



# Clinical Research Collaboration in Northern BC Action Report

M A R C H 2 0 2 3



Provincial Health  
Services Authority



**northern health**  
*the northern way of caring*



UNIVERSITY OF  
NORTHERN BRITISH COLUMBIA



Provincial Health Services Authority

# Acknowledgments

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# Executive Summary

## BACKGROUND

The health outcomes of those in rural and Northern British Columbia (BC) continue to lag behind the rest of the province, with burgeoning rates of chronic disease and more limited access to healthcare services contributing to poor health outcomes and lower life expectancy. Innovative clinical research, including clinical trials, provides a critical vehicle through which to advance the delivery of healthcare services and address problematic health conditions. However, those residing in rural communities have been traditionally excluded from clinical research. This has occurred in part due to a lack of clinical research capacity and infrastructure, along with challenges arising from the inclusion of geographically distanced and dispersed populations. In response, there are growing calls to address equity in the context of clinical research and to increase clinical research capacity in Northern BC. This work examines facilitators and barriers to clinical research and the effect collaboration can have towards supporting success.

## METHODS

Our team is utilizing a two-phase qualitative research design guided by Integrated Knowledge Translation (IKT) a collaborative approach to research. We are seeking to examine barriers and facilitators to clinical research in Northern BC.

### **Our guiding research questions include:**

1. What factors contribute to clinical research capacity and leadership in Northern BC?
2. What are the barriers and facilitators of clinical research in Northern BC, and
3. How can we learn from each other to sustain and cultivate continued clinical research growth in Northern BC?

# LEARNING ABOUT CLINICAL RESEARCH CAPACITY



The first phase of our research consisted of an informal review of the relevant literature, followed by 19 interviews with researchers, knowledge users, and community stakeholders. Interviews were conducted and recorded over the Zoom platform between February and December 2022, then transcribed verbatim and analyzed using Braun and Clarke's thematic analysis method.<sup>1</sup> The second phase of research is the priority setting meeting. This meeting brought together researchers, knowledge users, and community stakeholders to collectively determine research priorities for future projects related to clinical research in Northern BC. Harmonized research ethics board approval was received prior to the collection of any data, and all participants granted written and/or verbal consent.

Following our analysis of the data, **four key themes were generated:**

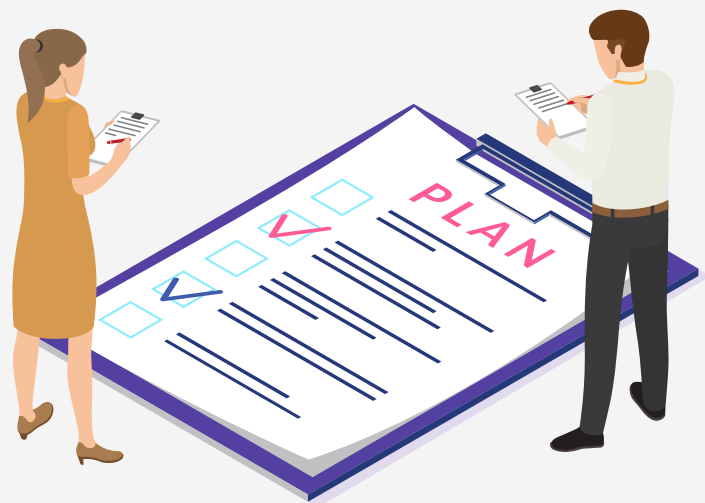
1. Clinical research lacks a formal definition and was understood differently by participants.
2. There is a new culture of academia and research emerging in northern, rural, and remote healthcare settings.
3. The mandate of Northern BC is to deliver healthcare, therefore, resources for clinical research are limited.
4. Northern BC is interested and invested in clinical research, but a lack of infrastructure is a huge barrier.



# Priority Setting for Future Impact

In September 2022, we began our process of priority setting. Throughout our priority-setting meeting on September 22nd 2022, we discussed the findings of our work so far and worked as a group to generate some priorities for future impact.

Our goal for these priorities was for them to be actionable and specific enough to provide direction to key organizations and stakeholders engaged in clinical research. In addition, we worked together to rank these ideas and identify the actions that are most important, as well as those that could bring about change in the short, medium, and long term.



# THE PRIORITY SETTING PROCESS

Priority setting meetings include a variety of activities, including guided discussion, consensus methods, and voting. During the meeting, we invited all participants to contribute, creating an inclusive space to discuss issues and potential actions. We used a Deliberative Dialogue approach.

## Before the meeting

As well as receiving an evidence brief, participants were asked to review the participant information sheet provided and contact us with any questions. Written and/or verbal consent was also obtained.

We provided a video that offered a brief and easy to understand explanation of the priority setting process and a brief summary of findings.

Plain language was used throughout. During the meeting, members of our team supported meeting facilitation, technological support, support for participants, and note taking. Participants were invited to reach out at any time if additional support was needed.

Our meeting began with some introductions, followed by a review of the process and findings to date. We then broke out into smaller groups to discuss each of the themes and then came together to identify priorities and vote on those we felt were the most important or timely.

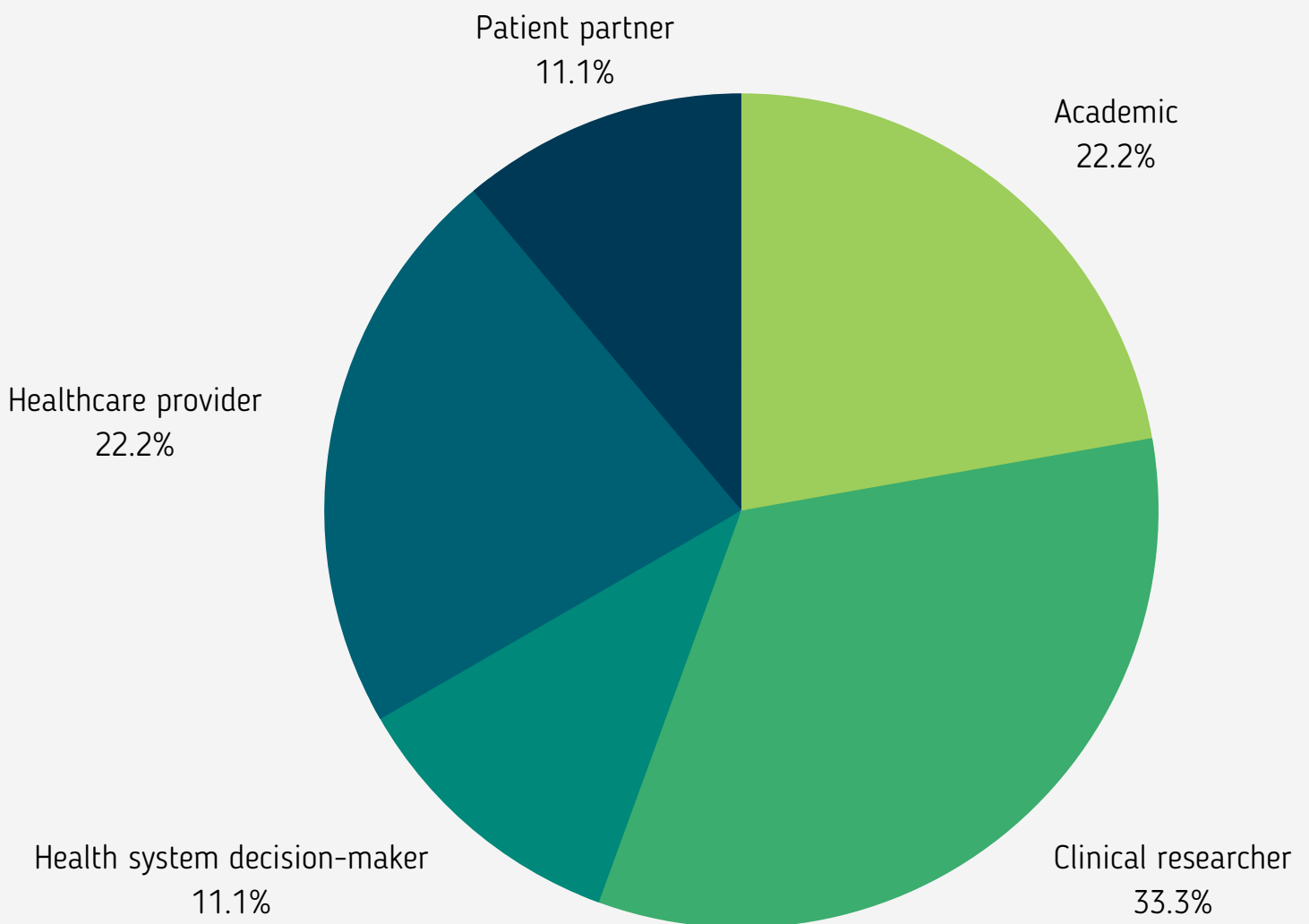
## During the meeting

## What happens now?

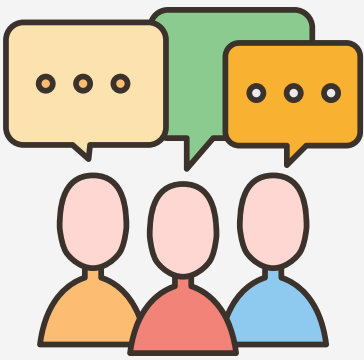
Our team summarized these discussions and priorities and shared these with participants for feedback. Our final report provides a summary of key findings which we will be sharing with the wider clinical research community. We will now develop a research strategy to identify future work that is needed. In doing this, we hope to be part of a larger research journey that increases research capacity, improves access to innovative research, and brings about patient and health system improvements in Northern BC.

# The Participants

We invited diverse range of stakeholders. Our workshop had a total of **8 participants** from Northern BC and an array of health-related fields. All participants provided informed consent prior to data collection.







# The Discussions

After reporting the key highlights from the documents provided (including the Evidence Report), we began with a round table discussion where we first asked participants to introduce their primary role (e.g., patient partner, researcher, etc.) and what institution they are affiliated with (if appropriate). As well, we did ice breakers which helped to build connections and mitigate power relationships.

## Our two introductory discussion questions were:

1. Reflecting upon the findings of the work to date, are there any elements that are missing?
2. Why do you think it is important to build clinical research capacity in Northern BC?

## Here is what we heard:

- Clinical research is needed and wanted, but there is a need to build capacity of researchers and other members of the research team
- Recruitment and retention of highly skilled professionals in our region is critical
- Research champions can help support a culture of clinical research
- Northern BC needs to attract healthcare students, including international students, and clinical research could play a role in this
- Collaboration from a diverse range of groups is central

We then **split participants into two groups** via Zoom breakout rooms where they each discussed a unique topic related to clinical research collaboration in northern BC.

## **Raising Awareness of Clinical Research in Rural and Northern Settings**

### **Guiding questions were:**

1. Why is clinical research important?
2. How can we raise awareness of clinical research?
3. Who should we target and how?

### **Here is what we heard:**

- Clinical research creates new opportunities to advance the health and wellbeing of patients and communities.
- Lack of awareness of clinical research in Northern BC due to a lack of exposure
- Need to define what we mean by clinical research as not only clinical trials
- Need to build-up the long-standing relationships that already exist (e.g., BC Cancer, NH, UBC, UNBC) to support clinical research and clinical trials
- Need to engage local community organizations
- Engage broadly with diverse stakeholder groups, ideas included: knowledge exchange activities, public forums, and presentations to government Ministries

# A Growing Culture of Academia and Research in Northern BC

## Guiding questions were:

1. How is clinical research valued within the university, healthcare settings, and wider communities?
2. What strategies could we use to build the culture of clinical research?

## Here is what we heard:

- Need for clinicians who are research trained
- Need for other research staff with dedicated research time
- Engagement with different stakeholders, including patients and the public
- Focus on hiring clinician researchers with track records
- Need for greater knowledge mobilization, including translating the results beyond health system leaders and academics
- Recruitment and retainment of clinical researchers from outside of Northern BC
- Development of research training programs for clinicians and students



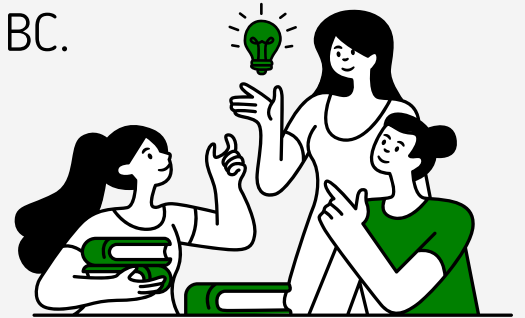
# Voting & Ranking

After discussing **key highlights** from each group discussion and through the **sharing of ideas** based on the use of our guiding questions, the group collectively determined **seven aspects of clinical research in Northern BC** to be the most important.

## These key points are:

- Raising awareness of how clinical research advances healthcare and patient outcomes
- Understanding definitions of clinical research
- Raising awareness of research champions in Northern BC
- Raising awareness of diverse forms of clinical research
- Conduct campaigns about clinical research, including using existing networks in the North
- Leveraging the existing northern partnerships caucus to bring awareness to partnership building with First Nations leaders
- Engage Ministry and funders in clinical research conversations to allow them to hear the Northern perspective

Participants were then **split into two separate groups** via Zoom breakout rooms with different people than the last group. Each group discussed a unique topic related to clinical research collaboration in northern BC.



## Changing Mandates Across the Health System

### Guiding questions were:

1. What strategies or steps are needed to promote clinical research?
2. What strategies might enhance engagement in clinical research among healthcare providers, academics, and patients and community members?
3. What are some priority actions that could be undertaken to address this challenge?
4. What infrastructure is needed to engage patients and community members in clinical research?



# Changing Mandates

## The strategies we heard:

- The need to examine infrastructures as a whole across academic health system and community settings
- Conduct further engagement with key stakeholders to advance clinical research priorities and leverage existing resources
- Supporting continuity of communication to keep stakeholders engaged and invested
- Being aware of our potential blind spots and biases
- Engaging students across settings to build interest in providing opportunities for learning



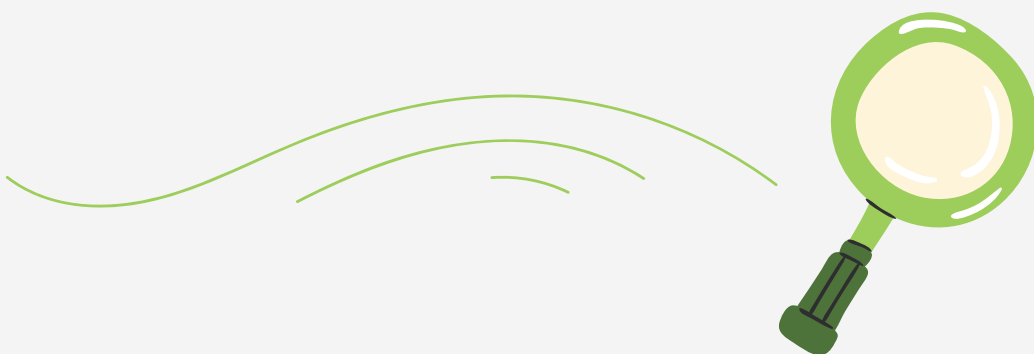
# Clinical Research Infrastructure and Resources

## Guiding questions were:

1. What infrastructure is needed? What do we need more of?  
Consider equipment, space, personnel.
2. What are some priority actions that could be done now?

## Here is what we heard:

- Need for greater funding opportunities for clinical researchers in Northern BC
- Need for clinician investigators who have the time and expertise to engage with funding opportunities and complete applications
- Need to support the research programs that already exist
- Focus on the human resources - recruiting and funding
- Greater communication around guidelines and procedures
- A forum to share findings from different institutions and generate more collaboration

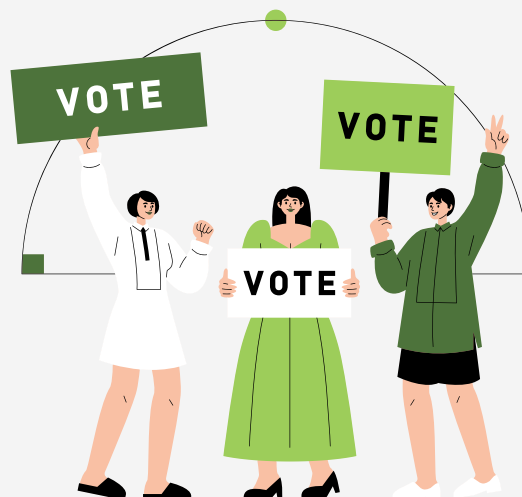


# Voting & Ranking

After discussing **key highlights** from each individual group discussion and through the **sharing of ideas** based on the use of our guiding questions, we determined **four priorities for growing the culture of academia and research in northern BC** to be the most important.

## These priorities are:

1. Hiring clinicians who are research trained
2. Engaging with different stakeholders, such as the community, to pull in more people outside of academia
3. Focusing knowledge translation to the people it will impact the most, rather than publications and presentations
4. Offering opportunities in research in the North that will pull people in from the outside (even for small periods of time)







# Blue Sky Thinking

## Here is it what we asked:

1. What would you like to see in one year, five years, and 20 years from now?
2. Are there any key perspectives that are missing?

## Here is what we heard:

### In the next year:

- Building capacity beyond those already actively engaged, supporting collaborations across different institutions and settings.
- Focusing on meaningful collaboration and integration



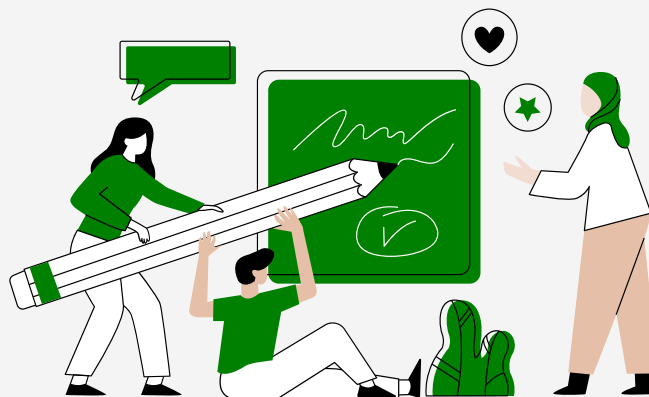


## 1 to 5 year timeline:

- Streamlined process for implementing clinical research, including clinical trials
- Build on existing leadership connections to strengthen collaboration and community engagement
- Destigmatize the contributions of patients and community members
- Develop guidance on how best to support those partnerships
- Support initiatives to building meaningful clinical research connections, collaborations, and capacity.

## 5 to 20 year timeline:

- Become a sustainable and leading community in clinical research, especially for rural communities.



# Closing & Next Steps

This project brought together academics, knowledge users, and community stakeholders to systematically examine barriers and facilitators to clinical research in Northern BC.

Next steps include:

- Share findings with clinical researchers and leaders of Northern Health, UNBC, BC Cancer, and beyond.
- Develop a peer reviewed manuscript for publication in an open access journal
- Work on a collaborative research plan that responds to identified priority areas

Continued collaboration is needed to address clinical research capacity in Northern BC. Supporting this ongoing work has the potential to advance the health and well-being of our Northern BC communities.



## Please contact our research team with your thoughts!

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