

Leading education and social research

Institute of Education University of London





Knowledge, attitudes and skills for setting research priorities

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Outline

- Good practice for priority setting
- Guidance for working together about research
- Priority setting as a social activity
- Conclusions







Good practice in priority setting







Identifying good practice

- Literature review of priority setting exercises
- Analysis of WHO health research priority setting exercises
- Expert consultation of WHO staff & international research organizations
- A checklist for health research priority setting: nine common themes of good practice. Viergever et al. Health Research Policy and Systems 2010 8:36

Preparation; Methods; Afterwards







Preparation for priority setting

- Context: resources, focus, values, environment
- Comprehensiveness: structured, detailed, step-by-step guidance
- Inclusiveness: who and why?
- Information gathering: literature reviews, burden of disease, stakeholder views, prior priority setting exercises
- Planning translation of priorities into actual research (via policies and funding): who and how?







Methods for priority setting

Select relevant criteria

- Public health benefit (should we do it?): health burden, likely success, cost-effectiveness, current knowledge
- Feasibility (can we do it?) sustainability, ethical aspects and local research capacity
- Cost

Select methods for setting priorities

Consensus/ metrics (pooling individual rankings)/ both







After priority setting

Clear reporting

Who set the priorities, and how?

Evaluation

- Process evaluation
- Feedback and appeals mechanism
- Review and updating
- Impact analysis







Other reviews of priority setting

Conclusions about working together

- Service users involved less often than other stakeholders (Noorani 2007; Stewart 2008)
- Should include potential end users, including public, using well constructed questions and procedures (Oxman 2006)
- Group processes should ensure full participation by all members of the group (Oxman 2006)







Guidance for working together (1)

Table I Application of advice for involving (and evaluating) patient membership of panels

•	Doing research	Using
		research
Involving patients	INVOLVE ⁴⁵	EULAR ⁴⁹
in panels	Telford et al ⁴⁸	Cartwright et al⁴⁴
	Cartwright and Crowe ⁴⁴	
	The James Lind Alliance⁴7	
	World Health Organization⁴²	
Assessing patient	Wright et al⁴³	AGREE II**
involvement	Telford et al ⁴⁸	

Note: *Appraisal of Guidelines for Research and Evaluation (AGREE) II was for assessing the quality of the process and reporting of clinical guideline development. **Abbreviation:** EULAR, European League Against Rheumatism.







Guidance for working together (2)

Table 2 Context for developing advice for involving (and evaluating) patient membership of panels

	National	International
Health condition specific	Wright et al (cancer)⁴³	EULAR (arthritis) ⁴⁹
Generic health	INVOLVE ⁴⁵	AGREE II ⁷
	Cartwright and Crowe ⁴⁴	World Health
	The James Lind Alliance ⁴⁷	Organization ⁴²
	Telford et al ⁴⁸	

Abbreviations: AGREE, Appraisal of Guidelines for Research and Evaluation; EULAR, European League Against Rheumatism.



Table 3 Knowledge base of guidance

Guidelines	Sources of knowledge
AGREE II ⁷	100 clinical guidelines
WHO ⁴²	WHO staff and international
	research organizations
EULAR ⁴⁹	Systematic review of patient involvement
	in research; six clinicians in panel
	of 16 with extensive experience
	of patient-centered research
James Lind	Research about patient involvement in
Alliance ⁴⁷	research and collaborative working; practical
	experience of patients, clinicians, and facilitator
Wright et al ⁴³	Two research units with experience
	of working with patients
INVOLVE ⁴⁵	Service users and researchers committed
	to service user involvement
Telford et al48	Seven service users in panel of 13
Cartwright and	Two facilitators familiar with relevant
Crowe ⁴⁴	research

for working together Guidance

Note: $*(\checkmark)$ indicates that research knowledge did not explicitly inform guidance. **Abbreviations:** AGREE, Appraisal of Guidelines for Research and Evaluation; EUL





Guidance for working together (4)

Formalized knowledge

• Formalised by organisations, systematic review or critical appraisal (WHO, AGREE II, Wright et al)

Tacit knowledge

 Drawn from service users, researchers and facilitators as authors or through Delphi (INVOLVE, Cartwright and Crowe, Telford et al)

Both

 Accrued collective experience informed by research (James Lind Alliance, EULAR)







Guidance for working together (4)

Formalized knowledge

- Guides structures, resources and procedures
 - useful for funders and hosts

Tacit knowledge

- Guides interpersonal communication and support
 - useful for participants and facilitators

Need to share both types of knowledge for

 Well-organized robust methods for gathering and presenting information appropriately before facilitating deliberation by a mixed group of people





Research priority setting as a social activity







What prompts ideas for research?

- Research knowledge
- Clinical practice
- Personal experience as patient and carer

Collective thinking requires social interation







Social interaction

Other literatures

- Communicative competence
- Attitudes to knowledge and expertise
- Cross-cultural communication skills
- Group dynamics and facilitation skills







Communicative competence

Engaging with the issues

- Strong argument and convincing evidence for decisions
- Using anecdote, drama and emotion to motivate debate^{1,2}

Engaging with each other

- Listening to each other
- Understanding that our own views come from a particular perspective

Are people learning from each other? What and how?

¹Davies, C., Wetherell, M. and Barnett, E Citizens at the centre: deliberative participation in healthcare decisions

²Harvey M. Drama, Talk, and Emotion: Omitted Aspects of Public Participation Science, Technology & Human Values

March 2009 34: 139-161





Expertise and attitudes

Types of expertise

 Certified knowledge/ competencies/ experiential knowledge/ problem solving¹

Open attitudes

Appreciate two or more types of expertise²
 Who listens well? Who has most influence?

¹Blackmore P. Mapping professional expertise: old tensions revisited. *Teacher Development.* 1999;3(1):19–38 ²Stewart R. *Expertise and Multi-disciplinary Training for Evidence-informed Decision Making. London: Institute of Education, University* of London; 2007.







Cross-cultural communication

- Awareness of one's own cultural worldview
- Attitude towards cultural differences
- Knowledge of different cultural practices and worldviews
- Cross-cultural skills.

Do people share a common language, using expressions in the same way?







Group dynamics

Facilitation skills to help people

- Speaking without being suppressed or excluded
- Having equal opportunities to introduce new ideas







Conclusions

- Guidance is acknowledged internationally for structures and procedures for convening and informing priority setting groups (gathering people and information)
- Guidance is muted for interpersonal interactions for participants and facilitators (attitudes and skills)
- Accruing more sharable knowledge about how to work together requires considerable collective reflection and 'insider research'









