Meetings for patient/Users, clinicians and Researchers

to improve primary care Research

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RESEARCH PROBLEM

- Research partnerships involving patients, clinicians and knowledge users benefit the design, implementation and use of research results.
- The lack of formal discussion spaces for stakeholders impedes the development of primary care research partnerships, particularly in family practice teaching units (FPTUs).

OBJECTIVES

- Encourage the commitment of patient/users, residents, clinicians and other healthcare professionals in the identification of research questions and the development of a research project; and
- Identify the winning conditions favouring co-construction during the identification and formulation of research priorities in FPTUs.

METHODOLOGY

- Participatory action research design (PAR).
- Project approved by the Comité d'éthique de la recherche of CSSS de la Vieille-Capitale, an ethics committee affiliated with the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (integrated health and social services centre of Quebec City)

The Meeting process :

- Groups were assembled in a rural FPTU and an urban FPTU of Quebec PBRN.
- Each group tackled a specific theme during two meetings co-facilitated by a partner patient and a researcher.
- During the first meeting, the researcher presented the theme. Participants discussed the issues and questions to be identified.
- The second meeting enabled participants to validate and prioritize the issues previously identified for participatory research projects.

Table 1. Workshop decriptions

FPTU	Gaspé		Laurier	
Community	Rural		Urban	
Themes	Group A : Diabetes in primary care	Group B : Nursing practices of teaching and counseling with patients in individual consultation	Group A : Patient portals for electronic medical records (EMR)	
Researchers	J.D.	L.G.	H.W.	
Partner patient	B.D.		L.V.	
Scheduled meeting dates	May 10 and 12, 2016	May 11 and 13, 2016	May 24 and 31, 2016	
Expected length of each meeting	90 minutes			

Categories of participants from FPTUs :

- Family physicians
- Patients
- Residents

Data collection :

- Direct observation in the form of note-taking in a journal
- Audio recording of meetings
- Sociodemographic file of FPTU participants

Data analysis :

questionnaire

• Healthcare professionals (nurses, social workers, nutritionists, etc.)

• Meeting evaluation questionnaire completed by FPTU participants at the end of the second meeting

• Using Excel, descriptive analysis of the sociodemographic data collected and of the evaluation

PRELIMINARY RESULTS

Table 2. Highest results from the group meeting evaluation questionnaire, Gaspé FPTU (average and standard deviation)

Meeting evaluations

Facilitating

The facilitator created a c among participants.

Meeting location

The room was suitable for

Participation

My participation was solic Participants listened to on I was able to formulate a related to the theme of th Participants cooperated a

Lever of agreement



CONTINUATION AND WINNING CONDITIONS

Continuation :

- evaluation questionnaire administered.

Winning conditions :







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	Group A	Group B	Total
	(n=7)	(n=6)	(n=13)
climate conducive to discussions	5 (0)	5 (0)	5 (0)
or the number of participants.	4,86 (0,35)	4,67 (0,47)	4,77 (0,43)
icited one another a question, an idea or a priority he meetings. and showed trust.	5 (0) 5 (0) 4,86 (0,35) 4,86 (0,35)	5 (0) 5 (0) 4,67 (0,75) 4,67 (0,47)	5 (0) 5 (0) 4,77 (0,60) 4,77 (0,44)
5 4 ····	3	2	1

• Gaspé FPTU: Descriptive analysis of the sociodemographic data collected and the participant

• Laurier FPTU: Data are currently being analyzed.

• The importance of the presence of all players within groups (clinicians, researchers, patient/users, patient/partners), each contributing to discussions based on his or her experience and expertise.

• Involve a resource person in the FPTU to plan meetings and participant recruitment.

• Recruit patients experiencing difficulties with respect to the healthcare received.

• The importance of the physical presence of all participants. The presence of a researcher via videoconferencing breaks the flow of discussions.