



**Draft Report:
MicroResearch Nova Scotia Workshop
NS Rehab Centre,
Halifax, Nova Scotia
Jan 7- Jan 18, 2019**

Building Local Capacity for Community Focused Research to Improve Local Health Outcomes

Introduction and Background

MicroResearch is an innovative research training program for community members that began in 2008 in Africa under the leadership of Noni MacDonald and Bob Bortolussi of the IWK Health Centre in Halifax, NS. Since 2016 the African MicroResearch program has been used in communities in Nova Scotia. The experience gained from work in other countries is thus being applied in Nova Scotia (MicroResearch-NS). Wherever it is used, the MicroResearch program provides community focused research training, mentorship and small grants for health research projects conceived and done locally.

“The goal of MicroResearch is to improve health care outcomes with innovative community based research that assures quality and integration of research into the fabric of the local health system and the community”.

Between January 7 and January 18, 2019 the 3rd Central Zone MicroResearch Workshop was held at the Nova Scotia Rehab Centre in Halifax, NS.

The workshop was led by Noni MacDonald with Bob Bortolussi, Katie MacLean, Chris Giacomantonio, Jill Banfield, Audrey Steenbeek, Tom Marrie, Amy Grant, Brian Condran and Leslie Anne Campbell teaching; Shawn Harmon and David Stock coaching; and Heather Rushton providing the MicroResearch Workshop administrative support. The Workshop was carried out in collaboration with

- The IWK and NSHA, and Dalhousie Faculty of Medicine

Rationale for MicroResearch-NS

Nova Scotia rates poorly on many health indicators compared to other provinces, and health care funding is becoming increasingly limited. The gaps in knowledge translation/ adaptation/ implementation at the community level are widening and there is a need to better align local resources to improve outcomes at the community level. Continuing to deliver health care –

preventive, acute and chronic – as is currently done, will not bring the changes needed to improve local health outcomes and meet the Nova Scotia Health Priorities. While the business plans at NSHA, IWK and Nova Scotia Dept. of Health and Wellness all encourage strategies and collaboration to address complex health problems, local health problems need community-focused, locally driven, sustainable, culturally and local resource appropriate solutions. Building on this need, MicroResearch-NS aims to develop local community focused research capacity to find solutions to local health problems deemed important by local participants.

MicroResearch-NS Program Model

The fundamentals of the MicroResearch-NS program include:

Workshops:

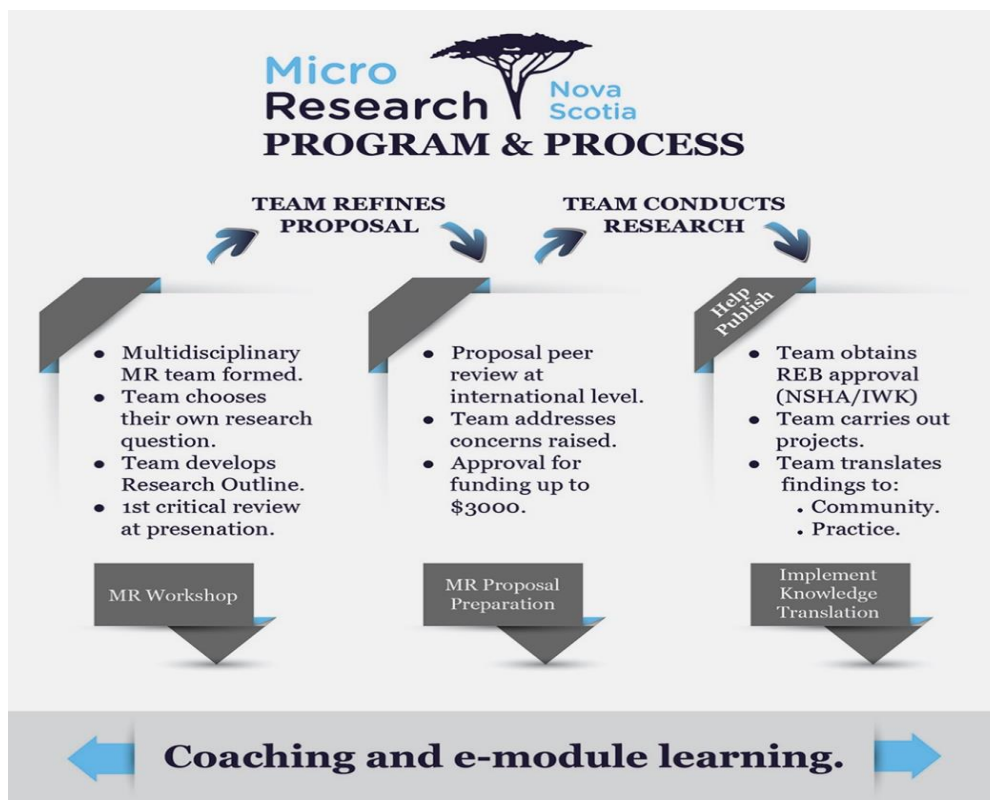
- Training – participants are taught practical and applied community focused research skills over 10 half days-

Proposal Preparation:

- Interdisciplinary collaboration - teams work together to move a research idea to a fundable proposal
- Seed funding - of up to \$3000 to support quality projects

Implementation:

- Project management – teams work together to carry out the community project
- Knowledge sharing – of research outcomes with stakeholders



See MacDonald et al MicroResearch: Finding sustainable local health solutions in East Africa through small local research studies. *Journal of Epidemiology and Global Health* 2014;4:185–93

MicroResearch-NS Program Accreditation

The MicroResearch-NS workshop received accreditation from Dalhousie University Continuing Professional Development, Faculty of Medicine for 40 Category 1 RCPS / CCFM credits. The full program was also reviewed by the Royal College of Physicians and Surgeons of Canada and Category 2 and 3 credits can be garnered for those physicians who complete the entire program. Continuing Professional Development credits can also be garnered by other health professional participants for their continuing education.

MicroResearch-NS – The NS Rehab Centre

Participants: Workshop participants were recruited through personal meetings, referrals and personalized invitations to the NSHA and IWK health workers, and local community organizations. Originally, 15 participants registered for this January workshop but due to many circumstances only 2 were unable to attend. The group all agreed to strongly commit to the workshop. Daily attendance was > 85% due to previously planned commitments. These 13 participants came from quite diverse backgrounds as noted in Appendix 1. The two groups rapidly became teams- all pulling together to develop their project overviews. The commitment of these 13 participants to their chosen problems was remarkable. A complete list of participants is available in **Appendix 1**.

Pre Workshop Assessment

A summary of the findings of pre-workshop assessment are shown in **Appendix 2**. Of note 5 participants had had significant previous research experience- even as a research study/project leader but all were keen to learn more about community focused research and MicroResearch in particular. Several who had research backgrounds did not come from health field and were keen to learn about this area.

The most common reason participants gave for attending the workshop was a variation on: to learn about MicroResearch and how it can be used to improve community health.

Workshop Facilitators, Coaches and Guest Lecturers: All faculty who facilitated this workshop had research experience and several had MicroResearch teaching experience. The list of faculty can be found in **Appendix 3**.

The two coaches can be found in **Appendix 4**.

Workshop Logistics: All the workshop sessions were held at the NS Rehab Centre in Classroom 1 weekdays from 1 pm -5 pm. Tea, coffee and snacks (– fruit, granola bars, muffins etc.) were arranged by MicroResearch. Each participant was encouraged to bring their own mug in order to decrease use of disposables.

Workshop Format: The MicroResearch-NS workshops combined interactive seminars, exercises and daily small group interdisciplinary, project development sessions supported by local site coach. Participants were placed into two groups on Day 2 with good spread of background and expertise across the two groups.

The daily attendance was high as noted above. The two groups rapidly became teams with excellent daily discourse and regular sharing by email and catch up conversations for those who had to miss a class or had to come late because of pre-existing commitments.

Workshop Program Overview:

The 10 half day program included daily program of lectures, discussions and exercises is summarized in **Appendix 5**.

On Day 2, each participant vigorously discussed the merits of their individual research topic (See **Appendix 6**). One area was selected, shaped into a question and then refined for proposal overview development during the workshop. All expressed deep commitment to helping to make a difference in the health of this community. Having team members from the community was crucial for understanding of the local culture and context of the topic area selected.

Day 3: A team spokesperson presented the list of topics to the coach and teacher and the team discussed why the final selection was made.

Research Questions:

(i.e. unrefined questions/ objectives) for development into an overview research proposal during the workshop:

Team 1: Can collective impact improve access to physical activity and improve quality of life for young adults with special needs?

Team 2: What resources do youth who have been convicted of a crime think would be helpful in decreasing their rate of recidivism and help them become productive members of society? What resources would their families and caregivers find helpful?

The rest of the workshop was devoted to refining their research questions and developing the proposal overviews including background, methods, budget, knowledge translation and next steps etc. all with the help of their MR coaches. Other presentations focused on report writing, manuscript development, creating posters and abstracts as well as how to create a research PPT for the final day.

Team Research Proposal Overview Presentation and Judging

The refined research aims/ questions presented by the two teams on last Day for adjudication were:

Team 1:

Research question: What do young adults with disabilities perceive as barriers to, and required resources for, accessing physical recreation programming in rural and urban HRM?

Team 2:

Research question: What interventions influence the rates of recidivism in youth? Youths perspectives

The highlight on the final day of the workshop (**Appendix 7**) was the oral presentations describing each team's proposal overview to answer their research question. The presentations included a 10-minute overview of the team's research proposal followed by comments and questions from the judges and audience and then constructive suggestions from the other participants on how the proposal might be strengthened.

Judges:

Three distinguished judges were invited to adjudicate the presentations.

Jessica Nowlan MSt, Network Manager, BRIC – Building Research for Integrated Primary Health Care in Nova Scotia.

Danny Graham LLB QC Chief Engagement Officer, Engage Nova Scotia

Alice Aiken BScPT, MSc PhD, VP Research Dalhousie University

The judges listened to the presentation, asked questions and then deliberated on whether the project could go forward to be developed into a full MicroResearch-NS grant proposal. Their Evaluation and scoring system was based on MicroResearch principles (**Appendix 8**).

Judges Comments:

The judges were very impressed by the importance of the research question for the community and indeed for Nova Scotia. The cases presented were very compelling. The judges specifically highlighted the passion both teams showed and noted that the work done was impressive. Both teams were given the greenlight to go ahead for full proposal development. The judges then offered specific constructive criticisms to both teams post adjudication for strengthening the proposals (**Appendix 9**).

Workshop Assessment

An assessment of the workshop by participants was obtained using structured evaluation forms submitted anonymously. All 13 eligible participants completed the final participant evaluation form. The scores and summary of comments are presented in **Appendix 10**. The workshop was well received and highly valued. Of particular note, the keenness to work with the community was highlighted. The standard question – how will you use what you have learned was omitted accidentally but spontaneously several reported how this would use the training to improve asking questions and finding answers in their daily work. One noted how valuable an experience this had been in terms of learning how helpful multi disciplinarity was in addressing complex questions. Several wished more team building work could be done earlier.

Several participants asked when the next workshop would be in HRM as colleagues keen to attend. The issue of whether a “ team “ could come to work on a problem

Team Evaluations

From the viewpoint of the coaches and facilitator the groups worked well albeit one was especially interactive. As noted above – the diversity of the teams was much valued. For one team, more efforts for team building was suggested. (**Appendix 11**).

Outcomes and Recommendations

Administrative Considerations:

1. High level discussion is need to consider the value and implications having a “ team” come to the workshop as a team
2. The added value of having day loaner computers as well as internet access was significant. Need to find the funding to be able to purchase a router, have access to internet as well as 2 to 4 lap tops and power bar extension cord. Cost estimate form Katie Maclean including the big travel box is about \$4-5K but less if less equipment
3. Supplying the coffee and tea etc with snacks is significantly less expensive if MR purchases directly and brings the kettle and coffee maker than if catered. If was catered daily would have been > \$1000. !
4. Follow up with DMRF and Alice Aiken re potential further funding

Educational Considerations:

1. Correct 9A to note proper address for MR NS submission and add back slides on second projects
2. Discuss how to grow the qualitative capacity amongst the MR coaches
3. The link to MSPOR is growing- more discussion is need to further capitalize on this for benefit of MR and MSPOR
4. There is a need for a MR Forum as several teams of topics where links and connections would be fruitful. This will require specific funding
5. Several of the presentations were long – mainly because generated so much interest amongst the participants. Need to work on a mini max – so not cut so far into group work time
6. During the oral presentations and questioning by the judges, the voices of the team members were hard to hear around the room – hence the suggestion is given to ad voice projection slide in 6A poster and oral presentation.
7. More requests to have this adapted for other areas e.g oceans and where use possible broader examples beyond health

Acknowledgements:

The MicroResearch-NS would like to express our gratitude:

To the 13 participants for their time, energy and passion that they put into the development of the two proposal overviews.

The guest teachers who supported the participants.

To Shawn Harmon and David Stock for their dedication, commitment and efforts in coaching the teams.

MicroResearch 2019

To Research Services at IWK and NSHA for supporting MicroResearch

To Heather Rushton for her superb support for the infrastructure for this workshop

To the judges for giving so generously of their time and talents

Respectfully submitted by

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