Introduction to the SPOR Evidence Alliance

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

@ATricco

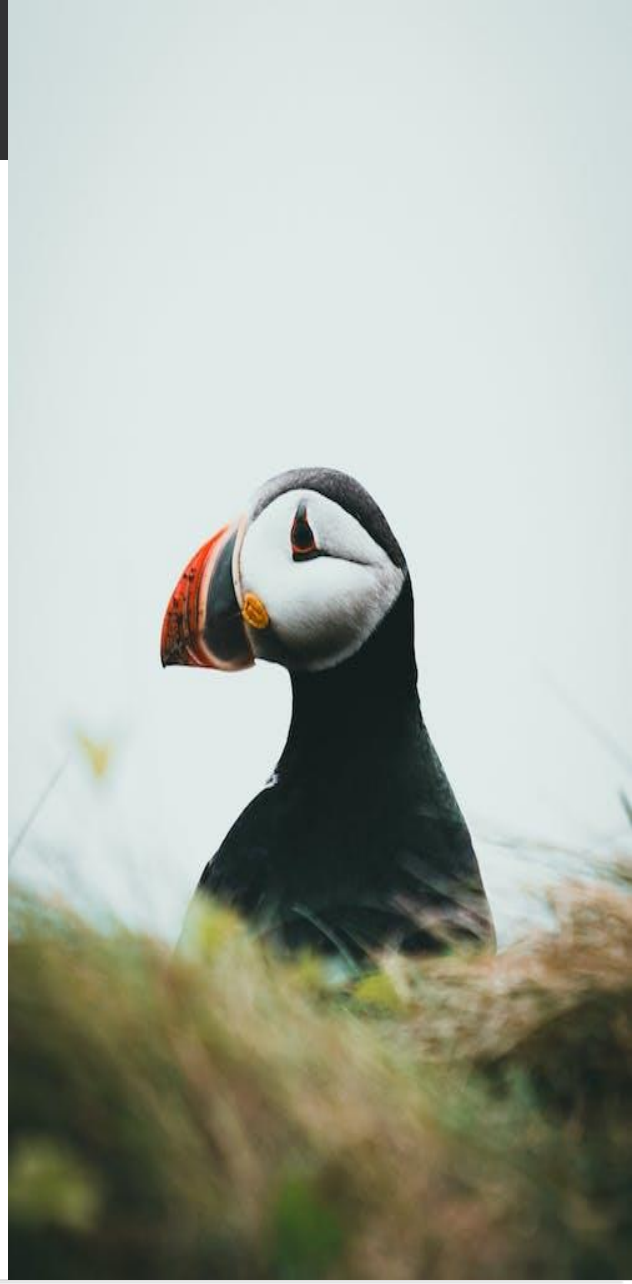
SPOR Evidence Alliance
Alliance pour des données probantes de la SRAP
Strategy for Patient-Oriented Research
SPOR
Putting Patients First
ST. MICHAEL'S
UNITY HEALTH TORONTO

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.

Session Overview

- 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

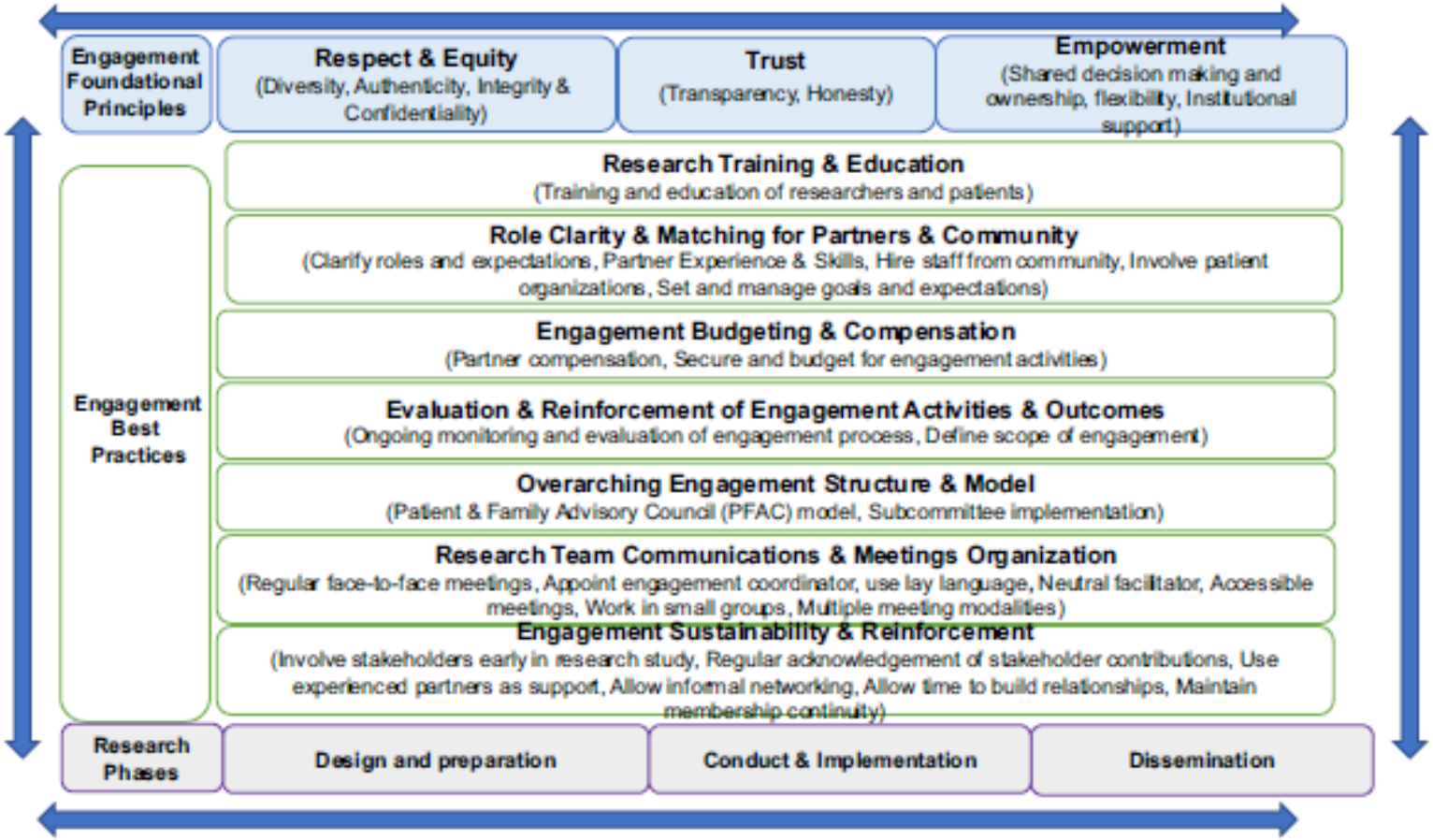


FIGURE 2 Foundational framework summarizing principles and best practice activities supporting patient stakeholder engagement in research

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

BMC Public Health

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 Brunton[1], Sandy Oliver[1], Josephine Kavanagh[1], Farah Jamal[2] and James Thomas[1]

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***	τ^2	**Q statistic**	I^2
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

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.

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

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

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

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

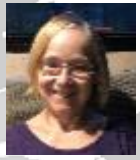
David Moher
MSc, PhD

Wanrudee Isaranuwatchai
PhD

Christina Godfrey
RN, PhD

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

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

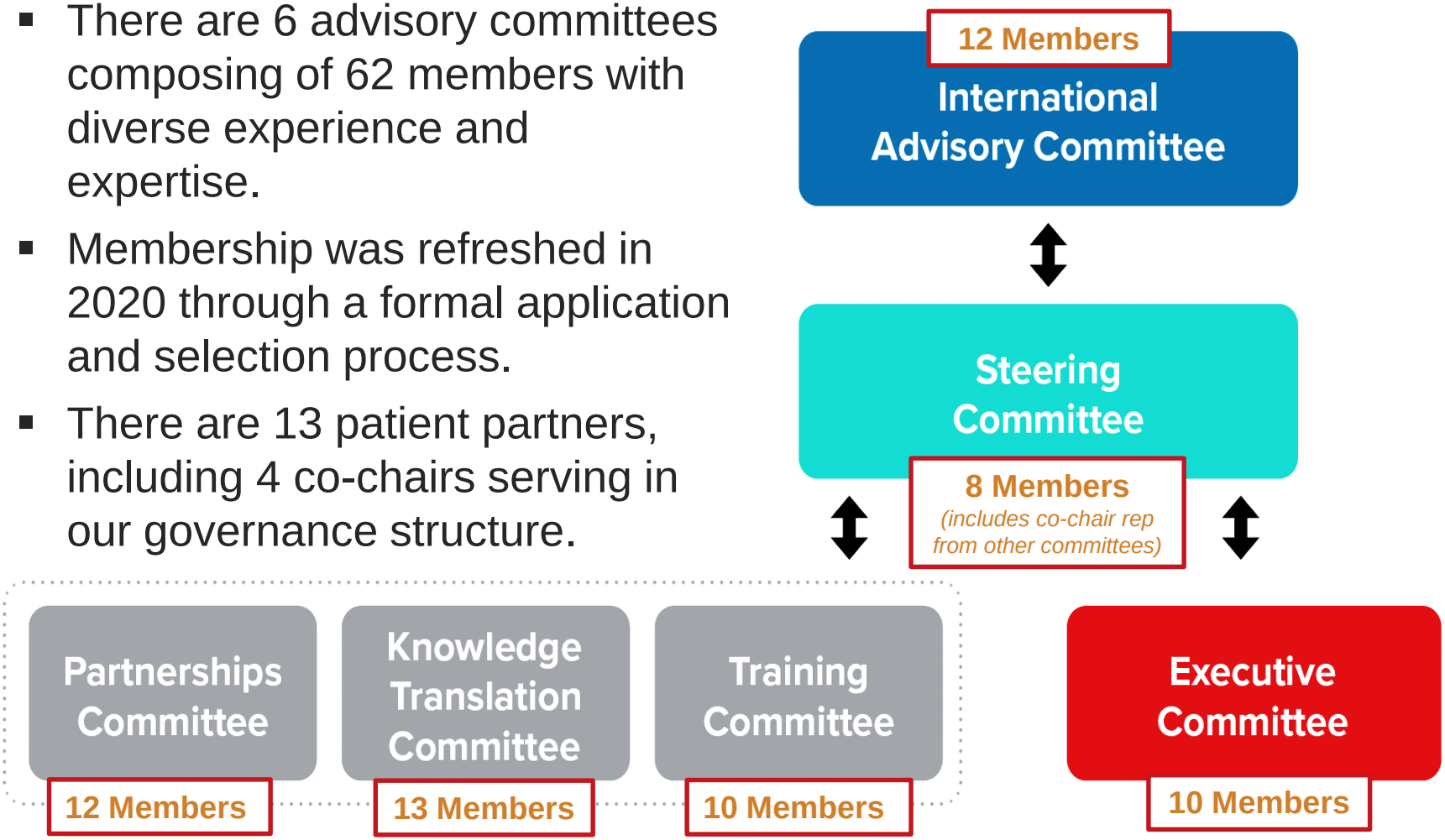


Linda Wilhelm
Principal Knowledge User

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.



Our Results-Based Governance Model

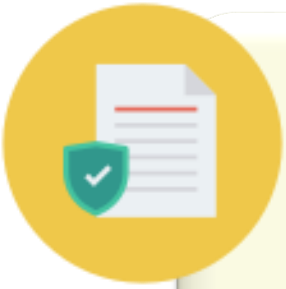
Together, the 6 standing committees advised on the following essential administrative functions:

Communication

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

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



Policy

- Patient Partner Appreciation Policy
- Conflicts of Interest Policy

Patient Partner Appreciation Policy and Protocol

Patient Partner Appreciation

SPOR Strategy for Patient-Oriented Research EVIDENCE ALLIANCE

Strategy for Patient-Oriented Research SPOR Putting Patients First

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 Framework[4] released by the Canadian Institutes of Health Research,
- Recommendation of Patient Engagement Compensation[3] 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.

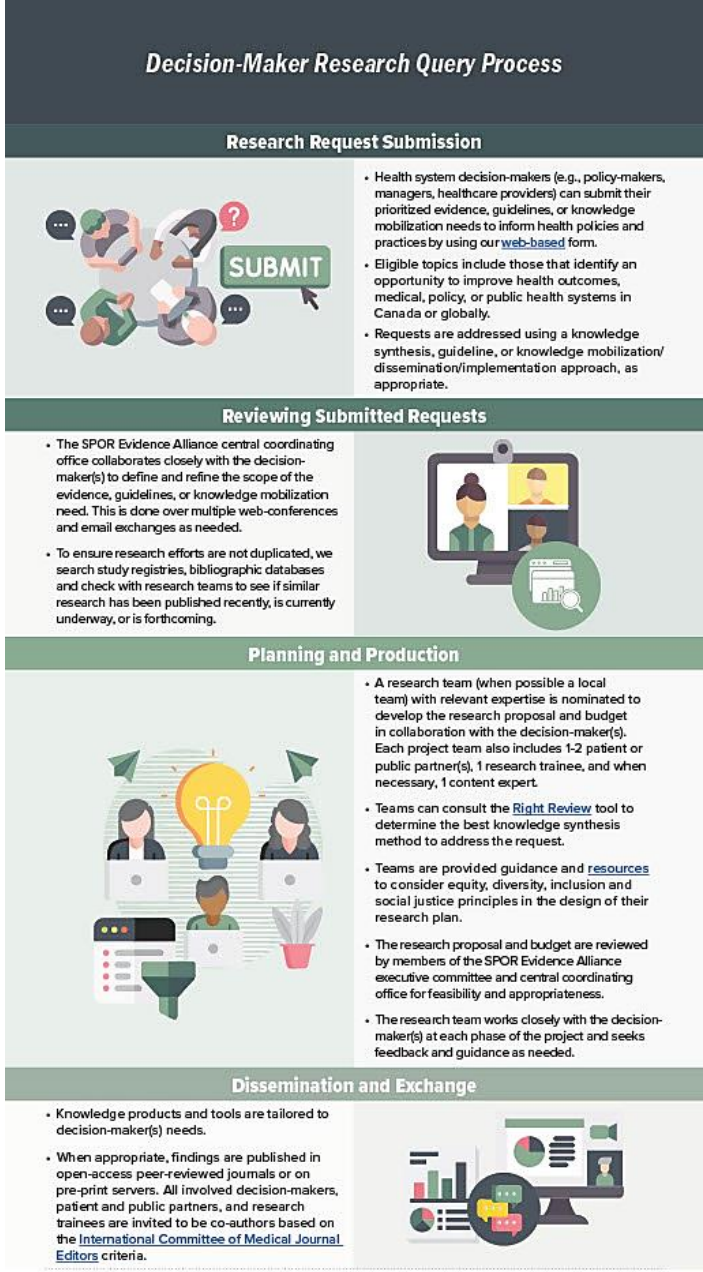
An Inclusive Research Service

- 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, AI enhanced tool for screening in reviews).
- Knowledge products and tools are tailored to the decision-maker(s) needs.



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 and diverse 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 a 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,[1] 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,[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/bmjopen-2021-056540

► 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).

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For numbered affiliations see end of article.

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ABSTRACT

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 inception 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 bias 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 and frailty, and a community-based care model that included comprehensive assessments and multilevel care coordination. Outcome measures varied and included scales for loneliness, social isolation, social interaction, 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.

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 Cochrane Handbook, with screening, data abstraction 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 and loneliness.

INTRODUCTION

Worldwide, more than 37 million falls occur requiring medical attention every year.[1] Almost 650 000 people die every year from a 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.[2 3]

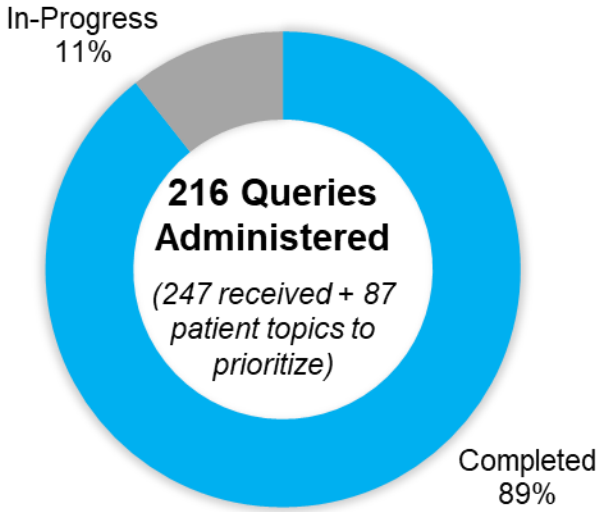
Social isolation is a serious consequence among older adults who have experienced a fall.[4] Social isolation is a complex phenomenon that can be characterised by five key attributes: decreased number of social contacts, decreased feeling of belonging, reduced or lack of fulfilling relationships, decreased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

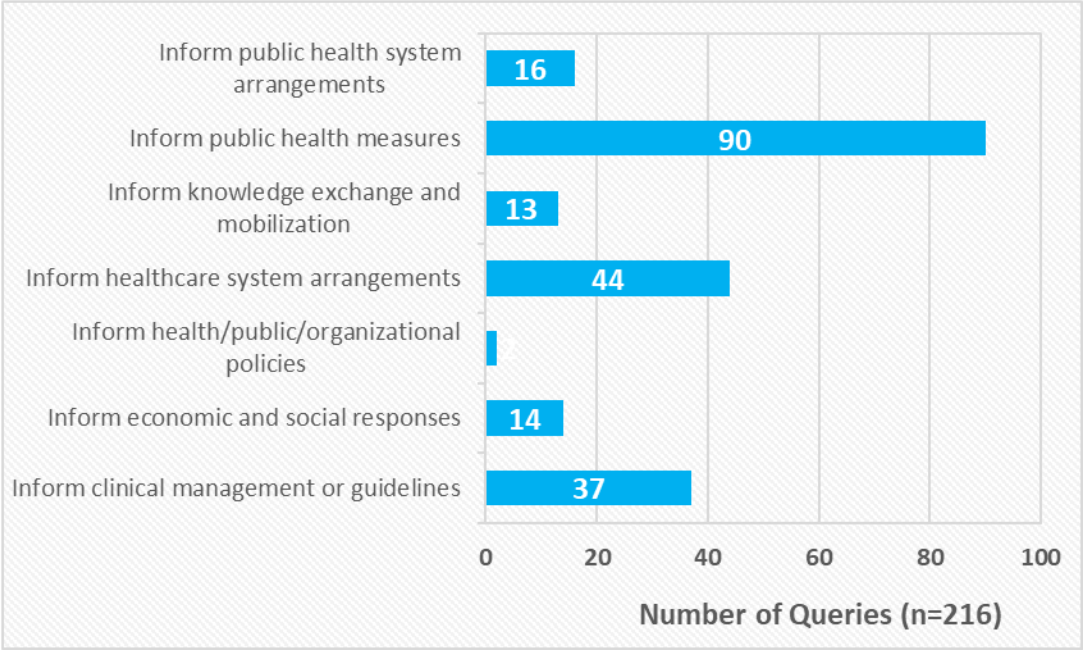
BMJ

Tricco AC, *et al*. *BMJ Open* 2022;**12**:e056540. doi:10.1136/bmjopen-2021-056540 1

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

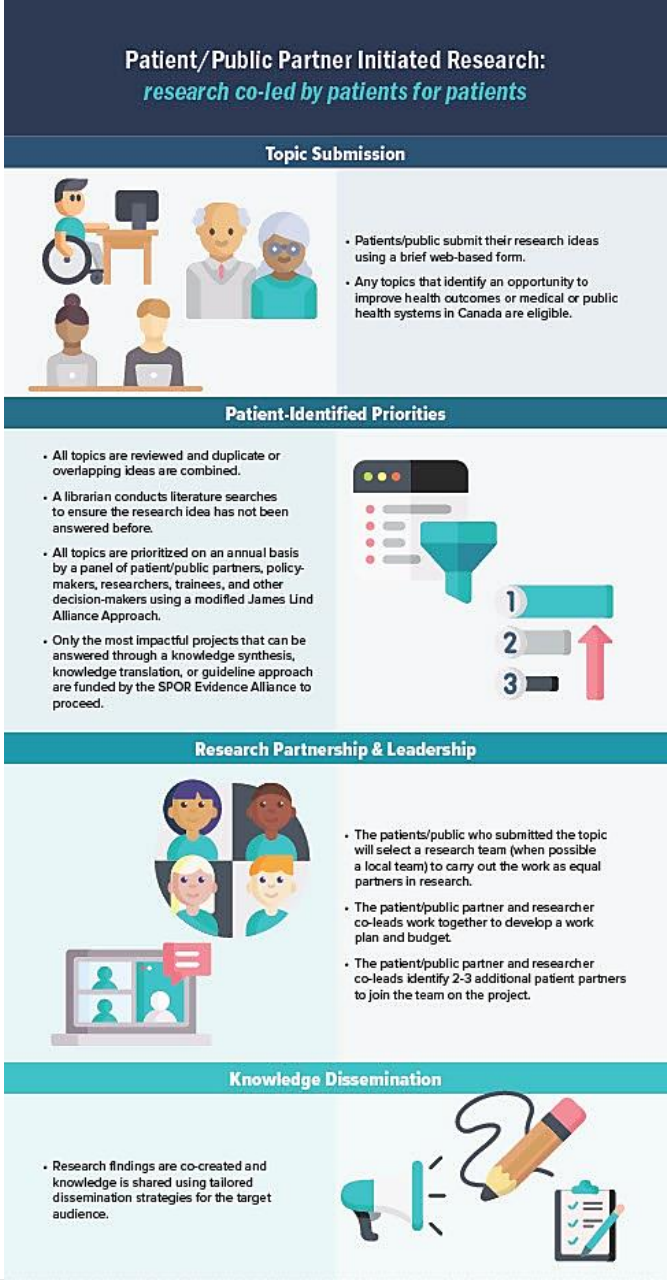
- We supported decision-maker evidence needs through out the pandemic.
- 50+ requests addressed to date.
- Provided information in as little as 5-10 business days.
- The SPOR Evidence Alliance also partnered with COVID-END to support requests for rapid and living reviews. Each work plan and budget prepared 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 capacity-building, resources, and guidance.

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



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

Elliot PausJenssen
Patient Partner
SPOR Evidence Alliance

Elaine Moody
Assistant Professor
Dalhousie University

Beverley Pomeroy
Patient Partner
SPOR Evidence Alliance

Lindsay Jibb
Scientist
The Hospital for Sick Children (SickKids)

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

2021

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

Ghazal Fazli
Post Doctoral Fellow, Unity Health Toronto

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

Nicole George
PhD Student, McGill University

2020

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

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 Macklin
MD-PhD Student, University of Toronto

2019

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

Alexandra Korall
Post-Doctoral Fellow, University of Manitoba

Exploring predictors of women's overall satisfaction with their HIV care

Lashanda Skerritt
MD-PhD Student, McGill University

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

Lisa Knisley Jones
PhD Student, University Of Alberta

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

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**.

SPOR EVIDENCE ALLIANCE SPOR

ST. MICHAEL'S UNITY HEALTH TORONTO

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?

- Completing the training program to gain knowledge and understanding of rapid reviews.
- 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?

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

SPOREA@smh.ca @SPORAlliance www.sporevidencealliance.ca

2022 Patient and Public Engagement in Knowledge Synthesis

- 4-week knowledge synthesis learning course for patient/public partners co-developed 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

SPOR Evidence Alliance
Alliance pour des données probantes de la SRAP

Strategy for Patient-Oriented Research
SPOR
Putting Patients First

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 complete all course work.

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 boards;
- 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 sessions.

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

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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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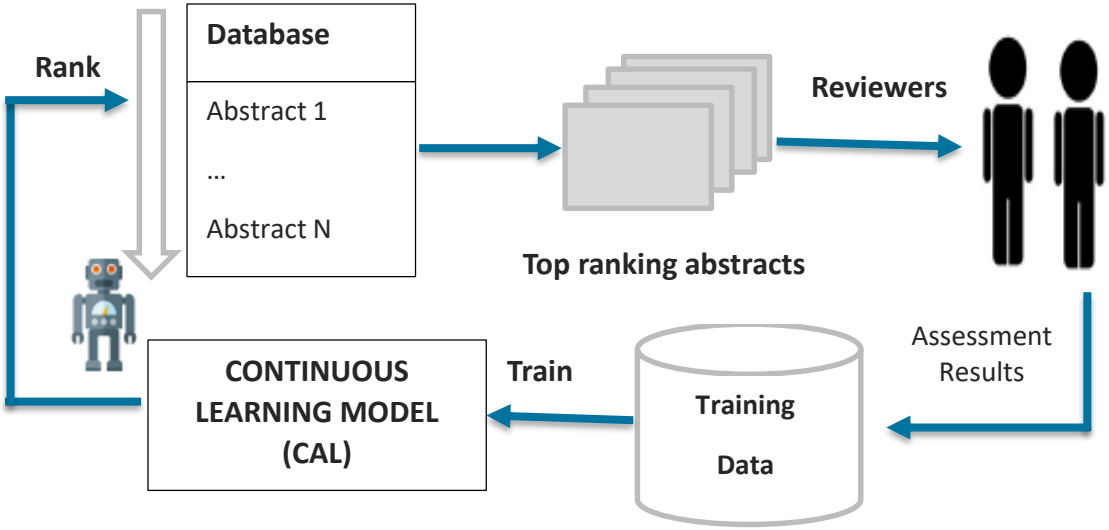
Right Review Tool

- 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/

Right Review

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

SPOR Evidence Alliance
Alliance pour des données probantes de la SRAP
Strategy for Patient-Oriented Research
SPOR
Putting Patients First
ST. MICHAEL'S
UNITY HEALTH TORONTO

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
- AI 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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Questions?