



**Knowledge
Translation
Canada**

**KT CANADA
SUMMER INSTITUTE PROGRAM
2025**

Welcome to the 2025 Summer Institute. The theme this year is “Knowledge Translation and Learning Health Systems”.

Much of the planning for the Summer Institute was conducted 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.

The Summer Institute is hosted on the ancestral and unceded territories of the Coast Salish peoples, including the Musqueam, Squamish, and Tsleil-Waututh, caretakers of this land for millennia. We are committed to continuing to learn and respect the history and culture of the communities that have come before and presently reside here.

June is Indigenous History Month. We urge all Summer Institute participants to spend time learning about the history and effects of residential schools in Canada, and to review the [truth and reconciliation commission of Canada’s calls to action](#).

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. We recognize and are grateful to have this opportunity to work on this land, and commit to caring for this land and continuously and actively working towards reconciliation. We recognize that Indigenous practices of health and well-being have been in place in this territory for over 10,000 years and are maintained to this day. We encourage all of the event participants to consider and reflect on their place on this land where they are situated.

As chair of this year’s Planning Committee, I would like to give a special thank you to the local planning group: Lupin Battersby, Gen Creighton, Ugen Lhazin, Gayle Scarrow, and David Walugembe. I would also like to thank the KT Canada Advisory Group: Melissa Brouwers, Christine Cassidy, Maoliosa Donald, Christine Fahim, Ian Graham, Kate Sibley, Janet Squires, and Sharon Straus, and to our coordinator Meghan Storey. They were extremely helpful in developing the program and ensuring an outstanding teaching faculty and curriculum. We are also grateful to all who assisted in reviewing the applications to select the participants.

We have an exceptional group of teaching faculty and guest speakers this year. They are a diverse group of knowledge translation researchers, clinicians and policy makers. This group has been a great help in contributing their time, expertise and dedication to the Summer Institute.

We would also like to extend thanks to our generous partners: Michael Smith Health Research BC, BC SUPPORT Unit, Ontario SPOR Support Unit, Simon Fraser University Knowledge Mobilization Hub, University of British Columbia Knowledge Exchange Unit, and the Knowledge Translation Program at Unity Health Toronto.

We are delighted to have such an outstanding group of participants attend the Summer Institute this year. We thank you for taking part and hope you enjoy this opportunity to immerse yourselves in a new and expanding research area.

Sincerely,

Linda Li

Overview

The purpose of this Summer Institute is to provide participants with the opportunity to increase their understanding of knowledge translation research as well as opportunities and challenges in this field. The Summer Institute will provide participants with the chance to network with colleagues including national KT experts.

The Summer Institute is aimed at graduate students, post-doctoral and clinical fellows, junior faculty who study issues relevant to KT, and those who want to learn more about how to advance their research skills in this area. The theme of the Institute is “KT and Learning Health Systems.”

The 2025 Summer Institute objectives are to:

1. Develop an understanding of the different challenges in KT and Learning Health Systems (LHS),
2. Advance skills in KT and LHS,
3. Network with other junior researchers interested in KT and LHS, as well as with mentors experienced in KT and LHS,
4. Experience a supportive training environment that is respectful of the perspectives, tools and approaches of all disciplines.

We have provided you with an online evaluation for the Summer Institute. Please make sure you complete the evaluation. This evaluation is critical to us; we want to hear about your experience.

We will also ask you to outline your personal goals on a postcard upon completion of the Summer Institute. Meghan will send you your postcard in 6 months.

We hope you enjoy the Summer Institute!



THE UNIVERSITY OF BRITISH COLUMBIA
Knowledge Exchange Unit
VP Research & Innovation



Table of Contents

Welcome	2
Overview	3
Abstracts	
Implementation of Patient-Reported Outcome Measure in Pediatric Chronic Kidney Disease (PRO-Kid) into Clinical Pediatric Nephrology Practice.....	6
Sustain and scale innovations for elders’ transitions of care: case studies with sequential mixed methods	7
Identifying Barriers and Facilitators of the Cancer Rehabilitation and Exercise - Advanced Cancer (CaRE-AC) Program: Towards Enhanced Delivery through Resource Development	8
Developing an implementation plan for an exercise program in advanced lung cancer	9
Cultivating Connections to Nature and Community in Southern Ontario	10
Toward the sustainability of advance care planning in primary care: Protocol for a mixed-methods process evaluation of a knowledge translation intervention	11
Hold Me Close: Implementing Non-Pharmacological Interventions for Infants with neonatal opioid withdrawal symptoms and neonatal abstinence syndrome	12
Exploring the Implementation of the Clinical Information System One Person One Record at IWK	13
Enhancing Older Adults’ Participation in Tele-Exercise: An Implementation Science Approach	14
A scoping review of operationalization of shared decision-making in physiotherapy.....	15-16
Participatory project on falls and its risk factors among people with stroke aged 30-65 years living in the community	17
Strategies to Support the Sustainability of the Baby-Friendly Initiative at a Tertiary Maternal-Newborn Health Care Facility	18
Scaling-Up the Implementation of a Community Exercise Program for People Living with Stroke in British Columbia	19
Understanding Eldercare Setting Staff Members' Perceptions of 2RaceWithMe	20
Chronic Barriers: Long COVID Patients’ Odysseys within the Healthcare System.....	21
The Structure, Implementation, and Impact of School-Based Nursing Support for Children with Special Healthcare Needs in Nova Scotia: A Mixed Methods Study	22
Implementing and evaluating the Adult Comfort Promise intervention for patients receiving intrauterine device insertion and endometrial biopsy	23
An Evaluation of Popup COVID-19 Clinics at Mosques in Canada: A Mixed Methods Study	24
Participatory Member Checking: A Novel Approach for Engaging Participants in Co-Creating Qualitative Findings	25
A psychosocial intervention based on lived experience: using Digital Storytelling for people with endometriosis	26
Examining the Cancer-related Treatment Decision-Making Process Among Older Chinese Immigrants	27
Co-designing Equitable Solutions for Pediatric Chronic Pain in Primary Care	28

Harnessing Rapid Reviews to Transform Virtual Health: Bridging Evidence and Decision-Making for Improved Care Delivery	29
Towards implementation of a youth-centred model of care for opioid agonist treatment: Results from a multi-phase and multi-method study	30
Collaborative Development and Evaluation of Online Implementation Science Resources with People with Lived and Living Experience	31
Use of a cloud based digital tool to improve linkage to care after point-of-care testing for HCV	32
Improving Patient Flow in Alberta Hospitals: A Scoping Review and Health Policy Analysis to move evidence into practice.....	33
Collaborating for Concussion Care: Co-Designing the Return to School Framework	34
Exploring the Impact of Patient Partner Engagement on Co-Production and Knowledge Translation Within the Brain-Heart Interconnectome.....	35
Co-developing an Early Intervention Framework for Eating Disorders in British Columbia	36
Assessing the Impact of Participant Characteristics on Variability in Balance Intensity Within a Fall Prevention Exercise Program for Older Adults	37
Sex-based Differences in Mental Health Service Contacts and Overdose Risk in British Columbia	38
Examining patient- and family-centered care experiences in the neonatal intensive care unit: Co-development and validation of the Neonatal Intensive Care Experience Reporting (NICER) Instrument with parents, researchers, and healthcare professionals..	39
Consent Process for Adolescent Vaccination: Current practices and considerations for alternative approaches in Canada	40
Empowering Respiratory Therapists in Evidence-Informed Practice: Field-Testing Micro-Credentials for Enhanced Outcomes and Healthcare Efficiency	41
Guest Speakers & Faculty	42
Participants	47
Full Attendee List	57

Abstracts

Presenter: Karma Abukasm

Institution: University of British Columbia

Authors: Karma Abukasm, Allison Dart, Mina Matsuda-Abedini

Title: Implementation of Patient-Reported Outcome Measure in Pediatric Chronic Kidney Disease (PRO-Kid) into Clinical Pediatric Nephrology Practice

Background: Symptom burden in chronic kidney disease (CKD) is a recognized research priority identified by patient-partners. Clinical patient-oriented tools to support decision-making are lacking for pediatric CKD. The Patient Reported Outcome Measure for Children with Chronic Kidney Disease (PRO-Kid) study developed and validated an easy 14-item bedside tool to assess the CKD symptom burden in children.

Methods: The next phase of this project focuses on its implementation across 7 Canadian pediatric nephrology centers. This project will adopt a Consolidated Framework for Implementation Research structure for the pre-implementation phase, and the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework for the implementation evaluation. Organizational readiness through multidisciplinary focus groups will attempt to identify local facilitators and barriers to implementation. Implementation outcomes, including patients' and providers' satisfaction, will be longitudinally assessed over 6 months through follow-up focus groups and surveys. The development of additional evidence-based tools will assist in successful implementation.

Planned analysis: We will analyze the results of this study using a mixed-method approach. Analysis of focus group content will be conducted using content analysis for qualitative analysis and a deductive approach by using the CFIR and RE-AIM domains and constructs as a coding structure.

Expected outcome: We hope to successfully implement the PRO-Kid tool into pediatric nephrology clinical practice and to rigorously evaluate our implementation efforts. We will also iteratively create tools to support the implementation and clinical use of the tool based on research users' feedback. This study is crucial in improving healthcare for children with CKD across Canada. We hope it will empower patients' voices and help align decision-making with patients' quality of life, potentially informing the timing of dialysis and kidney transplant.

Presenter: Laetitia Bert
Institution: Laval University
Authors: Laetitia Bert

Title: Sustain and scale innovations for elders' transitions of care: case studies with sequential mixed methods

Background: As Quebec's population ages, sustaining and scaling innovations designed to improve transitions between healthcare services for seniors has become a growing challenge. The lack of sustainability and scalability in these innovations results in wasted resources, energy, and expertise. While the issue's importance continues to rise, there remains a gap between theoretical models and their practical application in sustaining and scaling healthcare innovations, especially in the context of vulnerable seniors.

Methods: This study aims to explore the barriers and facilitators to scaling and sustaining innovations aimed at improving care transitions for vulnerabilized elders. Specifically, it focuses on the creation of inter-organizational practice improvement workshops addressing care transitions for seniors with major neurocognitive disorders (CoMPAS+TNM) and the implementation of geriatric emergency management nurses in Chaudière-Appalaches, Quebec. Adopting a sequential mixed methods (quant-QUAL) case study design, data collection involved questionnaires, individual interviews, and focus groups. The NHS Sustainability Model and the Innovation Scalability Self-administered Questionnaire (version 4.0) were used to guide the data collection.

Planned Analysis: The data analysis will be guided by a theoretical framework that combines neo-institutional theories and structuration theory. Quantitative data will be analyzed using statistical methods, while qualitative data will undergo thematic analysis. A joint display will be developed to facilitate the integration of both data types and highlight the points of intersection. This combined approach will provide a holistic understanding of the factors influencing the sustainability and scalability of each innovation that will be compared.

Expected Outcomes: This study will identify key barriers and facilitators affecting the sustainability and scalability of healthcare innovations designed to improve care transitions. The findings will lead to evidence-based recommendations aimed at improving care transitions for seniors with complex health needs in Quebec. Moreover, the study will contribute to a deeper understanding of the processes involved in sustaining and scaling healthcare innovations, helping to bridge the gap between theoretical frameworks and practical implementation in the field of knowledge translation.

Presenter: Kelcey Bland

Institution: University of British Columbia

Authors: Kelcey Bland, Helen McTaggart-Cowan, Nathalie Levasseur, Howard Lim, Jennifer Jones, David Langelier, Tony Reiman, Jonathan Greenland, Kristin Campbell

Title: Identifying Barriers and Facilitators of the Cancer Rehabilitation and Exercise - Advanced Cancer (CaRE-AC) Program: Towards Enhanced Delivery through Resource Development

Background: Advances in cancer treatment have extended survival, increasing the number of individuals living with advanced cancer. However, cancer and its treatment can impair physical function and quality of life. Cancer rehabilitation aims to address these issues but remains underdeveloped for individuals with advanced cancer. To bridge this gap, the Cancer Rehabilitation and Exercise - Advanced Cancer (CaRE-AC) program was developed. To ensure its success and scalability, it is essential to evaluate barriers and facilitators to CaRE-AC program delivery

Objectives: This study aims to: (1) identify barriers and facilitators to CaRE-AC delivery from the perspectives of patients and healthcare providers, and (2) co-design resources to support future CaRE-AC providers.

Methods: A sequential mixed-methods approach, guided by the Consolidated Framework for Implementation Research (CFIR), will focus on the “individuals domain” to examine key characteristics of CaRE-AC recipients and deliverers. Semi-structured interviews will explore patient and provider perspectives on program successes and challenges, along with program feasibility, scalability, and resource needs. Potential resources, including professional development materials for allied health professionals in advanced cancer settings, will be co-designed. Feedback on resource drafts will be gathered via surveys.

Planned Analysis: Interview data will undergo thematic analysis, with key themes mapped onto the CFIR framework. Survey data, including Likert scale responses, will be analyzed descriptively to assess resource relevance and usability. Open-ended survey responses will be thematically analyzed for additional insights. All data collected will allow for the continuous refinement of co-designed resources.

Expected Outcomes: This study will identify critical barriers and facilitators to CaRE-AC delivery, informing strategies to enhance implementation. By addressing identified challenges and providing tailored resources, the proposed work aims to support national implementation testing of CaRE-AC to improve rehabilitation access for individuals with advanced cancer.

Presenter: Sabrina Cao

Institution: University of British Columbia

Authors: Sabrina E Cao, Sarah E Neil-Sztramko, Pat Camp, Mary A Kennedy, Kristin L Campbell

Title: Developing an implementation plan for an exercise program in advanced lung cancer

Background: Exercise can improve physical function and treatment-related impairments for those with cancer. People living with advanced lung cancer rarely meet exercise recommendations, and few programs are tailored to their needs. Implementation Mapping (IM) can be used to plan for the implementation of pertinent exercise programs. This study evaluates the barriers and facilitators to the implementation of the Mitigation of decline with Virtual Exercise for lung cancer (MoVE) program, as part of pre-implementation planning.

Methods: IM Step One evaluates needs and desired outcomes using the updated Consolidated Framework for Implementation Research (CFIR 2.0) through individual semi-structured interviews with key interest-holders: previous MoVE participants, oncologists and referring healthcare providers, community-based exercise professionals, and administrative leadership. IM Step Two qualitatively analyzes these interviews to determine change objectives. IM Step Three matches these results to implementation strategies. The finalized list of recommended strategies will cover different target populations and levels of involvement.

Planned Analysis: The qualitative interviews will be analyzed through directed qualitative content analysis based on CFIR 2.0. Coding guidelines based on the CFIR 2.0 created by the CFIR team have informed the initial coding structure. Data will be coded into overarching domains before being further coded into constructs. From there, deeper analysis of the content will be done to identify barriers and facilitators for the implementation of MoVE.

Expected Outcomes: The outcomes of this project are expected to demonstrate the range of barriers and facilitators that exist across interest-holders, highlighting the importance of adequate planning. The use of CFIR and IM in the field of exercise oncology is promising for future implementation trials, as multiple levels of implementation must be considered for cancer, where comprehensive care requires interdisciplinary collaboration. Implementation planning should be used in multidisciplinary healthcare settings to create sustainable solutions, which advance quality of care and quality of life.

Presenter: Tara Chen

Institution: University of Waterloo

Authors: Tara Chen, Susan Elliott

Title: Cultivating Connections to Nature and Community in Southern Ontario

Background: Social determinants account for up to 80 per cent of health outcomes, demonstrating the critical importance of addressing social and environmental factors alongside traditional healthcare models. Social prescriptions have emerged as an innovative response, offering a community-based, person-centred approach that shifts the focus from “What’s the matter with you?” to “What matters to you?” Within this approach, nature-based social prescriptions (NbSP) where health and social workers are connecting individuals to guided walks and park access passes are gaining recognition to connect people to the healing effects of nature. This research will examine how this phenomenon is being used to improve health and wellbeing.

Methods: Using an exploratory qualitative research design, I will conduct semi-structured key informant interviews across health, social and environment sectors to understand how and where NbSP are implemented and received. Site visits to locations where these programs are delivered (e.g., parks, nature trails) will complement the interviews, allowing for an in-depth understanding of the physical environment and its role in promoting wellbeing. Data will be collected through semi-structured interviews, observational site visits, and field notes.

Planned Analysis: Thematic analysis will be used to identify key themes across interview and observational data. NVIVO software will assist in coding and organizing data. Insights will be analyzed to explore the challenges, successes, and perceived impacts of nature prescriptions on health and wellbeing.

Expected Outcomes: This research aims to provide actionable insights into the integration of NbSP into the health system. The findings will contribute to improving practice, informing policy, and providing recommendations for enhancing access to nature-based solutions. The results will be shared with health and social care workers, policymakers, community and environment organizations, and the public to promote the use of nature as a tool for improving public health.

Presenter: Gabrielle Chicoine

Institution: Li Ka Shing Knowledge Institute, St. Michael's Hospital, Unity Health Toronto

Authors: Chicoine, Gabrielle; Archambault, Patrick; Totten, Annette; Straus, Sharon

Title: Toward the sustainability of advance care planning in primary care: Protocol for a mixed-methods process evaluation of a knowledge translation intervention

Background: Advance care planning (ACP) is an evidence-based intervention to provide high-quality care that honors patients' goals and preferences, via shared decision-making and long-term trust-based relationships with healthcare professionals (HPs). The COVID pandemic has further highlighted the need to effectively implement ACP in primary care, and train HPs on how to use ACP tools. However, little is known about optimal strategies to improve ACP sustainability in primary care. The objective of this research is to co-design and evaluate a knowledge translation (KT) intervention to improve ACP sustainability for older adults with serious chronic illnesses in primary care.

Methods: The proposed research will use an integrated KT and equity-informed approach, engaging knowledge users (KUs) from onset to co-create and conduct the research. A mixed-methods study design will be employed.

Planned Analysis First, interviews will be conducted with KUs to identify barriers/facilitators to ACP sustainability and potential strategies to address them. These results will be used together with feedback from KUs to co-develop a tailored KT sustainability intervention, integrating an Intersectionality lens. Then, HPs from 8 primary care sites in Quebec will be recruited and randomly assigned to an intervention or control group. The primary outcome will be HPs' use of ACP, which will be assessed at baseline and after 6 months using electronic medical record data. Quantitative data will be analyzed using descriptive statistics, and generalized linear models with generalized estimating equations will be used to examine the relationship between intervention condition and changes in outcome variable. Finally, a subgroup of HPs will be interviewed to explore their experiences with the sustainability intervention, factors that affected ACP use, and areas for improvements. Qualitative data will be analyzed using reflexive thematic analysis.

Expected Outcomes: Quantitative (effect size) and qualitative (themes) findings will be merged to identify the most effective intervention components and the key conditions to optimize ACP sustainability. This study is a crucial first step in advancing knowledge on optimal strategies to improve ACP sustainability in primary care—laying the foundations for fostering patient-centered care for older adults with serious chronic illnesses in Canada.

Presenter: Sarah Coutts

Institution: University of British Columbia

Authors: Sarah Coutts

Title: Implementation of early skin-to-skin contact with extremely preterm infants: a pilot feasibility study

Background: Skin-to-skin contact (SSC) is recommended as an essential neonatal intervention to reduce the risks of being born preterm and improve short and long-term neonatal health outcomes. However, the optimal timing of SSC initiation – immediately after birth or early (within 72 hours of birth) – remains under investigation for extremely preterm infants (< 28 weeks gestation). Despite its known neuroprotective effects in older preterm infants concerns regarding risk of adverse infant outcomes prevent this practice from being adopted. Addressing key uncertainties regarding optimal timing for initiation, frequency, and duration of SSC, especially in high-risk extremely preterm infants is key to implementing its practice. There is a pressing need for research to guide the effective implementation of SSC and contribute to an improved understanding of clinical outcomes and family experience. To address the research and practice gap, a pilot study will determine the feasibility of early SSC to inform the design of a definitive study.

Methods: This pilot study will use a non-randomized quasi-experimental study design. Feasibility of research indicators, intervention delivery, and acceptability will be collected using qualitative and quantitative methods. We will develop a comprehensive intervention jointly with knowledge users consisting of multiple components including education resources and a clinical protocol.

Planned Analysis: We will seek to enroll 60 infants over a 1-year period. Quantitative data will be analysed descriptively with counts, frequencies, and proportions. Qualitative data will be analysed using thematic analysis to identify patterns and recurring themes.

Expected Outcomes: By better understanding feasibility of early SSC for extremely preterm infants in the local context, implementation findings and associated clinical outcomes may signal effectiveness and inform studies beyond a pilot as well as support the development of a blueprint for implementation in Canadian NICUs.

Presenter: Alannah Delahunty Pike

Institution: Dalhousie University

Authors: Alannah Delahunty-Pike, Janet Curran

Title: Exploring the Implementation of the Clinical Information System One Person One Record at IWK

Background: Clinical Information Systems (CISs) can have a significant impact on the health system. There is a critical gap in the literature evaluating CIS implementation and impacts on patient flow (when a patient enters the system to discharge) and equity (providing patients with the best possible care). To centralize patient information and increase efficiency, Nova Scotia will implement One Person One Record (OPOR), a CIS starting in August 2025. IWK Health, a tertiary women's and children's centre in Halifax, Nova Scotia, will be the first site. Patient flow has been identified as a priority target for evaluating implementation of OPOR. This research will use the exemplar of patient flow and equity to examine the perceptions and experiences of health system users with the real-time implementation of OPOR at IWK Health.

Methods: A mixed methods research design will be used. Data collection will include interviews with key health system users and clinical observations to map patient flow in the Emergency Department, with a comparison to pre-implementation observations. Additionally, a survey will be developed and administered to system users as well as a structured audit tool to guide data collection relating to patient, equity and system outcomes.

Planned Analysis: Using a convergent research design, qualitative and quantitative data will be collected in a similar time frame. Thematic analysis will be used to analyze interviews and focus groups. For survey responses, descriptive statistics and frequency counts will be used.

Expected Outcomes: It is anticipated that successful implementation of OPOR at IWK Health will have a positive impact on patient flow. Implementing a CIS that increases system efficiency could improve access to care and equity at IWK Health. By using patient flow and equity as priority exemplars, this research will provide evidence to understanding facilitators and barriers in implementing health system change at a women and children's hospital.

Presenter: Maria Fernanda Fuentes Diaz

Institution: University of New Brunswick

Authors: Maria Fernanda Fuentes Diaz, Danielle Bouchard

Title: Enhancing Older Adults' Participation in Tele-Exercise: An Implementation Science Approach

Background: Despite strong evidence supporting exercise for fall prevention, participation in evidence-based programs and adherence to guidelines remains low among older adults. Tele-exercise programs can increase accessibility, yet adoption is hindered by barriers such as digital literacy and organizational challenges. This study aims to identify and implement strategies to improve tele-exercise participation in a community-based fall prevention program.

Methods: This project follows a three-phase, multi-method design:

1. **Identifying Barriers and Facilitators:** Semi-structured interviews with aging adults (n=10) and key informants (n=10) will explore factors influencing tele-exercise adoption. The Senior Technology Acceptance Model (STAM) and Consolidated Framework for Implementation Research (CFIR) will guide analysis.
2. **Developing Implementation Strategies:** Using Implementation Mapping, strategies will be co-designed with stakeholders, informed by the Behaviour Change Techniques Taxonomy (BCTT) and Expert Recommendations for Implementation Change (ERIC).
3. **Testing Implementation Strategies:** A hybrid type 3 implementation trial will evaluate the effectiveness of the strategies using the RE-AIM framework (reach, effectiveness, adoption, implementation, maintenance).

Planned Analysis: A mixed-methods approach will be used. Qualitative data from interviews will be analyzed thematically to identify barriers and facilitators. Quantitative data from surveys will be analyzed using descriptive and inferential statistics to evaluate differences in participation and test the effectiveness of strategies.

Expected Outcomes: This study will provide evidence-based strategies to increase tele-exercise adoption among older adults, informing policy, practice, and implementation strategies to enhance digital health engagement and fall prevention.

Presenter: Gelisanga Maribeth Anne P. (Fortune) Gelisanga

Institution: University of British Columbia

Authors: Maribeth Anne Gelisanga and Linda Li

Title: A scoping review of operationalization of shared decision-making in physiotherapy

Background: Shared decision-making (SDM) is a collaborative approach where clinicians and patients integrate best evidence for managing health problems with patients' experiences and preferences.¹ Patients engaged in SDM feel more knowledgeable about their health and in control of their care,²⁻³ leading to better outcomes such as reduced depressive symptoms, enhanced quality of life, and lower hospital readmission rates. Use of decision aids in SDM has enhanced treatment adherence among culturally and linguistically diverse populations.³ While SDM is extensively studied in medicine and pharmacy,⁴ little is known about how SDM is conceptualized and operationalized in physiotherapy. Physiotherapists are crucial in improving function and quality of life,⁵ and are well-positioned to engage in SDM due to the extended time they spend during each session and the continuity across multiple sessions,⁵ which support an environment for the iterative and interactive nature of SDM.⁶ This research aims to describe how SDM is operationalized in the context of physiotherapy.

Methods: The scoping review will follow Arksey and O'Malley's framework.⁷ Search will be conducted in electronic databases such as CINAHL, Cochrane Library, EMBASE, MEDLINE, and Web of Science for completed studies, and PROSPERO and Open Science Framework for research protocols. Grey literature search will be via Google aided by Grey Matters. Two reviewers will independently screen for eligibility and review the full-text. Interest-holder consultations will be through semi-structured interviews of purposively sampled physiotherapists for maximum variation of years of experience, practice settings, and patient population catered.⁸

Planned Analysis: Data will be independently extracted by two reviewers and presented in tabular form, with a descriptive summary⁹ adhering to PRISMA-ScR guidelines.¹⁰ Interview transcripts will undergo direct content analysis,¹¹ with two researchers coding the data. The research team will synthesize the findings and identify gaps.

Expected Outcomes: This review will provide insight on how SDM is practiced in physiotherapy, highlight gaps in current knowledge, and inform research and policy development to promote SDM use to improve patients outcomes and adherence to physiotherapy.

References:

1. Kaplan, S. L., & Moore, C. L. (2018). Perspective a Framework and Resources for Shared Decision Making: Opportunities for Improved Physical Therapy Outcomes. In *n Physical Therapy* (Vol. 98). <https://academic.oup.com/ptj>
2. Hoffmann, T. C., Lewis, J., & Maher, C. G. (2020). Shared decision-making should be an integral part of physiotherapy practice. In *Physiotherapy (United Kingdom)* (Vol. 107, pp. 43–49). Elsevier Ltd. <https://doi.org/10.1016/j.physio.2019.08.012>
3. Montori, V. M., Ruissen, M. M., Hargraves, I. G., Brito, J. P., & Kunnean, M. (2023). Shared decision-making as a method of care. *BMJ Evidence-Based Medicine*, 28(4), 213–217. <https://doi.org/10.1136/bmjebm-2022-112068>
4. Cahill, P. T., Reitzel, M., Anaby, D. R., Camden, C., Phoenix, M., Romoff, S., & Campbell, W. N. (2023). Supporting rehabilitation stakeholders in making service delivery decisions: a rapid review of multi-criteria decision analysis methods. In *Disability and Rehabilitation* (Vol. 45, Issue 12, pp. 1933–1946). Taylor and Francis Ltd. <https://doi.org/10.1080/09638288.2022.2080285>

5. van der Horst, D. E. M., Garvelink, M. M., Bos, W. J. W., Stiggelbout, A. M., & Pieterse, A. H. (2023). For which decisions is Shared Decision Making considered appropriate? – A systematic review. In *Patient Education and Counseling* (Vol. 106, pp. 3–16). Elsevier Ireland Ltd.
<https://doi.org/10.1016/j.pec.2022.09.015>
6. Kunneman, M., Montori, V. M., Castaneda-Guarderas, A., & Hess, E. P. (2016). What is shared decision making? (And what it is not). *Academic Emergency Medicine*, 23(12), 1320–1324.
<https://doi.org/10.1111/acem.13065>
7. Arksey H, O'Malley L. Scoping Studies: Towards a Methodological Framework. *Internal Journal of Social Research Methodology*. 2005;8(1):19-23.
8. Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544.
<https://doi.org/10.1007/s10488-013-0528-y>
9. Peters, M. D. J., Marnie, C., Colquhoun, H., Garritty, C. M., Hempel, S., Horsley, T., Langlois, E. V., Lillie, E., O'Brien, K. K., Tunçalp, Ö., Wilson, M. G., Zarin, W., & Tricco, A. C. (2021). Scoping reviews: Reinforcing and advancing the methodology and application. *Systematic Reviews*, 10(1), 263.
<https://doi.org/10.1186/s13643-021-01821-3>
10. Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467– 473.
<https://doi.org/10.7326/M18-0850>
11. Pouliot-Laforte, A., Dubé, E., Kairy, D., & Levac, D. E. (2025). What is the current state of precision rehabilitation? Protocol for a scoping study with a consultation phase. *BMJ Open*, 15(1).
<https://doi.org/10.1136/bmjopen-2024-094119>

Presenter: Catherine George
Institution: Western University
Authors:

Title: Participatory project on falls and its risk factors among people with stroke aged 30-65 years living in the community

Background: Community-dwelling, young stroke survivors are at a higher risk of falls than healthy individuals. Falls or near falls can hinder recovery and negatively affect their participation in work, leisure, self-care, childcare and social activities. Fortunately, some of the fall risk factors can be prevented or modified.

Objectives:

- To explore the self-reported experiences of falls and near falls for community-dwelling people with stroke aged 30-65 years and the potential self-reported causes for it
- To exchange knowledge and understand the implications/ consequences of falls and near falls, problem components, challenges and impact
- Identify and prioritize topics for future research to reduce falls in younger people with stroke at home, work, and in the community based on gaps in current knowledge, health care, policies and environmental design that limit fall prevention and concerns
- Co-design a knowledge mobilization strategy and associated resources that will provide recommendations for reducing the implications of falls and fall risk and enhance the tailoring of current fall prevention programs to meet the needs of younger people with stroke.

Methods: In collaboration with a Patient Advisory Committee, we made decisions about the research objective and design. The research design is guided by community-based participatory action research and patient engagement principles by Strategy for Patient-Oriented Research. We are recruiting people with stroke living in the community aged 30-65 years who have experienced a fall or a near-fall. They will be co-researchers and engage in up to 12 group sessions. We will work collaboratively to identify and rank their priorities by utilizing visual data (e.g., photographs and videos) and sharing their experiences. We will identify common risk factors and co-design ways to modify or address them. The co-researchers can initiate an Action phase to implement these solutions or provide recommendations to relevant stakeholders (e.g., clinicians, policymakers, and employers) to reduce the risk of falls or their impact. We will plan a community dissemination event with stakeholders and community members to share the priorities and solutions.

Planned Analysis: Informed by critical perspectives, participatory process and patient engagement principles, thematic data analysis and analysis of the group process will be completed in collaboration with the co-researchers.

Conclusion: Identifying priorities regarding falls among stroke survivors aged 30-65 years and providing recommendations for fall prevention interventions at the individual and community level (e.g. workspaces, public spaces, shopping malls) using solutions generated by stroke survivors. Co-researchers will also choose a dissemination strategy for visual data (e.g. exhibition, social media posts and infographics) to engage the public and stakeholders (e.g. clinicians, policymakers).

Presenter: Megan Gray

Institution: Dalhousie University

Authors: Megan Gray, Jeanna Parsons Leigh, Christine Cassidy

Title: Strategies to Support the Sustainability of the Baby-Friendly Initiative at a Tertiary Maternal-Newborn Health Care Facility

Background: The Baby-Friendly Initiative (BFI) is a global initiative developed by the World Health Organization and UNICEF to promote and support breastfeeding and other infant feeding practices while also improving maternal and infant health through the adoption of evidence-based practices. The BFI has been implemented in healthcare facilities globally; however, there is no empirical evidence on what, when, and how knowledge translation (KT) interventions are used for the sustainability of the BFI. Therefore, this study will: 1. Develop initial programme theories of what, how, and under which contexts KT interventions work or not to support the sustainability of the BFI; 2. Test the initial programme theories in the context of the women's health program at IWK Health; 3. Refine the initial programme theories on KT interventions to facilitate the sustainability of the BFI.

Methods: This project will employ a mixed methods realist evaluation design. First, a realist review will be conducted to determine what and how KT interventions work or not, for whom, and in what circumstances for the implementation and sustainability of the BFI. Next, semi-structured qualitative realist interviews will be conducted with healthcare providers and health system leaders at IWK Health to test and further refine the initial programme theories. Lastly, policy and procedure documents from BFI implementation, and minutes from BFI implementation team meetings will be collated for document analysis.

Planned Analysis: The qualitative and quantitative data will be examined for context-mechanism-outcome (CMO) patterns. From there, we will use a triangulation protocol to compare CMOs and identify patterns related to the KT interventions used for implementation and sustainability of the BFI.

Expected Outcomes: This research will produce evidence on how to get the BFI into practice and sustained to improve outcomes. This evidence is critical to inform future KT interventions for BFI sustainability in different contexts.

Presenter: Stanley Hung

Institution: University of British Columbia

Authors: Stanley Hughwa Hung, Linda Li, Taru Manyanga, Ben Mortenson, Jennifer Monaghan, Courtney Pollock, Brodie Sakakibara, Amy Schneeberg, Sally-Anne Stelling, Paul Winston, Jennifer Yao, Janice Eng

Title: Scaling-Up the Implementation of a Community Exercise Program for People Living with Stroke in British Columbia

Background: Stroke survivors are highly sedentary and at high risk of secondary complications. Accessible community exercise programs tailored to stroke survivors with residual disabilities are lacking. The Fitness and Mobility Exercise (FAME) program is an evidence-based community program that improves physical function after stroke. Direct scale-up efforts to increase community exercise programming has not been conducted and the implementation barriers and facilitators are unclear.

Aims: To increase the number of FAME programs in British Columbia and assess implementation barriers and facilitators to guide future scale-up.

Methods: Using a mixed-methods design, this on-going implementation study uses the RE-AIM framework to inform the implementation process and evaluation. We are facilitating partnerships between community centres, health authorities, and our research team to implement FAME within community centres. We will quantify and characterize the stakeholders we engage with and the people participating in FAME. Barriers and facilitators to adoption and implementation will be assessed using field notes, surveys, and interviews. The Short Performance Physical Battery (SPPB) is being used to assess changes in participant physical function.

Results: From May 2024 to April 2025, 43 stakeholders were contacted regarding 19 potential sites to implement FAME across 4 health authorities. To-date, 4 sites (21%) implemented FAME, 4 sites (21%) did not adopt FAME, and 11 sites have expressed interest with planning in-progress. Adoption barriers included the lack of available facility (n=2) or staffing (n=2), or already offering a similar program (n=1). Among the 11 interested sites, the key implementation barrier is locating available staffing for program delivery. Among 19 FAME participants, mean SPPB scores increased by 1.6 points (95%CI=0.9, 2.4) and gait speed by 0.11 m/s (95%CI=0.04, 0.20).

Conclusion: Strategies to increase staffing to deliver FAME may facilitate program adoption and implementation. Preliminary results suggest real-world, clinically meaningful physical function benefits (SPPB=1 point; gait speed=0.1 m/s).

Presenter: Alyssa Iglar

Institution: University of Toronto

Authors: Alyssa Iglar, Mark Chignell

Title: Understanding Eldercare Setting Staff Members' Perceptions of 2RaceWithMe

Background: AgeTech, a segment of the health technology sector (Genge et al., 2023) that includes gaming systems for physical activity, devices that turn appliances off, and online discussion platforms (Sixsmith et al., 2020/2022) among a host of other technologies, holds promise in benefiting older adults and those who provide care for them (Genge et al., 2023). However, these potential or actual benefits may be accompanied by perceived costs, such as high workloads and time spent away from other activities, which may deter stakeholders from engaging with these technologies. In order to understand how eldercare setting staff in a variety of occupational roles perceive the benefits and costs of using one particular AgeTech product (2RaceWithMe, which motivates physical activity), as well as factors influencing these perceptions, I plan to conduct a qualitative study as part of my PhD thesis.

Methods: To achieve this understanding, semi-structured interviews will be conducted with eldercare setting staff who work at sites where 2RaceWithMe has been installed.

Planned Analysis and Expected Outcomes: Insights from a thematic analysis of the interview transcripts are expected to inform future refinements of 2RaceWithMe as well as enhance our understanding of which occupational roles are best suited to support 2RaceWithMe use and which eldercare settings 2RaceWithMe is currently best suited for.

References:

Genge, C., McNeil, H., Debergue, P., & Freeman, S. (2023). Technology to support aging in place: Key messages for policymakers and funders. *Frontiers in Psychology*, 14, Article 1287486.

<https://doi.org/10.3389/fpsyg.2023.1287486>

Sixsmith, A., Sixsmith, J., Fang, M. L., & Horst, B. (2022). AgeTech for cognitive health and dementia. In R. M. Baecker & A. Sixsmith (Eds.), *AgeTech, cognitive health, and dementia* (pp. 15–20). Springer Cham.

https://doi.org/10.1007/978-3-031-01605-9_3 (Reprinted from *AgeTech, cognitive health, and dementia*, pp. 15–20, by R. M. Baecker & A. Sixsmith, Eds., 2020, Morgan and Claypool)

Presenter: Kayli Jamieson

Institution: Simon Fraser University

Authors: Jamieson, K., Smith, J., Purewal, S., Dawes, S., Khor, E., Card, K., Tesfaye, R., & Byers, K.

Title: Chronic Barriers: Long COVID Patients' Odysseys within the Healthcare System

Background: Long COVID (LC) is a chronic and disabling condition with no approved cure or treatments following a COVID infection that 1 in 9 Canadians have already experienced. We investigated the experiences of Long COVID patients (longhaulers) seeking healthcare in British Columbia, including interactions with General Practitioners (GPs), specialists, clinics, hospital visits, and experiences with the provincial Post-COVID Recovery Clinics (PCRC).

Method: Semi-structured interviews and focus groups conducted over Zoom with longhaulers (n=30), unpaid caregivers (n=8), and paid care providers (n=9). Interviews were qualitatively analyzed via emergent thematic coding.

Results/Discussion: Overall, LC patients reported experiencing "exhausting" circumstances due to barriers faced within the medical system. These barriers pertained to how and how individuals negotiate eligibility for healthcare services according to social circumstances, previous experiences, or structural barriers, aligning with the sociological theory of candidacy. This includes medical gaslighting or dismissal, a lack of societal recognition, ignorance treating LC, and long wait times to access care. Such challenges impact not only the patient but their caregivers, particularly inaccessible financial and mental health supports. We identified themes surrounding the usefulness of care between 'informal self-managed care' versus 'formal care' and resources received. Conflicting guidance prolonged recovery time for patients or exacerbated symptoms. While PCRCs were viewed as an important venue for Long COVID-specific care, participants were concerned that regional amalgamation into a centralized clinic would reduce access to care and increase wait times.

Conclusion: Our findings suggest improvements in raising awareness of LC to minimize duress, reported medical gaslighting, and facilitate access to care. Improving care for longhaulers requires a multi-pronged solution to reduce barriers, especially for equity-deserving groups. We recommend greater attention and funding allocated to specialized care and the PCRC as this demand will only grow.

Presenter: Sarah Keeping

Institution: Dalhousie University

Authors: Sarah Keeping, Audrey Steenbeek, Janet Curran

Title: The Structure, Implementation, and Impact of School-Based Nursing Support for Children with Special Healthcare Needs in Nova Scotia: A Mixed Methods Study

Background: The Nova Scotia School Health Partnership (SHP) program is a collaborative program between health and education systems that supports children with special health care needs (CSHCN) to attend school safely. CSHCN are children who require more care for their physical, developmental, and/or emotional needs than typically required, and many have chronic conditions, depend on prescription medication(s) and/or medical equipment, and have functional limitations (challenges with mobility, communication, self-care, or cognition). CSHCN are at higher risk for poorer academic outcomes due to health-related obstacles, such as symptom burden or medical appointments, resulting in increased school absenteeism. Despite evidence that school-based nurses improve health (health service utilization, self-management, quality of life) and education (school absenteeism, academic achievement) outcomes of CSHCN, there is a critical gap in Canadian literature describing the roles and impact of nurses in schools. Accordingly, the SHP program is yet to be evaluated.

Objectives: The objective of this research is to evaluate the structure, implementation, and impact of the School Health Partnership (SHP) Nurse program in Nova Scotia. The three main research questions to be answered over this multi-phased project are: 1. What is the structure and resource allocation of the School Health Partnership (SHP) Program in Nova Scotia? 2. How do school staff, SHP nurses, and family caregivers of CSHCN experience and navigate the delivery and utilization of the SHP program? 3. How can practice and policy be developed and refined to better support key informant groups?

Methods/Planned Analysis: This project will use a mixed methods multi-phased approach and will be informed by the Consolidated Framework for Implementation Research (CFIR). Phase 1 will include an environmental scan of existing policies, guidelines, and documents that support the SHP program, including a retrospective data analysis of health and education data. This phase will provide much needed context to the SHP program and the population it serves, the interventions nurses provide, and the impact of SHP on the health and education outcomes of CSHCN. Phase 2, the qualitative phase, will use interpretive description methodology to explore how key informants (school staff, SHP nurses, and CSHCN and their families) navigate the SHP program, identifying barriers and facilitators in program provision. Phase 3 will triangulate data from phases 1 and 2, and the CFIR-Expert Recommendations for Implementing Change tool will be used to develop practice and policy recommendations.

Expected Outcomes: Draft recommendations will be refined through focus groups with service users and implementers. Final recommendations will be disseminated to government leaders in health and education sectors. This study will contribute to the advancement of knowledge by identifying the needs of key informants to ensure equitable access to community-based support for CSHCN in Nova Scotia schools. The findings from this research project and associated policy recommendations will improve nursing practice in Nova Scotian schools, thereby advancing inclusive education and health equity for CSHCN.

Presenter: Laura Kennedy

Institution: Dalhousie University

Authors: Kennedy, Cassidy, Spencer, Sinclair, Larocque, Curran

Title: Implementing and evaluating the Adult Comfort Promise intervention for patients receiving intrauterine device insertion and endometrial biopsy

Background: Pain is a barrier to gynecological procedures. Intrauterine device (IUD) insertion and endometrial biopsies (EMB) are the most frequently performed procedures at the IWK Health Centre. Best practice recommends pharmacotherapy and assessment techniques (e.g., trauma-informed history) to manage pain. Interventions showing minor effectiveness include distraction techniques (e.g., music) and other non-pharmacological interventions (e.g., heat, breathing). Yet, despite these best practices, the gap between evidence and practice persists. IUD insertion and EMB continue to be reported by patients as painful.

Methods: We will complete an implementation science study using concurrent mixed methods. First, we will complete Intervention Mapping to understand the components of the Adult Comfort Promise (ACP), an intervention to improve pain management and create an environment that supports comfort. Next, we will create an implementation strategy for the existing components of the intervention based on the Consolidated Framework for Implementation Research. Second, we will conduct interviews with healthcare providers and patients to explore the fidelity of the ACP. Third, we will conduct surveys using REDCap to determine its acceptability. Fourth, we will conduct chart audits to explore pain documentation and the effectiveness of the ACP.

Planned analysis: Qual: Interview transcripts will be transcribed verbatim and analyzed using directed content analysis. Quan: We will analyze descriptive statistics, including frequencies, mean, median, and mode (surveys). We will use an ANOVA to compare intervention components (e.g., distraction technique to pharmacotherapy) between and among groups (chart audits). We will triangulate our findings by using multiple data sources.

Expected outcomes: These findings will contribute to the evidence base of pain management interventions for women's health. They will also inform future implementation strategies for pain management and comfort at IWK Health. They may also be transferable to other procedures (e.g., tubal ligations) or settings, such as primary care, student health, or community clinics.

Presenter: Hashim Khan

Institution: University Health Network & Halton Healthcare

Authors: M. Hashim Khan, Subrana Rahman, Meerab Majeed, Shaza Fadel

Title: An Evaluation of Popup COVID-19 Clinics at Mosques in Canada: A Mixed Methods Study

Background: Faith community leaders are trusted messengers who can boost vaccination rates. Racialized communities were hit hard by COVID-19, making their engagement crucial for public health. Many Faith Based Organizations (FBOs) have the infrastructure, congregation size, and interest to run effective health programs and have helped in past health crises.

Consequently, numerous mosques across Canada organized temporary clinics for COVID-19 vaccinations in alignment with the national vaccination rollout. These initiatives were implemented with limited general guidance, which was rapidly adapted to local contexts. Often, these efforts were undertaken in collaboration with public health authorities, community hospitals, or clinics.

This study aimed to assess and compile the experiences of popup COVID-19 vaccine clinics conducted at Canadian mosques, with the goal of informing guidance and strategies to enhance vaccine uptake and experiences for Canadian Muslim communities.

Methods: This cross-sectional, mixed-methods study involves participant interviews with administrators or other delegated leads for Canadian mosques that hosted popup COVID-19 vaccination clinics. All relevant participants were identified, invited, and recruited via the Canadian Muslim COVID-19 Task Force. Individuals that were not involved in an administrative or decision-making role for the popup clinics were excluded. Data was collected via anonymized, semi-structured virtual interviews that were transcribed.

This study is approved by the University of Toronto Research Ethics Board (RIS Protocol Number 41450).

Planned Analysis: Qualitative data will be analyzed using content analysis to identify common themes. Quantitative data will be displayed as frequency distributions.

Expected Outcomes: The anticipated outcomes encompass a synthesis of the experiences of mosques that facilitated popup COVID-19 vaccination clinics, including planning and operational aspects. This synthesis may be utilized to develop a blueprint for future mosque-based vaccination initiatives. Additionally, as a secondary outcome, the perceived effectiveness of these clinics concerning vaccine uptake and operational efficiency will be examined.

Presenter: Sasha Kullman

Institution: The University of Manitoba

Authors: Sasha M. Kullman & Anna M. Chudyk

Title: Participatory Member Checking: A Novel Approach for Engaging Participants in Co-Creating Qualitative Findings

Background: Member checking is a technique, which aims to increase the trustworthiness or rigour of qualitative research by asking participants to comment on study findings. However, traditional methods of member checking (e.g., transcript reviews) face scrutiny for being ineffective or tokenistic ways of eliciting participant feedback. Emerging member checking approaches seek to evoke feedback in more meaningful ways. While these alternatives have merit, persistent challenges include eliciting critical feedback, time constraints, supporting an ongoing dialogue with participants, and setting future research directions. To address these challenges, we introduce a novel alternative to member checking, “Participatory Member Checking” (PMC).

Methods: PMC draws from the principles of Patient Engagement (a participatory approach) and promotes the co-creation of qualitative research findings between participants and researchers across five steps: (1) Elicit Feedback, (2) Summarize Feedback, (3) Check for Understanding, (4) Implement Feedback, and (5) Demonstrate Accountability. PMC encourages critical feedback, is practical and efficient, promotes ongoing dialogue through both written and verbal feedback, and involves participants in setting future research directions.

Results: We present PMC in the context of a qualitative study exploring patient partners’ experiences of being engaged in research projects supported by the Canadian Institutes of Health Research. We describe PMC in sufficient detail to facilitate uptake by other researchers, show how PMC meaningfully impacted our research findings, and demonstrate the acceptability of PMC among a group of 11 participants (Median age = 62, range = 25-82, 81.8% Women).

Discussion/Conclusions: PMC addresses gaps in other member checking alternatives, can meaningfully impact research findings, and is acceptable to participants. When adopting this approach, researchers should consider the importance of creating safe spaces for critical discussion, participants' comfort with providing written feedback, the availability of time and resources, and how member checking aligns with their philosophical approach. We encourage future researchers to draw from our work and tailor PMC to suit their individual research contexts.

Presenter: Anna Leonova

Institution: University of British Columbia

Authors: Leonova A., Howard A.F., Noga H., Marshall K., Wong S., Gagnon O., Gill P., Sutherland J., Fernie E., Orr N., Oliffe J., Yager H., Currie L., Carlyle M., Pukall C., Bridge-Cook P., Allaire C., Yong P.

Title: A psychosocial intervention based on lived experience: using Digital Storytelling for people with endometriosis

Background: Endometriosis is a chronic condition that often leaves individuals suffering in isolation and silence. Participating in the collaborative Digital Storytelling (DST) may provide a safe and therapeutic environment for people with endometriosis to benefit from social connection and validation.

Methods: Virtual DST workshops were completed by 40 English-speaking people with endometriosis across Canada. During the 7-week workshop, data were collected through four sources: 1) researchers' workshop observations, 2) participants' psychosocial pre- and post-workshop questionnaires, 3) participants' reflective journals, and 4) one-on-one semi-structured interviews. Using a patient-oriented research approach, we completed quantitative data distributions and thematic qualitative data analysis.

Results: Participants reflected on the therapeutic effect of the workshop, including how it facilitated emotional processing and social connection with others. Feeling validated, empowered, and supported was a common sentiment among participants of diverse backgrounds and experiences. Participants shared how impactful being heard and connected to a shared community was, especially if they did not have other people with endometriosis in their lives. Joining weekly group meetings, sharing and receiving feedback, and working on the stories outside of the sessions facilitated connectedness both within the groups and outside (with family members, partners, and friends). Themes of endometriosis-associated identity erosion, intergenerational impact, and interactions with healthcare commonly surfaced in storytellers' narratives. The majority of participants wanted to share their stories widely to raise awareness of the condition and help other people with endometriosis feel more validated.

Discussion: All participants reflected on the workshop's therapeutic potential, commonly attributing it to the validation and connectedness they experienced throughout the sessions. Many also wanted to share their stories publicly, so that other people with endometriosis can have their experiences validated and to contribute to the education of the public and healthcare professionals. These findings are paramount for future clinical studies and knowledge translation and dissemination.

Presenter: Bonnie Leung

Institution: University of British Columbia

Authors: Bonnie Leung

Title: Examining the Cancer-related Treatment Decision-Making Process Among Older Chinese Immigrants

Background: Canada is witnessing a rapidly diversifying ageing population with 30% of older Canadians identified as foreign born. Cancer disproportionately affects older adults and a significant proportion of people affected by cancer in the future will be those from diverse cultural and ethnic backgrounds. Shared decision-making (SDM) is associated with improved treatment and survival outcomes, and health-related quality of life among older adults with cancer but little is known about SDM with older Chinese immigrants who may experience numerous barriers in engaging with SDM.

Methods: I will be conducting semi-structured interviews with dyads of older Chinese immigrants living with cancer and their informal caregivers. Cancer care providers will be interviewed to provide contextual and nuanced perspectives. The interview guide will be co-developed with my patient partner. Sample size will be dependent on feasibility and quality and richness of the data. I will aim to recruit 25 dyads and 10 cancer care providers. Purposive sampling will be used and older adults will be stratified by age (70-79 and 80+) and duration of residency in Canada (<10 years and ≥10 years) to ensure adequate diversity.

Analysis: Interviews will be recorded and transcribed verbatim in the language of the participants' choosing (Mandarin, Cantonese, or English), Chinese transcripts will be translated into English. Transcripts will be iteratively reviewed and coded using NVivo software. Using the methodological framework of interpretive description, I will analyze the data to identify micro-situational and macro-structural barriers to SDM with this patient population. Methodological rigour will be maintained through reflexivity using internal and external reflections of the research process and peer debriefing with my supervisory committee members. Member checking will be completed by sending participants a summary of their interview findings in their preferred language, followed by a phone discussion to obtain their feedback.

Expected Outcomes: In this study, I will identify factors, processes, and contexts facilitating or hindering SDM between older immigrants with cancer and their caregivers, and cancer care providers; and collaborate with patient and community partners to develop tools and resources to overcome barriers to SDM.

Presenter: Megan MacNeil

Institution: University of Alberta, University of Calgary

Authors: MacNeil, M., Khanna, P., Haagaard, A., Rash, J., Sud, A., Noel, M., Storey, K., Birnie, K.

Title: Co-designing Equitable Solutions for Pediatric Chronic Pain in Primary Care

Background: Pediatric chronic pain significantly impacts children's well-being. Interdisciplinary pediatric chronic pain clinics in Canada are mainly in children's hospitals in urban centres, making access difficult. Consequently, many pediatric patients depend on primary care providers (PCPs) for diagnosis and ongoing care for chronic pain symptoms, emphasizing the need for effective and accessible primary healthcare. However, PCPs often face diverse demands, challenging evidence-informed decision-making and lack access to interdisciplinary teams. Limited understanding exists on how youth with chronic pain seek care outside specialized clinics. Knowledge translation (KT) strategies can integrate evidence into primary care, enhancing chronic pain care quality. Journey mapping, a patient-centred KT strategy, visually depicts healthcare experiences, identifying key interaction points among patients, caregivers, and providers. This study will use journey mapping to explore the experiences of youth and their families with chronic pain, identifying barriers and opportunities for improvement in chronic pain care delivery in primary care settings.

Methods: Qualitative semi-structured interviews with parent-youth (aged 10-21) will be used in combination with process mapping to explore the experience of a purposeful sample (n=10) of youth in Canada experiencing chronic pain (pain lasting longer than 3 months). Follow-up interviews with each dyad will support the validation of the maps.

Planned Analysis: An inductive approach to analysis will identify categories and themes to create a patient journey map. Transcriptions will be coded to identify common themes, and patterns will be interpreted to understand how children and caregivers experience chronic pain management in primary care.

Expected Outcomes: This research aims to identify the barriers and facilitators families experience when accessing chronic pain care in primary care settings. By mapping their experiences, this study will improve care models and inform future interventions to address gaps in service delivery. The findings will also serve as a foundation for developing strategies to optimize healthcare interactions for children with chronic pain, improving their health outcomes.

Presenter: Megan MacPherson

Institution: Fraser Health Authority

Authors: Megan MacPherson, Sarah Rourke, Maria Montenegro

Title: Harnessing Rapid Reviews to Transform Virtual Health: Bridging Evidence and Decision-Making for Improved Care Delivery

Background: Despite the vast body of healthcare research, findings take up to 17-years to be translated into practice. This "knowledge-to-action gap" is especially prominent in rapidly evolving fields like virtual health. Fraser Health (FH), the largest regional health authority in British Columbia, launched its Virtual Health Rapid Review Program to address this challenge. The program aimed to accelerate the integration of evidence into clinical decision-making, virtual health service design, and patient care, ensuring that virtual care is based on the best available research.

Methods: Reviews followed a structured process: 1) review questions were developed by Virtual Health staff and clinicians based on clinical and operational needs; 2) the "Research/Evaluation" team created comprehensive search strategies, 3) reviewers (clinicians, researchers, students, and virtual health staff) were trained in conducting reviews; 4) titles and abstracts, then full texts were screened by a single reviewer, with 20% double-screened for reliability; 5) data relevant to virtual health services was extracted; 6) findings were synthesized into actionable knowledge products.

Results: In 1.5 years, 15 reviews were conducted (1-week to 4-months to complete) across a variety of virtual health topics, including effective virtual care services, equity in care, and patient and clinician experiences. Reviews resulted in the development of care standards, clinical decision support tools, and patient education videos. Additionally, reviews influenced the design of the Virtual Hospital-at-Home program and validated the integration of low-tech solutions like phone calls and text messaging to improve accessibility.

Discussion: The Rapid Review Program addressed the knowledge-to-action gap by transforming research into actionable, user-friendly knowledge products. This approach accelerated the integration of evidence into practice, fostering a culture of continuous learning and collaboration. By ensuring that virtual care is grounded in research, the program enhanced clinical decision-making, supported innovation, and improved patient outcomes, setting a model for evidence-informed virtual health delivery.

Presenter: Kirsten Marchand

Institution: University of British Columbia

Authors: Kirsten Marchand, Roxanne Turuba, Violet Cameron, Skye Barbic

Title: Towards implementation of a youth-centred model of care for opioid agonist treatment: Results from a multi-phase and multi-method study

Background: Despite that opioid agonist treatment (OAT) is recommended for youth with opioid use disorder (OUD), pervasive gaps remain in the quality of OAT delivery for youth. To address these gaps, we conducted a multi-phase and multi-methods research study that co-developed an evidence-based model of care for the delivery and monitoring of youth-centred OAT.

Methods: Phase 1 (complete) used scoping review methods and a directed content analysis to summarize identify and summarize the adaptable characteristics of interventions and services for youth (ages 12-25) who use unregulated opioids. In Phase 2 (complete), expert interviews (n=17) were conducted with youth, caregivers, service providers, and decision makers to draft a youth-centred model of care for OAT delivery. Interviews were audio-recorded, transcribed, and a content analysis was conducted. In Phase 3 (ongoing), we aim to disseminate the draft model of care across a provincial network of integrated youth services and gather feedback from service providers and decision makers on the barriers and facilitators to implementing this model of care.

Results: The scoping review identified five characteristics of OAT that could be adapted to meet youths' needs better: medication decision-making processes, the induction/tapering processes, types of service providers involved, OAT delivery settings, and measures of success. Experts validated the importance of these characteristics and identified four pillars of a youth-centred model of care for OAT: relationship-based services, low barrier settings, flexible and adaptable treatment plans, and holistic care.

Conclusion: The results of this project have resulted in an evidence-based model of care that illustrates how to improve the delivery of OAT for youth. As OAT is delivered in diverse health care settings, dissemination and implementation research is critical to ensure the successful uptake and evaluation of this model of care.

Presenter: Laura Oliva

Institution: Women's College Hospital

Authors: Laura Oliva, Rachel Baran, Ethan Cohen, Natasha Kithulegoda, Celia Laur

Title: Collaborative Development and Evaluation of Online Implementation Science Resources with People with Lived and Living Experience

Background: Implementation science aims to facilitate the integration of evidence-informed practices and research into everyday practice. Active engagement of diverse perspectives, including from People with Lived and Living Experience (PWLE), is crucial to ensure relevance, inclusivity, and long-term sustainability across diverse contexts; however, there are few resources to help PWLE understand implementation science. To address this, we co-designed introductory educational materials on implementation science with PWLEs, and we aim to assess their uptake and acceptability in supporting PWLE engagement and learning.

Methods: We co-designed two infographics, two videos, and an FAQ with medical students, PWLE, and researchers to introduce the field of implementation science. We now plan to widely disseminate these materials and assess their uptake and acceptability. PWLE who engage with our educational materials will have the opportunity to provide their input via a short survey, assessing the understandability, actionability, and the likelihood of recommending the materials to others (Net Promoter Score), along with freeform text feedback on ways to improve and topics for future materials.

Planned Analysis: Responses will be evaluated six months after the widespread dissemination of the educational materials. Multiple choice questions will be analyzed descriptively to identify trends in respondent feedback. Freeform text responses will be evaluated and summarized, incorporating input from PWLE, to identify overarching themes that emerge from the data and generate new insights to inform future material development.

Expected Outcomes: Our educational materials will be shared widely through the OSS, Supporting Patient-Oriented Research (SPOR) Networks, the Ontario SPOR Support Unit (OSSU), the Patient Advisory Network, the KT Canada newsletter, and other related groups. We anticipate that participants will provide feedback demonstrating an improved understanding of the content and a desire to learn more. Future work will focus on developing additional educational resources and strategies for PWLE involvement in implementation science research.

Presenter: Seff Pinch

Institution: South Riverdale Community Health Centre

Authors: Jeff Powis, MD, Michael Garron Hospital Chris Kandel, MD, Michael Garron Hospital, Seff Pinch

Title: Use of a cloud based digital tool to improve linkage to care after point-of-care testing for HCV

Background: Hepatitis C (HCV) is a blood borne viral infection that is curable. A person may be living with HCV and not know until they are tested. Certain populations are at a heightened risk for HCV. However, stigma can be a barrier to seeking testing and treatment.

The Toronto Community Hep C Program (TCHCP) is a community-based team that tests, treats, and connects people with HCV to care.

This study aims to bring HCV antibody screening to people at a higher risk where they already have trusted relationships with service providers. TCHCP staff will train non-clinical service providers in HCV point of care testing and provide a PHIPA compliant digital tool to upload information. Once the test is complete, the TCHCP will follow up to connect the HCV positive patients to care.

Methods: This prospective multi-site cohort study will provide 800 point of care test kits and training to non-clinical community providers across six sites. Populations accessing these sites will have heightened risk factors for HCV. Providers will be guided through the pre-test counselling, testing, and post-test counselling through a cloud-based digital tool (RedCAP). Results and personal health information will be uploaded the digital tool. TCHCP staff will follow up on the contacts in the tool with confirmatory testing and care.

Planned Analysis: Historical comparison of the primary outcome (linkage to healthcare within 6 months of a positive test) will be evaluated using a binomial model with a logit link to determine whether the intervention was superior to the historical control.

Expected Outcomes: Compared to historical data in similar settings, we hypothesize a shorter time to linkage to care after the HCV POC-ab testing is completed and the participant is HCV POC-ab reactive. We expect improved engagement in HCV care at 6 months for participants captured using the cloud-based tool.

Presenter: Christopher Roach

Institution: University of Calgary

Authors: Christopher Roach, Dr. Amy Metcalfe, Dr. Khara Sauro

Title: Improving Patient Flow in Alberta Hospitals: A Scoping Review and Health Policy Analysis to move evidence into practice

Background: Hospital care is a critical and costly component of public health in Canada. In Alberta, patient flow in hospital has been identified by the provincial government as an opportunity for improvement; in-hospital length of stay is 6% higher than the national average, and 15.5% of hospital length of stay consisted of care that could be delivered in community settings, meaning that this expensive resource could be utilized more efficiently.

Operational leaders and policymakers lack the time to keep current with peer-reviewed and grey literature related to hospital patient flow management. Therefore, they may be unaware of all potentially effective patient flow interventions that could be implemented; potentially resulting in sub-optimal hospital patient flow.

Methods & Planned Analysis: This study aims to improve in-hospital patient flow interventions in Alberta. This work will include two sequential phases. In phase 1 we will identify evidence-based hospital patient flow practices through a Scoping Review, following the JBI methodology. This knowledge synthesis is designed to summarize interventions which will directly inform a Health Policy Analysis during phase 2. Alberta healthcare providers and policymakers will be engaged to evaluate which of the interventions identified in Phase 1 are optimal to improve Alberta in-hospital patient flow from a feasibility and effectiveness perspective, in line with the Framework for Analysing Public Policies.

Expected Outcomes: The research will produce a knowledge synthesis of all evidence-based in-hospital patient flow interventions and a recommendation report from the Health Policy Analysis detailing which interventions are most applicable to the Alberta context. Participants for the Health Policy Analysis will be intentionally selected for their leadership responsibilities in improving provincial in-hospital patient flow, ensuring the recommendations can translate into action for Albertans.

Presenter: Heather Shepherd

Institution: University of Toronto

Authors: Heather A Shepherd, Nick Reed, Heather Colquhoun

Title: Collaborating for Concussion Care: Co-Designing the Return to School Framework

Background: One in nine adolescents are expected to sustain a concussion each year. Symptoms of concussion may affect adolescents' engagement in learning. Up to 35% of adolescents will experience persisting symptoms following a concussion for months or years. The Return to School Framework (RSF) (e.g., return to school policy, return to school strategy) is an evidence-based bundle of strategies which aims to enable adolescents to return to school more successfully following concussion. The RSF is feasible; however, it has yet to be fully implemented and evaluated. The purpose of this project is to evaluate the effectiveness of the RSF in supporting high school students to return to school post-concussion.

Methods: We will use an effectiveness-implementation hybrid design (type II). We will use the Knowledge to Action Framework, Practical Robust Implementation Model, and the Reach Effectiveness Adoption Implementation and Maintenance framework to guide study processes and outcomes. We will partner with two schoolboards for this project. Schoolboard A will serve as the active intervention school where we will co-design a tailored RSF and co-design tailored implementation strategies in partnership with schoolboard personnel. Schoolboard B will serve as the control. We will evaluate the effectiveness of the RSF at the individual level (e.g., student, educator, parent/guardian) as well as at the schoolboard level (e.g., board administrators). Outcomes will include time to return to school, satisfaction with return to school process, mental health outcomes, etc. We also will evaluate the effectiveness of the implementation strategies.

Planned Analysis: We will use quantitative, qualitative, and mixed methods approaches for data collection and analysis.

Expected Outcomes: We anticipate the co-designed, tailored RSF will be more effective at supporting students to return to school following a concussion and we anticipate co-designed, tailored implementation strategies will be more effective than passive dissemination at implementing the RSF at schools.

Presenter: Andrea Smith

Institution: University of Ottawa

Authors: Andrea Smith, Dawn Richards, Krystina Lewis

Title: Exploring the Impact of Patient Partner Engagement on Co-Production and Knowledge Translation Within the Brain-Heart Interconnectome

Background: The Brain-Heart Interconnectome (BH) has been founded on the principles of research co-production with knowledge users across all its funded pre-clinical, clinical, and population health studies, program activities, events, and governance. Of particular importance, is the engagement of patient partners as knowledge users. While some researchers are well versed in this approach, others may be partnering with patients for the first time, such as those working in preclinical research. The aim of this study is to explore the influence and impact of patient partner engagement throughout a large-scale research program on knowledge co-production as it relates to research design, conduct, and knowledge translation (KT).

Methods: We will use a mixed method design. Qualitative data will be collected from semi-structured interviews with patient partners and researchers to explore how patient partner engagement has influenced research design, conduct and knowledge translation. Quantitative methods will be used to measure 1) degree of meaningful involvement of patient partners using the Patient Engagement in Research Scale (PEIRS-22); and 2) KT outputs and target audiences using annual reports from the BHI.

Planned Analysis: Qualitative data will be analyzed using thematic analysis to identify and report core themes related to patient engagement, KT practices, and research impact. Quantitative metrics on KT outcomes, such as the number and type of dissemination activities, will be analyzed. KT outputs will be categorized based on target audience (public, policymakers, educators, healthcare providers, and researchers). Comparative analysis across the research categories (preclinical, clinical, public health, social science) will determine if knowledge co-production enhances KT differently depending on the research domain. We will assess the correlation between degree of meaningful patient engagement and KT outputs. We will triangulate data at the level of study design, and interpretation.

Expected Outcomes: The results will be used to identify best practices for patient engagement, tailored to the various research domains. These insights will inform the development of KT strategies and interventions that engage patients in supporting effective co-production throughout the BHI. This will ensure that research findings are successfully translated into real-world applications.

Presenter: Audrey Tung
Institution: University of Victoria
Authors: Audrey Tung, Jennifer Coelho

Title: Co-developing an Early Intervention Framework for Eating Disorders in British Columbia

Background: The eating disorders workforce is struggling to respond to the ongoing effects of the COVID-19 pandemic, including surging rates of eating disorders, long wait lists for specialized treatment, and moral distress and burnout. Early intervention approaches in eating disorders can address some of these challenges by improving treatment efficacy in patients and efficiency within healthcare systems.

Our research team is convening researchers, clinicians, decision-makers, and individuals with lived/living experience at an interactive event in October 2025 to co-develop early intervention research priorities in Canada. In this project, the research team will assess Knowledge Translation outcomes of this event as well as the process of co-developing these outcomes.

Methods: To ensure equitable and inclusive representation, we will identify event participants who span different social, cultural, and gender identities or community contexts in BC. Prior to the event, we will administer an initial survey to invited participants to assess the current state of early intervention eating disorder services in BC. We will then analyze this information for presentation at the interactive event. The event will feature speakers with expertise in early intervention programs, followed by a deliberative dialogue to discuss 1) barriers and facilitators to implementing early intervention services and 2) how to evaluate early intervention outcomes and their impact on clinicians. After the event, the research team will share key recommendations with event participants.

Planned Analysis: We will evaluate the efficacy and suitability of the deliberative dialogue method by compiling both quantitative and qualitative data from the post-event survey. We will analyze numerical ratings will be analyzed using descriptive statistics and thematically analyze open-ended responses.

Expected outcomes: Knowledge Translation deliverables will include outcome summaries, which will be shared with researchers and knowledge users across Canada. We will also identify knowledge dissemination priorities of participants (e.g., translation into multiple languages).

Presenter: Chinasa Ugwuegbulem

Institution: University of New Brunswick

Authors: Chinasa Ugwuegbulem

Title: Assessing the Impact of Participant Characteristics on Variability in Balance Intensity Within a Fall Prevention Exercise Program for Older Adults

Background: The benefits of balance training in fall prevention for older adults are well established in the literature. However, measuring balance intensity variation throughout a program remains understudied. This study investigates whether participant characteristics are associated with perceived variation in balance intensity in a community fall prevention exercise program for older adults over six to nine sessions in three weeks.

Methods: To be included in the analysis, 47 participants (mean age: 71 ± 6 years) from the Zoomers in Balance fall prevention exercise program needed to report the Balance Intensity Scale (BIS): 1 no effort to 5 always an effort to maintain balance) for ≥ 3 weeks (2-3 sessions/week) in summer 2024. Participants' characteristics included demographics (age, sex), physical activity (Godin Questionnaire 0-30), fall history (fell in the past year), Number of chronic conditions and medications, fragility index, and physical function using the Short Physical Performance Battery test (0-12).

Results: The average BIS was 3.1 ± 0.6 out of 5. Upon evaluating balance intensity, none of the participant characteristics was associated with perceived variation. Also, when tested via repeated measures ANOVA ($F(2,2) = 1.75$ $p = 0.19$), there was no significant difference over the first three weeks.

Discussion: Using the Balance Intensity Scale (BIS) to quantify perceived balance intensity among older adults precisely significantly enhances the capacity to assess balance challenges during exercise sessions.

Conclusion: Our results indicate that participant characteristics do not influence perceived variability during exercise sessions. Also, exercise programs that want to measure the perceived balance intensity in a group setting over three weeks could use one measure. We recommend more work to identify whether performing a greater balance intensity scale score during classes is associated with fewer yearly falls.

Presenter: Jennifer Vincent
Institution: The University of British Columbia
Authors: Jennifer Vincent

Title: Sex-based Differences in Mental Health Service Contacts and Overdose Risk in British Columbia

Background: Since the declaration of a public health emergency in British Columbia in April 2016, over 14,000 people have died as a result of an overdose, with males accounting for the majority of fatalities. However, recent data shows a concerning increase in overdose rates among females, highlighting a significant shift in overdose dynamics. Concurrently, rates of mental health disorder diagnoses (MHDD) have increased in the province, particularly among females, following the COVID-19 pandemic. Mental health conditions such as anxiety and mood disorders, as well as schizophrenia and delusional disorders, may have sex-specific associations with substance use outcomes, including overdose risk. Despite this, the intersection between MHDD, sex, and substance use outcomes remains under-explored.

Objectives: The study aims to achieve two objectives: 1) to examine temporal trends of FOD and NFOD by sex and MHDD subtype, and 2) to identify mental health service contacts that have risk or protective effects on overdose outcomes, with consideration of sex and MHDD subtypes.

Methods: This study will examine the relationship between mental health disorders and overdose risk in British Columbia, utilizing data from the Overdose Surveillance Mart within the Provincial Health Services Authority Platform for Analytics and Data (PANDA) platform. The study period spans from January 1, 2015, to December 31, 2024. Analyses will focus on BC residents with MHDD, as defined by the provincial Chronic Disease Registry (CDR), including various subtypes. Annual fatal overdose (FOD) and non-fatal overdose (NFOD) rates will be analyzed by sex and MHDD subtype, using the number of residents in each category as the denominator. Marginal structural Cox models will be applied to estimate FOD and NFOD risk, adjusting for mental health service contacts as covariates.

Expected outcomes: These findings will contribute to a deeper understanding of the sex-specific associations between mental health, substance use, and overdose risk, and will inform targeted interventions for both prevention and treatment.

Presenter: Jacqueline Wilson

Institution: University of Calgary

Authors: Wilson, J. M. (University of Calgary, Alberta Health Services); Kromm, S. K. (Alberta Health Services, University of Calgary); *Johns, C. A. (Alberta Health Services, University of Calgary); *Neraasen, M. (Alberta Health Services); *Chinhengo, T. (Alberta Health Services); Anderson, S. D. (Covenant Health); Fiedrich, E. (Alberta Health Services, University of Calgary); McNeil, D. A. (Alberta Health Services, University of Calgary). *parent partner/representative

Title: Examining patient- and family-centered care experiences in the neonatal intensive care unit: Co-development and validation of the Neonatal Intensive Care Experience Reporting (NICER) Instrument with parents, researchers, and healthcare professionals

Background: Patient- and family-centered care (PFCC) involves openly sharing information, forming equitable relationships for decision-making, and supporting patients and families to strengthen their knowledge and skills. PFCC is important within the Neonatal Intensive Care Unit (NICU), where the arrival of a sick or preterm infant is stressful for families. However, research and development of PFCC has been constrained by a lack of rigorous instruments to evaluate caregivers' experiences with PFCC in the NICU. The objective of this research is to co-develop and validate the Neonatal Intensive Care Experience Reporting (NICER) Instrument, which will measure families' experiences of PFCC in the NICU.

Methods and Planned Analysis: To ensure families' perceptions of PFCC are captured, parent partners are co-leading the core research team. Co-development of the NICER Instrument and subsequent analysis of psychometric properties includes five steps.

Step 1: Define principles of PFCC specific to the NICU (complete).

Step 2: Achieve consensus on items and organize according to parent-defined principles of PFCC (complete).

Step 3: Conduct a content validity index (CVI) that includes ratings of item relevance from NICU parent advisors, NICU clinicians, and PFCC researchers (complete).

Step 4: Assess instrument content and user friendliness through pilot testing the NICER instrument with provincial NICU parent advisors (complete).

Step 5: Assess reliability (internal consistency and temporal stability), and validity (construct validity using exploratory factor analysis) of the NICER Instrument in a convenience sample of 300 families across Alberta NICUs (scheduled Winter 2025).

Expected Outcomes: This research is an important step to improve understanding of families' views of care in the complex NICU environment. This parent co-led research will contribute evidence for PFCC interventions and policies that have the potential to enhance family experience in NICUs and ultimately improve infant and family outcomes. Specifically, NICER data is expected to help identify PFCC deficits for quality improvement, monitor experience trends, set goals, and develop evidence-based practices and policy.

Presenter: Umar Yunusa

Institution: University of Alberta

Authors: Umar Yunusa, Afsheen Islam, Thilina Bandara, Shannon E. MacDonald

Title: Consent Process for Adolescent Vaccination: Current practices and considerations for alternative approaches in Canada

Background: Vaccines are valuable tools for providing protection against many preventable diseases. Informed consent is an important prerequisite before they are administered. While consent for childhood or adult vaccines follow standard processes in Canada, the current practices in obtaining consent for adolescent vaccines are much more varied. This study will explore the current laws, policies, and practices regarding consent for adolescent vaccination in Canada, as well as to examine the feasibility of implementing alternative consent processes.

Methods: We will conduct an environmental scan guided by the works of Wilburn et al. (2016) and Charlton et al. (2019). Published peer reviewed and grey literature will be searched from key databases and relevant government websites across the provinces and territories in Canada. We will include sources of evidence on the laws, policies, current practices and alternative consent processes for adolescent vaccination reported in English and French. The titles, abstracts and full texts of retrieved sources will be assessed against predefined criteria and relevant data will be extracted. We will contact relevant key informants including public health personnel and immunization providers to fill in the gaps of information not found from retrieved sources of evidence.

Planned Analysis: A narrative synthesis of findings will be conducted and presented thematically according to the emerging findings from the included sources of evidence. We will present a concise summary of the key findings on the current consent process from the review of written sources and key informant interviews. Potential gaps in practice and research will be identified and used to guide future research on consent process regarding adolescent vaccines in Canada.

Expected Outcomes: This project expects to reveal the variable processes of obtaining consent for adolescent vaccination and feasible alternatives across the different jurisdictions in Canada.

Presenter: Marco Zaccagnini
Institution: University of Ottawa
Authors: Zaccagnini, M. Graham, ID.

Title: Empowering Respiratory Therapists in Evidence-Informed Practice: Field-Testing Micro-Credentials for Enhanced Outcomes and Healthcare Efficiency

Background: The state of evidence-informed practice (EIP) among respiratory therapists (RTs) remains underdeveloped, exacerbated by barriers such as limited research engagement, insufficient educational opportunities, and systemic challenges within the profession. To address these gaps, this postdoctoral project is structured as a knowledge translation (KT) intervention focused on co-creating and field-testing a micro-credential tailored to practicing RTs as an educational intervention. The development of the micro-credential will be conducted within an integrated knowledge translation (iKT) framework and jointly planned and supported by the Canadian Society of Respiratory Therapists (CSRT) as knowledge users. The intervention aims to enhance RTs' knowledge, skills, and attitudes to better integrate EIP into clinical practice more effectively.

Methods: The project unfolds in three phases: (1) a bilingual, cross-sectional needs assessment survey to establish baseline knowledge, skills, and barriers regarding EIP among Canadian RTs, (2) a scoping review to determine what is known about the use of micro-credentials in health professions education, and (3) the co-creation and field-testing of the micro-credential in collaboration with knowledge users.

Planned Analysis: Data will be analyzed using a mixed methods evaluative design, which includes both quantitative (e.g., pre- and post-assessment knowledge assessments) and qualitative approaches (e.g., thematic analysis of interviews) to assess the micro-credential's feasibility, acceptability, and effectiveness.

Expected Outcomes: This project is expected to produce a co-created, knowledge user-informed micro-credential that enhances RTs' competency in EIP, addresses profession-specific barriers, and ultimately promotes improved patient outcomes and interdisciplinary collaboration. By aligning with the iKT framework, the intervention will ensure the training meets knowledge user needs, fostering professional growth and advancing the respiratory therapy profession.

Guest Speakers and Faculty



Elder Ruth Alfred is of Mamtagela ancestry through her Grandfather Price Bruce and Grandmother Julia Nelson-Bruce, mother Florence Bruce- Stadnyk, Ukrainian through her father Andrew Stadnyk. Ruth was born and raised in Alert Bay, marrying into the Namgis Nation. She left Alert Bay in 1986 when the fishing industry collapsed to find work. She raised two daughters as a single parent, eventually moving to North Vancouver in 1990 after both girls went on their own. Ruth has 6 grandchildren and 3 great grandchildren. She and her partner have lived in North Vancouver for 38 years. Ruth worked various jobs in retail until becoming the Elder Program Coordinator at the Vancouver Aboriginal Friendship Centre for two years, Pacific

Association of First Nations Women for fifteen years until her retirement in 2017. In 2018 Ruth became a member of the Elder Knowledge Keepers at Indigenous Health and Wellness until just recently. She was the Elder in Residence at Heatley Community Clinic and Ravensong Clinic doing one on one sessions with patients at the clinics. Ruth also does patient visits at Lionsgate and Vancouver General hospitals, She also worked as an outreach worker for Indigenous/non Indigenous people in the Downtown Eastside for over 23 years assisting with housing, medical assistance, and support at hearings for Residential School Survivors after helping them with their claim forms for restitution. Ruth has attended North Island Secondary School, North Island College Early Childhood program and Native Education College Office Administration Program.



Dr. Skye Barbic is a registered occupational therapist, Canada Research Chair in Integrated Youth Services, and an Associate Professor at the University of British Columbia in the Faculty of Medicine. Dr. Barbic's focus of research is on learning health systems, measurement-based care, and the implementation of youth centered interventions. She is passionate about systems transformation through community engagement, meaningful measurement, and innovation.



Dr. Lupin Battersby is SFU's Director, Knowledge Mobilization (KM). In this role, she provides training, consulting and mentoring, and is working to support better institutional recognition for KM and research impact. Her KM interest was sparked 20 years ago when holding two contracts, one as a clinical counsellor, the other a research assistant, and she experienced first-hand the gap between research and practice. Since that time, she has worked in roles in and out of academia with a primary focus on the challenges and opportunities to mobilize research in various areas including health services, equity, mental health, housing, aging, and climate action.



Dr. Simone Collins is a CHILD-BRIGHT Network post-doctoral fellow based at the IWK Health Centre in Halifax. Simonne’s research focuses on enhancing the implementation of interventions that improve child and family health. This includes exploring the uniqueness of children’s context and how we can leverage existing structures in a child’s life (i.e. schools and extended caregiver circles) to increase implementation success. Simonne is applying her research findings to support the IWK Health’s Learning Health System initiative. Simonne’s background is in neuropsychology, having completed her PhD in the School of Psychological Sciences at Monash University in Australia in 2022. Simonne has experience in leading co-designed research in pediatric populations with developmental health conditions.



Dr. Janet Curran is a Professor in the School of Nursing at Dalhousie University and a Research Chair in Quality and Patient Safety at IWK Health, Nova Scotia Health and Dalhousie University. She is the Scientific Lead in the Strengthening Transitions in Care lab at IWK Health where her program of research is focused on co-designing and evaluating best practice and policy change interventions to improve transitions in care for patients and families. Her co-design work is informed by collaborating with multiple stakeholders including patients, parents and caregivers, healthcare providers, and policy makers.



Dr. Maoliosa (Mo) Donald, PhD is an Adjunct Assistant Professor at the Cumming School of Medicine, University of Calgary. She is trained as a health services researcher, implementation scientist, and physical therapist. Her research interests include interventions that support person-centered care, and innovations that address the evidence-practice gap. Mo has extensive experience in stakeholder engagement in the implementation of health innovations. She is interested in applying theories, methods, and frameworks to determine factors that promote or impede implementation, adaptation, and sustainability in ways that are effective and practical for various contexts.



Dr. Christine (Tina) Fahim is an implementation scientist and leads the Team for Implementation, Evaluation and Sustainability at the Knowledge Translation Program, St. Michael’s Hospital. She is also an Assistant Professor at the Dalla Lana school of Public health, University of Toronto, and an Associate Scientist in the Department of Health Policy and Management at Johns Hopkins University, Bloomberg School of Public Health. She obtained her MSc in Health Systems at the University of Ottawa followed by a PhD in Health Research Methods, Evidence and Impact from McMaster University and a postdoctoral fellowship at the Johns Hopkins University School of Public Health, Department of Health Policy and Management. Dr. Fahim’s research focuses on the science and practice of knowledge translation to implement evidence-based interventions at the provider, organization, and systems level.



Dr. Clayon Hamilton PhD, MHA (c), is a health system leader focused on advancing innovation and improvement through evidence-informed strategies and partnerships. Trained as a health services researcher at Western University and the University of British Columbia, his expertise includes patient experience measurement, patient engagement, and knowledge mobilization. He has held leadership roles across British Columbia's healthcare system, including health authorities, non-profits, and at the Ministry of Health as an embedded scholar. Currently, he is the Knowledge Exchange and Mobilization Leader at Foundry Central

Office, leading a team supporting the Learning Health System Initiative and other knowledge mobilization efforts across the Foundry network of centres delivering integrated youth service. He also holds adjunct faculty appointments at the University of British Columbia and Simon Fraser University.



Dr. Bev Holmes is a health research system leader with expertise and experience in and passion for the funding, production and use of research evidence to improve health. She sits on research advisory groups across Canada and internationally, is an associate editor at Implementation Science Communications and participates in the National Alliance of Provincial Health Research Organizations. She gratefully makes her home on the traditional, unceded territory of the Coast Salish peoples.



Dr. Kerry Kuluski is the inaugural Dr. Mathias Gysler Research Chair in Patient and Family Centred Care at the Institute for Better Health at Trillium Health Partners and Associate Professor at the Institute of Health Policy, Management and Evaluation (University of Toronto). She is an Applied Health Services Researcher and a Social Worker by training. She received her PhD in Health Services and Policy Research from the University of Toronto. Following that, she was a Postdoctoral Visiting Fellow at the University of Oxford. At the U of T she supervises graduate students, and developed a course on Patient and Caregiver Engagement in Research where she is Course Director.

She is Associate Editor for an International Peer Reviewed Journal, Health Expectations. She leads a program of research on the experiences of people with chronic health issues and their caregivers. Her goal is to improve quality and health system performance by working in partnership with patients, family caregivers, and care providers.



Dr. Linda Li is Professor and Harold Robinson/Arthritis Society Chair at the Department of Physical Therapy, University of British Columbia, and Senior Scientist at Arthritis Research Canada. Dr. Li's research focuses on the integration of digital tools in rehabilitation, including the use of wearables and apps to promote physical activity in people with arthritis, and in older adults to prevent falls. Her work in knowledge translation and implementation science has led to a new line of studies on strategies for engaging with patients and the public in the research process. She held a Canada Research Chair in Patient-oriented Knowledge Translation in 2014-2024. Her work has

been recognized by a Distinguished Scholar Award from the Association of Rheumatology Professionals in the U.S. In 2019, she was inducted as Fellow of the Canadian Academy of Health Sciences.



Dr. Jasmin Ma is an Assistant Professor of teaching in the School of Kinesiology at the University of British Columbia, a Clinician Investigator with Arthritis Research Canada, and an Investigator with the International Collaboration on Repair Discoveries. She was named a UBC Knowledge Mobilization Scholar for her work in bridging her role as a kinesiologist and researcher, working with clinicians and community members to provide physical activity participation opportunities for people with diverse physical abilities. She leads the Movement 4 All (M4A) lab which focusses on i) training health and exercise professionals to integrate inclusive physical activity as a key healthcare strategy and ii) supporting strength training behaviour change among people with chronic disease and disability, particularly people with spinal cord dysfunction and rheumatoid arthritis.



Monica Mamut is the Unit Director for the BC SUPPORT Unit, part of Michael Smith Health Research BC. She is a seasoned senior leader with two decades of experience spanning research, operations, senior leadership, and governance across Canada. She brings a rich blend of academic and practical expertise, inclusive of a Master in Health Administration from the University of British Columbia and a Master of Science from the London School of Economics, which complement her multidisciplinary approach to leadership. Monica is deeply committed to fostering meaningful, strategic engagement with communities to drive sustainable and positive transformation within British Columbia's health and health research ecosystems. Monica is married, mama to two, puppy parent to one, and lives in North Vancouver.



Gayle Scarrow gratefully lives and works on the traditional, unceded territories of the xʷməθkʷəy̓əm (Musqueam), Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) and Skwxwú7mesh (Squamish) Peoples in Vancouver, BC. She is the Director, Knowledge Translation at Michael Smith Health Research BC where she leads the development and implementation of knowledge translation work that supports the use of health research evidence and accelerates the impact of health research in BC and beyond. Gayle has held numerous roles in health care and health research for the past 40 years including as a radiation technologist, research coordinator, and research writer. For the past 12 years through her work with Health Research BC, Gayle has championed the production and use of research evidence through knowledge translation practice and science.



Dr. Sonia Singh is a hospitalist physician and osteoporosis consultant in the Fraser Health Authority, based at Peace Arch Hospital in White Rock. New recipient of a five year Michael Smith Health Research BC Health Professional Investigator award, Dr. Singh has been successful with a number of research operating grants in the area of osteoporosis and fall prevention, including an Implementation Science Team grant from the Michael Smith Health Research BC for "Breaking the cycle of recurrent fracture: Scaling up a secondary fracture prevention program in Fraser Health to inform spread across British Columbia". She sits on the Knowledge Mobilization Platform for Osnet, a national research network supporting bone health research in Canada and holds academic appointments as Clinical Assistant Professor, Faculty of Medicine, UBC and Adjunct Professor, Faculty of Health Sciences, SFU.



Dr. Sean Spina RPh, BSc (Pharm), ACPR, PharmD, FCSHP, is the Regional Clinical Pharmacy Manager, Island Health, and an Adjunct Professor at the University of British Columbia. Dr. Spina is a leader in pharmacy practice advancement and a key contributor to the development of Learning Health Systems at Island Health. As a Regional Manager and researcher, he has been instrumental in integrating data-driven decision-making and continuous learning into healthcare delivery. His work focuses on leveraging real-world evidence to improve patient care by engaging patients, families, clinicians, and decision makers in the research process to optimize clinical workflows. Dr. Spina has participated in multiple innovative projects, including Island Health's Hospital at Home initiative, and actively collaborates with interdisciplinary teams to advance healthcare transformation. He also holds an adjunct faculty position at the University of British Columbia, where he mentors the next generation of healthcare professionals in applying learning health principles to clinical practice. He has authored several published articles on these topics and has received numerous local, provincial, and national awards for his work on clinical practice and patient care. Website: <http://profiles.islandhealth.ca/sean-spina>.



Dr. Sharon E. Straus (CM, MD, MSc, FRCPC) is a Geriatrician and Clinical Epidemiologist who trained at the University of Toronto and the University of Oxford. She is the Director of the Knowledge Translation Program; Executive Vice President, Clinical Programs and Chief Medical Officer, Unity Health Toronto; and Professor in Department of Medicine, University of Toronto. She authored more than 650 peer-reviewed publications and 3 textbooks in evidence-based medicine, knowledge translation and mentorship. Since 2015, she has consistently been in the top 1% of highly cited clinical researchers as per Clarivate and has an H-index of 126. She holds more than \$80 million in peer-reviewed research grants as a principal investigator. She has received national awards for mentorship, research and education. She was awarded an Honorary Doctorate in Medicine, from the University of Montreal, is a Fellow in the Royal Society of Canada and the Canadian Academy of Health Sciences and a Member of the Order of Canada.



Dr. Jennifer Walker is a Haudenosaunee member of Six Nations of the Grand River with a Ph.D. in Community Health Sciences (Epidemiology) from the University of Calgary. She holds a Canada Research Chair in Indigenous Health Data and Aging at McMaster University and is an Associate Professor in the Department of Health Research Methods, Evidence and Impact.



Dr. David Roger Walugembe – Program Manager Research Programs, Health Research BC. David is a Program Manager, Research Programs at Health Research BC. Previously he was a Postdoctoral Research Fellow with the Department of Anesthesiology, Pharmacology & Therapeutics, Faculty of Medicine, University of British Columbia, Vancouver Campus. Prior to that, David was a Postdoctoral Research Fellow with the Solidarity for Vaccine Equity (SOLVE) Project under the Science of Health Equity Learning Lab (SHELL), in the Faculty of Health and Social Development, University of British Columbia, Kelowna Campus. He holds a PhD in Health Information Science from the University of Western Ontario, a Master of Public Health from James P. Grant

School of Public Health, BRAC University in Bangladesh and a Bachelor’s degree in Library and Information Science from Makerere University in Uganda. Prior to enrolling for his Ph.D., David worked as a Project Manager for the Knowledge Translation (KTNET) Africa Project, supporting 8 sub-Saharan African countries to translate their research findings into policy and practice. For his Ph.D. research project, David used the Normalization Process Theory to explore variations in the implementation of an evidence informed health system level policy intervention aimed at improving maternal and child health outcomes in a low-income context. His research and teaching interests include implementation science, integrated knowledge translation, health systems and policy research, maternal and child health, health equity, stakeholder engagement and sustainability.

Participants



Dr. Karma Abukasm completed her training as a pediatric nephrologist at the Université de Montréal. She currently holds an appointment as a clinical post-graduate fellow (focus: chronic kidney disease) at the University of British Columbia (UBC) and works at the BC Children’s Hospital. She is also completing a Master of Health Science at UBC. As a post-graduate fellow, Dr. Abukasm is leading the implementation phase of the **Patient-Reported Outcome Measure** for the **Assessment of Symptom Burden in Pediatric Chronic Kidney Disease (PRO-Kid)** study under the supervision of Dr. Mina Matsuda-Abedini (UBC) and Dr. Allison Dart

(University of Manitoba). Her research interest includes the lived experiences of children with chronic kidney disease.



Laetitia Bert is a PhD candidate in Community Health at Laval University (Québec). She is a CIHR Impact Fellow embedded in the regional healthcare system of Chaudière-Appalaches (CISSS-CA) and a former FRQS-USSA Québec Fellow. Her research focuses on the factors influencing the sustainability and scalability of healthcare innovations, with a particular interest in those aimed at improving care transitions for older adults with major neurocognitive disorders. As part of her doctoral work, she examines the barriers and facilitators to scaling and sustaining two innovations implemented in the CISSS-CA and develops recommendations for project managers. Passionate about bridging

research and practice, she collaborates closely with policymakers and healthcare professionals to support evidence-based decision-making.



Dr. Kelcey Bland is a postdoctoral research fellow at the University of British Columbia and BC Cancer Research Institute funded by the Michael Smith Health Research BC Research Trainee Award and CIHR Postdoctoral Fellowship. Certified as a Clinical Exercise Physiologist, her research focuses on optimizing exercise and rehabilitation for people with cancer from diagnosis to survivorship and end-of-life care. Currently, she leads a project funded by the Women’s Health Research Institute to identify barriers and facilitators in delivering cancer rehabilitation to women with metastatic breast cancer.



Sabrina Cao is a second year Master’s student at the University of British Columbia under the supervision of Dr. Kristin Campbell. Her thesis looks at planning for the implementation of a lung cancer exercise program into a community-based setting. Sabrina is interested in effective knowledge translation for the healthcare system, with a particular focus on improving supportive cancer care. She hopes to continue working in this field, to make exercise more accessible as a part of standard cancer care in Canada. In her free time, Sabrina likes to read, play sports, and eat ice cream.



Tara Chen is a PhD Candidate under the supervision of Dr. Susan Elliott in the Geographies of Health in Place Lab (GoHELP) at the Department of Geography and Environmental Management, University of Waterloo. Tara holds a BHSc from Western University and a dual MPH, specializing in Governance and Health Economics from Erasmus Mundus Europubhealth+. Tara’s motto is “everything & everywhere is public health”, formed by her lived experiences abroad in England, Poland, Sweden, France, Jamaica, and Taiwan. Her current research interests include nature-based social prescriptions, social prescribing, health literacy, health systems, and cross-sectoral collaborations.



Dr. Gabrielle Chicoine (RN, MSc, PhD) is a CIHR-funded postdoctoral fellow at the Knowledge Translation Program (KTP), Li Ka Shing Knowledge Institute, under the supervision of Dr. Sharon E. Straus, MD, FRCPC, Director and Scientist at the KTP. She holds a PhD in Nursing Science from the *Université de Montréal*. She is a psychiatric-mental health clinical nurse specialist specializing in patient-oriented research, health and health care professional behavior change, and mixed methods research. Dr. Chicoine’s research is primarily focused on the development, implementation, evaluation and scaling up of theory-driven and context-informed interventions aimed to support changing healthcare professional behaviors and health behaviors of patients and the public, to contribute to improved patient and system outcomes. She has over 40 publications in these areas, including several first author publications in top-tier journals and co-authored textbooks in her fields. Her postdoctoral research operates at the intersection between knowledge translation science and practice and sustainability research, engaging with a diversity of knowledge users and key stakeholders to co-create, implement, and evaluate knowledge translation strategies intended to optimize the sustainability of evidence-based interventions for chronic disease management in primary care. She has received several prestigious distinctions from institutional, provincial, and national-level funding

organizations for this postdoctoral research, including CIHR, the [Fonds de recherche du Québec – Santé \(FRQS\)](#), the [Quebec SPOR Support Unit](#), and St. Michael’s Hospital Foundation, Unity Health Toronto.



Sarah Coutts, RN, BSN, MPH, IBCLC, is a registered nurse and lactation consultant with almost 20 years experience in the neonatal intensive care unit (NICU). She currently works as Clinical Nurse Specialist, focused on developmental care, in a NICU in Vancouver, BC. She is a second year PhD student at the UBC School of Nursing. She is currently developing her research proposal in preparation for her candidacy exam. Her research interests focus on decreasing parent-infant separation after hospitalisation with the implementation of skin-to-skin contact for two populations: (1) preterm infants in the NICU and (2) hospitalized infants experiencing neonatal opioid withdrawal. She is particularly interested in utilizing knowledge translation and implementation science frameworks and strategies to identify barriers and enablers to practice from multiple perspectives and create a blueprint for optimal implementation across NICUs in BC and Canada.



Alannah Delahunty-Pike is a PhD in Health student at Dalhousie University. She holds an MSc in International Development from the University of Edinburgh and a BA in Cultural Studies from McGill University. She is interested in health systems research that includes improved access to care, patient-oriented outcomes, improved health equity, and the application of mixed methods to health transformation projects. Having worked in a variety of research contexts nationally and internationally, Alannah has experience incorporating perspectives of different stakeholders into studies. Her proposed doctoral research will explore aspects of the implementation of a Clinical Information System, One Person One Record, at IWK Health, a women and children’s hospital in Halifax, Nova Scotia



Maria Fernanda Fuentes Diaz is a PhD candidate in Interdisciplinary Studies at the University of New Brunswick with a background in kinesiology and physiotherapy. Her research focuses on increasing tele-exercise participation among aging adults to enhance health outcomes and prevent falls. Fernanda applies implementation science principles to optimize the delivery of community-based exercise programs. She is passionate about bridging research and real-world health solutions, and she is committed to making exercise programs more inclusive, scalable, and impactful for older adults.



Maribeth (Fortune) Gelisanga is an MSc student in the Graduate Program of Rehabilitation Sciences at the University of British Columbia under the supervision of Dr. Linda Li. Fortune is a physiotherapist clinician-researcher focused on geriatric rehabilitation, informed by the concepts of patient safety, quality improvement, and gender sensitivity. She is currently involved in a patient-initiated research about tools to help people with chronic pain communicate the nature of their pain to health. Fortune intends to further understand the underpinnings and dynamics of shared decision-making between patient and health professionals in the context of physiotherapy



Catherine George is a fourth-year PhD candidate at Western University. She was trained as an occupational therapist in Vellore, India. She is interested in neurorehabilitation, knowledge translation using creative avenues, and implementation of best practices in low-resource settings. Her doctoral project is titled 'Falls and its risk factors among people with stroke aged 30-65 years living in the community: A participatory project.' Apart from research, she enjoys taking care of her indoor plants, reading and creating illustrations.



Megan Gray is a first year PhD in Health student at Dalhousie University. While her prior educational background is in Dietetics, Megan recently found an interest in Knowledge Translation and Implementation Science, specifically implementing evidence-based interventions to improve care during pregnancy, birthing, and postpartum. Megan's PhD dissertation will be focusing on the strategies used to sustain the Baby-Friendly Initiative at IWK Health, an evidence-based intervention which was implemented and has been sustained at the maternal-newborn hospital since 2018.



Julia Hill is a Research and Innovation Manager at Genome BC, who works with Principal Investigators and Project Managers to manage ongoing projects in our Health portfolio and build relationships and proposals to foster new projects. She is passionate about using science innovation to improve health outcomes. Julia has previously worked at UBC ICORD, adMare BioInnovations, and the Alzheimer's Research UK Drug Discovery Institute (UCL) on multiple drug discovery and device development projects, in a range of therapeutic areas, from spinal cord injury to cancer. Julia holds a PhD in Mitochondrial Biology from University College London (UK), a Graduate Diploma in Business Administration from Simon Fraser University, a BSc in Biochemistry from the University of Bath (UK) and is a certified Project Management Professional (PMP).



Dr. Stanley Hung is a registered physiotherapist, a postdoctoral research fellow at the University of British Columbia and GF Strong Rehabilitation Centre (Vancouver, British Columbia), and a recipient of the Michael Smith Health Research BC Postdoctoral Research Trainee Award. His current research interests focus on using implementation science to improve the access to community exercise programming for people living with stroke.



Alyssa Iglar, BAsC, is a PhD student in the Department of Mechanical & Industrial Engineering at the University of Toronto, where she is supervised by Professor Mark Chignell. Her research interests lie in the implementation of, engagement with, and perceptions of AgeTech in eldercare settings. Alyssa is currently a Health System Impact Fellow co-funded by the Canadian Institutes of Health Research and VHA Home HealthCare, and is working with VHA to develop, implement, and evaluate a technology-centred medication management program for older adults who are aging in place. She also plans to investigate use of two AgeTech products developed by

Professor Chignell's startup, Centivizer, in various eldercare settings as well as staff members' perceptions of these products.



Kayli Jamieson is a Master's student in Communication at Simon Fraser University writing a Thesis on biopolitics and Long COVID. She also has been a longhailer herself since being infected in Dec. '21. Through SFU's Faculty of Health Sciences, she has conducted research on Long COVID in British Columbia and facilitated community events for Knowledge Mobilization and to raise awareness of the condition. On the side, she engages in science communication and advocacy on her social media, summarizing peer-reviewed studies on COVID/ Long COVID.



Sarah Keeping, MN, RN, BScN, CPHON is a registered nurse and doctoral student in the PhD in Nursing program at Dalhousie University under the co-supervision of Dr's. Janet Curran and Audrey Steenbeek. Sarah's nursing background is in pediatrics at the IWK Health Centre in Halifax, Nova Scotia and as teaching staff at the Dalhousie School of Nursing. She also has experience in school health and as an oncofertility project coordinator with the Atlantic Provinces Pediatric Hematology Oncology Network (APPHON). Sarah's doctoral research will use a mixed-methods approach to examine the implementation of the Nova Scotia School Health Partnership (SHP) program, which

supports the safe school attendance of children with chronic and complex medical needs."



Dr. Laura Kennedy is a CIHR Health Systems Impact Postdoctoral Fellow at IWK Health and Dalhousie University. Kennedy holds a Bachelor of Science in Nursing from McMaster University and a Master of Public Health from Memorial University. Laura completed her PhD at with the Food Policy Lab at Dalhousie University. She has over ten years of experience as a Registered Nurse in mental health promotion. Her research program uses policy research methods to explore health promotion within healthcare and community settings.



Dr. Mohammad Hashim Khan is an academic and community respirologist in the Greater Toronto Area with a special interest in global respiratory health, airway diseases, tobacco products, and implementation science. He completed medical school at the University of Queensland in Australia, his postgraduate residency and fellowship training from the University of Toronto, and obtained a Master of Public Health from the Dalla Lana School of Public Health.



Sasha Kullman is a PhD student at the University of Manitoba's College of Pharmacy, supervised by Dr. Anna Chudyk. Her research focuses on patient engagement, emphasizing meaningful and active collaborations between health researchers and individuals with lived/living experience of navigating the healthcare system. For her doctoral studies, she hopes to engage youth with congenital heart disease and their care partners to improve their transition from pediatric to adult care. By attending the KT Summer Institute, she hopes to strengthen her knowledge translation skills and learn from other researchers who engage knowledge users in their work.



Anna Leonova is a PhD Candidate co-supervised by Drs. Fuchsia Howard and Paul Yong at the University of British Columbia, Endometriosis and Pelvic Pain Laboratory. Her current focus is on qualitative research and knowledge translation. She explores firsthand experiences of people with endometriosis and describes the challenges and facilitators people identify as they navigate their condition in the current healthcare environment. Ongoing personal and research experiences with the condition continuously fuel Anna's advocacy passion with the goal of disseminating knowledge, raising awareness, and informing meaningful changes to care of people with endometriosis.



Bonnie Leung is a nurse practitioner clinician scientist at BC Cancer and PhD student at the UBC School of Nursing. Her research interests include psycho-oncology, palliative and end-of-life care, health disparities of racialized older adults, geriatric oncology, and improving the care of people living with cancer-related spinal cord injury. She was the recipient of a 2022 CIHR Health System Impact Fellowship to study the disparities in care and care outcomes of cancer-related spinal cord injury. She was also awarded the CIHR Canadian Graduate Scholarship for her doctoral studies for her work on cancer treatment-related decision-making among older immigrants with cancer.



Megan MacNeil is a PhD candidate in the School of Public Health at the University of Alberta and a Knowledge Broker with the University of Calgary and the CIHR-SPOR Chronic Pain Network. She is an experienced leader in public health and health system change, with a focus on collaborative approaches to evidence-informed care. Her doctoral research strengthens chronic pain services for youth in primary care by examining care experiences, identifying strategies to support the use of evidence in practice, and co-designing improvements with youth and families. Her work supports timely, person-centred care that is equitable and grounded in lived experience.



Dr. Megan MacPherson, Reg OT (BC), PhD (she/her) is currently serving as the Regional Practice Lead for Research and Knowledge Translation at Fraser Health Authority's Virtual Health department. With a background as a virtual healthcare clinician, her research focuses on advancing equitable, evidence-based virtual care by bridging research and practice. Passionate about implementation science and knowledge translation, Megan is committed to enhancing clinicians' capacity to use technology effectively and improve healthcare delivery for underserved communities.



Dr. Kirsten Marchand is a Post-doctoral Research Fellow at the University of British Columbia (UBC), Centre for Advancing Health Outcomes, and Foundry. Dr. Marchand's multi-methods health services research program aims to improve the quality of mental health and substance use services and treatments. This research builds on her PhD in Population and Public Health where she led multi-methods research that contributed to novel frameworks for person-centred care in the context of substance use treatment. Dr. Marchand's research is currently supported by fellowships from Michael Smith Health Research BC/Centre for Advancing Health Outcomes and the UBC Institute of Mental Health.



Laura Oliva, MSc, is a Research Coordinator with the Office of Spread and Scale, working with Dr. Celia Laur to support research project management, data collection, and collaboration across a multidisciplinary team. She has over eight years of experience in various research settings and holds a Master's degree in Health Services Research from the Institute of Health Policy, Management and Evaluation at the University of Toronto. Laura's background includes strong quantitative skills and hands-on experience coordinating complex healthcare research projects.



Seff Pinch (they/them) is a researcher at South Riverdale Community Health Centre in Toronto with the Toronto Community Hep C Program. Previously, they worked as a knowledge translation facilitator at the Dr. Peter Centre in Vancouver. They developed and led national training for harm reduction workers to resist burnout and provide trauma informed care through a federal grant. They graduated with their MSW in 2021 from the University of Toronto. Seff has dedicated their career to advocating and collaborating with people who use drugs.



Christopher Roach is a second-year MSc student in Community Health Sciences at the University of Calgary, specializing in health services research. Christopher's graduate research focuses on improving hospital-based patient flow through a scoping review of evidence-based interventions; this synthesized evidence will inform a health policy analysis to evaluate which strategies have potential adaptability in the Alberta context. His 22-year healthcare career has focused on systems improvement and optimizing patient flow in Canada and the UK, including experience working in disaster management and operational leadership. He is currently working on hospital patient flow initiatives at Acute Care Alberta.



Dr. Heather Shepherd is an Occupational Therapist and is a Postdoctoral Fellow within the Department of Occupational Science and Occupational Therapy at University of Toronto. Her research program partners with school and sport key partners to co-design, implement, and evaluate concussion management strategies. As part of her research program, she developed the Buddy Program, a one-on-one peer support program for adolescents following concussion. Additionally, her work explores concussion management practices for adapted sport.



Dr. Andrea Smith, PhD has a background in neuroscience research with expertise in knowledge translation and science communication. She has led knowledge mobilization initiatives for the Society for Neuroscience and Carleton University, directing educational programs that increased awareness of mental health research and best practices. Through workshops and outreach, she helped students apply research findings to improve mental health literacy. As the Knowledge Mobilization and Patient Engagement Specialist at the Brain-Heart Interconnectome (BHI), she works to integrate patient and community partners into research to enhance its real-world impact. She is involved in implementing and evaluating a co-production model in which patient partners collaborate across disciplines to guide research from inception to knowledge translation.



Audrey Tung is a Knowledge Translation coordinator for the [Eating Disorders Research Cluster](#), which brings together clinicians and researchers from across British Columbia and facilitates the ability of cluster members, collaborators, and partners to participate in national initiatives for eating disorders treatment and prevention. She is also a PhD candidate at the University of Victoria, where she is conducting qualitative research on older women's experiences of homelessness and intimate partner violence. For her previous MA research, she critically examined responses to household food insecurity using a combination of qualitative methods. She also holds experience in various health-related studies pertaining to health equity, HIV/AIDS, substance use, and eating disorders.



Dr. Chinasa Trinitta Ugwuegbulem, MD, MSPH, DipIBLM, is a doctoral scholar at the University of New Brunswick, where she is pursuing a PhD in Interdisciplinary Studies with the aim of developing and testing a retention strategy for sustaining older community volunteers using an implementation hybrid design. A medical doctor and a master's in public health degree holder, Dr. Ugwuegbulem is also a certified diplomate of the International Board of Lifestyle Medicine. In addition to her academic and professional endeavors, which reflect her commitment to improving public health and fostering community well-being, Chinasa is actively engaged in her community through volunteer roles at various charitable organizations, including the Rotary Club.



Jennifer Vincent is an MSc student at UBC's School of Population and Public Health and a Policy Analyst at the First Nations Health Authority (FNHA). She holds a BA (Honours) in Sociology, where she examined sexual identity and self-rated health. She has previously worked at the FNHA in both Data Analyst and Policy Analyst roles. Jennifer's research interests surround the intersections of mental health, substance use outcomes, and healthcare service utilization, with an emphasis on the roles of sex and gender in shaping health outcomes. Her current graduate work focuses on mental health conditions and service use among individuals in B.C. who have experienced fatal and non-fatal overdoses.



Jacqueline Wilson (RN, BN) is a PhD Candidate in the Faculty of Nursing at the University of Calgary. Clinical experiences locally and abroad have fueled Jacqueline's interest in exploring patient and family engagement in healthcare research, decisions, and evaluation. Jacqueline's doctoral research addresses a call-to-action by Alberta parents and involves co-developing a patient-reported experience measure to examine parents' experiences with family-centered care in the Neonatal Intensive Care Unit. The Neonatal Intensive Care Experience Reporting (NICER) Instrument is being co-developed by a research team of parents, researchers, and healthcare professionals. Jacqueline's interests include patient-reported measurement, patient engagement, and learning health systems. As an aspiring nurse clinician-scientist, Jacqueline hopes to establish a research program that exemplifies how health system gaps and solutions can be identified and addressed by research teams that are co-led by patient and family partners. Outside of studying and working as a registered nurse, Jacqueline enjoys skiing, hiking, and backpacking in rain, shine, or snow!



Dr. Umar Yunusa RN, PhD, FWPCNM, is a registered public health nurse in Nigeria, a fellow of the West African Postgraduate College of Nurses and Midwives (FWPCNM), and a Senior Lecturer at Bayero University, Nigeria. He has a PhD in Nursing Science and he is currently a Postdoctoral Fellow (Izaak Walton Killam Memorial Postdoctoral Fellowship Laureate) at the Faculty of Nursing, University of Alberta. He is engaged in research, relevant trainings/workshops, as well as disseminating research findings through conferences and publications. His current research is focused on “Consent process for adolescent vaccination: current practices and considerations for alternative approaches in Canada”. Umar is open to collaboration on research that will improve immunization uptake in Canada and Nigeria.



Dr. Marco Zaccagnini is a respiratory therapist at the McGill University Health Centre. He completed a doctorate in Rehabilitation Sciences at McGill University and is currently a CIHR Banting Postdoctoral Fellow in the School of Epidemiology and Public Health at the University of Ottawa, and an embedded clinician-scientist with the Canadian Society of Respiratory Therapists. His research advances the respiratory therapy profession through a combination of quantitative, qualitative, and mixed methods approaches. His interests include various forms of knowledge syntheses, exploring what scholarship means and looks like in health professions education, research co-production and principles of integrated knowledge translation. As an embedded clinician-scientist, he leads various projects and initiatives that integrate evidence into policymaking, support data-driven decision-making and strengthen knowledge translation efforts in the organization. His current work focuses on strategies to enhance evidence-informed practice through integrated knowledge translation principles.

Attendees

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