KU08
Banff, Alberta
Notes from a discussion on capacity building.
June 12, 2008

Current gaps and capacity building approaches

The discussion included the identification of capacity building programs and initiatives in three areas:

- KT research 'on the ground'
- KT research through traditional graduate programs based in universities
- Capacity building for enhanced receptor capacity / research use.

Jeffrey Smith provided a short description of his experience within the VA Mental Health QUERI program in the USA. VA QUERI has several large teams focusing on improving use of evidence-based practices for various health conditions (mental health, diabetes, etc). They have the need to build research and evaluation capacity among many researchers who have been trained in other disciplines or methods. Using this as a 'jumping off' point for discussion around other capacity building issues, and the potential gaps, participants identified and described very briefly the following initiatives[1].

- QUERI (Veterans' Administration) USA (Smith, Stetler)
- Primary Care Practice Based Research Networks (Quebec) (Legare)
- NIH Clinical Translational Research Institutes (N= 38) USA (Kenny, ?)
- Bangor (Wales) Two streams of work – Translational medicine and Community based
- Community of practice (informal) focused on wound care. 15 sites in 3 countries. (Monthly teleconferences)
- Department Health (UK) CLARHC Centres for Leadership and Applied Research and Care (Have to be lead by local health economy; 10 million pounds per centre requiring matched funds from health authority.
- Bangor (Wales) KT partnerships funded by government. Studentships where student works to transfer knowledge from the research team to health sites.
- Several initiatives from Australia (Bucknell) sponsored by NICS (National Institute for Clinical Studies)
    - Scholars program (half time devoted to research and half to clinical practice
    - Community of practice model.. with team picking the topic
    - Joint appointments (9 different partnership models)
- New Zealand has hybrid models similar to other places (Kent) as well as a program sponsored by a charity that supports pediatric clinicians (2) to do research related to clinical practice each year.

[1] Speaker is identified where possible.

- US Military has centre grants. They have trained 61 PhD nurses in EBP.. $2.5 million program now coming to end. Being replaced by 2 funding mechanisms… grants to assist guideline development and implementation in EBP.

Second, trainees in the audience were invited to describe their experiences with capacity building; gaps they perceived in their programs, and novel ways to deal with gaps. Mentioned were:

- Training in multi-level analysis is needed
- Support from home university would be helpful (several trainees described crafting innovative ways to get advanced education in KT when their home institutes had no expert faculty in this area).
- There is a shortage of faculty who can mentor trainees in this area.
- Consider outside the box solutions to capacity building; eg. Distance learning (classes in Australia at 3 AM!; mentoring/ connecting among trainees themselves).
- Identify creative solutions to leverage training opportunities that exist; be accommodating to interested learners.

Third, several members thought it important not only to speak about capacity to DO KT research; but also capacity within various receptor communities to USE research. The following entities that work to enhanced receptor capacity were described. Some of them do this through doing research about 'what works'.

- Research projects that focus on how to enhance receptor capacity. (e.g. comparing provision of research evidence alone to research evidence plus intervention).
- Many examples of evidence-based medicine fellowships in facilities (usually with academic support for the fellow)
- Magnet Recognition program in US has evidence-based criteria as one of the 14 dimensions of excellence.
- Using emancipatory framework to create change in health settings; create evidence-based, person centred cultures. Experience with an evaluated program to do this in Australia that is now being rolled out to the whole state (McCormack).
- EXTRA program from Canadian Health Services Research Foundation.
- Worm your way in approach (perseverance over time.. get nurses to ask questions.. enabled by mechanisms that include: consultant model; small grants; Eureka (one year grants to enable research work).
- SEARCH Canada .. capacity building program in health regions in Alberta
- CIHR has a suite of programs that contribute in this area:
    - Summer KT institutes for trainees organized by Institutes
    - KT handbook forthcoming in one year (With CMAJ supplement)
    - STHR (Training programs that bring people together around a particular topic)
    - New investigator awards
    - Clinical investigator awards for someone with a clinical background.. 5 year award.

- Bureau ?? created by Laval and CEO of health region to support KT in practice settings.. Supports nurses in clinical practice to access summaries of research in practice areas. Also involves an intervention which is a research project. This model is being extended to other francophone countries.
- Northwestern University is developing an interdisciplinary practice model. See Evidence-Based Behavioral Practice (EBBP) website at www.ebbp.org.
- Faculties with no inhouse expertise in KT invite guest faculty to give intensive courses.
- Resource reallocation to focus attention on KT; e.g. integrate expectations into job descriptions, build capacity around a decision-making model that requires evidence (Johns Hopkins)
- Workshop series approach to educating nurses (various locations in US, including Mayo Clinic, Dallas/ Ft Worth; Northern Maine; Montana).
- British Columbia – Michael Smith Foundation for Health Research issues RFP for all health regions to submit proposals to build research capacity. It has been used in various ways.
- Michael Smith Foundation for Health Research has also funded 8 population health networks (e.g. rural and northern health; children, aging, etc) that are focused largely on capacity building.

Where to from here?

In summary, there were a great many capacity building entities identified and described briefly; perhaps more than anticipated. Therefore, the group did not really get into a serious discussion of gaps, as had been anticipated. Regardless, the issue of attending to building capacity was reconfirmed as an essential ongoing topic of discussion.

Several potential avenues for future action were suggested:

- Describe more definitively what is actually happening with respect to KT research and receptor capacity building. What has been learned?
- Work towards coherence in describing and understanding activities in capacity building.
- Consider adopting a strategic position of this group so that members could use it for influence in their own countries.
- Maintain focus on building capacity.
- Consider examining some other models e.g. CIAR (Canadian Institutes of Advanced Research).
- Be explicit in next steps about articulating precisely WHAT capacities we're trying to build. How will we know if we succeed?

The following individuals offered to help commit some time to taking this conversation to the next level.

- Alison Kitson (UK) (Will initiate first communication)
- Kate Gerrish (UK)
- Alyce Schultz (USA)
- Tanis Hampe (Canada)

- Jacqueline Tetroe (Canada)
- Donna Havens (USA)

Session planned by Judy Birdsell, Jeffrey Smith, and Phil Ulrich