

Research and Knowledge Translation Newsletter

A GUIDE TO COMPASSIONATE PHONE CONVERSATIONS DURING COVID-19

Authors: BC Patient Safety Quality Council in collaboration with Northern Health Quality & Innovation, Northern Health Physician Quality Improvement, and members of the Patient Voices Network



When the pandemic hit, many people felt helpless, wanting to do more than bang on pots and pans at 7:00 PM to show solidarity to the frontlines and support their communities, but were unsure what to do. In the North, three professional acquaintances who share a passion for and commitment to person and family centred care, got together to brainstorm how they could contribute during this time. Cathy Almost, Engagement Leader at the BC Patient Safety & Quality Council, Tina Strudsholm Person & Community Engagement Lead at Northern Health/BC SUPPORT Unit Northern Centre, and Lee Cameron Physician Quality Improvement Coach at Northern Health, started connecting by zoom to explore possibilities.

“It was early in the pandemic, and there were really tight restrictions on visitation. That was the context, and the challenge we were facing – how to maintain that connection with family that is required,” shared Tina.

Early on, Cathy spotted a resource being shared on Twitter, that was developed in the UK, and intended to guide health care providers when calling a family about losing a loved one during COVID-19.

The trio was intrigued by the resource and contacted the authors to learn if patients and families had been involved in its development – they had not. With the authors permission, the team decided to revise the resource to make it more relevant for their region, by incorporating feedback from



people on both sides of the phone call: physicians and families in the north.

“It doesn’t need to be complicated. Simple tools can be useful and make great impact. That can be the challenge sometimes, thinking about a big concept like PFCC, its helpful to keep it simple and get some momentum from some practical tools,” shared Tina.

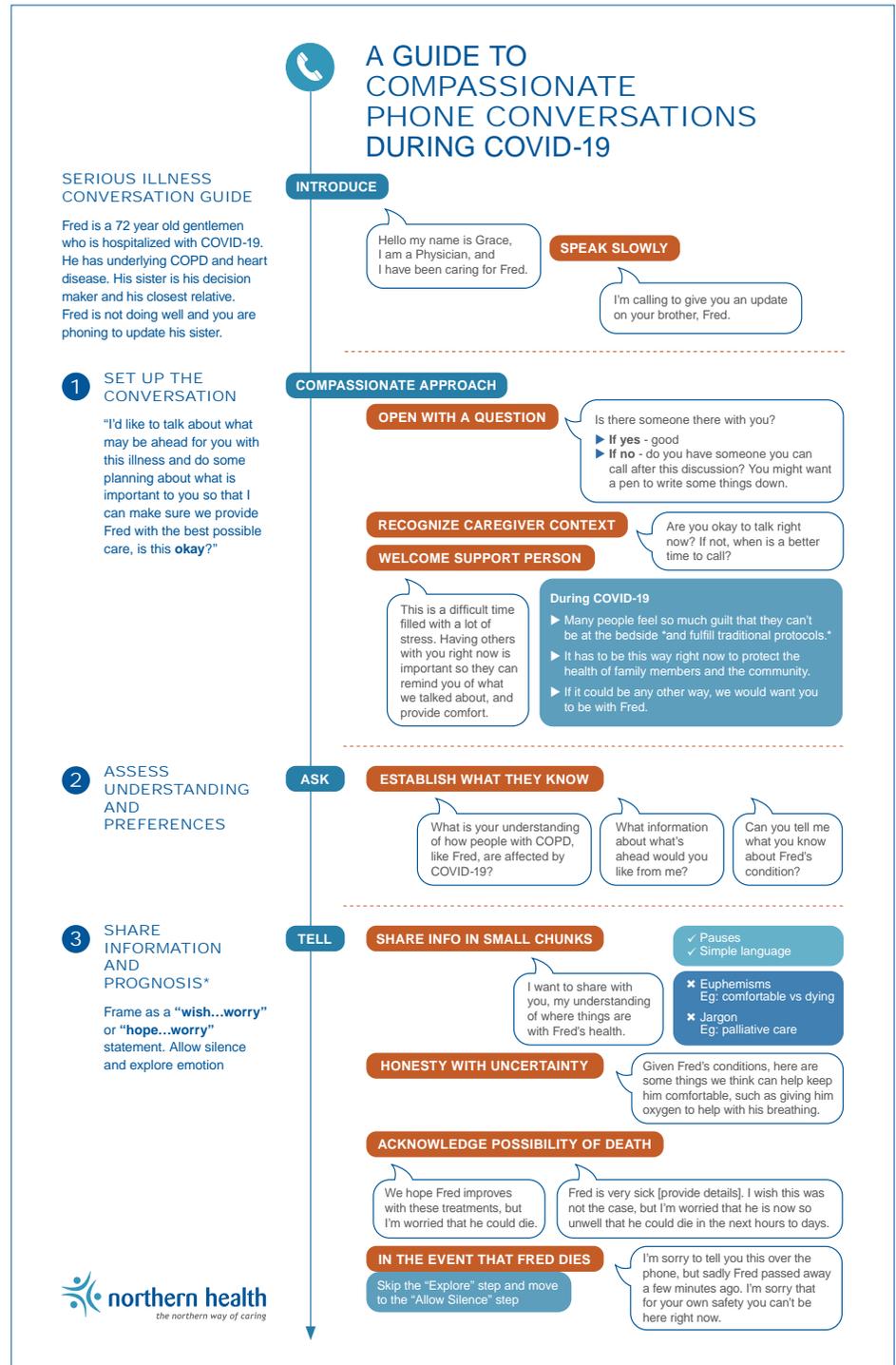


INCLUDING PATIENT VOICES

Four PVN patient partners from the north were also actively looking for a way to contribute to the COVID 19 response and were keen to jump aboard. In a one time zoom meeting, the group discussed the resource in a round-table format where patient partners offered feedback one at a time.

“I’m always very interested in the language that is used in vulnerable situations and supporting the people working in those situations,” shared patient partner Duane Jackson. “I thought the infographic looked very busy and could be overwhelming to anyone using it as a guide. I think the idea was to make the language a little more accessible and to tone down the appearance a bit” he added.

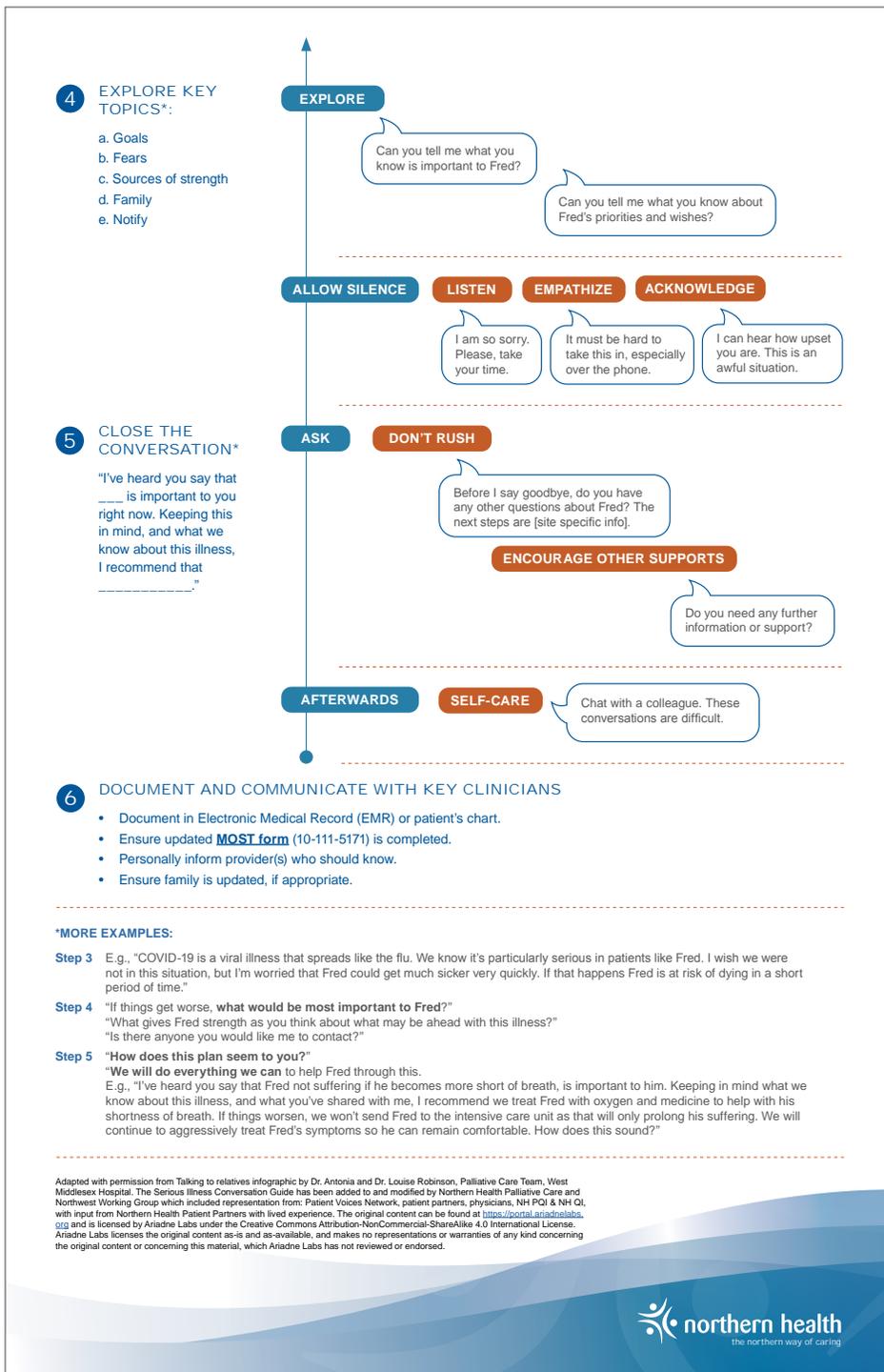
A major theme of the feedback received involved slowing the conversation down, pausing and creating more space for compassion. Related to that, was the importance of establishing connection at the start of a conversation and asking (not assuming) if it was a good time to talk. “They suggested more attention be given to ensuring the family member was comfortable and had supports available before getting straight to the (clinical) business of delivering the news. I think those are really effective principles of person and family centred care that they brought forward,” reflected Tina.



Two of the patient partners who volunteered are indigenous and were able to offer additional insights into how restricted visitation rules were impacting cultural practices and making it hard to fulfill traditional

obligations that could add to the grief and guilt families might be experiencing. “They also gave us a relational lens, which is very important in an indigenous world, to how would it feel to have someone phone you to tell





INCLUDING PHYSICIAN VOICES

With patient feedback incorporated, Lee took the updated resource to a group of 5 physicians in the Northwest, who had previously demonstrated a strong interest in Person & Family Centered Care, for review. They all found it to be useful, particularly so by one Palliative Care doctor among the group. "Even though this was rapid and simple, since they knew that this resource had been vetted by patient partners, it promoted uptake and understanding. A few of the physicians expressed, 'I hadn't thought about that'. The (patient feedback first) process made it more poignant," said Lee. "As a Quality Improvement Coach, I hear physicians say that they support the theory and concept of person and family centred care, but they ask 'what does this look like in a practical, roll up your sleeves, kind of way and show us the tools. How can we actually apply this?' This resource was a great example," said Lee.

A NEW RESOURCE FOR THE NORTH AND PROVINCIAL SPREAD

Based on what they had heard, the group made several revisions to improve readability and avoid euphemisms, and added content including the best practice framework of ASK TELL ASK, starting with questions to gauge comfort and

you how your loved one is doing, or not doing, or has passed. Getting that feedback was super invaluable" shared Cathy. "They told us that it's not just about family being separated, but in many indigenous communities in the north you have cultural

obligations to step up during certain life events and COVID was making it hard to fulfill those roles. It was an excellent contribution and is reflected in the revisions we made," said Tina.



ensure support for the family member, and acknowledging the challenge of fulfilling various cultural protocols.

The revised resource was picked up and implemented by Northern Health's Palliative Care department, shared on the Northern Health physicians' [website](#) and was recently shared in Northern Health's Leadership Digest.

Cathy also shared the resource with leadership at the BC Patient Safety & Quality Council and inquired about the possibility of provincial spread. She received quick and enthusiastic responses from Devin Harris, the Council's Chair, who agreed to spread the resource within Interior Health, where he is the organization's Executive Medical Director of Quality, Patient Safety and Research. David Sweet, a critical care physician in Vancouver Coastal Health and the Council's Clinical Lead for Sepsis, asked to share it through the BC Sepsis Network, the COVID-19 therapeutics committee and critical care networks as well as local departments. "That's the goal! Having an effect on the health care system by creating something helpful that patients have contributed to," said Cathy.

To the patient partners involved, it was satisfying to hear that their comments were being listened to, and the

resource they had contributed to was being put into practice. "The best part of any of the engagement is feeling that you have made a difference in the healthcare of an individual and to feel that you have supported those that have chosen this field," shared Duane.

LESSONS LEARNED

When asked about lessons learned that might be relevant for other teams, Tina suggests keeping it simple. "Meaningful engagement can happen quickly. This was really just one meeting. If there is a real commitment to incorporate feedback as much as possible, you can realize some big results with small effort. It doesn't need to be an overwhelming process. This was nice, because some engagements get pretty long and drawn out, so it was fun to be part of something that was focused" she shared.

Lee reminds folks not to reinvent the wheel. "Quality improvement is all about sharing resources, what worked, what didn't work, and considering appropriateness to the local context," Lee comments. Cathy agrees and encourages efforts to spread learnings. "One of my peeves with the system is that it doesn't talk to itself, or repeat best practices, or try to teach each other and communicate. So that's probably what I'm most proud of ... how we responded

to the pandemic by involving the patient voice and put this together not only for our own organizations, but we succeeded in (spreading it) province wide which is pretty amazing, in a pandemic, when there is so much else going on," she shared.

They also note that collaboration is key – across disciplines, departments, organizations and roles. "We came together with a spirit of "OK, we don't work at the point of care, but what can we do right now right here in this space, to do something that is going to make a difference! It's the spirit of how you show up. The word collaboration is used a lot, but I think that made all the difference. It was small, nimble, we came from a power sharing place, and that's how we showed up," reflected Lee.

Duane reminds folks that there is value and power in all perspectives. "The view from one side of the table is much different than from the other side. Your opinion has value in that it sees things differently and experiences the situation socially, emotionally, and cognitively in its own way".

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PRECISION HEALTH/PRECISION PUBLIC HEALTH: A PATIENT-ORIENTED APPROACH TO DEVELOPING A WORKSHOP TO EXPLORE THE KNOWLEDGE GAP FOR PATIENTS AND PROVIDERS



Authors: S. Dewell,¹ T. Strudsholm,² A. Lane,¹ C. Sanders,¹ R. Dreger,³ & M. Sprague³

Funding by the BC SUPPORT Unit Training Innovation Fund

1 – UNBC, School of Nursing

2 – Northern Health & BC SUPPORT Unit Northern Centre

3 – Patient Voices Network

Precision health (PH) is a revolutionary health care approach that focuses on proactive disease prevention rather than reactive symptom management.¹ PH crosses traditional disciplinary boundaries by integrating genomics, informatics, and health sciences to enhance individual and population level outcomes. Precision public health (PPH) utilizes and extends the advancements of PH to develop precise interventions for disease prevention at a population level. A workshop on the emergent fields of PH/PPH was developed for and hosted at the Research Quality Conference in the fall of 2021. A novel pre-workshop patient-oriented research (POR) approach was implemented for the development of the virtual workshop. This approach facilitated the delivery of a PH/PPH workshop focused on patient-informed priorities.

The goals of this project were to:

1. Compile current beliefs about precision health



2. Establish a shared knowledge base about precision health/ precision public health
3. Address key needs and future challenges in the development and implementation of precision health/ precision public health in Northern B.C.

A NOVEL APPROACH TO PATIENT-INFORMED WORKSHOP DEVELOPMENT

Conventional workshops are developed by subject matter experts with the function to inform attendees and to confer with other subject matter experts. By engaging in a discussion about PH/PPH with a POR lens, we take an

inclusive, holistic approach to addressing barriers and identifying needs tailored to all healthcare stakeholders. An educational opportunity that involves all stakeholders (providers, patients, administrators, communities, etc.) engaged in collaborative learning provides a rich and respectful opportunity to discuss educational gaps; requirements for training; resources, and infrastructure; development of policies; and strategies for appropriate implementation. Increasing the capacity to work toward true engagement with patients in relation to implementation of PH/PPH in the health system has potential for improved health outcomes, improved



care experiences for healthcare providers and patients, and improved efficiency and resource allocation within the healthcare system.

Phase 1. To address the identified goals of the project, our research team established a process of pre-workshop patient engagement through three distinct phases. During the initial phase, patient partners recruited through the Patient Voices Network were asked to describe what mattered to them with regard to PH. During a focus group, patient partners reviewed and provided feedback on video and print resources (listed

below) on PH curated by Dr. Sarah Dewell. Priorities and accompanying descriptions from this initial focus group were then used to draft an online pre-workshop survey. Nine priorities were initially included in the pre-workshop survey; however, two (timeline and system capacity) were removed due to thematic overlap with other priorities.

Phase 2. During phase two, the pre-workshop survey developed in collaboration with patient partners was distributed to a wider network of patient and provider communities. Survey respondents were asked to rank PH priorities in order from most

important to least important (Table 1). Respondents were given the opportunity to indicate whether any priorities were missing and to describe those priorities. The primary concern of patients and care providers, as identified by the pre-workshop survey, was the impact on care experience as it relates to PH, with the majority of respondents identifying this as the first priority. The second priority, as identified by the survey, is opportunities for health promotion and disease prevention, focusing on providing information about genetic profiles and predispositions.

“ While I miss sharing space and connecting with people in person, I am grateful for the opportunity to engage in this project virtually. Aside from the COVID-19 health and safety benefits, virtual engagement is actually great for me personally. As a person with transportation and mobility limitations and other health issues, the move to online engagement has increased and enhanced my ability to participate in patient partner projects.” – *Member of Patient Voices Network*



TABLE 1.

List of Identified PH priorities in ranked order of importance by patient partners and care providers

Rank	Priority	Description
1.	Impact on care	For some genetic conditions, symptoms can vary across individuals, and this may lead to misdiagnosis and/or frustrating care experiences. If you present with a set of symptoms that are not understood by the health care providers, you are at risk of being labeled as a “difficult” patient. This is of great concern in the North as it is not easy to escape that label given that we do not have access to multiple facilities and/or caregivers. With precision health, what was once a series of inexplicable symptoms, can possibly be traced to a genetic cause. This has led to validation, understanding, and empowerment. Precision Health has the potential to change how patients are treated.
2.	Opportunities for health promotion & disease prevention	With more information about genetic profiles and predispositions, individuals can take steps to prevent disease and optimize health outcomes.
3.	Delivery & access	How would precision health services be made available? For example, would this be accessed through a doctor? Would precision health involve a lot of testing?
4.	Precision Health literacy	How familiar are health care professionals with Precision Health and how educated are they about diverse (and sometimes rare) genetic conditions? People may find themselves in a position where they are an expert in their own genetics and are teaching/ informing health care providers about their genetic conditions and associated symptoms.
5.	Decision-making support	Informed decisions about genetic screening should consider any unforeseen, yet serious, immediate, and long-term impacts, such as family dynamics, family planning, depression/ anxiety, and insurance coverage. There may be a need for wrap-around services, including psychological/ psychiatric evaluation and advice. What supports are needed and available to make decisions regarding genetic screening?
6.	Ethical & ownership of information	People have their own level of comfort with information. Some people want to know as much as possible about their genetics, and others are less comfortable with having this information. Issues related to ownership of information need to be clear with safeguards in place to protect privacy. It is important to consider the potential for this information to be used against us (i.e., efforts to empower yourself may end up jeopardizing yourself).
7.	Cost of precision health services and treatments	Who will pay for precision health services including diagnosis and treatments? For example, you may be diagnosed with a genetic condition, but the associated treatment plan can be very expensive.

FROM PATIENT FEEDBACK TO PATIENT-INFORMED WORKSHOP

Phase 3. Following the two phases of patient-informed knowledge gathering, we

distilled the pre-workshop survey results and disseminated the patient-informed PH priorities to workshop speakers and panelists. Communicating

priorities identified by patient partners and care providers allowed workshop contributors to address relevant and timely concerns with their presentation content. →

NAVIGATING PATIENT-ORIENTED RESEARCH AMID A GLOBAL PANDEMIC AND UNPRECEDENTED NATURAL DISASTERS

The COVID-19 pandemic presented significant challenges for a project focussed on communication and patient partner input. Focus groups and feedback sessions were all held virtually, which posed a challenge for those with limited experience with or access to necessary equipment and technology. Additionally, in the midst of a global pandemic, the province of British Columbia experienced unprecedented natural disasters during the course of this project, including devastating wildfires, a historic heat dome, significant flooding events, and destructive landslides. The workshop development team had to adapt to different levels of engagement with patient partners due to the co-occurrence of the pandemic, widespread natural disasters, and associated hardships experienced by patient partners, care providers, and academic partners.

CONCLUSIONS

POR is considered a cornerstone of evidence-informed health and can be used to align health research with the priorities of patients that can accelerate improvements to health care. This unique workshop development process implemented POR through

“ Working in a virtual environment was helpful for me. I doubt whether I would have chosen to travel to Prince George in the winter. ”

– Member of Patient Voices Network

focus groups and pre-workshop surveys to create a patient-informed workshop that met the specific needs of local patient and care provider groups. Engaging with patient partners proactively is especially vital in the northern context as patients and care providers in rural and northern communities have distinct needs, opportunities, and challenges compared to urban counterparts. This workshop development process amplifies patient voices and provides patients

“ Before joining this working group I had only a vague idea about precision health. Being able to learn together with others and reflect on how this method of care would impact patients was a valuable experience for me. It offers hope for the future. ”

– Member of Patient Voices Network

and care providers with agency in a traditionally passive role. Typically, workshop attendees are provided with a pre-established program without input. Our process centres on communication, relationship building, and collaboration for a highly individualized workshop program.

Reference

1. Minor, L. (2020). *Discovering precision health: Predict, prevent, and cure to advance health and well-being*. John Wiley & Sons.

List of Resources

1. Centers for Disease Control and Prevention. Precision health: Improving health for each of us and all of us https://www.cdc.gov/genomics/about/precision_med.htm
2. University of Calgary. What is Precision medicine? [What is Precision Medicine? - YouTube](#)
3. Leukemia & Lymphoma Society What is personalized medicine? <https://www.youtube.com/watch?v=008M6cGX2Zo>
4. Genome BC. Genomics and the Human Health Sector [The impact of genomics in Health - Genome BC](#)

The Learning Bites Series, hosted by the NH Education department, gives the opportunity for all staff to learn and share knowledge, skills and expertise, in bite-size learning bursts.



SIGN UP FOR THE NEW LEARNING BITES SERIES. A MONTHLY OPPORTUNITY OPEN FOR ALL STAFF TO LEARN AND SHARE KNOWLEDGE, SKILLS AND EXPERTISE!

WHAT DOES THE SERIES LOOK LIKE?

- 1-hour, monthly sessions about a range of topics that could be of interest to anyone in the organization
- 11:30 am - 12:30 pm PST, the fourth Tuesday of every month via Microsoft Teams
- Single-topic, easily digestible, succinct

HOW CAN I BE A PRESENTER?

Once you have determined your presentation topic and learning objective/useful takeaway, please send the following to Education education@northernhealth.ca:

- Title of the Session (make it catchy!)
- Brief explanation of the session (2-3 lines total)
 - Include useful takeaway
 - Presenter(s) names
 - Technical support needed?

HOW CAN I ATTEND/WATCH A SESSION?

Email education@northernhealth.ca. An outlook event invite will be sent to you.

UPCOMING SESSIONS

Session 1, May 24, 2022:

microlearning: Got a Minute?

Presentation by: Gail Haeussler, eLearning Advisor

Session 2, June 28, 2022:

Using a Quality Management Framework to Lead Differently

Presentation by: Anthony Gagne and Carly Phinney, Quality Improvement Facilitators

Session 3, July 26, 2022

“Am I on Mute?”: Tips for facilitating virtual meetings & workshops

Presentation by: Amy Blanding, Regional Manager Organizational Education & Development





INTERVIEW WITH DAMÁN KANDOLA EVALUATION SPECIALIST RESEARCH, EVALUATION AND ANALYTICS – NORTHERN HEALTH



1. WHAT HAS BEEN YOUR PREVIOUS RESEARCH EXPERIENCE IN RELATION TO HEALTH SCIENCES, HEALTH SERVICES, PATIENT-ORIENTED RESEARCH AND BEYOND?

My research training really began with my bachelors in Biomedical Sciences and minor in Biochemistry & Molecular Biology at UNBC (very lab focused). It was in my final year of undergrad, that I took a capstone course which introduced me to health research, and —interestingly enough, that was a research project with NH and the Population Health Unit. My capstone course project really facilitated my interest in health services, health systems, and public health and led me to pursue a Masters in Community Health Sciences exploring access to PCI Percutaneous Coronary Intervention (heart condition treatment) for patients in the north.

Following my masters, I worked as a clinical research coordinator for both SFU and UBC exploring the use virtual health modalities to promote self-management of chronic

conditions like diabetes, chronic kidney disease, and heart failure, using telehealth for patients across the province. During this time, I also maintained a research focus through my Research Associate work with the UNBC School of Nursing, as a Research Assistant with the UBC School of Nursing, and a number of consulting roles with other health service organizations and academic institutions.

I began working with the UNBC School of Nursing while pursuing my masters as a Research Assistant, then moved on into a Research Associate role. I was with the School for almost 10 years, and through this time, I had the opportunity to work on different initiatives ranging from local to national, and international. These have ranged from research specific to rural health services and cardiovascular diseases as well as patient engagement and patient-oriented research. I have also had the opportunity to bring this perspective to teaching while working as a FLEX advisor with the UBC Faculty of Medicine and the Northern Medical Program.

My doctoral dissertation was a three part multi-method study using integrated knowledge translation lens to explore access to stroke care. This work examined the use of emergency health services for stroke in BC and more specifically across northern BC including decision-making around seeking emergency stroke care in the region. Following the completion of my PhD, I undertook a postdoctoral fellowship, working with researchers at UNBC and UBC on integrated knowledge translation and consensus-building methods for patient-oriented research.

Throughout these experiences, I have been fortunate to be involved in a spectrum of activities: patient and physician engagement, cardiovascular health, rural health, and knowledge translation. One of my main interests has always been rural health, equity, and health services. I've always been very motivated to work in research spaces where we can collaborate across disciplines and partner with patients, knowledge users, and academics to tackle real-world problems.

“ I have been fortunate to learn from countless incredibly talented individuals including patient partners and knowledgeable and experienced mentors that have fostered my love of health research. ”

2. WHAT ATTRACTS YOU TO RURAL HEALTH?

I'm a northerner by heart, I've lived most of my life in northern BC and the majority of my academic training has been in the north; in particular, UNBC. When it comes to rural health and rural healthcare services there are a lot of challenges, but at the same time there is a lot of space to innovate and collaborate in unique ways across different disciplines and backgrounds. For example, in the north we have a highly dispersed population over a large geographical area which presents some challenges for health service delivery. And, in a lot of ways some of these challenges are unique in comparison to larger centres, so it requires us to collaborate more closely with university partners and researchers in creative ways; a lot of us here wear multiple hats!

“ Being drawn into rural health is a real opportunity to make a change in the communities around me that I grew up in. ”

3. WHAT LED YOU TO CHOOSE NH AS PROFESSIONAL OPPORTUNITY SPACE?

The large part of it was positive training and experiences. Across all the three of my degrees and professional experiences, I was involved in different research initiatives working with people and data from Northern Health. I really saw it as a space to bring my research skills to bridge some of the gap that exists between academia and the health system, particularly when it comes to the uptake and implementation of research evidence. Moreover, during my PhD, I also worked within NH as a CIHR Health System Impact Fellow on stroke care and that really emphasized to me the willingness of NH for embedding research and evidence into improving health service delivery. This journey, as well as navigating Covid-19 has accelerated my interest and ability to embed some of the learnings and data in health systems transformation. So I really see NH as space where I can merge my interests of academic research with health services, so that it is a perfect space to bring all this together.

4. WHAT ARE YOUR MAIN FUNCTIONS AND ACTIVITIES AT NH?

I'm a Specialist in the Evaluation Department since February 2022. As part of my role, I support the Mental Health and Substance use portfolio, looking at initiatives related to prescribed safe supply as well as eating disorders work. I also support a range of strategic initiatives across NH, projects that have been identified as critical for the organization from workforce sustainability to cultural safety. Through my evaluation lens, I contribute with the analysis of what has been done, what are the impacts, what are some of the learnings, how can we progress some of this work forward, and what are some of the adaptations required. I've also joined the Research Review Committee at Northern Health and get to see all the amazing research happening across the region.



5. IN WHAT SPECIFIC WAYS ARE YOU APPLYING YOUR UNIQUE SKILLSET TO THE PROJECTS AND TOPICS SUCH AS THE CRITICAL INITIATIVE ONES?

Being a PhD-trained researcher and scientist, with a diverse and interdisciplinary background means being able to bring an interconnected and systems lens to the work I do. I bring transferable skills from my experiences that also include working with national groups including the Heart and Stroke Foundation, the CIHR Institute for Gender and Health, or the national CIHR cohort of Health Systems Impact Fellows. I take the learnings from each of these opportunities and I am able to embed them in the work that I do with several of these initiatives, so there is a real natural fit (interest + opportunity).

6. WHAT IS THE UNIQUENESS OF EVALUATION LENSES ON OF THE PROJECTS YOU ARE TAKING PART CURRENTLY?

In healthcare and within the larger health system, we collect a lot of information, but we don't always collect all useful information or always make the best use of what we do collect, so that is one of the roles that evaluation plays. As evaluators we help support a variety of teams across the health authority. We are looking at different initiatives with critical lens and asking questions including, what was done? What data do we need to collect or

what data is available? Why is this work important? What are some of the outcomes and impacts? What are some of the learnings?, and the idea is that this leads to fostering a culture of learning where we can fail fast, adapt, and be responsive to the needs of patients, families, communities, and providers.

7. HOW DO YOU SEE THE HEALTHCARE DELIVERY EVOLVING IN THE YEARS TO COME? HOW DO YOU ENVISION THE HEALTHCARE OF THE FUTURE?

Ideally, a system that is more equitable and keeps working towards improving health outcomes for all patients, where patients and families are supported as well as practitioners, and having a system that is continuously learning, —making the best use of the data that is being collected, and collecting data that we can actually use to inform improvements, a real whole system approach to healthcare as opposed to barriers and or silos, —a system where we can embed research and diverse forms of evidence and knowledge to have a

continuous cycle of system improvements with the ultimate goal of improving patient outcomes and maintaining a healthy and sustainable health workforce. In addition to data gaps, other challenges include resources like clinical practice guidelines are still very urban-centric, so creating a space where we can apply equity lens and bring context health service delivery to be able to provide services to rural patients the best way possible.

I think one of the most impactful ways to bring forth innovation and improvement is to partner and work with patients, because they are the experts when it comes to lived experience of health services. I see this as one of the most important ways to bring transformative change in our health system and improve health outcomes. I am inspired by the incredible work happening across the North including the expanded capacity for clinical research, the Northern Biobank, and the addition of health training programs to the region- excited see how these developments and others continue to evolve and shape the healthcare landscape in the northern BC!

“ We need to really identify ways to collaborate and empower patients including findings ways to work with and learn from patients of diverse backgrounds and include them as true partners. We need to not only find out but also respond to what matters to them.”

BETTER TOGETHER FOR HEALTH RESEARCH IN NORTHERN BC EVENT

By Leana Garraway



In March 2, 2022 the Better Together for Health Research in Northern BC event was organized by the UNBC Health Research Institute as a venue to discuss the changing landscape of health research in Northern BC. After two years of the COVID-19 Pandemic, an opportunity for the northern BC health research community to connect felt long overdue.

The event was supported by the UNBC Office of Research and Innovation, the Northern Health Research, Evaluation and Analytics Department, and the BC SUPPORT Unit Northern Centre. Updates about recent developments in supporting health research in the north were shared, such as; renewal of the UNBC and NH Memorandum of Understanding, highlighting the continued commitment by the two organizations on their

partnership. The Northern Centre for Clinical Research (NCCR), a new collaboration between the University of BC, UNBC and NH aimed to increase capacity for clinical and biomedical life sciences research programs in the north. The British Columbia Network Environment for Indigenous Health Research (BC NEIHR) that supports Indigenous values, knowledge systems and research approaches via resources, capacity bridging programs, and funding available for Indigenous students, communities, collectives and organizations. As well, two major institutions recently merged, the Academic Health Sciences Network and Michael Smith Foundation for Health Research that became the Michael Smith Health Research BC (MSHRBC); this new organization continues to support the growth and

evolution of BC's health research system and life sciences sector.

Updates were also provided from the Rural Coordination Centre of BC in its continued committed to improving the health of rural people and communities in BC, and the Health Research Institute with the key aim to facilitate and support health research in the north.

There is much to share and celebrate in health research in northern BC, and these new initiatives provide further supports for research and collaboration. Keep watching for future connection events in the spirit of working together for health research in northern BC.

A recording of the event is available here: <https://www2.unbc.ca/health-research-institute/events>



UPCOMING EVENTS

Registration for the Canadian Knowledge Mobilization Forum 2022 is open!

The Canadian Knowledge Mobilization Forum (CKF) is a biennial event that provides opportunities for professional development, learning and networking for those interested in knowledge mobilization, translation, and exchange. It brings together a community dedicated to sharing learnings, best practices, tools, and resources.

The theme for 2022 is: ***"Responding to New Realities: Learning from the past and present to inform the future"***

Details here: <https://www.eventbrite.ca/e/canadian-knowledge-mobilization-forum-2022-tickets-269027296887?aff=Whova>

