

Introduction to the SPOR Evidence Alliance

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University Health Network THETA Rounds Meeting Date: Friday, December 2nd



@ATricco









Land Acknowledgement

The SPOR Evidence Alliance Central Coordinating Office is located on land now known as Tkaronto (Toronto). Tkaronto is the traditional territory of many groups, including the Mississaugas of the Credit and the Chippewa/ Ojibwe of the Anishnaabe Nations; the Haudenosaunee, and the Wendat. It is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Tkaronto is covered by Treaty 13 with the Mississaugas of the Credit and The Dish with One Spoon treaty between the Anishinaabe, Mississaugas and Haudenosaunee that connected them to share the territory and protect the land. All Indigenous Nations and peoples, Europeans and newcomers, have been invited into this treaty in the spirit of peace, friendship and respect.

We would like to honour the Elders and Knowledge Keepers, both past and present, and are committed to continuing to learn and respect the history and culture of the communities that have come before and presently reside here.

We acknowledge the harms of the past and present, and we dedicate ourselves to work with and listen to First Nations, Inuit and Métis communities in the spirit of reconciliation and partnership.









Conflict of Interest Declaration

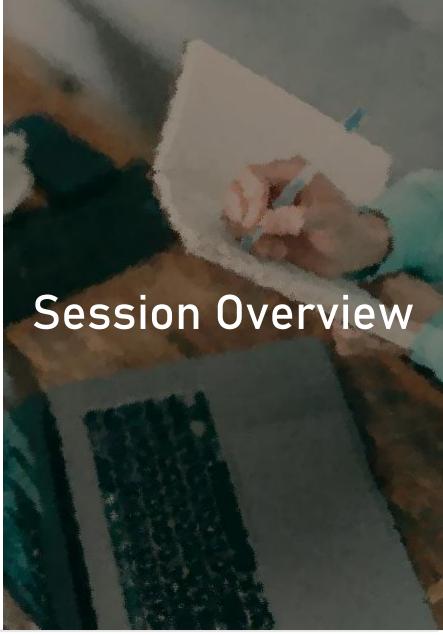
- Financial competing interests: I receive a stipend as an Associate Editor for the Journal of Clinical Epidemiology; I received a stipend from Monash University and Canadian Agency for Drugs and Technologies in Health for a presentation that covers some of this material.
- Academic competing interests: I hold a Tier 2 Canada Research Chair in knowledge synthesis and several grants to advance the science of knowledge synthesis, I am the NPI of the CIHR-funded SPOR Evidence Alliance.
- Other competing interests: I am an unpaid Associate Editor for Systematic Reviews and sit on the Editorial Board as an unpaid member for the BMC Medicine and JBI Evidence Synthesis journals.







- Introduction to the Strategy for Patient-Oriented Research (SPOR) Evidence Alliance.
- Key functions and milestones of the SPOR Evidence Alliance
- Query Response Services
- Training and Capacity Development
- Ideas and Innovation
- Top 10 tips on Patient Engagement









About the SPOR Evidence Alliance

ABOUT US

The SPOR Evidence Alliance is a Canada-wide partnership between:









Researchers

Patients and the Public Healthcare Providers Health System Decision-Makers

Jointly funded by the Canadian Institutes of Health Research and 41 funding partners from public and not-for-profit sectors to create a collaborative research environment.

OUR MISSION

To promote a Canadian health system that is increasingly informed and continuously improved using scientific evidence.

OUR APPROACH



Our work is guided by evidence-informed methods to ensure the highest standards in research practice



Our research environment promotes inclusiveness, respect and collaboration



Our research is conducted with decision-makers (including patients) who use and are impacted by the findings











KEY ACTIVITIES



Research Query Services

We have researchers across Canada with diverse expertise to respond to decision-maker research needs



Training and Skills Development

We offer a range of courses and workshops to support and grow researchers and decision-makers who use research findings



Ideas and Innovation

We promote and advance the use of scientific knowledge



Knowledge Synthesis



Clinical Practice
Guidelines



Knowledge Translation







Who can researchers co-create with?

- End-users of the research
- Typically 3 categories: patient and public partners, healthcare providers, policy-makers
- Goal is to engage all three categories in each research study!
- Everyone receives co-authorship researchers + patient and public partners + policy-makers + healthcare providers
- "Knowledge user" is more inclusive and culturally safe term than "stakeholder"



Sharfstein JM, Milbank Quarterly. 2016.





Terminology of Patient and Public Partners

Patient:

 "Overarching and is inclusive of individuals with personal experience of a health issue and informal caregivers, including family and friends"

Patient engagement:

"About meaningful collaboration. Patients become patient partners in the project and can be actively engaged in governance, priority setting, developing the research questions, and even performing certain parts of the research."

Patient-oriented research:

"Continuum of research that engages patients as partners, focusses on patient-centric priorities and improves patient outcomes individually and in communities such as vulnerable populations. ...conducted by multidisciplinary teams in partnership with relevant stakeholders, aims to apply the knowledge generated to improve healthcare systems and practices."

https://cihr-irsc.gc.ca/e/45851.html; https://cihr-irsc.gc.ca/e/49307.html







The Importance of Patient-oriented Research

- 50% of patients do not get treatments of proven effectiveness
- Up to 25% get care that is not needed or potentially harmful
- This care is expensive
 - In 2021, Canada spent approximately \$308 billion on health care, or \$8019 per person
- Patients and clinicians have a right to expect that important health decisions are made on the basis of solid evidence
- CIHR introduced SPOR in 2011 to improve health systems and practices and to ensure the right patient receives the right clinical intervention at the right time

http://www.cihr-irsc.gc.ca/e/44000.html; http://www.cihr-irsc.gc.ca/e/47473.html









Foundational Principles for Patient Engagement

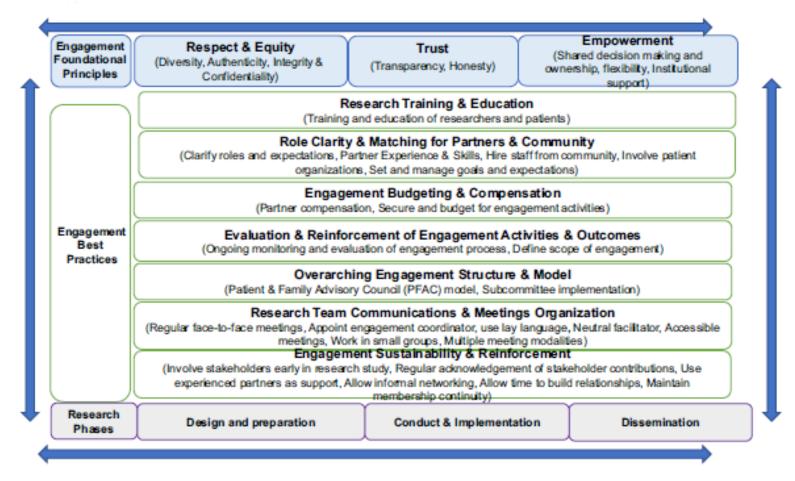


FIGURE 2 Foundational framework summarizing principles and best practice activities supporting patient stakeholder engagement in research

Harrison J, Auerbach A, Anderson W, Health Expectations 2019







Effectiveness of Patient Engagement

O'Mara-Eves et al. BMC Public Health (2015) 15:129 DOI 10.1186/s12889-015-1352-y



RESEARCH ARTICLE

Open Access

The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis

Alison O'Mara-Eves^{1*}, Ginny Brunton¹, Sandy Oliver¹, Josephine Kavanagh¹, Farah Jamal² and James Thomas¹

Table 2 Pooled effect size estimates and heterogeneity for four types of outcomes - random effects model

				Heterogeneity		
Outcome	Pooled effect size estimate	95% C.I.	n	τ2	Q statistic	l²
Health behaviours	.33***	.26, .40	105	.093	604.62***	82.80
Health consequences	.16**	.06, .27	38	.076	196.36***	81.16
Participant self-efficacy	.41***	.16, .65	20	.278	480.44***	96.05
Participant social support	.44***	.23, .65	7	.067	42.67***	85.94

^{**}p < .01, ***p < .001. Statistical significance indicates the effect size estimate is significantly different from zero. Note. 95% CI = 95% confidence interval; n = number of effect sizes, τ^2 = between studies variance.

O'Mara-Eves A, Brunton G, Oliver S, BMC Public Health 2015









Our Journey

Training & Patient Engagement Annual Seed Grant is launched. Patient/Public Appreciation Policy is released, Patient/Public Topic intake is launched, and Membership registration opens.

2019

Patient-Driven Research

Course on rapid reviews developed for patients with patients, and 3 Patient-Driven research projects funded.

Advancing Science and Renewal A collection of four papers on the SPOR Evidence Alliance is published in the FACETS journal, CIHR renews funding for 18 months.

2022

Covid-19 Response

Established a rapid response model to support decision-maker evidence needs. Cross-collaboration established nationally and internationally, and Training Resources prepared for research teams.

SPOR Evidence Alliance goes live.

Research Query Service intake process is launched, Asset Map of Canadian Guideline Developers is published, and Governance Structure is established.



CIHR awards a 5-year operating grant towards our mission to facilitate learning health systems that are increasingly informed and improved using up-to-date health research evidence









SPOR Evidence Alliance Leadership



Liris Smith B.Sc., B.Sc.PT, M.Sc.PT, PhD Scientific Director, Yukon SUPPORT Unit



Linda Li MSc, PhD Lead, Knowledge Translation Methods Cluster, BC SUPPORT Unit



Fiona Clement PhD



Janet
Gunderson
Patient Partner,
Patient Partner
Advisory
Committee,
Saskatchewan
SUPPORT Unit



Andrea Tricco MSc, PhD



Sharon Straus MD, FRCPC, MSc Lead, KT Working Group, Ontario SUPPORT Unit



Heather Colquhoun OT Reg. (ON), PhD



Wanrudee Isaranuwatchai PhD

David Moher

MSc, PhD



Christina Godfrev

RN. PhD



Maureen Smith
Patient Partner,
Board of
Directors, Ontario
SUPPORT Unit



Annie LeBlanc PhD Lead, KT and Implementation Core, Quebec SUPPORT Unit



Linda WilhelmPrincipal Knowledge
User



Janet Curran PhD
Capacity Development
Advisory Committee,
Maritime SUPPORT Unit









Governance Structure

- There are 6 advisory committees composing of 62 members with diverse experience and expertise.
- Membership was refreshed in 2020 through a formal application and selection process.
- There are 13 patient partners, including 4 co-chairs serving in our governance structure.

International Advisory Committee

Steering Committee

8 Members
(includes co-chair rep from other committees)

Partnerships Committee

12 Members

Knowledge Translation Committee

13 Members

Training Committee

10 Members

Executive Committee

10 Members









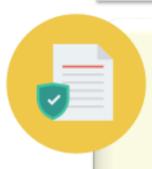
Our Results-Based Governance Model

Together, the 6 standing committees advised on the following essential administrative functions:



Communication

- Website content
- Refining Vision and Mission Statements
- Preparing the Facets
 Collection
- Infographic on knowledge dissemination



Policy

- Patient Partner
 Appreciation Policy
- Conflicts of Interest Policy



Process

- Research Query Intake and Management Process (e.g., budget, work plans)
- Patient Topic Intake and Prioritization Process
- Indigenous People's Engagement
- Seed Grant Competition Process
- Development of Query Client Experience Survey
- Membership Registration Process









Patient Partner Appreciation Policy and Protocol

Patient Partner Appreciation





Policy

4.1 Guiding Principles

This document has been developed in accordance with the following SPOR-related sources:

- Strategy for Patient-Oriented Research Patient Engagement Framework⁴ released by the Canadian Institutes of Health Research,
- Recommendation of Patient Engagement Compensation³ document prepared by the SPOR Working Group, and the
- CIHR document entitled, Considerations When Paying Patient Partners in Research.⁵

The rate of compensation is to reflect **choice**, **fairness**, **respect**, **responsiveness**, **representativeness**, **and transparency**. It is important to note that patient partners represent a diverse population, and compensation protocols should recognize this diversity, which may require the protocol to be adapted to different circumstances.

Available here: https://sporevidencealliance.ca/about/policies-procedures/









Query Services Response

Since the launch of the query services in 2018, the SPOR Evidence Alliance received 247 requests and responded to 216.





An Inclusive Research Service

- Our research query service accepts requests from patients and public, as well as health system decision-makers.
- To learn more about the research query intake process, you can watch this short instructional video.



https://sporevidencealliance.ca/submit-a-request/make-a-query-suggestion-to-the-alliance/









Health System Decision-Maker Query Process

- Research requests submitted by health system decision-maker(s).
- Research proposal developed by the research team and decision-maker(s).
- Teams are provided with capacity-building (e.g., patient engagement webinars), coaching, and resources (e.g., Right Review tool, Al enhanced tool for screening in reviews).
- Knowledge products and tools are tailored to the decision-maker(s) needs.

Decision-Maker Research Query Process

Research Request Submission



- Health system decision-makers (e.g., policy-makers managers, healthcare providers) can submit their prioritized evidence, guidelines, or knowledge mobilization needs to inform health policies and practices by using our web-based form.
- Eligible topics include those that identify an opportunity to improve health outcomes, medical, policy, or public health systems in Canada or globally.
- Requests are addressed using a knowledge synthesis, guideline, or knowledge mobilization/ dissemination/implementation approach, as appropriate.

Reviewing Submitted Requests

- The SPOR Evidence Alliance certial coordinating office collaborates closely with the decisionmaker(s) to define and refine the scope of the evidence, guidelines, or knowledge mobilization need. This is done over multiple web-conferences and email exchanges as needed.
- To ensure research efforts are not duplicated, we search study registries, bibliographic databases and check with research teams to see if similar research has been published recently, is currently underway, or is forthcoming.



Planning and Production



- A research team (when possible a local team) with relevant expertise is nominated to develop the research proposal and budget in collaboration with the decision-maker(s). Each project team also includes 1-2 patient or public partner(s), 1 research trainee, and when necessary, 1 content expert.
- Teams can consult the <u>Right Review</u> tool to determine the best knowledge synthesis method to address the request.
- Teams are provided guidance and resources to consider equity, diversity, inclusion and social justice principles in the design of their research plan.
- The research proposal and budget are reviewed by members of the SPOR Evidence Alliance executive committee and central coordinating office for feasibility and appropriateness.
- The research team works closely with the decisionmaker(s) at each phase of the project and seeks feedback and guidance as needed.

Dissemination and Exchange

- Knowledge products and tools are tailored to decision-maker(s) needs.
- When appropriate, findings are published in open-access peer-reviewed journals or on pre-print servers. All involved decision-makers, patient and public partners, and research trainees are invited to be co-authors based on the International Committee of Medical Journal Editors criteria.











Our Query Service Fosters Co-Creation

- "The collaborative generation of knowledge by academics working alongside stakeholders from other sectors".
- Spirit of co-creation is to invite multidisciplinary diverse and knowledge users as equal members of the research team to produce research alongside researchers and create a sense of ownership by everyone on the team.
- By working together towards common goal, the sum is greater than the parts.

Greenhalgh T, Jackson C, Shaw S, Janamian T. Milbank Q 2016; Jull J, Giles A, Graham ID. Implement Sci. 2017; Grindell BMC Health Services Research, 2022.

Open access

Original research

BMJ Open Interventions for social isolation in older adults who have experienced a fall: a systematic review

Andrea C Tricco , 1,2 Sonia M Thomas, Amruta Radhakrishnan, 1 Naveeta Ramkissoon, 1 Gary Mitchell, 3 Jennifer Fortune, 4 Ying Jiang, 5 Margaret de Groh, ⁵ Kerry Anderson, ⁶ Joan Barker, ¹ Amélie Gauthier-Beaupré, ^{6,7} Jennifer Watt ⁰, ^{1,8} Sharon E Straus^{1,8}

To cite: Tricco AC, Thomas SM, Radhakrishnan A, et al. Interventions for social isolation in older adults who have experienced a fall: a systematic review. BMJ Open 2022;12:e056540. doi:10.1136/

 Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/ bmjopen-2021-056540).

Received 19 August 2021

Objectives The objective of our systematic review was to identify the effective interventions to prevent or mitigate social isolation and/or loneliness in older adults who experienced a fall.

Design Systematic review Data sources MEDLINE, Embase, the Cochrane Central Register of Controlled Trials and Ageline were searched

(from incention to February 2020) Methods Studies were eligible if they described any intervention for social isolation in older adults living in a community setting who experienced a fall, and reported outcomes related to social isolation or loneliness. Two independent reviewers screened citations, abstracted data and appraised risk of bias using the Cochrane risk of hias tool. The results were summarised descriptively. Results After screening 4069 citations and 55 full-text articles, four studies were included. The four studies varied in study design, including a randomised controlled trial, non-randomised controlled trial, an uncontrolled before-after study and a quasiexperimental study. Interventions varied widely, and included singing in a choir, a patient-centred, interprofessional primary care team-based approach, a multifactorial assessment

targeting fall risk, appropriate medication use, loneliness

included comprehensive assessments and multilevel care

coordination. Outcome measures varied and included scales for loneliness, social isolation, social interaction,

and frailty, and a community-based care model that

social networks and social satisfaction. Mixed results were found, with three studies reporting no differences in social isolation or loneliness after the intervention. Only the multifactorial assessment intervention demonstrated a small positive effect on loneliness compared with the control group after adjustment (B=-0.18, 95% CI -0.35 to -0.02).

Conclusions Few studies examined the interventions for social isolation or loneliness in older adults who experienced a fall. More research is warranted in this area. PROSPERO registration number CRD42020198487.

requiring medical attention every year.1 Almost 650 000 people die every year from a Strengths and limitations of this study

- ▶ We conducted a comprehensive search of four databases, using a search strategy which was peer reviewed by a second librarian, and supplemented this by searching grey literature and scanning references of included studies and relevant reviews.
- We followed the methodology outlined by the tion and risk of bias appraisal being conducted in duplicate by independent reviewers, and our findings were reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 checklist.
- We deviated from our protocol slightly due to the limited data on older adults in a community setting who had experienced a fall and expanded our inclusion criteria to include studies where some participants (not all) had a history of falling.
- Our included studies were plagued by risk of bias across several components, including poor allocation concealment, lack of random sequence generation and a lack of blinding of participants, personnel and outcome assessors.
- A lack of standardisation was observed across the outcomes assessed in the included studies due to lack of consensus on measures for social isolation

fall, with those aged 65 years and older experiencing the greatest number of fatal falls.1 Falls are associated with considerable negative outcomes on older adults, such as physical inactivity, anxiety, depressive symptoms and fear of falling.23

Social isolation is a serious consequence among older adults who have experienced a fall.4 Social isolation is a complex phenomenon that can be characterised by five key attributes: decreased number of social contacts, decreased feeling of belonging, reduced or lack of fulfilling relationships, decreased engagement with others and

Worldwide, more than 37 million falls occur

BMJ

end of article

Correspondence to

Dr Andrea C Tricco:

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Tricco AC, et al. BMJ Open 2022;12:e056540, doi:10.1136/bmjonen-2021-056540



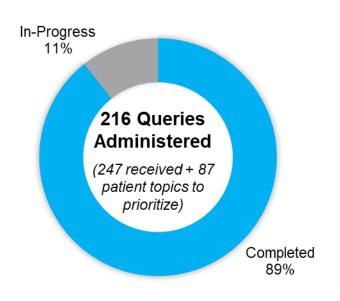


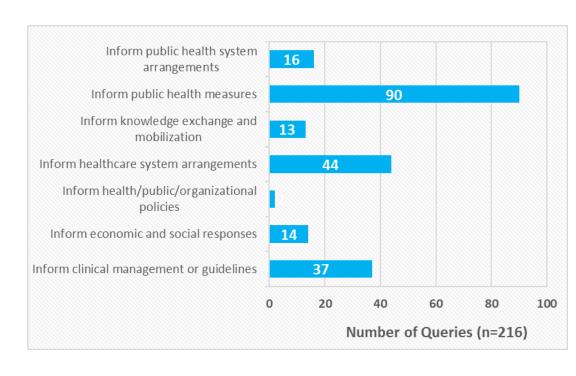




Details on the Research Query Services

- SPOR Evidence Alliance teams provided services to 50 different decision-making organizations at the local (46%), national (41%), and international (13%) levels
- Established collaborations and partnerships with 200+ knowledge users.











Research Query Service Outputs

- Across the 216 queries, 46 were led by an early career researcher and 71 queries included graduate students and trainees (n= 119) as part of the research team.
- Our co-creation model resulted in more than 200 decision-maker engagements and 280+ patient and public partnerships.
- The research findings were disseminated in various forms to reach a broader audience.

4

Papers on the SPOR
Evidence Alliance in
the FACETS journal
and 3 more under
development

56

Newsletters issued and **1,496** tweets providing regular updates

225

Reports delivered, **49** publications, **68** oral presentations, **97** other products









Our COVID-19 Response

- We supported decision-maker evidence needs through out the pandemic.
- 50+ requests addressed to date.
- Provided information in as little as 5-10 business days.
- The SPOR Evidence Alliance also partnered with COVID-END to support requests for rapid and living reviews. Each work plan and budget prepared by the investigative teams for COVID-END is personally reviewed.
- All reports available on our website.



https://sporevidencealliance.ca/key-activities/covid-19-evidence-synthesis/









Patient and Public Query Process

- Research topics submitted by patients and public partners.
- Topics prioritized using rapid James Lind Alliance approach by a panel of patient partners, clinicians, policy-makers, researchers, trainees.
- Work plan, budget, and research findings are co-developed by patient partners and the research team.
- Patient partners are provided with capacitybuilding, resources, and guidance.



87 topics were submitted this year The top 20 will proceed to full projects!

Patient/Public Partner Initiated Research: research co-led by patients for patients

Topic Submission



- Patients/public submit their research ideas using a brief web-based form.
- Any topics that identify an opportunity to improve health outcomes or medical or public health systems in Canada are eligible.

Patient-Identified Priorities

- All topics are reviewed and duplicate or overlapping ideas are combined.
- A librarian conducts literature searches to ensure the research idea has not been answered before.
- All topics are prioritized on an annual basis by a panel of patient/public partners, policymakers, researchers, trainees, and other decision-makers using a modified James Und Alliance Approach.
- Only the most impactful projects that can be answered through a knowledge synthesis, knowledge translation, or guideline approach are funded by the SPOR Evidence Alliance to proceed.



Research Partnership & Leadership



- The patients/public who submitted the topic will select a research team (when possible a local team) to carry out the work as equal pathers in research.
- The patient/public partner and researcher co-leads work together to develop a work plan and budget.
- The patient/public partner and researcher co-leads identify 2-3 additional patient partners to join the team on the project.

Knowledge Dissemination

 Research findings are co-created and knowledge is shared using tailored dissemination strategies for the target audience.













Patient and Public Partners in Writing of Lay Summaries



Alternatives to Institutional **Care for Older People**



Trauma-Informed Care **Practices to Support Caregivers**



JoAnne Mosel Patient Partner **SPOR Evidence Alliance**

Heather Colquhoun

Assistant Professor

University of

Toronto



Patient Partner **SPOR Evidence** Alliance

Elliot PausJenssen



Elaine Moody Assistant Professor **Dalhousie** University



Lindsay Jibb Scientist The Hospital for Sick Children

Beverley Pomeroy

Patient Partner

Alliance

SPOR Evidence









Training & Capacity Development

Since 2017, the SPOR Evidence Alliance has led or supported 148 learning opportunities reaching 3300+ learners





Training and Capacity Development Breakdown

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	Total
No. Events	18	29	32	34	35	148
Online Training	2	2	4	1	1	10
Workshops	2	3	3			8
Lecture or Webinar	8	9	9	14	15	55
Post- secondary courses	1	1	1	1	1	5
Thesis supervision		5	3	8	8	24
Mentorship	5	9	8	8	8	38
Seed Grant			4	2	2	8
No. Learners	607	768	665	679	655	3374









Seed Grant Winners

"Nothing about us, without us": The need for trauma-informed intersectional analysis of diabetes risk during COVID-19 through patient and public engagement

Ghazal FazliPost Doctoral Fellow, Unity Health Toronto



Incorporation of recommendations for gender-diverse people in clinical practice guidelines: A review of traditionally sex-binary guidelines and recommendations

Richard Henry
Post Doctoral Fellow, McGill University



Engaging patient and public partners in a scoping review on the practice and science of James Lind Alliance Priority Setting Partnerships





predictors of women's overall satisfaction with their HIV care

Exploring

2019

Lashanda Skerritt MD-PhD Student, McGill University



2021

Community partnerships for chronic pain management:
An equity, diversity and social justice lens

Nicole George
PhD Student, McGill University



Exploring multiple perspectives on how patients can and should be involved in the development of guidelines for patient engagement in artificial intelligence (AI) health research

Jillian MacklinMD-PhD Student, University of Toronto



Engaging Métis citizens in Manitoba in the development of child health resources



Co-creating inhospital physical activity programming to enhance health for children during treatment for cancer

Lisa Knisley Jones
PhD Student,
University Of Alberta

Amanda Wurz
Post-Doctoral Fellow,
University of Calgary









2021 Rapid Reviews with Patient & Public Partners

- 3- week course for patient/public partners was co-developed with SPOR Evidence Alliance patient partners
 Maureen Smith and Janet Gunderson.
- 24 participants ON: 9 (38%); QC: 4 (17%); AB, BC, NB, NS: 2 (8%); MB, NL, SK: 1 (4%)
- Final course evaluation (96% response rate)
- Very highly rated (4.7/5.0)
- To date, all 24 graduates were matched to at least one project, in pairs, across
 18 projects since June 2021.





CALLING ALL PATIENT AND PUBLIC PARTNERS!

A new opportunity awaits you at the SPOR Evidence Alliance.

We are currently seeking patients and members of the public to join our
Patient Partner Panel for Rapid Reviews.



What is the Patient Partner Panel for Rapid Reviews?

This panel is being created to train patient partners to meaningfully collaborate on rapid review projects being conducted through the SPOR Evidence Alliance.

What is a Rapid Review?

When time is limited, some steps of a systematic review process are streamlined or omitted to synthesize research findings for decision-makers in a resource-efficient and timely manner. This process is commonly known as a rapid review.

If you are interested, kindly let us know by email by April 19, 2021.

If you would like to discuss by phone please let us know and we would be happy to schedule a call to answer any questions that you might have.

We can be reached at SPOREA@smh.ca.

Thank you for your consideration!

What will you be doing?



- Mentoring new patient partners, as you gain experience in rapid reviews.
- Participating in rapid review projects.

What is the time commitment?

You must be available for the 3-week training period during May 2021 with an estimated time commitment of 3 hours each week.

An orientation session will be held on May 5th Wednesday 3PM EDT

Each week includes a 1-hour mandatory live, virtual discussion on the following dates:

- May 13th Thursday 3PM EDT
- May 20th Thursday 3PM EDT
- May 26th Wednesday 3PM EDT

Following the training period, your time commitment will depend on the number of projects underway (estimation of 5-7 hours per project).

How will your efforts be recognized?



- If applicable, you will be offered co-authorship in the report as per the criteria of <u>International Committee</u>. of Medical Journal Editors.
- You will be offered appropriate honorarium and recognition for your valuable time, including your time during the training period. (<u>Patient Partner</u>. Appreciation Policy and Procedure).



SPOREA@smh.ca



SPORAlliance







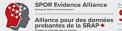




2022 Patient and Public Engagement in Knowledge **Synthesis**

- 4-week knowledge synthesis learning course for patient/public partners codeveloped and co-led by Maureen Smith & Janet Gunderson.
- Live, interactive online sessions; quizzes; learning modules; and reflection journals and online discussion boards.
- 23 participants ON: 8 (35%); AB: 3 (13%); BC, MB, NL, QC, SK: 2 (9%); NB, YU: 1 (4%)
- Course evaluations are underway

Course





2022 Patient and Public Engagement in Knowledge Synthesis



Attention patient and public partners in research!

A new learning opportunity is coming this fall. The Strategy for Patient-Oriented Research (SPOR) Evidence Alliance will be offering a 4-week course on Patient and Public Engagement in Knowledge Synthesis.

About the Course

This course was co-developed with patient partners for patients, caregivers, and members of the public interested in learning about knowledge synthesis and collaborating with research teams. This 4-week course will provide an overview of the most common types of knowledge synthesis (e.g., systematic reviews, scoping reviews, living reviews, rapid reviews). Throughout the course, you will learn about resources and tools to meaningfully participate and collaborate on knowledge synthesis projects.

Who can take the course?

- · Patient and public partners of the SPOR Evidence Alliance and other SPOR entities (e.g., SPOR SUPPORT Units, SPOR Networks).
- · Must be available to attend all live sessions and

There are 35 spots available and enrolment is on a first come first served basis.

What will you be doing?

The course will include:

- Weekly self-paced learning modules that include videos and readings;
- · Weekly reflection journals and online discussion

- · Weekly mastery quizzes and;
- · Live, interactive online sessions consisting of breakout discussions to wrap up each week

What is the anticipated time commitment?

An estimated 15 hours is anticipated for the full course including weekly course work and live

The live sessions will be held via Zoom. Your attendance and participation are mandatory for the following live sessions:

- Course Orientation: Thursday, October 6th, 2 p.m. to 3 p.m. ET.
- · Week 1: Thursday, October 13th, 2 p.m. to 3:30 p.m. ET
- Week 2: Thursday, October 20th, 2 p.m. to 3:30 p.m. ET
- · Week 3: Thursday, October 27th, 2 p.m. to 3:30 p.m. ET

How will you be recognized for your participation?

Your host institution will offer you an honorarium for your course participation

You will also receive a certificate of completion from the SPOR Evidence Alliance

If you are interested in enrolling in the course, kindly let us know us via email at SPOREA@smh.ca



SPOREA@smh.ca



@SPORAlliance



www.sporevidencealliance.ca









Ideas & Innovation

Since the launch of the SPOR Evidence Alliance in 2018, we have co-created 10 policies/ templates with knowledge users, provided >100 coaching calls for our >20 teams, and peer reviewed >200 protocols for all projects.





Methods Guidance during COVID-19

Key messages

- The COVID-19 pandemic has created several unique challenges to conducting rapid reviews, including:
 - Closely involving decision-makers and engaging patient partners
 - Urgency of the request (5-10 days)
 - Finding all relevant evidence
 - Interpreting results when clear and direct evidence does not exist
 - Sharing the results widely
 - Updating reviews on a continuous basis (e.g., living reviews)

Read full article:

https://www.jclinepi.com/article/S0895-4356(20)30616-8/fulltext





and of Change States have the Chatter STA, 440

Journal of Clinical Epidemiology

COVID-19 ARTICLES

Rapid review methods more challenging during COVID-19: commentary with a focus on 8 knowledge synthesis steps

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Arrival addition: Assisted Description of the CASE Missess.







Right Review Tool

- Designed to provide guidance and supporting material to reviewers on methods for the conduct and reporting of knowledge synthesis.
- Users answer a series of simple questions and the tool matches these with an appropriate method from 41 different knowledge synthesis methods.
- Freely available: https://rightreview.knowledgetranslation.net/

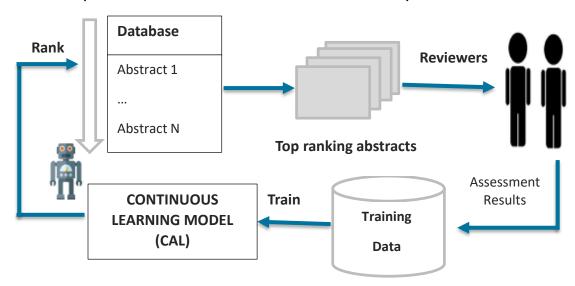






AI-Enabled Tool

- Collaborative team from St Mike, University of Waterloo and Toronto Metropolitan University since 2016
- The team received a Canadian Foundation for Innovation grant to develop an AI-enabled tool to expedite the knowledge synthesis process from months to days, maintaining human performance.
- The Synthesi.SR-CAL tool will be offered to all SPOR Evidence Alliance teams (more to come in the future!).











Series of Papers on the SPOR Evidence Alliance









Top 10 learnings on Patient Engagement

1. Provide training to researchers:

- cultural safety training
- trauma-informed approaches
- patient engagement principles
- effective co-creation guidance
- resources on planning to engage

2. Provide training to patients:

- overview of the research process
- expectation that they provide lived experience (they are not scientists)
- guidance on their role in co-leading projects

3. Create a brave space:

- co-create principles/TOR for the team
- complete self-reflective exercise on power/oppression
- ensure everyone has a voice







Top 10 learnings on Patient Engagement (continued)

4. Provide support on specific projects:

- ensure patient engagement begins before question development phase
- provide time to develop relationships
- engage more than 1 patient per project
- discuss compensation/acknowledgement at the beginning
- find ways to bring the patient voice closer to policy/practice decision-making (e.g., patient interpretation of evidence)
- include a liaison person to communicate with patient partners

5. Include diverse partnerships:

- attempt to include clinicians, policy-makers, and patient partners
- view disagreements as opportunities for growth and leads to better science







Top 10 learnings on Patient Engagement (continued)

6. Evaluate patient engagement:

- first do no harm!
- continuous improvement
- use appropriate tool (e.g., Patient Engagement in Research Scale, PEIRS-22)

7. Find opportunities for patients to submit topics and co-lead projects:

- advocate for this with funders
- strive for the "empower" level of the International Association for Public Participation (IAP2)
- highest for them to hold the funds

8. Report patient engagement:

 use the Guidance for Reporting Involvement of Patients and the Public (GRIPP-2) reporting checklist







Top 10 learnings on Patient Engagement (continued)

9. Embed equity, diversity, and inclusion in all that you do:

- many organizations strategically focusing on reducing health inequities
- find ways to embed EDI into everything (e.g., "bake" this into protocol and budget templates)
- ensure you engage with diverse patient groups

10. Provide tools to make the research process easier:

- online tool to match a knowledge synthesis question to a method
- Al tool for knowledge synthesis conduct
- templates for protocols, budgets, final reports and provide peer review of these
- focus on the engagement versus being bogged down with the process!







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Thank you for being a great audience!

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Questions?





