to count of 4</li> <li>Exhale for count of 4</li> <li>Practice for 4 minutes</li> </ul> <p><i>Breathe into the diaphragm</i></p>

## AIR: Ad Hoc Incident Review

ACKNOWLEDGE that something has happened, and listen	INFORM: Check in and apply the Mental Health Continuum Model	RESPOND: Observe and follow up
<p>If you are concerned about signs of poor or declining mental health in yourself or a buddy, get it checked out. Resources include:</p> <ul style="list-style-type: none"> <li>Buddies</li> <li>Chaplains</li> <li>Crisis or Help Lines</li> <li>Family Doctor</li> <li>Mental Health Team</li> <li>Leaders/Supervisors</li> <li>Community Mental Health Services</li> </ul>		



Commission de la santé mentale du Canada



This poster was created through a collaboration between The Department of National Defence, Calgary Police Service, and the Mental Health Commission of Canada. The Mental Health Continuum Model and R2MR Program were originally created by The Department of National Defence. For more info about R2MR, email [r2mr@mentalhealthcommission.ca](mailto:r2mr@mentalhealthcommission.ca)

# Breakout Session: Touch-Base with Committee Members

## Breakout Session Details

Meeting participants will break out into their committee for 30 minutes to reflect on the meeting proceedings and discuss next steps for their committee.

### Check-in Questions



What are you enjoying most about the 2021 Annual General Meeting so far?

### Open Discussion



Please reflect on your learnings of the SPOR Evidence Alliance's progress to date with respect to:

- Research query services
- Training and capacity development
- Advancing knowledge
- Indigenous people's engagement
- Patient engagement

In reviewing and reflecting on your learnings from today's presentations and discussions:

1. What are some successes the committee would like to evaluate and explore further?
2. What are some opportunities for growth that the committee would like to focus on for 2021-2022?

Meeting participants met within their committees for 30 minutes to reflect on the meeting proceedings and discuss committee-specific priorities going forward.

Areas of discussion included:

- Research query services
- Training and capacity development
- Advancing knowledge
- Indigenous people's engagement
- Patient engagement

In addition to asking committee members what they had enjoyed about the 2021 Annual General Meeting, participants were asked the following questions:

1. What are some successes the committee would like to evaluate and explore further?
2. What are some opportunities for growth that the committee would like to focus on for 2021-2022?

## International Advisory Committee and Steering Committee

*Members in attendance: Brian Mittman, Christina Godfrey, Lenora Duhn, Shanon McQuitty, Priscille-Nice Sanon*

The committee highlighted the following opportunities for growth:

- Build more international presence with research collaboration and partnerships
- Provide more training and resources to query research teams to meaningfully engage Indigenous communities in research
- Provide more training and resources to query research teams to meaningfully engage patient partners in research
- Improve outreach to let patient partners know of the query services and focus on co-developing

## Executive Committee

*Members in Attendance: Andrea Tricco, Bev Pomeroy, Kim Sears, Fiona Clement*

1. *What are some successes the committee would like to evaluate and explore further?*

- The SPOR Evidence Alliance has grown in terms of patient engagement
- The pandemic has made patient engagement opportunities more accessible given the virtual format of meetings and other activities
- There has also been a variety of new opportunities for patient partners such as the patient partner rapid review course

2. *What are some opportunities for growth that the committee would like to focus on for 2021-2022?*

- The SPOR Evidence Alliance can consider taking the lessons learned from the pandemic



and applying them to post-pandemic life

- This can include continuing to do virtual meetings
- The next Annual General Meeting can take on a hybrid approach to be both in-person and virtual
- The SPOR Evidence Alliance can consider renaming training and capacity development to training and capacity bridging

## Knowledge Translation Committee

*Members in attendance: Elliot PausJenssen, Annette McKinnon, Jenn Watt, Pertice Moffitt, Graham Macdonald, Sandra Small*

### *1. What are some successes the committee would like to evaluate and explore further?*

- The number of queries being at 125 was great to hear
- There is a need for queries regarding anti-racism, etc.
- Dissemination strategies document will be a success when it is finalized – but currently in development
  - Members discussed wanting to be more engaged with the dissemination strategy and to use it in their own work.
    - This will help uncover any gaps in the tool
    - Let students and young researchers use the tool during this pilot as well

### *2. What are some opportunities for growth that the committee would like to focus on for 2021-2022?*

- There is a need for improvement in communication between the committee and the central coordinating office between meetings, as they have not heard back after submitting suggestions for changes on the tool
- Future KTC meetings need to be more frequent and would like the central coordinating office to organize more meetings for the committee to meet to discuss next steps
- The team feels that they are in the dark regarding the dissemination strategies document and would like to feel more connected
- Evaluating the query service in the upcoming year
  - Were there gaps in the KS?
  - How did the knowledge from these queries end up being disseminated?

## Partnerships Committee

*Members in attendance: Rita Wiebe, Tanya Horsley, Davina Banner-Lukaris, Carolyn Gall Casey, Cathy Telfer, Janet Gunderson, Bev Holmes, Andrew Forbes, Jackie Mann*

### *1. Reflection on the progress of the SPOR Evidence Alliance to date:*

- Patient engagement within Indigenous communities needs to be prioritized and it would be beneficial to think of meaningful ways to facilitate this
- Marginalized communities need to be engaged in a way that is non-tokenistic
  - Brainstorm ways to start respectfully including them

- Committee members discussed differences in patient engagement in the west coast versus the east coast; a cross-country check up on the various protocols would be beneficial
2. What are some future opportunities for growth that the committee would like to focus on for 2021-2022?
- Possibly collaborate with the Saskatchewan Centre for Patient-Oriented Research (SCPOR) on the existing tool for the level of engagement with Indigenous Communities Research, uniform training across the country rather than working in silos
    - Indigenous Research Level of Engagement Tool

## Training and Capacity Development Committee

*Members in attendance: JoAnne Mosel, Jennifer Donnan, Lisa Keeping-Burke*

### *1. Reflection on the progress of the SPOR Evidence Alliance to date*

- Resources on Indigenous peoples' engagement are helpful; looking forward to recordings of today's session to be made available
- Transparency of SPOR EA is 'unparalleled'; SPOR EA's updates on progress are helpful

### *2. What are some future opportunities for growth that the committee would like to focus on for 2021-2022?*

- Clarification regarding committee mandates is necessary to understand what the committee's role is.
  - Initially the committee was quite busy, but it has seemed to have lost momentum
  - Refocusing of committee priorities (including clarification) would be helpful to ensure the committee is not losing momentum and is being productive
- Actively pursue opportunities for collaboration with the new SPOR National Training Entity (NTE)
  - Invite Dr. Annie LeBlanc to the next committee meeting to discuss opportunities for collaboration including opportunities to leverage each other's work for the benefit of our trainees
  - Explore any opportunities for growth that could result from collaboration with the SPOR NTE



**Great meeting - lots of thoughtful and evocative presentations raising issues that are important. Good update about the [SPOR Evidence] Alliance."**

# That's a Wrap!





