Knowledge, attitudes and skills for setting research priorities

Research Agenda and Priority Setting Methods
1-2 June 2012, University of Plymouth

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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 1** Application of advice for involving (and evaluating) patient membership of panels

<table>
<thead>
<tr>
<th>Doing research</th>
<th>Using research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involving patients in panels</td>
<td>INVOLVE(^4)(^5)</td>
</tr>
<tr>
<td></td>
<td>Telford et al(^4)(^8)</td>
</tr>
<tr>
<td></td>
<td>Cartwright and Crowe(^4)(^4)</td>
</tr>
<tr>
<td></td>
<td>The James Lind Alliance(^4)(^7)</td>
</tr>
<tr>
<td></td>
<td>World Health Organization(^4)(^2)</td>
</tr>
<tr>
<td>Assessing patient involvement</td>
<td>Wright et al(^4)(^3)</td>
</tr>
<tr>
<td></td>
<td>Telford et al(^4)(^8)</td>
</tr>
</tbody>
</table>

**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>
<thead>
<tr>
<th>Table 2</th>
<th>Context for developing advice for involving (and evaluating) patient membership of panels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National</td>
</tr>
<tr>
<td>Health condition specific</td>
<td>Wright et al (cancer)\textsuperscript{43}</td>
</tr>
<tr>
<td></td>
<td>INVOLVE\textsuperscript{45}</td>
</tr>
<tr>
<td>Generic health</td>
<td>Cartwright and Crowe\textsuperscript{44}</td>
</tr>
<tr>
<td></td>
<td>The James Lind Alliance\textsuperscript{47}</td>
</tr>
<tr>
<td></td>
<td>Telford et al\textsuperscript{48}</td>
</tr>
</tbody>
</table>

**Abbreviations:** AGREE, Appraisal of Guidelines for Research and Evaluation; EULAR, European League Against Rheumatism.
### Table 3 Knowledge base of guidance

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Sources of knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGREE II⁷</td>
<td>100 clinical guidelines</td>
</tr>
<tr>
<td>WHO⁴²</td>
<td>WHO staff and international research organizations</td>
</tr>
<tr>
<td>EULAR⁴⁹</td>
<td>Systematic review of patient involvement in research; six clinicians in panel of 16 with extensive experience of patient-centered research</td>
</tr>
<tr>
<td>James Lind</td>
<td>Research about patient involvement in research and collaborative working; practical experience of patients, clinicians, and facilitator</td>
</tr>
<tr>
<td>Alliance⁴⁷</td>
<td>Two research units with experience of working with patients</td>
</tr>
<tr>
<td>Wright et al⁴³</td>
<td>Service users and researchers committed to service user involvement</td>
</tr>
<tr>
<td>INVOLVE⁴⁵</td>
<td>Seven service users in panel of 13</td>
</tr>
<tr>
<td>Cartwright and Crowe⁴⁴</td>
<td>Two facilitators familiar with relevant research</td>
</tr>
</tbody>
</table>

**Note:** *(✓) indicates that research knowledge did not explicitly inform guidance.*  
**Abbreviations:** AGREE, Appraisal of Guidelines for Research and Evaluation; EULAR, European League Against Rheumatism
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 interaction
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?*

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

\(^2\)Harvey 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?

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’
Thank you