

## **2021 Online KT Conference: Research Results for Policy Outcomes**

*Knowledge User Collaboration in Research at the Organizational Level: Applied perspectives and aha Moments*

Tanya Horsely

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KATHLEEN MURPHY: We will be moving to Tanya Horsley from the Royal College of Physicians and Surgeons of Canada. And she will be discussing knowledge user collaboration in research at the organizational level, applied perspectives, and aha moments. Prior to joining the Royal College as associate director of the Research unit, Tanya was a scientist at the Chalmers Research Institute among varied positions in her research career we have her bio in the expo and you can check it out. So, Tanya, I know we're doing a bit of a transition with you. So, are you ready to go?

TANYA HORSLEY: I sure am. Thank you. So, I do want to start by thanking Dr. Murphy for the invitation to really speak about what has been a very circuitous and interesting journey of our organization engaging in knowledge user engagement program. I also want to thank the ASL interpreters. I will do my best to speak at a reasonable pace and also to all of you for joining today.

Just a brief description of myself, I am a white settler woman. I have long blond hair that's just cascading sort of over my shoulders. I'm sitting in an office. You can see two white walls, and there is a small plant over my shoulder on a dark brown desk.

So, I'm here today to talk about knowledge user collaboration and research at the organizational level and really give applied perspectives and some aha moments, as you can imagine. This is the first time our organization has really entered into this space. But I do want to say that this should be treated as a case example. There are many different ways that organizations can be bound by institutional logics, by shared epistemologies, or ontological positions about what kind of knowledge is valued, whether research itself is valued and PT, for that matter.

And so, there's also cultural and strategic differences. And so today I think this is really an n-of-1. And I hope in the discussion and panel section maybe we can unearth some similarities or

differences in experiences that you may have if you share a similar position or role that I have at the Royal College.

Before I begin, I would like to acknowledge that I'm on the unceded territory of the Algonquin and Nishnawbe nation, who are the traditional custodians of the land where I'm walking in from here in Ottawa, Ontario. I am actually situated in this majestic building now giving this presentation, and I will describe it as sort of a light-colored very prominent building that is showing-- this is actually a scene from the holidays. And one of the trees is actually covered in holiday lights.

I have no financial conflicts of interest to declare. I do reference knowledge syntheses and reporting guidelines. I do want to declare that I am an author of several reporting guidelines, and I'm also affiliated with best-evidence medical education, the Cochrane collaboration, and the Joanna Briggs Institute.

So, we think it's important from an education perspective to really anchor back into really the learning objective. So, this is my first time being privileged to present at this conference. So, I'm going to provide a little bit about the Canadian context certainly different than the US even just hearing that previous presentation.

And thinking about going to Washington and lobbying on the hill. It happens here but probably in a very different way. I'm also going to talk about our organization as a national organization, and the implications of engaging in a knowledge user program and our particular stakeholders and those who approach us. And then also talk very specifically about affordances and challenges and some of the learnings that we've had along our journey.

Now, as I thought about this presentation and the many ways that I could enter into this conversation, there were so many doors that I could have walked through. What I've chosen is three very specific ones. One is to really situate and contextualize the conversation as one that is happening within a Canadian landscape and why that's unique-- to also very much explain the role of the Royal College.

For those of you in Canada, you may or may not know about the Royal College. I don't expect many people in the US to really understand our organization, and what we do. So, I'll be discussing that a little bit. And of course, really contextualize this as being heavily influenced by the Canadian Institutes of Health Research and the ways in which they think and conceptualize knowledge translation.

So let me begin by discussing Canada just a little bit, this is certainly a map of Canada, and talk a little bit about the health care system. So, Canada is really comprised of 10 provinces and three territories that extend from the Atlantic to the Pacific and then northward to the Arctic Ocean. And it is the second largest country by land mass with a total of 9.98 million square kilometers. And for our US friends and colleagues. It's 3.85 million square miles.

Importantly and particularly for the US participants, there is no such thing as the Canadian health care system. It's sort of what we've affectionately termed it. But in fact, the provinces of Canada, each one of them, is constitutionally responsible for the administration and delivery of health care services. And in this way, each of them works in partnership and cooperation, some Canadians will challenge that, that allows us to talk about a Canadian system.

But each province invokes and evokes subtle differences like let's say, service fees. But not unlike other system, Canada currently faces many challenges in delivering optimal care. How to reduce Costs how to increase value? How to reduce patient error and harm and of course, how to abolish health inequities. And I feel strongly that our organization, the Royal College, plays a very valuable role in that health care ecosystem. So, to extend this conversation about Canada, it's important to introduce the Royal College, the institution which is the unit of analysis of the presentation today.

This is in fact, again, another representation of the building that I'm sitting in giving the presentation. It has extreme visual prominence in the area in which I work, but it also plays an incredibly influential role in Canada's health care story and ecosystem. And you can see this embedded within our vision, which is advancing learning for specialist physicians to deliver the best health care for all.

So, if that's our vision, we're also guided by mission. And so, beyond this aspirational vision, we also state very explicitly that at the Royal College we strive to partner with patients, with Fellows, with residents, and other health care collaborators to lead specialty medical education, assessment, and accreditation standards.

So, in this way I would say we probably function very much like the ACGME in the United States. We promote the specialist physician role through research, advocacy, and health policy, and enable specialist physicians to adapt and continuously improve. And of course, we foster patient trust and confidence in specialist physicians.

And what I've done on this slide, is I've really italicized the words partner with patients. And I think it's important to stress the prominence and the priority it's been given even above our members and also, the fact that we do this through research. And this is starting to tie-in that story of where we situate ourselves as an organization in the KT enterprise.

Now, let's look at the college by numbers. I think this is also a really important factor in how we differentiate ourselves from organizations let's say, like the ACGME in the United States. We support and serve 17 faculties of medicine across Canada, and we have 67 specialties, subspecialties, and special programs, as well as 22 areas of focused competencies.

Now, we have 46,000 active Fellows. And in total, with honorary Fellows et cetera, we have 57,000 Fellows. And so, we have a huge member base, but we're more than just numbers. We're about people, we're about education, about training, and about research. And we're about fostering relationships that we build with our members. And one of those can be through knowledge translation and partnership activities and research.

Now here is only one of our Fellows that I'm spotlighting. It's Dr. Min-ka Chan she's the co-director of the Office of Leadership Education at the Rady Faculty of Health Sciences and is the recipient of the 2021 Royal College Associated Medical Services Donald CanMEDS Wilson Award. Now that's a mouthful. The annual award is given to a person or team who has demonstrated excellence in integrating the CanMEDS' roles into Royal College or other health-related training programs. And why I spotlight this, is because not only do we partner with our members in so many ways, but we also acknowledge our members in the great work that they do actually taking our frameworks around competencies and translating those into actions into curriculum. Again, another form of KT.

So again, not unlike the ACGME, we set the high standards, we promote lifelong learning, we're influential in the medical community, and we have an international presence. But today I'm going to talk specifically and solely about how we advance scholarship and research.

So, I've been asked this often. It's an interesting question that I've had-- I've been at the Royal College for 12 years now. And I often get this question. Royal College research, I didn't know the college did anything with research. I would say that over time I'm getting that question less and less. But when I do answer this question, I simply state that our active incorporation as an institution, in fact, calls out our role in initiating, encouraging, supporting, and extending interest in research in medicine and medical education.

So yes, we're a professional society supported by an administrative structure. But we do engage in research and scholarly practices at the Royal College, and we formalized our commitment to this in 2016 when we established the research unit. I've had the privilege of leading that research unit since its establishment, and the role I play is really about building capacity for and enabling research on the specialist physician. And I function to support internal as well as external activities.

Now, if I was to capture everything and describe everything that we do, it would take a lot of time and effort. This, I think, is a very good simplified visual representation. We support one of the largest medical education grant programs in Canada. This is an important component to describe because in that program we're starting to develop more commitments to embedding KT strategies in all of the work that we fund.

We also, as you saw with Dr. Min-ka Chan, we provide awards. We certainly create new knowledge in our office. We develop standards and programs both internally and externally. We provide education and training. And I think one of the most important and newest advancements with the Royal College, is that we're really focusing on the role that we play as an organization in knowledge translation.

So, let's talk a little bit about this, and I'm certainly going to give a lot of perspectives about CIHR. And to my Canadian colleagues, I apologize that this is probably not new information. But I think it's important to really ground definitions ensure we're coming from similar mental models when I situate this work.

So, the Canadian Institutes of Health Research, known affectionately as CIHR, is Canada's health research funding agency. There are certainly other funding agencies, but this is the one for health research. It's comprised of 13 institutes which are distributed actually across Canada. And they aim to advance four main pillars of research biomedical, clinical health systems and services, and then population and public health.

So much of the work that we see coming through the Royal College seeking partnership, let's say through their research programs, tends to be situated within health systems and services work, as well as population public health. But it doesn't necessarily mean we don't support other pillars of research through our KT program.

One recent example is that we saw real upswell of engagement from researchers in response to the COVID rapid research campaign. So, the CIHR has a total estimated budget of \$1.4 billion.

The bulk of that is directed towards biomedical research. And I wanted to really talk about how much is funded for social, cultural, environmental, and population health. It's about \$95 million to health systems or services research so a much smaller budget. And \$25 million, recently was earmarked for COVID related research.

But I do want to say from this slide, I'm trying not to read from slides. I'm hoping that you're reading them and hearing the commentary behind it. But what I really appreciate about CIHR and where I see there's such great alignment between our organization and what CIHR is doing, is this true commitment and focus to knowledge translation that really is about facilitating that movement that translation of knowledge into actionable change that results in supporting even our vision, which is best health care for all.

Now, I put these priority areas up again, to really again, anchor into what I believe, is just a really perfect storm of alignment. I will talk about the strategic plan at the Royal College. But I have to tell you, this is almost a mirror image of our own priorities. The focus on indigenous health research, equity diversity inclusion, health research training, knowledge translation. All of which are priorities, as well within our own strategic plan.

And then finally, I'd like to transition. So, let's move from what CIHR is and does to KT. And more specifically, wrapping this up altogether on how it's informed and impacted and continues to shape our own knowledge user journey at the Royal College. Many of you may already know this definition. I won't read it out. I'll allow it to be on the screen. Maybe I will read it for some of our participants. It's a dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically sound application of knowledge.

And so many of you may already know this definition but given the work that McKibben and others did in 2013 and identified I think it was almost 100 different ways of describing this. I think it's really important to suggest that the definition that I'm using is in fact, this one. And I know that it has been criticized as being a little bit narrow but is certainly the place that I work from and situate our own knowledge program at the college.

Again, this is a fairly long definition. And I think it's important to describe that it has been conceptualized or categorized into specific ways. So only to ensure that we're all on the same page, I'm using the definition of end of grant KT, which is often described as akin to a more linear model where the research is carefully crafted and packaged and the partnership really focuses on spectrum of dissemination or application and implementation approaches and is often less intensely involving partners. Like the name states, engagement is often at the end of the

project or research. And the goal, however, is still to raise awareness and promote action. And we engage in end of grant KT at the Royal College, but it will not be the focus of today's presentation,

What I'd like to focus on, is integrated knowledge translation. Integrated knowledge translation is an approach to doing research that applies the principles of knowledge translation to the entire research process. And I know that many, if not all of you, already understand this process, and think about this as either participatory or compare it to community-based research.

But what I'm situating is again, in the CIHR knowledge to action framework. Its intention involves knowledge users as equal partners alongside researchers so as to lead research that is more relevant to and more likely to be useful to the knowledge user. It's about engaging and sharing research findings with individuals who can use them and prominently the know-do gap. And again, I recognize not everyone appreciates the way that's worded.

iKT involves significant, authentic, longitudinal engagement in this research process. We recognize that at the Royal College. And this is really a short list of activities or steps in the process that knowledge users, when we engage, we usually talk and discuss and negotiate their involvement.

CIHR suggests, for a minimum, that engagement of knowledge users are around question formulation, discussion of findings, and with dissemination activities. And this is really a great place, I think, acknowledge that there are a number of frameworks that individuals can consider and use for our purposes.

In the development of the knowledge user program, I certainly reference the work by Susan Ross, John Lavis, and Tara Rodriguez, and others that they've done around experiences involving decision makers. And it really helped frame the thinking we have in our own institution. In their work, they identify models of decision maker involvement formal support, responsive audience, integral partner. And we think about that in every forum and engagement that we have at the Royal College.

But it sounds like a lot of work, and it is, particularly from an organization that is like our own. And we know that it takes time to translate that incredible amount of research that's conducted. And we know it moves at a glacial pace. This is almost a little bit indicative of that peak and valley, that research to practice valley map, that we've often seen the valleys of death.

But we need to do this work if we want to impact the system and ultimately patient care. So, we have a commitment to doing this in our organization. We want to move research across that continuum not only for improvement and spread but truly to support that vision we have at the college about impacting the health and the care of all Canadians.

Fundamentally, through meaningful, authentic, ethical, transparent, and dynamic partnership, translation or mobilization is improved and results in action and change. That's why we engage in integrated KT. Simply put, and to draw a business analogy around this, is let's not build cars for clients that we haven't met yet. Why leave all of this to chance? We need partnership.

But here's where I start to move into our thinking at the Royal College, the work that we do, and some questions that have been raised. The complexity and nature of these relationships cannot be underestimated, and I've learned so much working from both sides. I've been someone applying for grants seeking knowledge users on my own research. As well as overseeing the KU engagement at my organization.

It's a complex social enterprise that includes many stats. But here I highlight those that I think require specific competencies knowledge to conduct them. So, identifying recruiting partners, I think, takes a level of communication and sophistication and understanding of even business principles and practices so that you know who in an organization to contact that might be best leveraged to engage in your knowledges or activities.

Taking stock of barriers and facilitators of an organization not just of yourself, how do you do that? How do you understand what those are for the organization? How do you truly engage in collaborative research design with an organization where maybe not all individuals understand research, understand research in the organization, et cetera?

And then I think it's also important to understand the governance for decision making. For example, and I will go through this more fully, our organization often includes a contract office, legal, ethics. Because we're more attuned to the risks that are now associated with engaging research and findings. We have what we call the Globe and Mail test.

There's also the ethics and partnership agreements. So, does everyone have access? Is this an ethical partnership? Remember, we often have residents and others who still have not sat our challenging certifying exam coming to us to be partners in knowledge user engagement. How do we negotiate and think about those power differentials between the various partners who approach us?

And then also, I think there is truly competencies, skills, knowledge about how you maintain and sustain these partnerships, potentially over time. I will say, for example, I'm sorry, that have not many yet have been in professional roles. I've asked many individuals who've contacted us to be knowledge users. Many are grad students. Many have not yet been academic faculty in institutions or outside of academic institutions. And so, I ask them, do you understand around organizational theory? Do you understand what's meant by c-suite? Do you understand how to negotiate or think about engaging a board member?

Without going too deeply into this notion, I may simply be provocative and ask, should every federally funded project include a dedicated, remunerated, knowledge broker with these competencies, particularly when engaging those who may be in the private or not-for-profit sectors? As a taxpayer in Canada, I'm invested in seeing the research funded by CIHR actioned when applicable and when it makes sense.

But we know about some of the common barriers and facilitators that need to be overcome thanks to some of the great work by Anna Gagliardi and her team in the scoping review. But how do we overcome this? I will draw on the importance of understanding the business side of organizations when approaching an organization like ours to be a knowledge user on your work.

So, I've mentioned what some of the processes and activities are, and all of this sounds fairly elegant and difficult. But in reality iKT, as we know from the literature, can often devolve into a relationship that is not quite intended. It can move to a checklist practice, and in some cases, it can feel like chaos. And we certainly experience this at the Royal College when we get last minute requests for very complex projects, and we realize this is not iKT. This is really providing a letter and understanding what their work is and supporting it. But we still engage because we see this as the very beginning of this collaborative journey, called KT, going forward.

So given all of this, and that we're a national organization with clear mandates and responsibilities, we strive to advance for better health care for all, we support 50,000 Fellows, and we support this through research. But what does it actually look like? What does our KU program look like, and what has been our journey?

So, we have a few key actors and active ingredients in our program. I would say that CIHR has prominence in our story. I will talk a little bit about how they've been a driver in really shaping the work that we do. I would say that professionalizing Royal College research and its intention to build capacity for research interactive and corporation it's certainly give us an official mandate to do this. Our strategic priorities have now really aligned with this, and we see ourselves truly as

an asset in the knowledge user, knowledge mobilization translation landscape. Let's talk about this more specifically. How did it start?

So, for some of you who are Canadian, you will know that CIHR started with an expectation through its physi program or its partnership program to really engage knowledge users as part of research with the understanding or proviso that it starts with problematizing the questions together and moving through that research continuum.

What we saw early on was that people were really forming partnerships with individuals in our organization. It was certainly a first step. They would reach out with the best intentions. They would ask for partnership. And those individuals would craft a letter, maybe do some small negotiation, and the grants would be submitted.

What happens in this context, is that sometimes the grants were successful . And we would find out four years later at publication when we saw that the Royal College were thanked as being a supporter of the research. But it certainly wasn't done at an organization, institution level. And one thing to understand is there are few programs at the Royal College that are done completely siloed in an installation. So, partnership around research requires multiple conversations, multiple engagements, multiple conceptual conversations around the work. It also must include operational perspectives around technology, around communication, around financial in-kind support, et cetera.

So, it started by us really engaging in research and having partnerships as a knowledge user as individuals. But we recognized very quickly that we were not serving our members or our clients, the researchers that wanted to partner as knowledge users by working individually in the organization. In fact, much of the work as individuals is simply signing those letters.

This fundamental shift to develop a formal policy and processes was driven by the recognition that we could, should, and can play a substantive and meaningful role in the knowledge to action ecosystem in Canada, particularly given where an organization embedded in a complex social system.

And we play an important role in influencing across the interconnected web of formal and informal groups and stakeholders. Those could include communities, systems, the faculties of medicine. And like we said, we influence international even. So how could we partner with researchers and think about the knowledge user role more actively as an organization?

And so, we sat around with a small team and thought, how can we get there? We get there by working as an organization of individuals rather than individuals within an organization. What we did was work to really institutionalize the work that we do in our processes as a knowledge-user engagement entity, to better serve others, and ultimately better serve ourselves, and the potential impacts on education of residents, our Fellows in practice.

And I'll read the last page of the story for you now to say, we're not fully there yet, but we're certainly on our journey. Drivers of change are this institutionalizing and creating a knowledge-user engagement policy were really influenced by a number of things. One, and I'll show some data on this, we simply saw an absolute upswell of individuals contacting us to be knowledge user partners.

And so, this happened for a number of reasons. One, we were discussing it more often externally. And so, people started to understand, oh we can actually partner with the Royal College in a meaningful way. Two, the expectations at CIHR changed. They were really expecting knowledge usage across all grant programs. And so simply by sheer volume people were looking for greater partnership.

And I think finally, we were starting to build almost a Rolodex of partnership that were more longitudinal. So, we're seeing repeat customers and really experiencing that meaningful, trusting relationships with those individuals, and again, looking to really evaluate the impacts of those partnerships.

I would say professionalizing and really legitimizing knowledge user engagement was another driver. We simply organized around this better, and we were able to amplify our role, certainly with more partners. We figured out how to be more effective and efficient in managing and stewarding our own resources internally, and that took some time.

There were certainly trepidation at the beginning of launching this program with many of our leaders who asked legitimate thoughtful questions of what is my role and accountability if I'm listed as a partner or someone who's an expert in a particular program? If I engage in the work, does that result in authorship? These are very thoughtful questions, what if.

Now, it seems that I have time. But my time is deprioritized or this project is deprioritized when it comes to fruition. What are the implications of that? And is there a succession planning that we can include? And the other is, of course, if leaders change, which they often do in organizations.

What in our program can we embed or put in place to ensure continuity for the researchers in which we've made this commitment?

I would say that there is some complexity working with an organization like the Royal College. We certainly are more attuned to what are the risks of partnership. And so, because of that we ask very clear questions. We will not engage or commit to being a knowledge user unless we have things like a list of who all of the partners are from private and any other industries.

We look at EDI principles, certainly, and I will get to that. Thinking about are there-- do we have access? Are we making this accessible and fair and equitable to everyone who wants to partner with the Royal College, regardless of their views or whether or not they are a fellow of the Royal College?

And this creates complexity of decision making. And I think what you should be hearing in the background is this takes time. And I know that's a real downer to talk about time. It's never an exciting thing. But the truth is there is some complexity. We sometimes have to engage legal. We sometimes have to engage our ethics committee. Sometimes it takes time just even internally to negotiate resources and get a sense of who can and has the time to really meaningfully be involved.

And I think it helps that again, I'll show this, but that we've centralized through our research office. So, I tend to be a central point of contact, as well as our staff, in the research unit to really help navigate, negotiate, and partner with these relationships. And so, let's talk a little bit about the who, what, and when of our KT knowledge-user request program.

And so here you'll see on the left side, we sort of have our institution. And I've listed one pillar called Intake. There are so many ways that we partner. In this particular example, I'm going to show mostly and speak to an example of when people contact the organization. We certainly reach out and do partnerships. We fund a grant program, and in that way, we just are embedded knowledge users.

And many ways and many points of contact to support those researchers to ensure that what they're doing really aligns to our programs, our values, our strategic plan. And so here-- I think last year we received 55 requests to be a knowledge user. We do not always say yes to each one, and there's lots of reasons why we don't.

But it's usually received somewhere in the organization. It might be in the CEO inbox. It might be at communications. Someone's found us on the website. It might be through a previous partnership or a colleague. And so, when that comes into the Royal College, it immediately gets sent to the research unit inbox, and a staff will review what has been sent.

We have a form, a checklist of every item that is required. So, at a minimum, for example, we need to have a Bio of the PI. We need to have a sense of the research that's being conducted. We need a sense of whether or not this is going for funding. Who are all of the co-investigators and partners? Of course, many people will say, well, not everyone is agreed. We said it's OK. This is a journey. And so, you cannot be too transparent with us in those early days.

And so, we asked for a lot of information. And then invariably, and I would say there's not one person who's written us where we haven't asked for engagement, we have an initial phone call. We have a conversation. I ask individuals what do you understand of the Royal College? Why do you think you want to partner? In what ways do you see the Royal College being involved?

And of course, we get, well, we were hoping that you would tell us this. And this is where there's that shared opportunity for education and learning. I learn about them, their research, their desires for research. I ask about their KT plan. I'll admit, most people say, KT plan? I haven't even thought of that. I'm really focused on the rigorous research methods.

But it's a point of contact that says, in order to engage meaningfully, it would be really helpful to understand this. What's good about that when those are not currently crafted, we have that ability to really negotiate and influence and partner in a much more meaningful way. So, we then at that point can co-create, can co-construct, and really be a part of that. I would say that the places where we engage as knowledge users, I think, that are most fruitful are the ones where we actually sit and problematize with individuals around the research that they're doing. I think that's where you really want that to happen.

But the reality is, once grant season is in full motion, we feel the impact as an organization where we have multiple, multiple requests for KU engagement, which is not quote unquote, what I call "true authentic iKT." But in my role, what I try to do is invoke those principles to the best that I can recognizing that this is publicly funded research, and one of our commitments is to really support and advance research for the best health care for all.

So, once we pass that first step, which is often multiple phone calls both internally and externally, we go through a checklist of thinking about approvals. And I'm going to talk about

this more specifically because I think this is a critical component. But we align to things like are we aligned strategically? Do we have shared values about this research as an organization? Do we have the ability ethically to partner? Do we have the time based on what is being requested of our organization? And then who is the best individual or individuals in the various components to partner?

And then we prepare an approval correspondence, and I think here is where it's really unique. And I'm really open to hearing how others do this in their organizations. But we move all of this up to our e-suite or our c-suite. And this goes in front of our executive director team. Every single request goes into a form that includes key pertinent information, as well as a recommendation from our office. And this gets approved. There's many questions even at that level. This either gets approved or not at the executive level. And then every single letter which lists and approves our commitment is signed by our chief executive officer Dr. Martha Bruce.

And so, as you can see, we fundamentally move away from individuals signing, quote unquote, "letters" and really institutionalizing the conversations and the practices that we move towards more authentic, meaningful engagement. Now, is it perfect? No. Do we still feel sort of a rush sometimes going through these? Yes. But we look at every point of engagement as the opportunity to move to that more meaningful authentic engagement.

Once we have approvals, we negotiate things like how we're listed on the grant. And we are consistently listed as KUs. We have our own CIHR identification number, so that we can track. I will tell you I've seen a shift away from individuals saying, we'll contact you once our grant is completed.

And I would say, we're OK if you don't get the funding. What we'd like to be is involved as holistically and as early as possible in your research. So don't worry about not receiving a grant. We track absolutely everything internally the number of phone calls, the time spent with individuals. And I just want to give a shout out to our research coordinator Jeannie Zetter, who really oversees every component of this program.

Where we want to move next is really about evaluation. Because all of this is wonderful. But if we don't embed a corporate ethos around this program, how can we improve? So that is where we really want to go to next. I look forward to any questions or challenges about our program in the panel section.

So here are key places that I've talked about, a little late animation. It's really about making sure that intake people know that our program we certainly can communicate better. We request contact I would say 99% of the time. Sometimes when we have built partnerships in trust and we know the work, we don't necessarily need that intake call. By and large, we have those conversations.

And I just want to mention here that it happens, where we let individuals know that there's just simply not enough time. We've received requests 48 hours on complex projects, and we simply say, this is end of grant KT potentially. We can partner and then, of course, we get the question, can you disseminate this or distribute this to your 47,000 members? And we have policies that disallow us to do that. So, we have to really think about the KT plan, how we fit into that? And so again, it always requires thoughtful conversation.

So, here's a little bit of data. This is from 2016. I always really like an infographic. This just gives sort of by the numbers. In 2016 we had 10 knowledge-user requests. This is when we started the program and we were on close to \$4 million worth of funding.

And you can see here, even just the next year, we were [INAUDIBLE] or co-investigator on overall \$11 million worth of funding. And so, we really have a busy portfolio and have a strong commitment to supporting KT in an iKT fashion. And please note that this is all publicly available information. We have a research report that we publish every year, and we make all of this available and transparent, certainly.

I also want to stay in that map. I did fail to mention that we also do follow up. If we haven't heard from our partners in some time, we always loop back. We have this embedded in our tracking system where we reach out and we say, hey how is your research going? Are you getting to the analysis phase? Don't forget about your knowledge user. And we assume it's not at all malevolent from our partners that researchers are busy. And we have to own the commitment that we've also made on our side of the equation. And I think that's the unique synergy or proposition that the Royal College is bringing to this conversation.

So, I thought it was important, again, to really anchor into the literature as to what we're really striving for. And I want to just give a quick shout out to the amazing impeccable Dr. Sharon Strauss, and the work that she did with her colleagues to say that we are striving to develop shared understanding. I'm always guided by these principles.

At the Royal College, we want to create a collaboration plan that is explicit of what the researcher role and what our knowledge-user role is, to be very clear, create a plan, including team members in a collaborative manner. So, I can't just place one of my colleagues at the Royal College on a grant without really discussing that with them and looking at their own workflow and plans for their team and the year and developing a strategy that ensures trust. And I think trust is one of our priorities in these conversations and in this work.

So since implementing the Royal College knowledge-user program, I just want to summarize and start to bring this all together. I would say level of engagement is variable. No matter how much work we do, things get in the way. Things will prop up in our workflows and others workflows, and so I would say that it's variable over time. And what we'd like to do going forward, is to really quantify this a little bit more.

What brings us closer to a team? What makes it more difficult and challenging, particularly for our organization really probably from a QI program evaluation perspective. I will say that again, this is not exciting to hear but time matters. It's like asking someone to become a best friend in two weeks. It's just so impossible to do that. Relationships and trust just simply need time to really marinate and to build those and formulate those partnerships. And that's nothing new, I'm sure, to this group. But I want to make it clear that it is absolutely embedded within the challenges of our own program.

I think it's really important to use frameworks, and to use those frameworks to talk about defining partnership levels so everyone is on the same page. There are many out there that you can use. I've described the work that we use by Lavis and others. When we sit down with partners, we say, you know how do you see us being involved? And here's how I see us being involved. And so that we have a shared understanding and language around those partnerships, including everyone that is involved with it, as well as our executive directors at the college,

You have to be mindful, as someone approaching an organization, to think about resource requirements. How heavily can you draw on the communications staff or entity within that organization? And we need to embed time into that. We've had partners who've come to us with KT products that are exceptional, but they need to be translated by our communications team. And so that takes time. And sometimes that is a disappointment to individuals who want to get something out very quickly or see us as an opportunity to disseminate their products.

And then I just want to make a final, important comment about strategic alignment. And this is where, again, as someone who's recently completed an MBA, everything looks like business to

me. I'm really interested in the business side of iKT. But I think it's critical as researchers or individuals seeking knowledge user engagement, to really understand this alignment between research and organization.

I am situated in privilege to work at the Royal College. We are bound by a strategic plan. And so, I love this representation of the pyramid of places that researchers should really think about before they approach an organization. What does that organization believe in? What is their vision? What is their mission? Do they have a set of values that they've placed on the organization website? Why do they exist?

I find that when I ask individuals why they think the partnership or engagement of the Royal College as a knowledge user would be valuable, I find a very thin response. And so here I use that as a moment to really have co-learning around what they're working on and what the Royal College is here and committed to really advance.

Thinking also about where we're going, who we are now, and thinking about the strategic plan. What are we becoming as an organization? Do we have a shift in our plan, and how could this research really align? And then also what does success look like for our organization? What are our organizational goals? And how does the research you're doing really work to advance or align? Is there a reciprocity in this partnership?

And then again, really just thinking about those priorities. I really think about CIHR's priorities. I really align, and I follow those, and I read their strategic plan. And it may be that discipline that I have of being an administrator in an organization. But these are fundamentally things that I think every researcher should do prior to contacting, quote unquote, "an organization that they would like to partner with."

I'm going to put this up. I see our-- thank you, our ASL translator has changed. I put this up really to impress again, upon everyone that these are available. If you haven't seen this and you are thinking of partnering with the Royal College, I encourage you to really download it, read even the executive summary to think about where we're going and where we align.

Often, I can see in the letters that are requested, that's certainly not iKT it's not the letter, but I get so much out of reading the letter as to where the researcher is positioned and what they understand of our organization. And so, it's really important to call those things out to really demonstrate that you understand who we are as an organization and why you want to partner with us as a knowledge user.

I just want to start wrapping up a little bit and moving to hopefully a very rich and productive panel session. And I hope that you're in agreeance with me that this is a complex enterprise of social relationships that need to be formed in a thoughtful manner. What I've tried to invoke in this presentation or this conversation with all of you, is that in organizations there is a business logic, an institutional logic, a culture, a strategic framework that guides every individual in that organization. And it's important to understand.

It is also important to really understand the business principles behind how organizations function in order to have a more meaningful conversation around KU engagement. I will say here is just a couple of quick affordances and challenges and ah has, so often one thing that I've learned, is that researchers come at least to the Royal College trying to fulfill a grant requirement. And we try to shift that conversation to more meaningful engagement.

We believe strongly that we can elevate research, and so we try to influence and how to problematize the research to elevate it from a very local, maybe narrow perspective to think more cross-specialty or even nationally. We also try to involve and evoke real-world thoughts and examples and issues by just speaking a little bit to how the organization-- what are our challenges? What are we trying to solve? What are we trying to move forward? And find ways to find sweet spots in those negotiations so that the research can have greater relevance.

And we tried to make the experience of engaging with the organization in a new way. And I've heard this from many of the individuals who contacted us to say, wow, I didn't realize someone would actually speak to me from the Royal College. And I didn't realize that you would be so supportive in the work that we do. And so really changing the relationship with our organization is critical.

This is just my last slide and I'll go on. Hi, Kathleen. And then I also think it's important to be very reflexive. We learned so much at the organization through these partnerships just about individuals and what they're struggling with and how their work is being conceptualized in relation to some of the work that we do.

I'll finalize by saying just one point in our knowledge user a-ha moments, is that it really has had a de-siloing effect in our organization to have knowledge-user program. Institutionalizing this and creating policies and practices has really reshaped the way we have conversations internally. We have moved from an individual committing to that research to really having collaborative conversations internally in research, in our programs, and even in our operational offices to really come together to support research in a more meaningful way.

So, I will leave these up as reflections. I think I've touched on all of these. This was my reminder about what I think is the summary slide for the work that we engage in and some of my aha moments. And I will just say as a researcher approaching an organization, always, always do your homework. Understand more fully what that organization's pain points are, and what it's trying to advance. And there's beautiful Ottawa. I think that's the end of my presentation, Kathleen.

KATHLEEN MURPHY: So, I'm going to invite Terri Daly to turn on your camera, Terri. Terri is joining us from the University of Central Florida. And we also-- I see Dwayne van Eerd from the Institute for Work and Health in Toronto, Ontario, is with us, and Hilda Smith, from York University also in Toronto, Ontario.

So, I just want to explain a little bit of what we're going to do here. It's kind of like a panel discussion. So, I'll go around to each of you reactors and let you just elaborate if there's anything else that you'd like to share about yourself. As we've talked about, you're going to describe what you look like and if there's something else to highlight in your bio.

And then I'll go around again, and say, I know you've had an opportunity both to see the slides ahead of time and now too here. Tanya present them. And is there any immediate thought that you thought the audience would benefit from? So, I'll turn, I guess first, to Terri Daly, from University of Central Florida. You want to say Hi and--

TERRI DALY: Hello, thank you so much, Kathleen. I'm Terry Daly. I am the director of the UCF Center for Autism and Related Disabilities here in Orlando. And I am an older woman with again, brownish, blondish hair and blue eyes. I'm wearing a black sweatshirt and a blue shirt underneath it. And behind me, you see a virtual background of the library here at University of Central Florida. But I'm really, secretly in my office. So, thank you.

KATHLEEN MURPHY: Love these covert Zoom backgrounds. And I mentioned, we also have with us Dwayne van Eerd.

DWAYNE VAN EERD: Hello, yes, my name is Dwayne van Eerd. I'm a white male. I use the pronouns he and him. I have gray hair and a gray beard, which may give you some indication of my age. I wear glasses, and I'm wearing a blue shirt. And my background is a picture from a much more picturesque place than where I'm from, which is Banff National Park in Alberta, Canada.

I should mention that my background is in or my research focus is on workplace accommodations for people with injuries or disabilities. And I have a particular focus on episodic disabilities for those with chronic health conditions. So that's where I'll place my comments with them. Thank you.

KATHLEEN MURPHY: Great, thank you, Dwayne. And Hilda.

HILDA SMITH: Hello. So, I am calling in from the traditional land taken care of by the Anishinaabe here on Turtle Island. I mentioned I was from the York Institute, but I'm currently in Goffs. My pronouns are they them, and I am a white person with a short undercut and the rest of my hair is swooped to the right. I am wearing a dark-blue shirt with a kind of gray of varying shades sweater on top. Behind me, is two white walls. And there is one picture of bats, which are the different bats are in rainbow colors. And it's in a blue frame.

And just a little context for myself. I am a knowledge specialist with a project called Acton site. And the work we're doing is looking at how to create accommodations or ease that process when people are going into placement for nursing or something else within the health care spectrum so social work, occupational therapy, medical residents, and things like that.

KATHLEEN MURPHY: Perfect. Thank you, Hilda. Of course, sorry I didn't mean to say perfect it's like-- anyway, so I said again, we would just go around again since you all have, we recruited you. You volunteered to do this when you were registering, and we did ask you to take a minute and think about this and the conference theme.

So, you don't have to, but if you do have any kind of immediate thoughts or questions for Tanya, I'll go around again in like a round robin. And then we'll turn to the audience questions. So that, Terri, that means you're up again.

TANYA HORSLEY: Great, so I was very impressed. It was a very quick presentation of a lot of information. So, thank you so much for that. I was impressed by the Canadian Institute of Health Research comprehensive process of trying to address knowledge translation from the ground up, which I think is something that here in the United States maybe is not as prominent yet, or in some funders, with some funders and funding streams not as emphasized. So that was very interesting.

You did say in the end that trust is incredibly important. And I thought that's what I had thought earlier on. I had made some notes that partnerships rely on trust, and a little bit of role flexibility,

and role-- being willing to give up control, which I think is hard on both the end of people who review potential funding and also people who are seeking funding. So those relationships, I think, are very, very important.

And I thought maybe you could talk to us a little bit more about what processes you have for developing that trust. And also, on slide 23, you were talking about the barriers for facilitators and the competencies and that idea of having somebody who is competent across all of those things that need to be put into that knowledge use and research development. And maybe articulating or if there is somewhere articulated what all those competencies are, so that people could self-evaluate before they seek funding or collaboration from knowledge users.

And then just my last point well, two points. One is, I thought that this process of having folks who are coming for that collaboration and those funds to be really challenging themselves to consider all these different aspects can really improve the research. Because then you don't necessarily have to go back and do another study because, oh, well, we forgot to address that or we didn't really talk about how we would translate that.

But then in the final part, when you first started talking, who are the ultimate knowledge users of the projects that come through or float the funds that flow through your organization, through Royal College? And thinking about that dissemination of knowledge translation, I think that there is that balance between your process and your standards, and then that may be holding up something that should or needs to be disseminated out to the ultimate consumers of the research or the projects.

So, I know that's a lot, but those are the thoughts and reactions I had when I was listening to you. So, I don't know how, Kathleen, do you want Tanya to answer or go through all of our reactions and then have time to answer?

KATHLEEN MURPHY: Tanya, if it's OK, if you could just maybe hear all three because there may be overlaps. Because we do have eight minutes left.

TANYA HORSLEY: Sure.

KATHLEEN MURPHY: And then there may be ways that we can address more than one comment.

TANYA HORSLEY: Yeah, of course. No problem.

KATHLEEN MURPHY: OK, thanks, so I think Dwayne was next if you have anything. I just wanted to give you an opportunity to weigh in if there's something you would like to say.

DWAYNE VAN EERD: Thank you, yeah, no, the one thing I would like to say is that it was very lovely to hear a very nice presentation on a program coming from a research institute where we've tried to develop that over 15 years and still working on it. You've encapsulated many of the challenges that we have experienced and continue to experience, of course. I had some interesting thoughts about the study of impact, and you raised that you are looking towards that. And we're starting to look in that direction, as well.

So, although I'm a researcher in this organization, I am a KT enthusiast. Lovely to hear that term bandied around earlier. What I thought of asking about was, we're moving towards this network orientation with our stakeholders, as you described, in both formal and informal. Our approach to engaging with stakeholders in our research project is less formal, I think, than what you described. And we have what we think of as a continuum, where there may be a light touch base on the type of research or all the way up to a co-investigator on the project.

And we have-- one part of our element is to try to build capacity for using research among our stakeholders. So, when we do engage in networks, we rarely miss the opportunity to share a little bit about research methodology, or how grants work, or any way to increase that capacity. And we found that to be so helpful as we continue to engage new knowledge users and stakeholders into our research. So, I just wondered about your opinion about that and I'll leave it there, for now. Thanks.

KATHLEEN MURPHY: OK, Hilda, do you have any new points or do these themes were they reinforcing what you were already thinking?

HILDA SMITH: Well, I did just want to say, being kind of like the specialist on this project that I'm working on related to accommodations, it's really, really exciting to hear that the Royal College has been thinking about how as an institution they can think about being a partner and a knowledge user within those pieces.

Part of my struggle both in this process project and in other ones that I've helped support, is that they just kind of organizations just put more work on an individual they've assigned without actually thinking about what that does to their workload overall. And that becomes very complicated for actual having a relationship that you can build with the individuals that you're connected to from the organization and both kind of the trust that can be developed, overall.

So, I'm very excited to hear even a little bit more about how that transitional process to focusing on more of that knowledge mobilization, that knowledge that KT piece and how that de-siloed the Royal College itself a bit.

KATHLEEN MURPHY: Great, thank you, Hilda. I do just want to address a couple of things. So, there's been some very specific questions in the chat, and, Tanya, thank you for diving in and answering them. But I just want to clarify. When you said the paper is called Partnership Experiences Involving Decision Makers, you are responding about the Lavis question. So, it's authored by Lavis.

TANYA HORSLEY: It's actually authored by Suzanne Ross. But I refer to Lavis just because I know him and it just kind of rolled off my tongue. But it's just a great paper. It's one that helped me frame how I think about the partnership and engagement.

KATHLEEN MURPHY: Perfect. And, Ingrid, we did see your question, and we'll get back to you on that. And there was a whole you did address Amy's, Carol's question. There's what is the research partner versus the knowledge user, and then you had that slide after her question and dove in there. And we did get a helpful comment. Perhaps knowledge partner may be a more apt term identification than knowledge user to recognize they're not just users but contribute to knowledge discovery, which I think resonates with what our reactors have been talking about and the importance of having a network.

So, we just have a few minutes before the break.

[INTERPOSING VOICES]

Yeah, sure.

TANYA HORSLEY: So, it's part of-- when I describe what we do at the Royal College, I think it's unique. When I talked about knowledge production-- we have had a number of trained scientists who work with us. We have a program that we're starting that invites postdoc individuals. We have a Visiting Scholar Program. So, I think we need to dissociate those two.

When I say knowledge user, I actually think our engagement, we have to be disciplined about the hat we're wearing. We are on as a knowledge user partner. We just have insight into research methods and approaches. But we're very much there to think about how do we help shape this work, so that it enables or advances what we are stakeholders in.

So, I will tell you many of the individuals who approach us are doing work on health systems level about educating specialists, things around residency education training, things around continuing professional development of physicians and how they maintain competence, professionalism issues, patient safety. All of those completely align. That's why we see ourselves as a knowledge user. And in fact, it's such a great question, because again at, an organization part of that intake conversation is figuring out are we knowledge users in this space? And I will tell you, I have deferred many people to national specialty societies simply stating that we are not really a knowledge user in the work that you're doing, quote unquote, "formally."

We can support, from a dissemination, let's say an end of grant KT because some of our specialists may need to know this. But the special-- that NSS may be the best partner in this work or someone else. So that is absolutely part of the work that we do is figuring out what role do we actually meaningfully play in this and is it a knowledge user? And so that's a great comment and great question and I'm glad I was able to clarify it.

KATHLEEN MURPHY: We do have a really important question there in the chat. And I want to give it its due. And we-- Genna, I do see what you're asking there about getting people with disabilities involved in everything that we're talking about. But we do need to go to the break.

So, thank you, Tanya. And it was a little bit meta, folks. So, we're talking about organizational policy in order to enable the kind of stakeholder engagement we're talking about that would be necessary to bring about real policy change. So, to scaffold a little bit for you there. So, we will go on a 30-minute break. Right now, it's 3:10 Eastern, and we will be back at 3:40 PM, Eastern time.