



**Final Report:
MicroResearch Nova Scotia Workshop
IWK - Focus on Mental Health and Addictions Workshop
Held at Dixon Building, QEII Health Sciences Centre,
Halifax Nova Scotia
April 23- May 4, 2018**

***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 April 23 and May 4 2018 the first IWK -NS Workshop was held at the Dixon Building at the QEII Health Sciences Centre in Halifax, NS. In contrast to previous workshops where the focus could be on any question related to health, after discussion with senior leaders at the IWK Health Centre (Jocelyn Vine –VP of Patient Care & Chief Nurse Executive, Drew Lynk, Chair Dept of Pediatrics and Dr Alexa Bagnell, Associate Chief of Child and Adolescent Psychiatry) this was narrowed to questions within mental health and addictions in order to attract health care and community members interested in this focus.

The workshop was led by Noni MacDonald with Katie McLean, Chris Giacomantonio, Margaret Casey and Leslie Anne Campbell. Heather Rushton

provided the MicroResearch administrative support. The Workshop was carried out in collaboration with

- Dalhousie University Faculties of Medicine and Health Professions
- IWK Health Centre, Pediatrics, Child and Adolescent Psychiatry, Mental health and Addictions & Research Services
- Nova Scotia Health Authority, Research Development Office

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.

Rationale for Mental Health and Addictions Focus This Workshop

As in the rest of Canada, most people in Nova Scotia have themselves been touched or know someone who has been touched by mental health and addictions – whether a family member, friend, co-worker, or others in their lives. While the province is committed to improving mental health care for Nova Scotians, gaps remain. MicroResearch can help find solutions that are community-focused, locally driven, sustainable, culturally and local resource appropriate solutions.

MicroResearch-NS Program Model

The fundamentals of the MicroResearch-NS program include:

Workshops:

- Training – participants are taught practical and applied community focused research skills

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 IWK Workshop in the Dixon Building, QEII, Halifax

Finding space for the two week workshop at the IWK proved very difficult but, working with the NSHA Research Services space was found in the Dixon Building at the QEII Health Sciences Centre. The main room was large and was next to the QEII Library- a big bonus. Not only did the librarian Katie McLean help teach the

session on searching the internet but also loaned out her box of resources (router with internet access, projector, cables and accessories and daily “loan” computers for participants if needed). These tools were critical as IT services could not supply internet access for participants, nor a projector.

Participants: Workshop participants were recruited through personal meetings, referrals and personalized invitations to the IWK health workers, Halifax Regional Police), Laing House, Phoenix House, Rotary Nova Scotia and other community organizations. The breadth and depth of experiences of the 12 participants were remarkable. A number of participants commented on the value of the diversity- i.e. no one person knew all participants and backgrounds and experience differed but noted the predominance of women. A complete list of participants is available in **Appendix 1.**

Pre Workshop Assessment

A summary of the findings of nine pre-workshop assessment are shown in **Appendix 2.**

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; recommended by site committee or supervisor.

Workshop Facilitators, Coaches and Guest Lecturers: All faculty who facilitated this workshop had research experience and the majority had MicroResearch teaching experience. The list of faculty can be found in **Appendix 3.** The coaches can be found in **Appendix 4.**

Workshop Logistics: All the workshop sessions were held at the Dixon Building, QEII Health Sciences Centre on weekdays from 1 pm -5 pm. As noted above Katie McLean, a librarian and educator for NSHA loaned us daily her teaching support box that contains a router, projector, lap top computers for loan, power bar and accessories. Tea, coffee and snacks (– fruit, granola bars, muffins etc.) were arranged by MicroResearch as the cost of catering from the QEII Health Sciences Centre was too expensive. 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 coaches. Course participants were divided into two “groups” by the MicroResearch-NS faculty on Day 2 of the workshop series such that each group included a variety of professional disciplines and gender equity across the groups. Each groups had 6 members. By Day 5, the two groups had evolved into “Teams” who focused their time, energy and effort on addressing a research question they had agreed to investigate.

The daily attendance was excellent- there were several days when one or two participants could not attend because of pre- engagements. Several participants due

to their work commitments had to periodically leave to address crises but all made great efforts to maximize attendance. No one missed more than 2 sessions

Workshop Program Overview:

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

On Day 2, each group vigorously discussed the merits of each of their individual research questions (See **Appendix 6**). One question was then selected as their team workshop project. For one group this proved difficult as several questions had much appeal.

Day 3: A spokesperson for each group presented the list of questions to the entire class, noted the one selected by the team and then the rationale for its selection. Following a lecture on quantitative research methods, the two groups then worked on these questions, further refining them. In one group- the initial question was changed as discussion had revealed concerns that finding the answer might or might not be able to change any outcome.

Research Questions:

The final three topics selected by the teams (i.e. unrefined questions/ objectives) for development into an overview research proposal during the workshop

Team 1: What services would have assisted males currently between the ages of 18-25, diagnosed with a mental illness, when they first noticed symptoms, to prevent escalation to a crisis?

Team 2: What do young women (12-19 years) who were groomed in to prostitution, identify as the grooming techniques that were effective?

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

Team Research Proposal Overview Presentations and Judging

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

Team 1: What supports would have helped males in HRM currently aged 19 to 26 diagnosed with mental health illness when they first noticed symptoms to avoid presenting as a crisis?

Focused questions:

When did you first notice symptoms?

What supports worked or did not work?
What would you have liked to have seen?

Team 2: What do young women in Halifax area identify as helping them to resist recruitment into the sex trade?
What are the resistance strategies they used?
What are the positive factors they identify?

The highlight on the final day of the workshop (**Appendix 7**) was the oral presentations describing how each team would attempt to answer their research question. Each presentation 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:

Five distinguished judges were invited to adjudicate the presentations.

- Shawn Cleary (City Council of Halifax Regional Municipality)
- Jason Berman (VP Research IWK Health Centre)
- Jennifer Gillivan (Executive Director IWK Health Centre Foundation)
- Linda Carvery (retired Citizen Court Judge, community activist)
- Audrey Steenbeek (Prof School of Nursing, Dalhousie University)

The judges listened to the presentations, asked questions and then deliberated on whether each of the projects 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 deeply impressed at the importance of the questions for the community and the passion shown by both teams in trying to address the problems. They commented that it was very evident the much effort that had gone into developing the proposal overviews and into the high quality of the presentations and responses to questions. The team work shone through. Both questions were compelling and as one judge noted when the research is done each may lead to profound change in our community. The judges also commented on the multidisciplinary of the teams and how refreshing it was to see police involved

The judges had a number of specific suggestions for strengthening each proposal (**Appendix 9**). Each team was supported by volunteer coaches who stated that they were keen to continue working with the teams to ensure ultimate success.

Workshop Assessment

An assessment of the workshop by participants was obtained using structured evaluation forms submitted anonymously. 12 eligible participants completed the

final participant evaluation form. The scores and summary of comments are presented in **Appendix 10**.

Team Evaluations

From the viewpoint of the coaches and facilitator the teams worked exceptionally well together. They themselves noted the commitment of the team members and valued the diversity (**Appendix 11**).

Comments and Recommendations

Outcomes and Recommendations from the IWK MR Workshop held at Dixon Building QEII Health Sciences Centre

Administrative Considerations:

- The venue worked well, especially its closeness to the IWK Health Centre which meant travel for coaches and most faculty was simplified.
- The QEII library education resource box (router with internet access, projector, cables and accessories and daily “loan” computers) greatly assisted the workshop. We need to explore potential for purchase of similar box for MR NS as would simplify logistics for any site.
- The cost of and ability to get parking near to the venue was not always easy for community participants.
- The use of personal mugs to minimize paper waste worked well.

Educational Considerations:

- Narrowing health to mental health and addictions was not seen as a constraint by participants.
- This did foster recruitment of community members involved in this area.
- Having the police involved was seen as a huge asset by the other team members
- Suggested other groups that could be involved
 - Restorative justice
 - Youth advocate program (YAP)
 - School plus
 - School social workers
 - School psychologists
 - YMCA school workers
 - ISANS
 - Chebucto connections
 - Community Services /Children’s Aid

- Would have been helpful to have had EHS involved but appears to be difficult to get time allocated for their presence.

- Comments from the teachers and participants will help further refine the lectures.

Acknowledgements:

The MicroResearch-NS would like to express our gratitude

To Katie McLean for loan of the much valued tool box of resources and to the NSHA Research office finding local space that worked so well.

To the participants for their time and the energy and passion they put into their proposal overviews

The teachers and coaches who supported the participants

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

N E MacDonald

Noni E. MacDonald
MD, MSc, FRCPC, FCAHS



