

Welcome to the 2026 SPOR Evidence Alliance End-of-Grant Dissemination Event!

We are thrilled to get started shortly. Please be aware that this meeting is being recorded. If you prefer not to have your video recorded, please ensure your camera is turned off.

A friendly reminder to mute your microphone while presentations are ongoing. Please use the chat to share comments or ask any questions.

Thank you!
Central Coordinating Office

SPOR Evidence Alliance
Alliance pour des données probantes de la SRAP

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2026 END-OF-GRANT DISSEMINATION EVENT

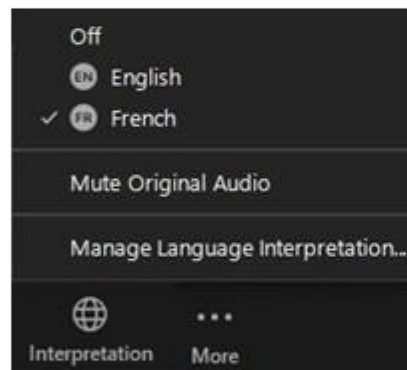
WEDNESDAY, APRIL 15TH

9:00 AM - 1:00 PM PDT
10:00 AM - 2:00 PM MDT
10:00 AM - 2:00 PM CST
11:00 AM - 3:00 PM CDT
12:00 PM - 4:00 PM EDT
1:00 PM - 5:00 PM ADT
1:30 PM - 5:30 PM NDT

English <> French Interpretation is Available!

How to choose the language you want to hear:

1. Click the **Interpretation** button on the bottom right to select languages.
2. Select the language channel that you want to listen to.



Le service d'interprétation Anglais <> Français est disponible !

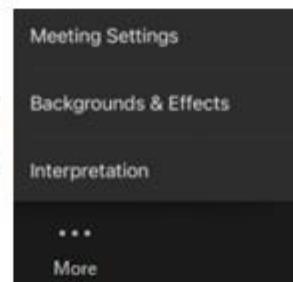
Comment choisir la langue que vous souhaitez écouter :

1. Cliquez sur le bouton **Interprétation** en bas à droite pour sélectionner une langue.
2. Sélectionnez la langue du canal que vous souhaitez écouter.



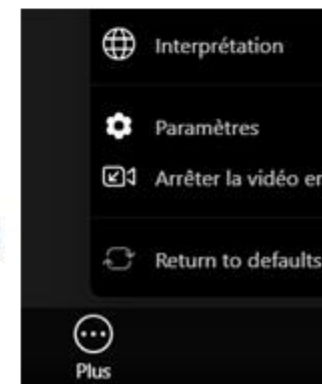
If you don't see the Interpretation button:

1. Click the **More** button.
2. Select **Language Interpretation**.
3. Select the language you wish to listen to.
4. Click **Done**



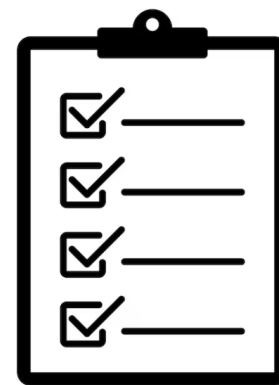
Si vous ne voyez pas le bouton d'interprétation :

1. Cliquez sur le bouton **More**.
2. Sélectionnez **Interpretation**.
3. Sélectionnez la langue du canal que vous souhaitez écouter.
4. Cliquez sur **Confirmer**



Housekeeping Items

- Please remain on mute unless speaking.
- Please submit questions or comments via the chat at any time.
- Simultaneous interpretation is available from English to French.
- Presenters will read chat contributions aloud to ensure understanding for English and French participants.
- This meeting is being **recorded**.
 - Attendee video may also be recorded if participants choose to enable their cameras.



SPOR Evidence Alliance

Stratégie pour l'orientation de la recherche

Alliance pour des données probantes de la SRAP

Quality and evidence in research

Strategy for Patient-Oriented Research

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ST. MICHAEL'S
UNITY HEALTH TORONTO

SPOR Evidence Alliance End-of-Grant Dissemination Event

Date: April 15, 2026



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Strategic for Patient-Oriented Research

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probantes de la SRAP ♦
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Agenda

Time (EDT)	Agenda Items
12:00 PM - 12:05 PM	Welcome and Land Acknowledgement
12:05 PM - 12:20 PM	Opening Ceremony
12:20 PM - 1:05 PM	The SPOR Evidence Alliance: A Legacy of Learning and Impact
1:05 PM - 1:15 PM	Health Break
1:15 PM - 2:30 PM	Fireside Chat: Advancing Patient-Driven Research - Lessons, Impacts, and What's Next
2:30 PM - 2:40 PM	Health Break
2:40 PM - 3:40 PM	Looking Forward: Future Directions for Patient/Public Engagement
3:40 PM - 3:55 PM	Closing Ceremony
3:55 PM - 4:00 PM	Closing Remarks

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Welcome



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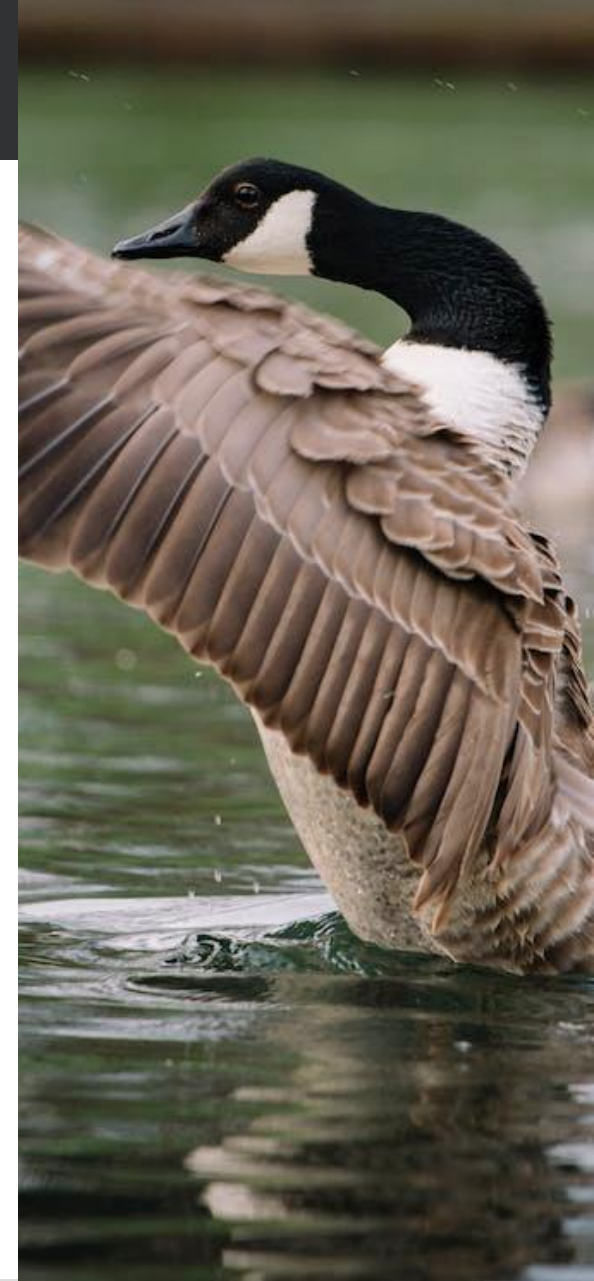
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Land Acknowledgement

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.



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Opening Ceremony



Clayton Shirt, Knowledge Practitioner
Plains Cree/Anishinaabe
Originally from Treaty 6 territory
Wolf Clan



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The SPOR Evidence Alliance: A Legacy of Learning and Impact

Dr. Andrea Tricco

Nominated Principal Investigator, SPOR Evidence Alliance

Executive Director of the Li Ka Shing Knowledge Institute, St. Michael's Hospital, Unity Health Toronto



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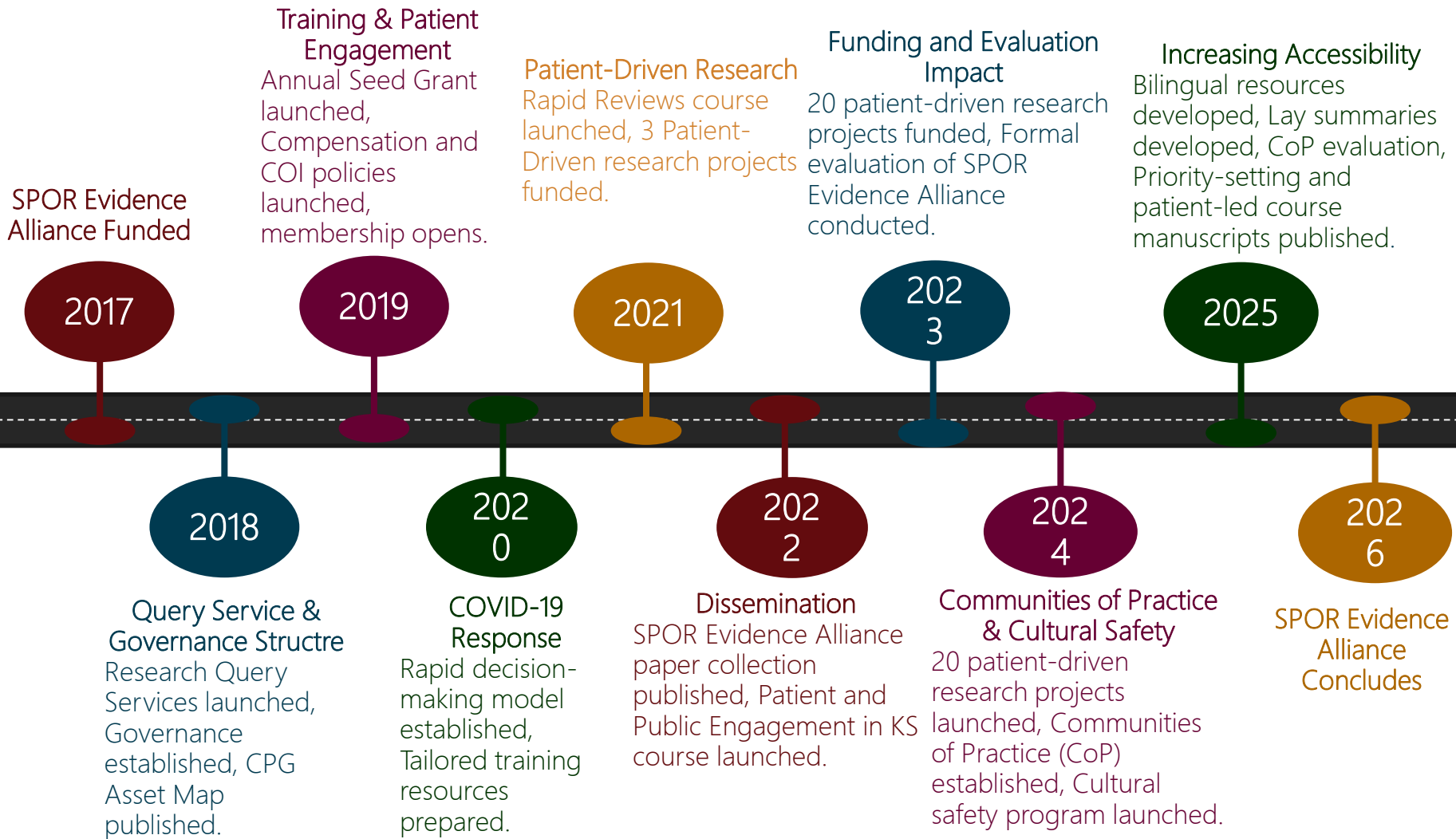
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Roadmap of our Journey



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**



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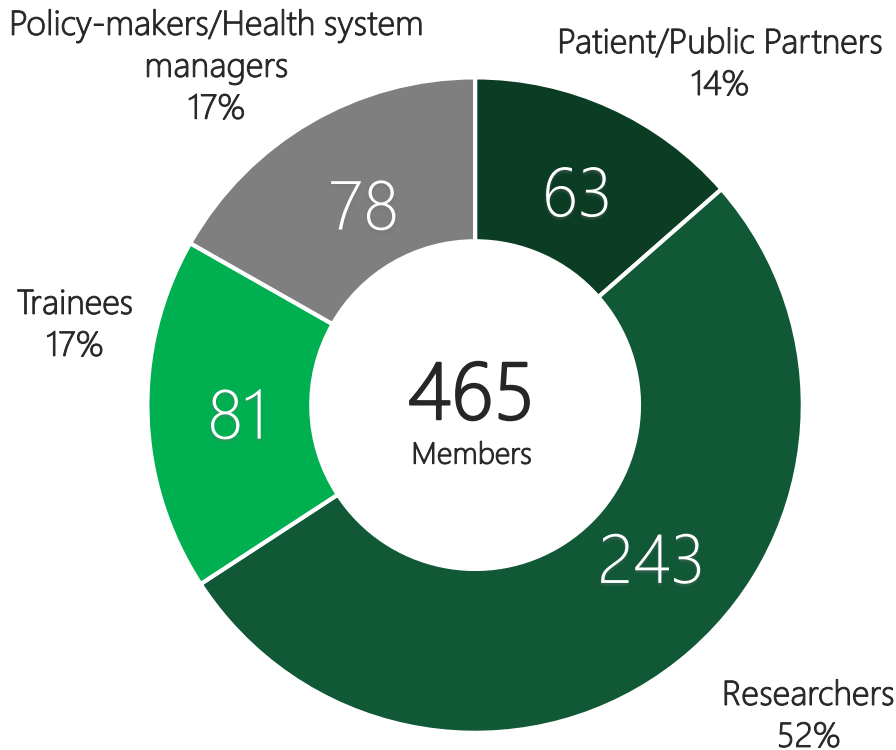
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Membership

46 specialized research teams and 465 members across Canada and beyond contributing to a wealth of knowledge, expertise and experiences to our initiative.

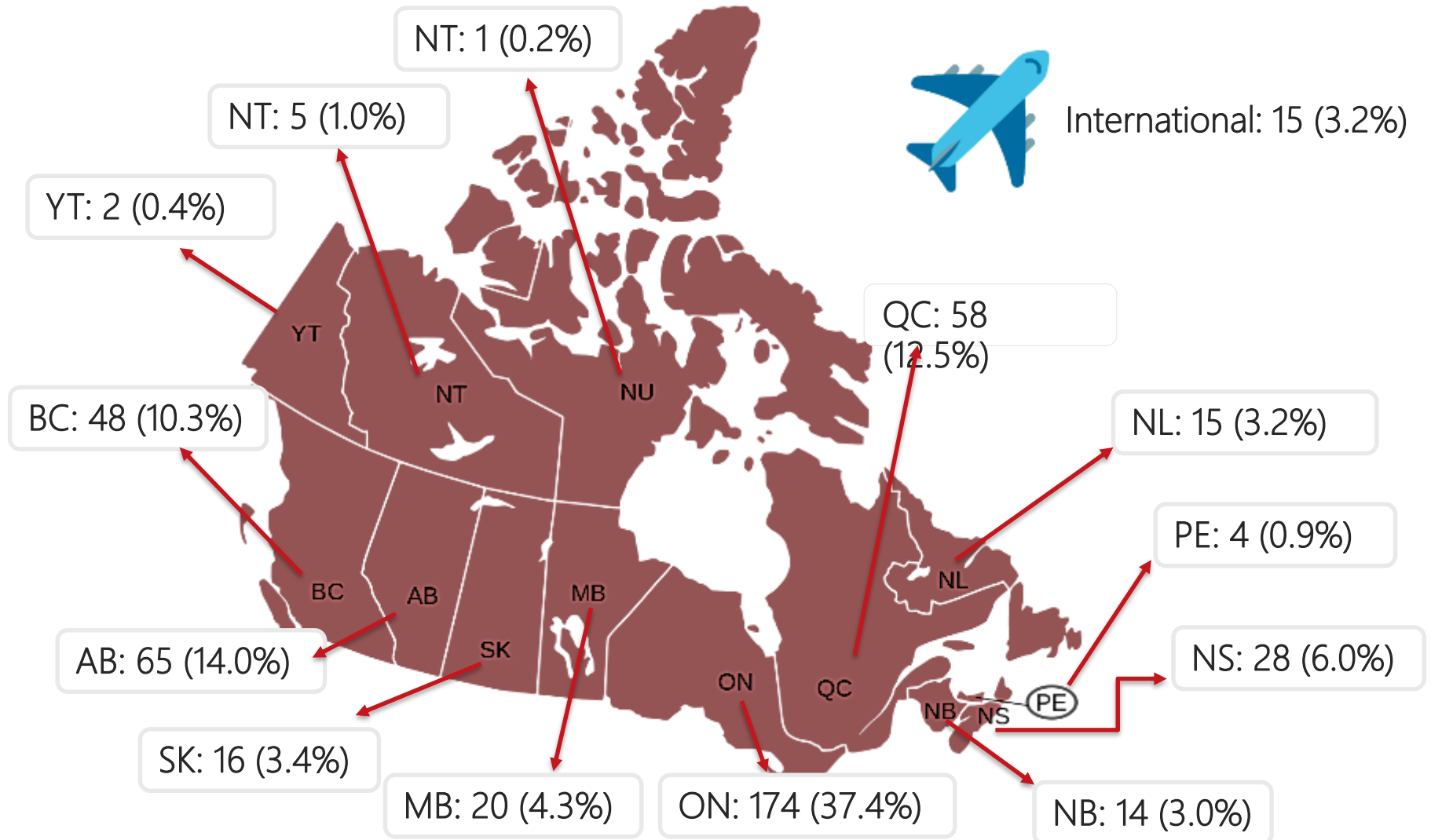


Geographic Distribution

- ON: 174 (37.4%)
- AB: 65 (14.0%)
- QC: 58 (12.5%)
- BC: 48 (10.3%)
- NS: 28 (6.0%)
- MB: 20 (4.3%)
- NL: 15 (3.2%)
- NB: 14 (3.0%)
- SK: 16 (3.4%)
- NT: 5 (1.1%)
- PE: 4 (0.9%)
- YT: 2 (0.4%)
- INT: 15 (3.2%)

ON – Ontario; AB – Alberta; QC – Quebec; BC – British Columbia; NS – Nova Scotia; MB – Manitoba; NL – Newfoundland and Labrador; NB – New Brunswick; SK – Saskatchewan; NT – Northwest Territories; PE – Prince Edward Island; YT – Yukon Territory; INT - International

Membership Across Canada



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Our Principal Investigators

Our pan-Canadian research initiative was led by nominated principal investigator Dr. Andrea Tricco along with 13 other co-principal investigators from across Canada:



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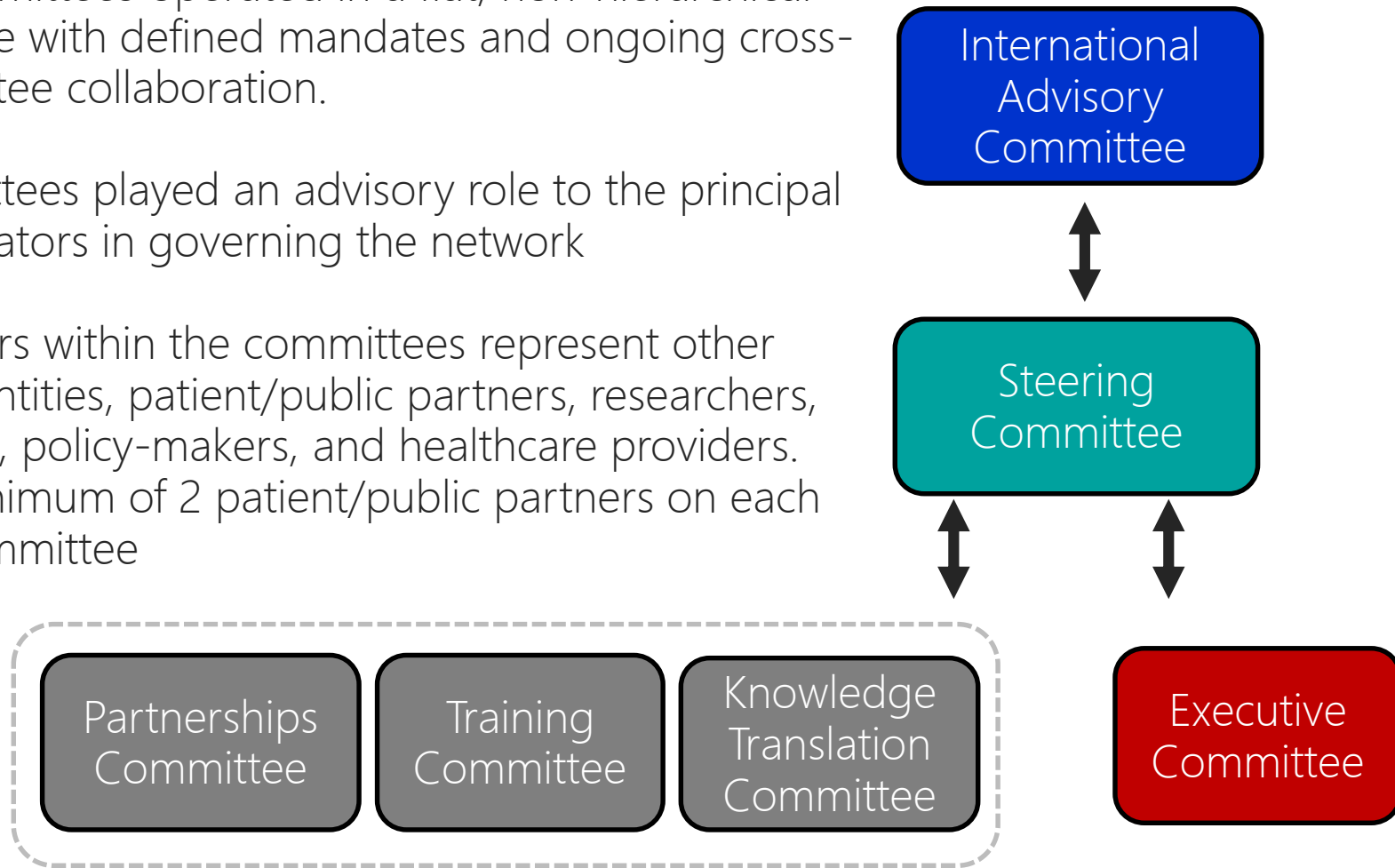
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Governance

- Six committees operated in a flat, non-hierarchical structure with defined mandates and ongoing cross-committee collaboration.
- Committees played an advisory role to the principal investigators in governing the network
- Members within the committees represent other SPOR entities, patient/public partners, researchers, trainees, policy-makers, and healthcare providers.
 - Minimum of 2 patient/public partners on each committee



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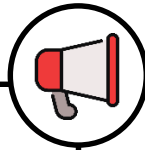


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Results-Based Governance

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

Communication



- Website Content
- Vision and Mission Statement
- Facets Publication Collection
- Menu of Knowledge Dissemination Approaches

Policies



- 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
- Query Client Experience Survey Development
- Membership Registration



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Decision-Maker Query Service Response



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Our Process

- Research requests submitted by health system decision-maker(s).
- Research proposal developed by the research team and decision-maker(s).
- Teams 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 tailored to the decision-maker(s) needs.
- Aim was to bring the patient/community voice closer to policy decision-making by including 1-2 patient/community members on each project as equal members.

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 central coordinating office collaborates closely with the decision-maker(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 [Right Review 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 decision-maker(s) at each phase of the project and seeks feedback and guidance as needed.

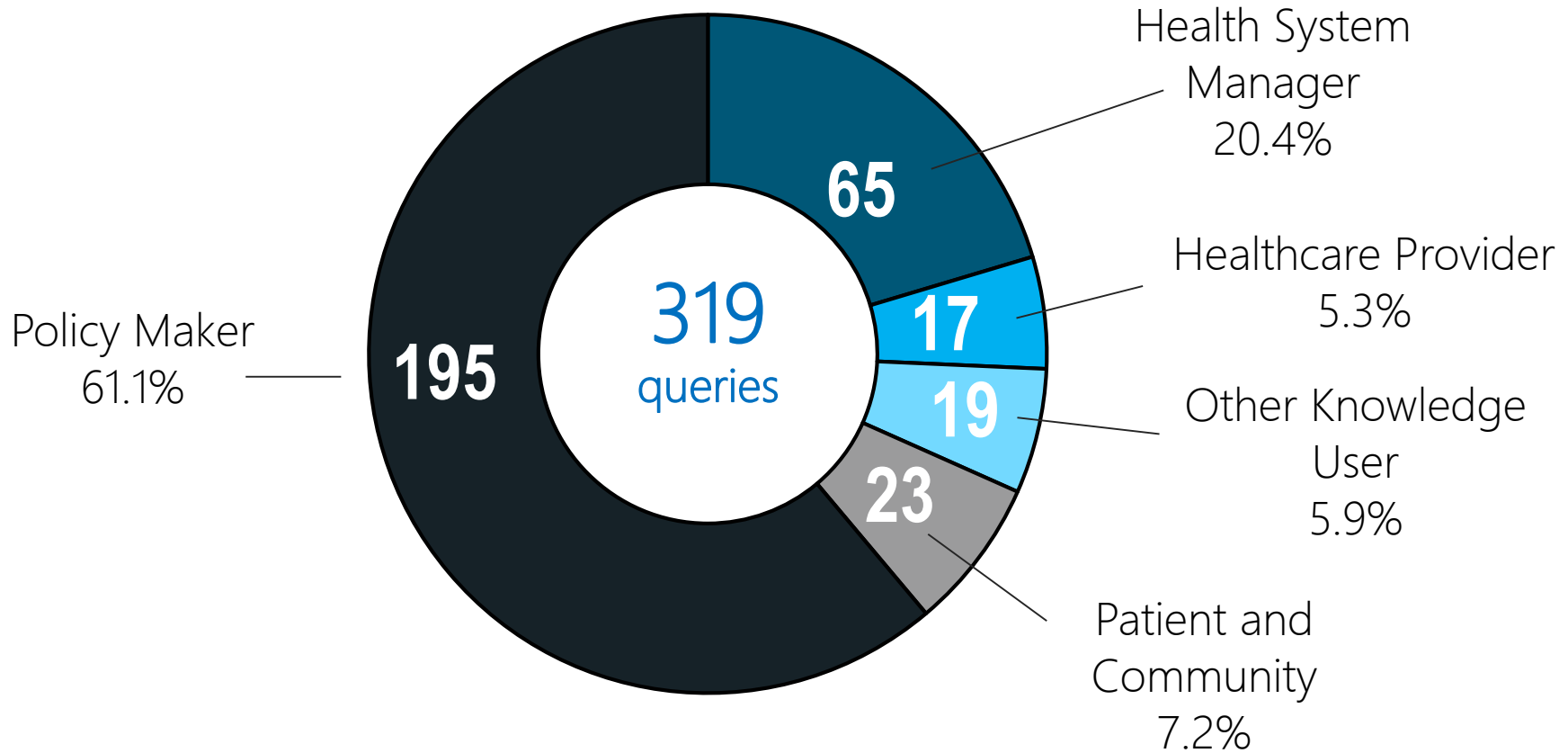
Dissemination and Exchange

- 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](#).



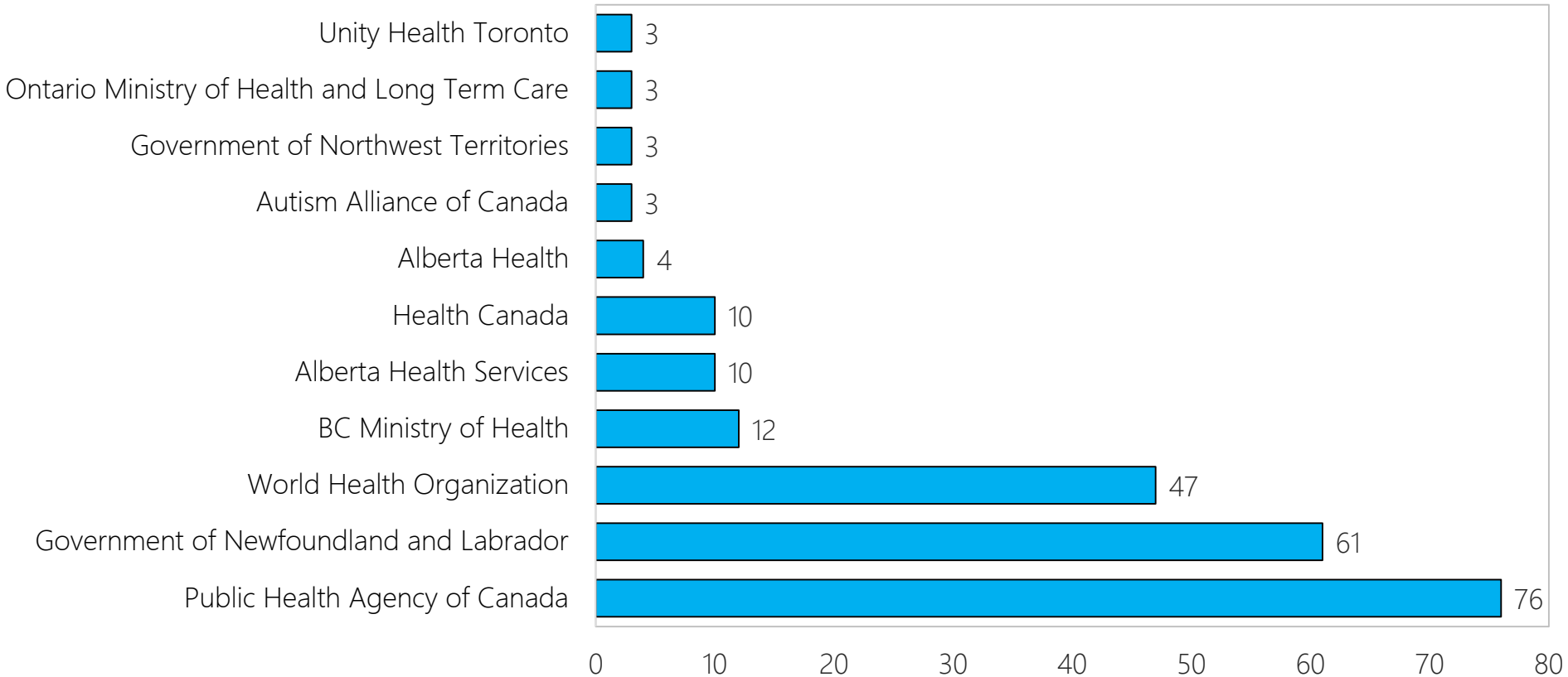
Supporting Health System Decisions

Since 2018, we responded to 319 requests from 59 different organizations nationally and internationally.



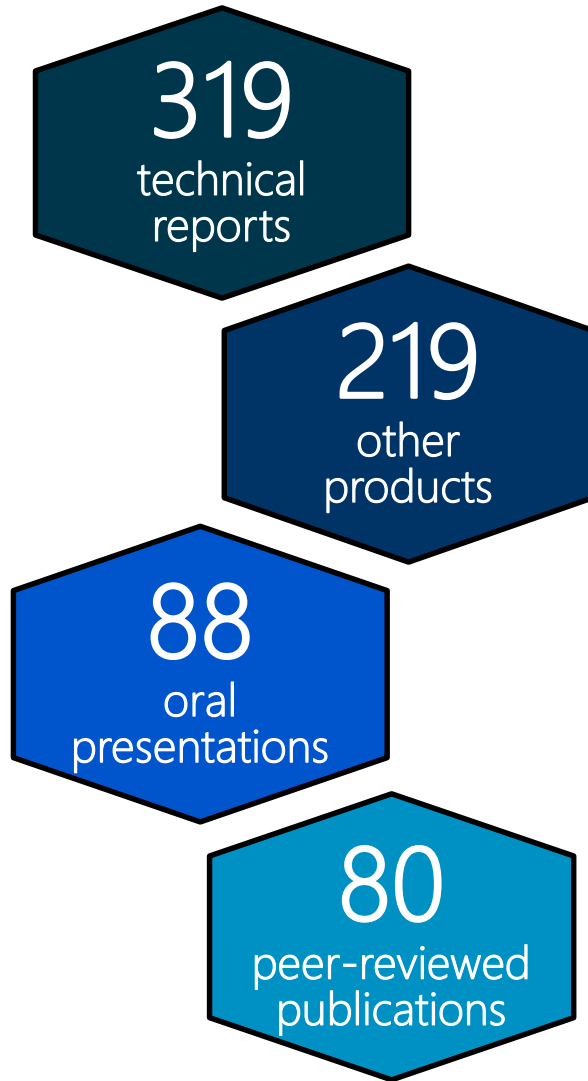
Supporting Health System Decisions

Repeat services from diverse local, provincial, national and international groups*



*Note: All international requests (e.g., WHO) were funded by that organization

Range of Decisions Informed



Range of decisions informed:

- 136 public-health measures (e.g., infection prevention and control, surveillance, health promotion)
- 60 clinical management or guidelines (e.g., symptom management, treatment)
- 58 healthcare system arrangements (e.g., governance, delivery, financial)
- 23 public health system arrangements (e.g., governance, delivery, financial, partnerships, communication)
- 19 knowledge exchange and mobilization
- 18 economic and social responses (e.g., social gathering, economic impact)
- 5 health, public and/or organizational policies (e.g., legal, administrative)



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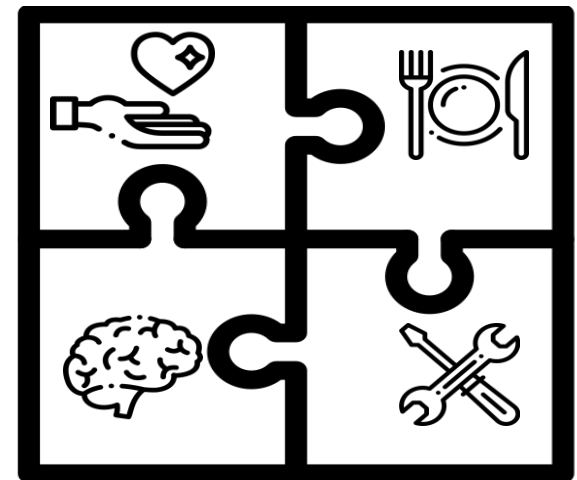
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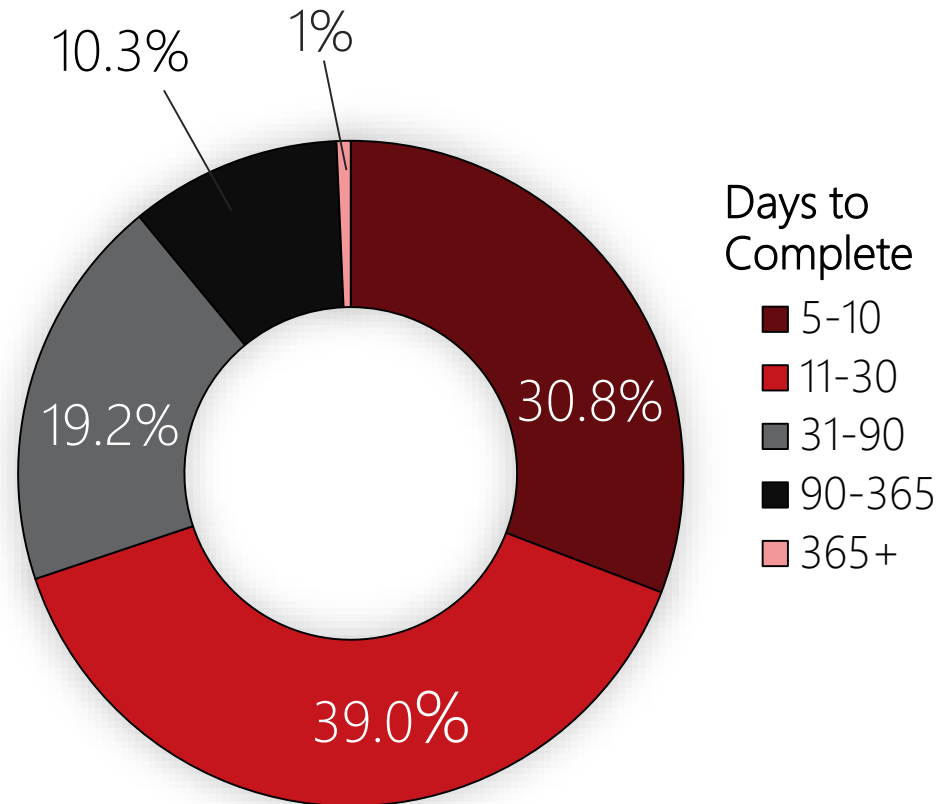
Indigenous Peoples' Engagement

- Eight Indigenous community-driven projects supported ranging from roles of traditional healers in dementia care, colorectal cancer screening tools for Indigenous populations, and food and nutrition to promote brain health for Indigenous people across Canada, with a focus on food sovereignty and traditional foods across various regions.
- Dr. Angela Mashford-Pringle (co-PI) led a national dialogue on Indigenous data management plan attended by more than 250 learners.
- Dr. Jennifer Walker (co-I) and Dr. Janet Jull (co-I) have led several training and capacity development workshops and podcasts bringing together Indigenous knowledge holders to discuss Indigenous ways of gathering and synthesizing knowledge.



COVID-19 Response

- We supported decision-maker evidence needs through out the pandemic.
- We 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 was personally reviewed by the NPI.
- Addressed 146 COVID-related requests, engaging 160 trainees, 130 early-career researchers, 213 knowledge users and 134 patient/public partners.
- Resulted in 183 reports, 21 peer-reviewed publications, and 28 presentations.
- All deliverables are available on our website.




COVID-19 Impact

- Our publication on [methodological challenges of rapid reviews during COVID-19](#) was cited by the [Robert Koch Institut](#) of Germany and the [Australian living guidelines](#) on COVID initiative.
 - The Brazilian Ministry of Health, National Health Service of the United Kingdom, and the International Public Policy Observatory invited talks by our team to inform their rapid response services.
 - We also led an interactive workshop and webinar for decision-makers in Public Agency of Canada and Health Canada.



Guideline Impact Stories

21 organizations requested our co-produced guideline service; 41 unique projects were completed by 14 teams and engaging 46 trainees and 88 patients and community members, positioning Canada as a leader in the development of guidelines.



1. [Maternal and neonatal health](#) (led by co-PI Curran, Dalhousie University): commissioned by the World Health Organization as the foundation of their [international guidelines](#), impacting more than [140 million births per year](#).

Timing of maternal and neonatal mortality and morbidity in healthy women and newborns during the postnatal period: a systematic review protocol

Justine Dol^{1,2} • Brianna Richardson^{2,3} • Mercedes Bonet⁴ • Etienne V. Langlois⁵ • Robin Parker⁶ • Heather Scott⁷ • Janet Curran^{2,3}



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Guideline Impact Stories

2. [Gaming disorder](#) (led by NPI Tricco, University of Toronto): commissioned by the World Health Organization as the foundation for their [guideline](#) to create International Classification of Disease (ICD) codes for this disease, impacting approximately [60 million people globally](#). ICD codes are used internationally to ensure data can be used across countries to monitor and compare disease morbidity and mortality. This project was cited in the [Government of Finland guideline](#).

RESEARCH

Open Access

Exploring the prevalence of gaming disorder and Internet gaming disorder: a rapid scoping review



Nazia Darvesh¹, Amruta Radhakrishnan¹, Chantelle C. Lachance¹, Vera Nincic¹, Jane P. Sharpe¹, Marco Ghassemi¹, Sharon E. Straus^{1,2} and Andrea C. Tricco^{1,3*}



World Health Organization



[Home](#) / [Classifications](#) / [Frequently asked questions](#) / [Gaming disorder](#)

Frequently Asked Questions

How is gaming disorder identified?

For gaming disorder to be diagnosed, the behaviour pattern must be severe enough that it results in significant impairment to a person's functioning in personal, family, social, educational, occupational or other important areas, and would normally have been evident for at least 12 months.



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Guideline Impact Stories

Infection prevention and control guidance for long-term care facilities in the context of COVID-19

Interim guidance
8 January 2021



RESEARCH

Open Access

Preventing the transmission of COVID-19 and other coronaviruses in older adults aged 60 years and above living in long-term care: a rapid review



Patricia Rios¹, Amruta Radhakrishnan¹, Chantal Williams¹, Naveeta Ramkissoon¹, Ba^o Pham¹, Gordon V. Cormack², Maura R. Grossman², Matthew P. Muller^{1,3}, Sharon E. Straus^{1,4} and Andrea C. Tricco^{1,5*}



Canadian
Frailty
Network

3. [Infection prevention and control in long-term care homes](#) (led by NPI Tricco): commissioned by the World Health Organization as the foundation for their first [guideline](#) at the onset of the pandemic, impacting approximately [5.9 million people residing in long-term care homes](#).

An update was commissioned by the [Canadian Frailty Network](#) and cited by the [Organisation for Economic Co-operation and Development](#) (OECD), [Irish Department of Health](#), and [Australian Department of Health](#).



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Healthcare Decision-Making Impact Stories

39 organizations requested our co-produced knowledge synthesis service; 179 unique projects were completed by 28 teams and engaged 76 trainees and 189 patient and community members, positioning Canada as a leader in knowledge synthesis and knowledge translation.

1. [Risk assessment for COVID](#) (led by co-I Little): commissioned by the Irish Department of Health for their COVID strategy and used in decision-making by the [Economic and Social Research Institute](#) of Ireland, impacting approximately [5 million people in Ireland](#).

Development of a risk assessment profile tool to determine appropriate use of SARS-CoV-2 rapid antigen detection tests for different activities and events in Ireland, since October 2021

Patrick WG Mallon¹, Mary Horgan², Conor G McAloon³, Peter D Lunn⁴, Julian Little⁵, Andrew Beck⁶, Alexandria Bennett⁶, Nicole Shaver⁵, Aileen McConway⁶, Rhea O'Regan⁶, Barbara Whelan⁶, Rapid Testing Expert Advisory Group, Ireland⁷



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Healthcare Decision-Making Impact Stories

2. Global policy analysis of autism strategies (led by co-I Singal, University of Manitoba): commissioned by the Autism Alliance of Canada to inform the first ever national Canadian autism strategy for Public Health Agency Canada, Autism Europe, National Institute of Mental Health of the United States, and Government of Malta Autism Advisory Council, impacting approximately [380,000 Canadians living with autism](#) and millions more internationally.



Public Health
Agency of Canada

Agence de la santé
publique du Canada



National Institute
of Mental Health



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Healthcare Decision-Making Impact Stories

3. [Family violence interventions](#) (led by previous co-PI Moffitt, Aurora College): commissioned by the Government of the Northwest Territories for decisions related to [15,000 households in the Northwest Territories](#).



Family Violence in Northern Communities

A comprehensive approach to prevent and address family violence in northern, remote, and primarily indigenous communities

4. Indigenous colorectal screening programs (led by co-I Walker, McMaster University): commissioned by Sioux Lookout First Nations Health Authority for decisions on [33 First Nation communities](#).



Sioux Lookout
First Nations
Health Authority



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Knowledge User Testimonials

“The technical assistance centre (TAC) from the SPOR Evidence Alliance was essential in leading the development and implementation of the Embedding Rapid Reviews in Health Systems Decision-Making (ERA) initiative, a capacity strengthening program funded by the WHO’s Alliance for Health Policy and Systems Research. They successfully supported the establishment of rapid review platforms in four low-and-middle income countries, namely in India, Georgia, Malaysia, and Zimbabwe. This in turn equipped the platforms to respond to numerous policymaker requests for rapid evidence syntheses to support health system and policy decision-making in their countries, particularly during the COVID-19 pandemic.”

Etienne Langlois
WORLD HEALTH ORGANIZATION



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Knowledge User Testimonials

"Infoway is committed to ensuring that digital health initiatives in Canada are built upon the best possible evidence. This literature will help Infoway and its partners to understand the current and future potential impacts of e-prescribing on opioids and controlled substances. It can inform our actions as we expand and optimize the service, and the complementary initiatives of governments seeking to reduce the negative impacts of opioids."



Simon Hagens
Canada Health Infoway
InfoRoute Santé du Canada



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Stratégie de Recherche Orientée Patients

Alliance pour des données
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Stratégie de Recherche Orientée Patients

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Patient/Public Engagement



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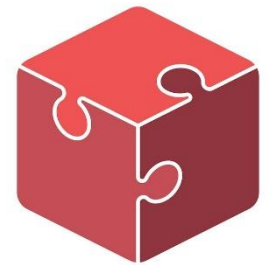


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Patient/Public Engagement

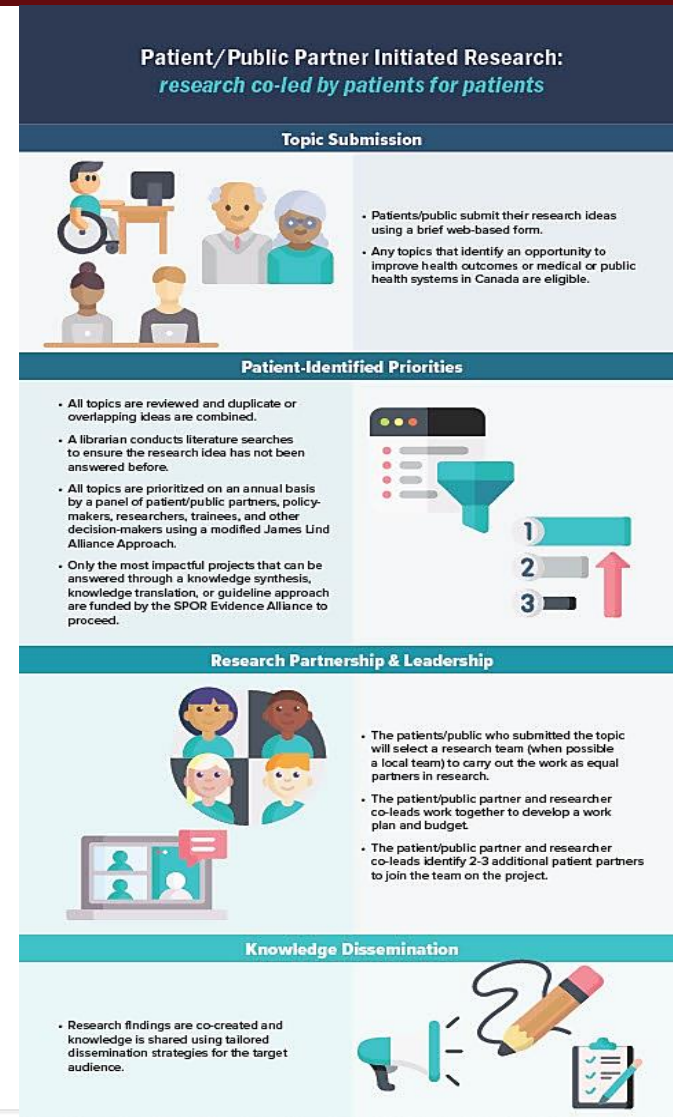
Patient/public partnership was integrated in research, leadership and governance.

- 9 Patient/public partner **contributors** in the development of 2 organizational policies.
- 13 Patient and public **committee members** in the governance structure with 4 served as co-chairs.
- 46 Patient and public **peer reviewers** for 3 seed grants and 2 research priority-setting panels.
- 404 Patient and public partners **engagements** across 319 research projects.
- 700+ Patient and public **learners** across 1600+ opportunities (e.g., webinars, courses, workshops).



Patient/Public Query Service Response

- Our process ensured patient and public priorities in research are recognized in shaping the health research landscape while reducing research waste.
- Topics prioritized using a modified James Lind Alliance approach to priority-setting by a panel of together patients, members of the public, clinicians, policy-makers and researchers.
 - Topics prioritized based on potential impact, unmet need and evidence gap, uniqueness, timeliness and importance.
- Received **98 submissions** with a total of **23 topics prioritized** (2021: 3 topics; 2023: 20 topics).
- Prioritized topics fully funded and developed into research projects and **co-led by patient/public-partners**.



2023 Topics Prioritized for Research

Patient Perspectives on Family Care Teams	Mental Health Supports for Child Amputees
Integrated Team-based Primary Care in Rural Communities	Digital Education for Patients Recovering from Cardiac Surgery
Biologics and Biosimilars for People with Rheumatoid Arthritis	Impacts of Climate Change on Chronic Conditions
Models of Publicly Funded Home Care, their Characteristics and Quality	Resources to Assist Patients in Communicating the Nature of Chronic Pain
Detection of Human Trafficking in Clinical Settings	Caregivers and Care Practitioners' Knowledge of Hospice and Palliative Care
Patient Engagement in Health Education Curriculum	The Effects of Hydration/Dehydration on Health Outcomes in Elderly Long-Term Care Patients
Costs and Benefits of Home Care versus Assisted Living Facilities for Frail Elderly	Dental Service Utilization among Individuals and Families with Low Socio-Economic Status in Canada
Digital Health Literacy for Older Adults	Peer support for families of people with Alzheimer's Disease
Peer Support Networks for People with Chronic Pain	Cancer Patient Portals and Health Outcomes: A Scoping Review
Dance Interventions in Long-term Care and their Impact on Quality of Life	Street Outreach Programs for Individuals Experiencing Homelessness

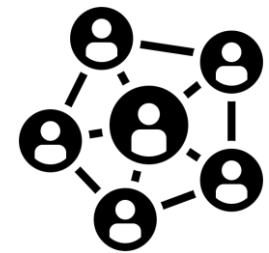


Communities of Practice: Resources for 2023 Teams

Six Communities of Practice were established to support collaboration, knowledge sharing, and best practices in patient-driven research focused on reflecting on progress, challenges, and opportunities.

Lessons learned include:

- **Invest Early in Relationships & Roles:** Build trust, clarify roles, and set expectations at the start to strengthen co-leadership.
- **Ongoing Communication:** Maintain regular check-ins, transparent processes, and structured updates; Inconsistent communication can cause disengagement and confusion.
- **Flexibility in Research Processes:** Adjust timelines, roles, and methods to support meaningful patient/public participation while balancing scientific rigor and inclusivity.
- **Capacity-Building Opportunities:** Offer tailored training, mentorship, and accessible resources to ensure patient/public partners can meaningfully contribute, especially for complex methods.
- **Leverage Knowledge Mobilization (KMb) for Impact:** Use of interactive and inclusive KMb strategies amplifies patient/public voices, foster dialogue and partnerships, and generate real-world impact, even when evidence is limited.



Impact of Patient/Public Co-led Projects

- Enabled an environment for collaborative learning and mutual respect between researchers and patients/public in doing research.
- Resulted in 7 reports, 9 publications, 18 presentations and 30 other dissemination products.
- Engaged 62 patient/public partners, 52 trainees, and 12 early-career researchers.

Impact Statement: Peer Support Networks for People with Chronic Pain



"I have gained so much respect for the role of peer support, not only in chronic pain, but across the healthcare system. Virginia is making big strides towards supporting and advocating for the chronic pain community, and I look forward to further collaborations with her." – **Dr. Jennifer Donnan,**

Researcher Co-Lead

"I've learned so much about the research process, and seeing this resulted in the launch of peer support in Newfoundland is a major milestone." – **Virginia McIntyre, Patient/Public Partner Co-Lead**



Learn more about these projects in the next session, *"Fireside Chat: Advancing Patient-Driven Research - Lessons, Impacts, and What's Next"* featuring teams from the 2023 cohort!



Advancing Science, Training & Capacity Development



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Learning Opportunities

We created a culture of learning and innovation that grows, supports, and sustained an environment for patient-oriented research using the SPOR Capacity Development Framework.

270

Learning opportunities

4,920 Learner engagements (**973** knowledge users/decision-makers)

61

Queries led by **24** early career researchers

354 Trainees engaged across **319** queries

46

Patient/public partners trained in knowledge synthesis across

2 courses co-led with patient/public partners

8

Trainees/early career researchers awarded seed funds to advance science



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Seed Grant Funding

- **Purpose:** Seed grant funding aimed to encourage a culture of learning, innovation, and advancement of science in the area of knowledge synthesis, guideline development, knowledge translation, and patient-oriented research by funding methodologic projects at the conceptual stage
- Supported **doctoral students, post-doctoral fellows or early career researchers** at a Canadian institution.
- Eight awards granted since 2019 on the following themes:



2019-2020	2020-2021	2021-2022
Advancing the Science of Patient Engagement in Research	Advancing the Science of Guideline Development with Patient Partnership	Knowledge Dissemination and Implementation with Patient Partnership Using an Equity, Diversity, Inclusion and Social Justice Lens



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

Patient Co-led Courses

Course

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2021 Patient and Public Engagement in Rapid Reviews



Course

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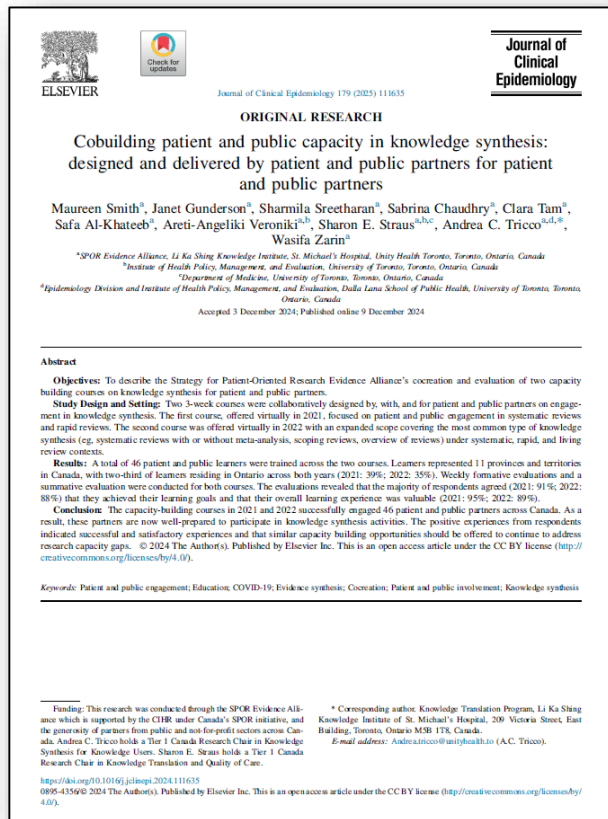
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2022 Patient and Public Engagement in Knowledge Synthesis



From an idea to 2 courses: Co-building patient and public capacity in research with Janet Gunderson and M. Smith

Patient Co-led Courses



Smith M, Gunderson J, Sreetharan S, Chaudhry S, Tam C, Al-Khateeb S, Veroniki A-A, Straus SE, Tricco AC, Zarin W. J Clin Epidemiol. 2025.

- 46 participants gained hands-on knowledge in knowledge synthesis, rapid reviews, and patient/public engagement.
 - Graduates engaged in 32 COVID-19 projects (COVID-END) and 27 SPOR Evidence Alliance projects.
 - 31 learners remained active contributors in the SPOR Evidence Alliance.
- Course feedback:
 - 96% and 84% (2021 and 2022 course respectively) of participants reported greater understanding of knowledge synthesis, rapid reviews, and patient/public engagement in knowledge synthesis after taking the course.
 - Over 90% of participants felt the courses helped them achieve learning goals and added value to their experience.



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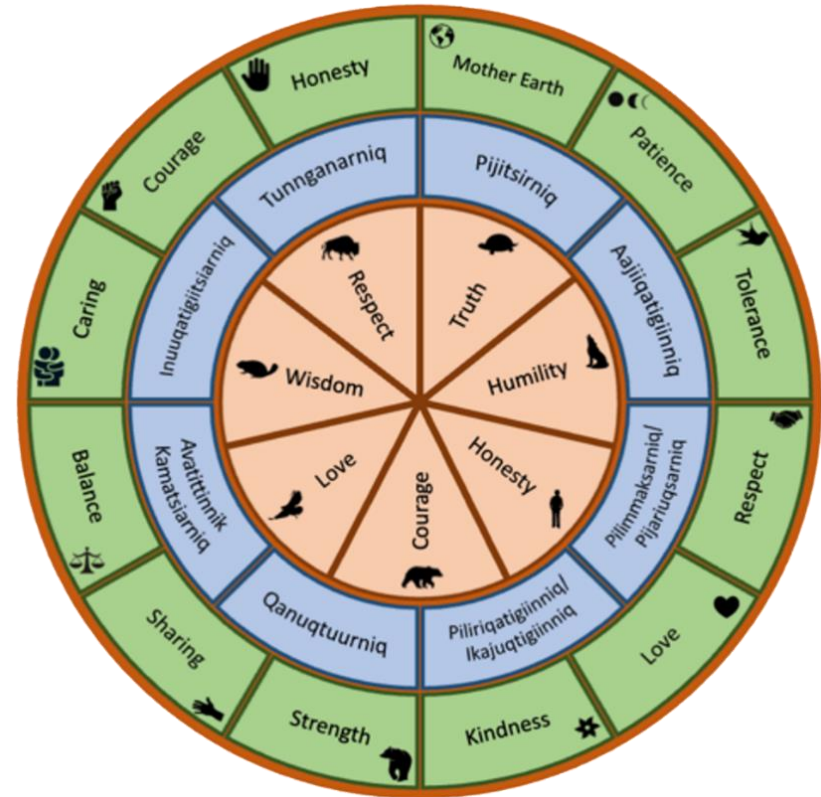
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New Respect Indigenous Cultural Safety Training

- Self-directed training program comprehensive online program offered by **Dr. Angela Mashford-Pringle (co-PI)** to SPOR Evidence Alliance members between May – September 2024.
- **Purpose:** Addressed systemic anti-Indigenous racism by providing content that both embedded Power, Privilege and Positionality (the 3 Ps) and prompts critical self-reflection throughout.
- High interest across the network, 105 SPOR Evidence Alliance members registered in training program.



Fellowships

In partnership with Evidence Synthesis Ireland, we hosted and mentored 15 clinician research trainees on knowledge synthesis projects:

1. **Dr. Jennifer Fortune**, Postdoctoral Fellow, Royal College of Surgeons in Ireland
2. **Dr. Orna Fennelly**, Postdoctoral Fellow, National University of Ireland, Galway
3. **Dr. Gary Mitchell**, Registered Nurse Lecturer, Queen's University Belfast
4. **Dr. Aoige Egan**, Endocrinologist, Mayo Clinic
5. **Dr. Jennifer McSharry**, Chartered Health Psychologist and Lecturer, School of Psychology, National University of Ireland, Galway
6. **Dr. Margarita Corry**, Registered Nurse Teacher, Trinity College Dublin
7. **Dr. Olga Cleary**, Primary Care Development Officer, Health Service Executive
8. **Dr. Bearach Reynolds**, Infectious Diseases Specialist, MPH student
9. **Dr. Daragh Bradshaw**, Researcher, University of Limerick
10. **Dr. Aileen Conway**, Specialist Registrar, Infectious Diseases, St Vincent's University Hospital, Dublin
11. **Dr. Rhea O'Regan**, Infectious Diseases specialist
12. **Dr. James McMahon**, Clinical Exercise Physiologist, Queen's University Belfast
13. **Dr. Ruth Usher**, Lecturer, Occupational Science and Occupational Therapy, in University College Cork
14. **Dr. Chidsanu Changsiripun**, Orthodontics Lecturer, Faculty of Dentistry, Chulalongkorn University
15. **Dr. Rodrigue Ndabashinze**, Medical Doctor, Burundi



EVIDENCE SYNTHESIS
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Right Review Tool

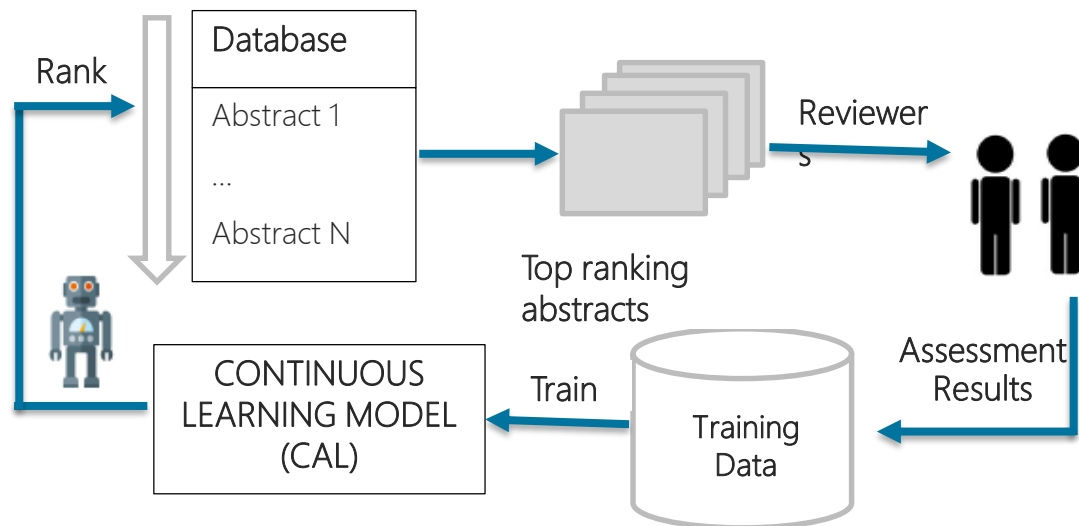
- Designed to provide guidance and supporting material to reviewers on methods for the conduct and reporting of knowledge synthesis.
- Users answer a series of simple questions and the tool matches these with an appropriate method from 41 different knowledge synthesis methods.
- Freely available:
<https://rightreview.knowledgetranslation.net/>



Tricco AC, Straus SE, Veroniki A-A, et al. Choosing the right knowledge synthesis method: a guide to the "Right Review" tool. Journal of Clinical Epidemiology. 2022.

Synthesi.SR-CAL AI-Enabled Tool

- Collaborative team from Unity Health Toronto, 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 tool has been used by four teams and will be scaled up for all teams.
- This tool will be launching soon!



Clinical Practice Guidelines Asset Map

- Asset map of available Canadian clinical practice guidelines (CPGs) developed in Canada at the local, provincial, or national level, and published between 1996-April 2018.
 - <https://sporevidencealliance.ca/key-activities/cpg-asset-map/cpg-database/>
- Aimed to reduce redundancies or duplication and set the stage for future collaboration between guideline groups, end-users of guidelines, as well as identifying opportunities to build capacity
- Consists of 1,100 guidelines and 102 Canadian guideline developers



Knowledge Mobilization



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Knowledge Production and Mobilization

319

Reports developed

80 peer-reviewed publications

88 presentations

56 plain-language summaries

6

Papers on the SPOR Evidence Alliance in the FACETS journal and core capacity-building activities

2

Tools: Synthesi.SR-CAL, Right Review

8 widely used resources

2 co-created policies to support research conduct

100

Newsletters issued

2950+ posts providing regular updates across LinkedIn, BlueSky, and X



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Series of Papers on the SPOR Evidence Alliance

STRATEGY FOR PATIENT ORIENTED RESEARCH (SPOR) EVIDENCE ALLIANCE: A Canadian Model to Build Learning Health Systems

Our experience in a series of four papers.



Images from Freepik.com



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Publication on Priority-Setting Exercises

- *“Patient- and public-driven health research: a model of co-leadership and partnership in research priority setting using a modified James Lind Alliance approach”*
- Describe the SPOR Evidence Alliance’s methodological approach to systematically identify 23 high priority health research topics from patient partners (including caregivers) and members of the public across Canada.



Zarin W, Sreetharan S, Doherty-Kirby A, Soobiah C, Elliott M, Chaudhry S, Tam C, Straus SE, Tricco AC. J Clin Epidemiol. 2025.

Publication on Patient-Led Courses

- *“Cobuilding patient and public capacity in knowledge synthesis: designed and delivered by patient and public partners for patient and public partners”*
- Describes the SPOR Evidence Alliance’s co-creation and evaluation of two courses on knowledge synthesis co-developed by patient/public partners for patient/public partners.



Smith M, Gunderson J, Sreetharan S, Chaudhry S, Tam C, Al-Khateeb S, Veroniki A-A, Straus SE, Tricco AC, Zarin W. J Clin Epidemiol. 2025;

SPOR Evidence Alliance Resources

The SPOR Evidence Alliance has a number of tools and resources publicly available on our website.

Freely available resources on the SPOR Evidence website include:

- Work plan template
- Study budget template
- Report template
- Reflective equity, diversity, and inclusion exercise
- Progress update template
- Guidance on preparing rapid reviews
- Guidance on engaging patient and public partners
- Co-creation policies
- Dissemination strategies














Menu of Knowledge Dissemination Approaches

- In collaboration with the members of the Knowledge Translation Committee, this was created to serve as a quick resource to outline some common strategies you can use to share health research findings and activities with your intended audience to increase awareness and promote change.
- Available in both English and French on the SPOR Evidence Alliance website.

Menu of Knowledge Dissemination Approaches
Common strategies for sharing knowledge with your intended audience.

Developed by Annette McKinnon, Catherine Yu, Christopher Klinger, Elliot Paus-Jenssen, Erna Snelgrove-Clarke, Graham Macdonald, Ian Graham, Jennifer Watt, Jessie McGowan, Kevin Woo, Pertice Maffitt, Samantha Seaton, Sandra Small, and the SPOR Evidence Alliance's Central Coordinating Office

This infographic has been created to serve as a quick resource to outline some common strategies you can use to share health research findings and activities with your intended audience to increase awareness and promote change.

 <p>Presentations^{1,4} Sharing research findings at scientific conferences, meetings, or rounds. The method of sharing can include oral or poster presentations.</p>	 <p>Guidelines Development^{20,21} Creating an evidence-based statement that includes recommendations that are intended to optimize patient health and wellness.</p>
 <p>Tools Development^{1,18} Creating products intended to facilitate moving research findings into practice (e.g., infographics, decision-aids).</p>	 <p>Knowledge, Community or Cultural Broker Involvement^{18,22} Involving an intermediary (an individual or an organization) who aims to develop relationships and linkages between producers and users of knowledge to facilitate sharing and exchange of knowledge.</p>
 <p>Electronic Technologies, Creative Visual Media & Social Networking^{9,19} Using technologies (e.g., video, podcast, webinar) and social media platforms (e.g., Twitter, LinkedIn) to share research findings.</p>	 <p>Creation of Technical Infrastructure^{18,41} Creating a knowledge sharing platform (e.g., database of guidelines) that facilitates the sharing of health data/information across organizations/institutions.</p>
 <p>Workshops^{13,23} Creating and delivering short educational programs intended to share research findings and best practices (e.g., skills development, ideas exchange).</p>	 <p>Communities of Practice Development/Engagement^{12,45} Engaging with a group of people who share a common interest in a health or health research topic for the purpose of learning and/or achieving a goal.</p>
 <p>Round Table Discussions^{22,24} Facilitating discussions to reach a desired outcome (e.g., prioritization of research topics/outcomes, consensus-building, or knowledge exchange and contextualization).</p>	 <p>Peer-Reviewed Publications^{16,41} Publishing research findings in a scholarly journal where the work is peer-reviewed (i.e., the article is reviewed by others who are experts in the field) and published for audiences more widely.</p>
 <p>Plain Language and Visual Summaries^{2,27} Producing a lay language and/or visual (e.g., video, graphics) summary of the research findings to make the results accessible to a wider, non-specialist audience.</p>	



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Conflicts of Interest (COI) Policy and Procedure

- Co-created with the Executive Committee, this policy provides guidance on identification and management of any potential influences of COI.
- Available in both English and French.



“Kudos to the leadership of the SPOR Evidence Alliance for the recently approved ‘Conflicts of Interest Disclosure Policy’ – it provides the foundation for transparent processes to identify and address real, potential and perceived conflicts of interest for its members.” – Alison Hoens, Patient Partner

Financial Compensation Policy and Protocol

- Co-created with the Partnerships Committee and 7 patient/public partners, this policy was established to recognize and compensate the time and effort of patient and public partners engaged.
- Available in both English and French.



*“Having an equitable compensation is essential for real partnership. I greatly appreciate this work that helps all partnership stakeholders in Canada by offering clear guidelines!”–
Annie-Danielle Grenier, Patient Partner*

What's Next?



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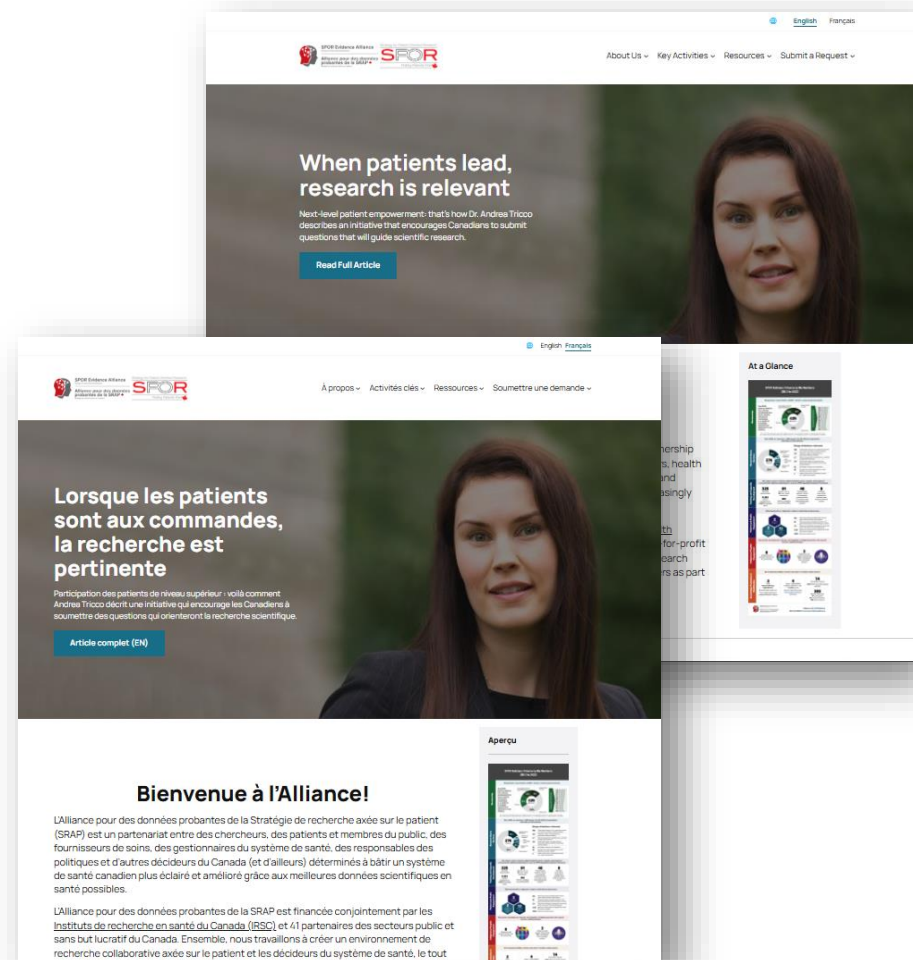
Communications Update

- The last edition of the SPOR Evidence Alliance newsletter was disseminated on **March 31, 2026**.
 - To share news, opportunities, and updates related to knowledge translation, implementation science, or patient-oriented research through the **KT Canada bi-weekly newsletter**.
- The SPOR Evidence Alliance social media accounts (LinkedIn, BlueSky) will no longer be monitored after **April 30, 2026**.
- To stay connected and receive updates on knowledge translation, implementation science, and patient-oriented research, we encourage you to **follow the Knowledge Translation Program (KTP)**:
 - [LinkedIn](#)
 - [BlueSky](#)
 - [KTP website](#)



Updated SPOR Evidence Alliance Website

- Website is now available in both English and French!
 - Select your preferred language in the top-right corner.
- Base version of website and all project pages are available in both languages.
 - Resources and policies developed in-house are available in both languages.
- Base version of the website will continue to remain available so that the resources and project deliverables will be accessible.



Evaluation of Patient-Driven Research Projects

- Evaluation of patient-driven research projects led by **Dr. Christine (Tina) Fahim** and the Team for Implementation, Evaluation and Sustainability of the Knowledge Translation Program is underway.
- Evaluation aims to determine:
 - Experiences and perceived impact of the patient-researcher co-leadership model.
 - Perceived impact of patient/public engagement on knowledge synthesis planning, conduct and dissemination.
 - Recommendations to enhance and scale patient-oriented research initiatives.



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Evaluation of Research Query Services

- **Objectives:** Assesses the impact of SPOR Evidence Alliance Query Services on reducing research waste, examines social, economic, and career impacts of supported research, and identifies patterns in how SPOR EA-supported research improves relevance and efficiency.
- **Purpose & Approach:**
 - Co-develop and pilot-test AWARE (Avoiding WASTE in health REsearch), a web-based tool that lets researchers and knowledge users upload health research studies and assess their value for decision-making.
 - Development will involve key informants from the SPOR Evidence Alliance network to capture diverse perspectives, and pilot-testing will apply the tool to a random sample of SPOR Evidence Alliance research queries.
- **Current Status:** Study activities are planned for Fall 2026–Spring 2027, led by trainee **Dr. Pavel Zhelnov**.



Upcoming Publications

Three manuscripts in development:

- Communities of Practice in Patient-Driven Research: Lessons Learned on Co-Leadership
- Use of Seed Grants to Advance the Science of Patient-Oriented Research and Knowledge Translation: A Culture of Innovation and Learning
- Evaluating the effectiveness of SPOR Evidence Alliance Patient-and Public- Initiated Research

Together, these publications will showcase the breadth and impact of our work.



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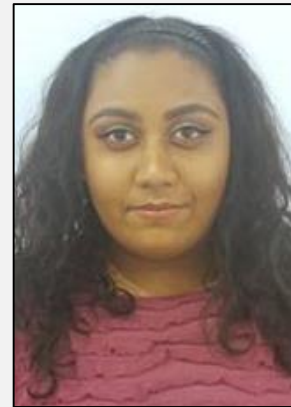
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Thank You!

A huge thank you to everyone for their support and hard work over the years!

*Thank
you!*

Central Coordinating Office



Sharmila Sreetharan
Research Coordinator



Angelika Aziz
Research Assistant



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Questions?



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Ensemble, nous avançons la recherche

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Agenda

Time (EDT)	Agenda Items
12:00 PM - 12:05 PM	Welcome and Land Acknowledgement
12:05 PM - 12:20 PM	Opening Ceremony
12:20 PM - 1:05 PM	The SPOR Evidence Alliance: A Legacy of Learning and Impact
1:05 PM - 1:15 PM	Health Break
1:15 PM - 2:30 PM	Fireside Chat: Advancing Patient-Driven Research - Lessons, Impacts, and What's Next
2:30 PM - 2:40 PM	Health Break
2:40 PM - 3:40 PM	Looking Forward: Future Directions for Patient/Public Engagement
3:40 PM - 3:55 PM	Closing Ceremony
3:55 PM - 4:00 PM	Closing Remarks

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Fireside Chat: Advancing Patient-Driven Research - Lessons, Impacts, and What's Next



Moderator:
Dr. Heather Colquhoun
Associate Professor, Department of
Occupational Science and
Occupational Therapy, University of
Toronto



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1:15 PM - 2:30 PM	Fireside Chat: Advancing Patient-Driven Research - Lessons, Impacts, and What's Next
2:30 PM - 2:40 PM	Health Break
2:40 PM - 3:40 PM	Looking Forward: Future Directions for Patient/Public Engagement
3:40 PM - 3:55 PM	Closing Ceremony
3:55 PM - 4:00 PM	Closing Remarks



Looking Forward: Future Directions for Patient/Public Engagement

Moderator:
Dr. Andrea Tricco
Nominated Principal Investigator, SPOR
Evidence Alliance
Executive Director of the Li Ka Shing
Knowledge Institute, St. Michael's
Hospital, Unity Health Toronto



SPOR Evidence Alliance

Stratégie de recherche orientée patient

Alliance pour des données
probantes de la SRAP

Strategy for Patient-Oriented Research

SPOR
Putting Patients First



ST. MICHAEL'S
UNITY HEALTH TORONTO

Agenda

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Closing Ceremony



Clayton Shirt, Knowledge Practitioner
Plains Cree/Anishinaabe
Originally from Treaty 6 territory
Wolf Clan



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Closing Remarks

- We would like to thank you all for your collaboration and support of the SPOR Evidence Alliance.
- The many successes realized since our inception could not have been possible without all of your hard work and dedication.
- As we look ahead, we hope to remain in contact with everyone.



Scan the QR code to provide feedback about today's event.
The link will be posted in the chat and circulated by email.

Funding Acknowledgement

The SPOR Evidence Alliance is supported by the Canadian Institutes of Health Research ([CIHR](#)) under Canada's Strategy for Patient-Oriented Research ([SPOR](#)) Initiative, and the generosity of partners from public and not-for-profit sectors across Canada who provided cash or in-kind support.



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