Workshop Report

Fraser Health Long-Term Care and Assisted Living

November 15 – December 6, 2024

Acknowledgements of Funders:

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MicroResearch

MicroResearch is an innovative research training program for community members that began in 2008 in Africa under the leadership of Noni MacDonald and Bob Bortolussi of IWK Health/Dalhousie University in Halifax, NS. Since 2016, the African MicroResearch program has been implemented in communities in Nova Scotia and has grown outside the province to other parts of Canada.

MicroResearch (www.microresearch.ca) is an innovative strategy aimed at building the capacity of local health care professionals to better address community health care problems by finding local solutions for local problems. The program began in 2008 as a collaboration between faculty at Mbarara University of Science and Technology (Jerome Kabakyenga) and Dalhousie University (Robert Bortolussi and Noni MacDonald). Since then, the research capacity building workshops have been held in 12 countries with over 1,300 participants. As of December 2024, 142 locally driven research projects have been funded and launched with 52 completed, with results published in peer reviewed international health journals.

MicroResearch was brought to Canada in 2016, first being piloted in Nova Scotia. Since then, it has expanded to other provinces, with 15 workshops in NS, NL, and Ontario, training 170 participants. A total of 28 team projects were developed, with 10 either completed or currently underway.

Rationale for MicroResearch in Long-Term Care & Assisted Living (LTCAL) at Fraser Health in British Columbia, Canada

MicroResearch can inform practical, grassroots-level evidence-based solutions for the benefit of communities. This is particularly valuable in the long-term care and assisted living (LTCAL) sector in British Columbia where there is a strong need and desire to foster connection and collaboration to improve the quality of care and quality of life for the benefit of residents, their family and staff in care communities. There are several timely opportunities for knowledge translation, adaptation, and implementation in LTCAL to improve the quality of care to meet increasing LTCAL service needs and optimize limited resources. This can be supported through a learning health system, which requires a strong culture, climate and infrastructure for ongoing collaborative learning and research. Innovative approaches enabling broad engagement in research, such as MicroResearch, hold promise for learning health systems in LTCAL to strengthen the workforce and build capacity for community-led research.

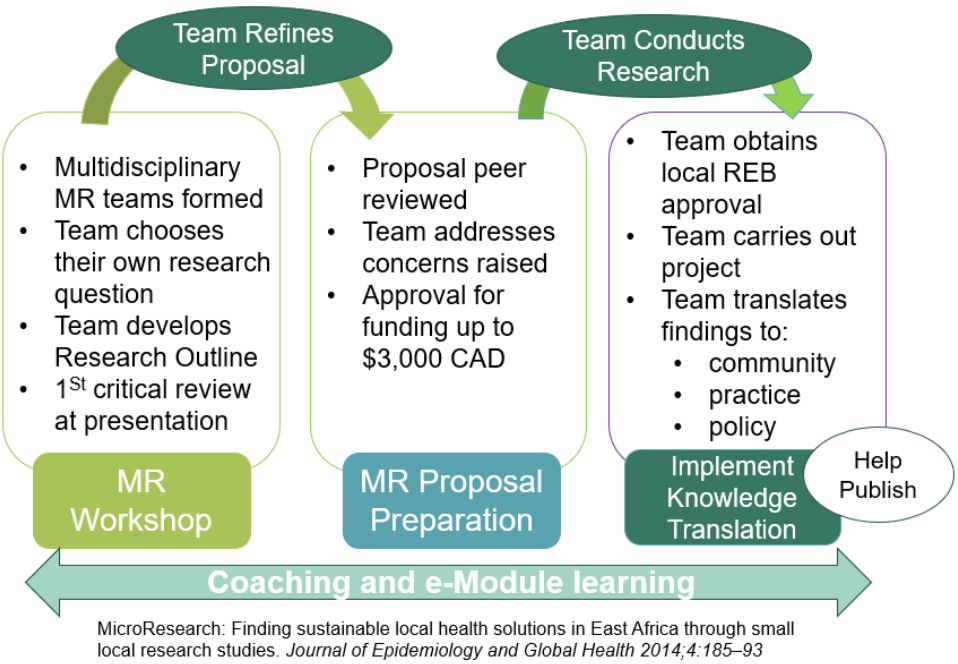
"*The goal of MicroResearch is to improve health care outcomes with innovative community-based research that assures quality and integration of research into the fabric of the local health system and the community".*

MicroResearch Process

The MicroResearch process advances in three phases: (i) Training Workshops are the first phase in the process. (ii) Teams formed during the workshops are then able refine and improve their research ideas for a grant submission to MicroResearch and review by an international panel of research experts from Canada and Africa. Once the research teams have responded to the reviewer recommendations with changes to

their proposal, approval is given on scientific merit. (iii) Teams are then able to submit their proposal to their local Research Ethics Board (REB) for approval and carry out their research. They are also encouraged to bring their findings back to the community through a Knowledge Translation plan. The three MicroResearch are outlined in Figure 1. This report outlines the MicroResearch Training Workshop held in collaboration with Fraser Health Authority Long-Term Care and Assisted Living (LTCAL) from November 15 to December 6, 2024, the first workshop held in British Columbia (BC), Canada.

Figure 1. MicroResearch process: workshop, proposal, and knowledge mobilization



MicroResearch: Finding sustainable local health solutions in East Africa through small local research studies. *Journal of Epidemiology and Global Health 2014;4:185–93*

Workshop Objectives and Organizers

The workshop comprised of 34 diverse participants and auditors, including residents, family care partners, volunteers, students, staff, and leaders, in LTCAL at Fraser Health, the largest regional health authority in BC. Fraser Health Authority provides services for over 2 million people in the Lower Mainland of BC with over 80 publicly funded LTCAL care communities. It is the second largest health system in Canada supported by a workforce of 48,000+ staff, medical staff, and volunteers.

This workshop involved three MicroResearch teams supported by 9 coaches from Simon Fraser University and the University of British Columbia (i.e., PhD and postdoctoral research trainees and professors) and health authority-based researchers.

The key objectives for the participants of the MR Workshop:

- to develop skills needed for community-focused research,
- to develop skills to work in a multidisciplinary group and to become a team, and
- to write a successful community focused research proposal overview based upon a question of their choice.

Organizers

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Valorie Crooks, PhD, Associate Vice-President, Research / Professor, Geography, Simon Fraser University, BC, Canada, crooks@sfu.ca	Gloria Gutman, PhD, Professor Emeritus, Gerontology, Simon Fraser University, BC, Canada, gutman@sfu.ca
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Workshop Partners

This workshop and projects emerging as a result are supported by partners including:

- Dalhousie University / IWK Health (volunteer teachers)
- LTCAL Research Unit, Home and Community Care, Fraser Health Authority
- Fraser Health LTCAL Research Partners Group
- Department of Evaluation and Research Services, Fraser Health Authority
- BC SUPPORT Unit Fraser Centre

Workshop Planning and Recruitment

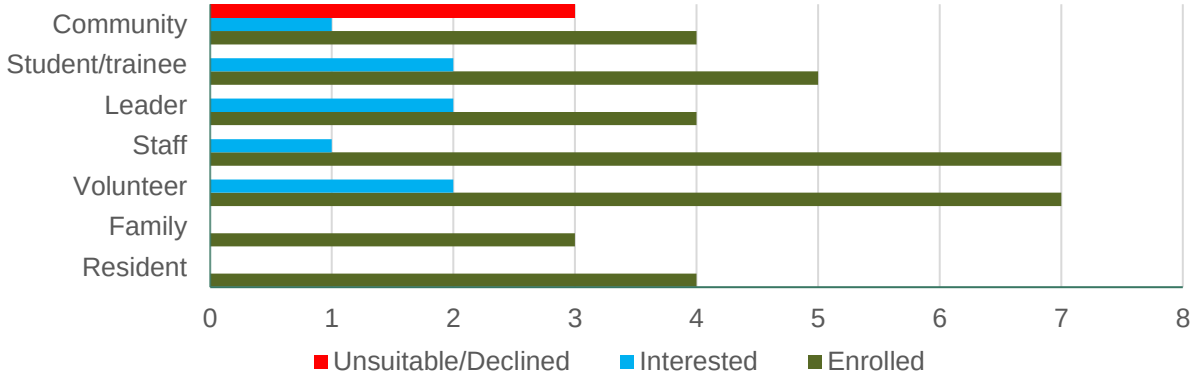
Planning and recruitment for the workshop began in August 2024 through initial engagement with the Fraser Health LTCAL Research Partners Group. Established in 2021, this group is comprised of residents, family care partners, volunteers and staff in LTCAL who partner in all stages of research, including priority setting and knowledge mobilization. Group members had previously expressed a desire to improve their research skills and address their own research questions as they arise. This was a key motivator to trial the MicroResearch approach in LTCAL at Fraser Health. Scheduling of the workshop and snowball recruitment was supported by members of the LTCAL Research Partners Group operational leadership in LTCAL, Regional Home and Community Care at Fraser Health.

A multipronged recruitment approach was supported by several communication channels to circulate information and materials (see Appendix 1-2 for flyer and poster). In Fraser Health LTCAL, recruitment information was sent via the weekly LTCAL Communication Update email distribution to regional and site LTCAL leaders across Fraser Health. Using professional networks, Research Practice Leads who could be utilized for their expertise in knowledge translation were also recruited. The placement of the Fraser Health LTCAL Research Unit facilitated the use of multiple recruitment channels. This included academic connections with local institutions such as Simon Fraser University (SFU) and the University of British Columbia (UBC). Connections with UBC's Faculty of Nursing and SFU's Department of Gerontology and disseminating MicroResearch news via email distribution in their respective academic networks were leveraged during the recruitment process. Additionally, intraorganizational resources, such as Fraser Health staff and volunteer coordinators, LTCAL care communities and network-wide email distribution facilitated the recruitment of staff and volunteers at local LTCAL communities. Lastly, REACH BC, a British Columbia based virtual health research study recruitment platform of Michael Smith Health Research was a helpful tool to recruit diverse participants interested in LTCAL.

A flexible enrollment approach as either a full-time participant or part-time auditor was applied as described in the recruitment flyer (Appendix 1). Full participants were committed to attend all workshop sessions and to actively engage in the team research project, whereas auditors had varying levels of engagement in the workshop. Participants had diverse roles, including e.g., residents, family care partners, volunteers, quality assurance staff, clinical nurse specialists, nurse educators, screeners, recreation staff, directors of care, and leaders, and volunteers in LTCAL, home and community care in Fraser Health. Diverse members of the community, predominantly older adults, and students and research trainees from SFU Gerontology and UBC Nursing also enrolled in the workshop. This resulted in an intergenerational mix of age-diverse participants spanning young adults to the oldest older adults. Several individuals who were unavailable to participate and did not enroll expressed interest in joining a future iteration of the workshop.

Utilizing different networks and resources and offering different levels to engage in the workshop enabled the recruitment of a diverse group of coaches and participants. Interest in MicroResearch was widespread with over 60 people inquiring about the workshop (see Figure 2 and Appendix 3) and ultimately, 17 participants and 12 auditors were registered in the workshop (see Appendix 4) with varying levels of participation (see Appendix 5).

Figure 2. Workshop recruitment success: number of participants by type



Note: This figure illustrates the participants who expressed interest in the MicroResearch workshop. Among community members, 4 responded with 'Yes,' 1 indicated 'Interested,' and 3 declined. For student/research trainees, 2 out of the registered participants expressed interest. Of the 4 leaders registered, 2 showed interest. Among staff, 1 out of 7 registered individuals was interested. For volunteers, 2 out of 7 registered participants expressed interest. Additionally, 3 family members and 4 residents were registered.

The pre-workshop assessment was completed by 23 of the 29 participants (79%). As shown in the Pre-Workshop evaluation (Appendix 6), 74% participants had previous health research experience; 11 as study participants, 7 as research assistants, 6 as patient partners, 4 as research partners, and 3 as site investigators. Twelve of the 23 respondents said they enrolled in the MicroResearch Workshop to learn more about research in community settings. Participants indicated the top things they wanted to get out of the workshop were to gain research skills and knowledge (82%), to learn about problems in long-term care (57%), and to collaborate and network (48%).

Workshop

The ten-day workshop combined lectures and daily small group interdisciplinary, interactive working sessions. Many of the lectures, support materials and tool kits were recently updated and refreshed in 2024 to include new slides and updated references. The topics covered, the facilitator, and co-facilitators for each session are noted in Appendix 5. Session lectures began at 9:00 a.m. PST, aligned with most participants' preferences and availability. The ten half-day workshop was spread out over a three-week period instead of the typical two weeks, allowing the teams more time to work on their proposals in between sessions.

Session lectures were followed by teamwork sessions with the coaches. Each team was assigned resource coaches, in addition to their "main coach". The resource coaches brought specific skillsets and expertise in terms of research methodology and background. This was planned to ensure that the teams had sufficient support and resources as they prepared their proposals. The lectures, exercises, and teamwork over the nine days led the participants step-by-step through the development of a research proposal overview. Participants moved from formulating an idea to the development of the research question, to the selection of methods to fit the questions while considering the budget available and the formulation of the overview of a knowledge translation plan and determination of what communities to engage, when and how. See Appendix 4 for a list of participants and Figure 3 for their engagement rates. Figure 3 illustrates the engagement of all 29 participants in the virtual lectures and teamwork sessions for each workshop day.

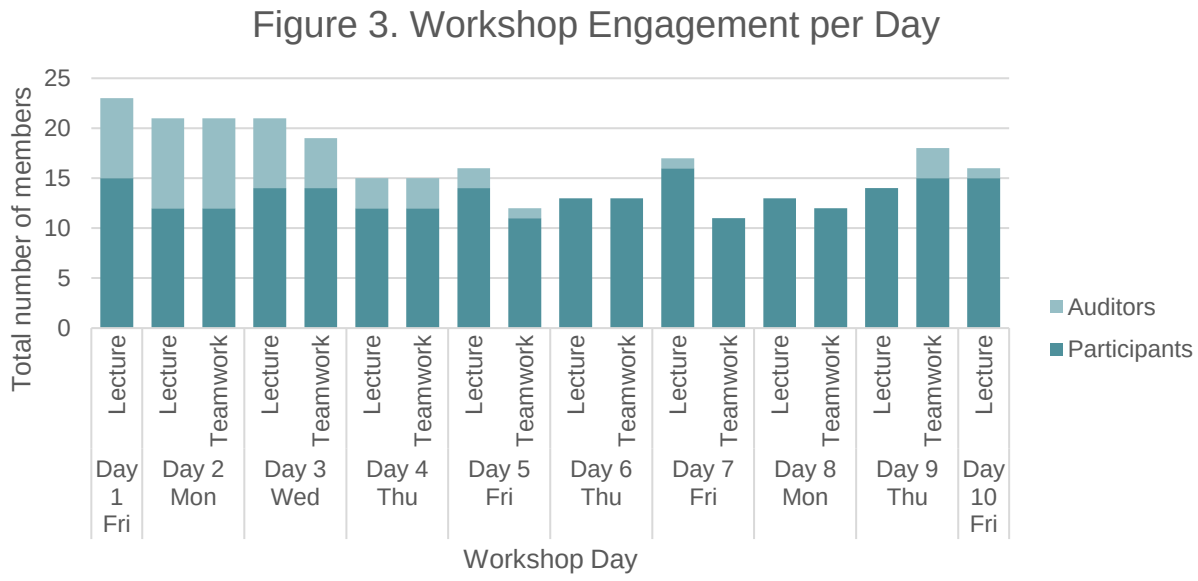


Figure 3. This bar graph shows the total number of participants who attended at least 80% of the lectures (i.e., 90 out of 120 minutes) and participated in the teamwork sessions for each day of the workshop.

The workshop involved three teams. Once the initial participants were finalized, each participant was assessed based on their availability (i.e., full participant or audit status), disciplinary background, and unique connection to LTCAL. The teams were then organized into three groups, considering these factors

to ensure a balanced distribution of workload. This approach helped prevent a disproportionate workload on a few members. Additionally, the variety in backgrounds was considered to encourage diverse perspectives within the teams and to leverage different skills needed for the final presentation. Based on information gathered through initial short-form interviews, written materials, and participants' disciplines, teams were assembled with the goal of fostering synergy among workforce members, volunteers, and those with lived experience related to LTCAL.

Coaches

MicroResearch workshops are supported by local coaches—experienced researchers who are familiar with the local context. These coaches are encouraged to either have already completed the MicroResearch training or attended or reviewed the Train the Trainer sessions and are well-versed in the workshop concepts. At the start of the workshop, each coach is assigned a team to mentor.

Teams were supported by three primary coaches and nine resource coaches. The resource coaches were available on an ad hoc basis to address specific topics or team concerns, bringing research and/or content expertise in areas such as statistics, interdisciplinary studies, geography, nutrition, nursing, implementation science, and knowledge translation. These experts were recruited from various program and organizations, including Fraser Health's LTCAL research unit, the Department for Evaluation and Research Services and BC SUPPOR Unit, other health authorities (Vancouver Coastal Health and Northern Health), and academic institutions, such as Simon Fraser University and the University of British Columbia. This was planned to ensure that the teams had sufficient support and resources as they prepared their proposals.

Additionally, four co-teachers from Fraser Health contributed to leading the workshop lectures. These co-teachers included a clinical research leader, a research ethics specialist, and a director of clinical operations. Some of these co-teachers also supported as coaches.

Team Research Proposals

As in previous MicroResearch Canada workshops, the major educational component was centred on the proposal overview development in the interdisciplinary teams. There was a significant amount of content on Day 1 to orientate and allow participants to develop their own ideas into a research question based on their own experiences. On Day 2, the collaboration began when participants were divided into three groups. Working in breakout rooms, the groups then discussed each member's question and applied the FINER criteria (discussed during the lecture on Day 2) and selected the "best" one to develop into a research proposal throughout the rest of the workshop. On Day 3, a spokesperson for each group presented the topics to the class and noted the question selected by the group and the rationale for its selection (see Appendix 8). The questions presented on Day 3 were:

- Group 1 - What environmental factors influence the emotional response of residents, caregivers and staff in a facility?

- Group 2 - How do LTC residents feel about meal options? Are cultural differences and preferences considered in LTC?

- Group 3 - Which LTCAL facilities can Trans/Queer seniors choose on their InterRAI forms?

A discussion followed each group's presentation, with emphasis on the importance of narrowing and refining each question.

The series of lectures that followed provided knowledge and skills needed to develop these questions into research proposal overviews. All the lectures included core elements to the MicroResearch concept, which were essential in preparation for the presentation on the final day.

Throughout the workshop, each group became a team, working together on their proposals, guided by their coach, as well as resource coaches.

Final Day of the Workshop

On the final day of the workshop, each team presented the overview of their proposal in a ten-minute presentation to a panel of four local experts. The review panel, along with the MicroResearch facilitator, adjudicated each team's presentation and suggested how the proposals might be further strengthened.

The local review panel included:

- Dr. Valorie Crooks
  Professor and Canada Research Chair in Health Service Geographies
  Associate Vice-President, Research, Simon Fraser University

- Dr. Habib Chaudhury
  Associate Director, Gerontology Research Centre
  Chair and Professor, Department of Gerontology, Simon Fraser University

- Dr. Gloria Gutman Professor Emeritus
  Vice-President, International Society for Gerontology
  Professor Emeritus, Department of Gerontology, Simon Fraser University

The attendance for the final day also included key stakeholders, such as leaders from the Royal Columbian Hospital Foundation, the local Department of Evaluation and Research, and the BC Support Unit, which facilitates patient-oriented research across the province.

Final Team Questions:

- Team 1 - What are the relationships between time, space, care, and emotions experienced by family and friends visiting their loved ones in long-term care homes?
- Team 2 - What strategies do long-term care communities in the Fraser Health Authority region of British Columbia implement to accommodate culturally diverse meals, and how effective are these strategies in meeting residents' needs?

- Team 3 - A Home Where Everyone Belongs: Exploring opportunities for integrated gender and sexually diverse training for staff How could integrated gender and sexually diverse (GSD) training impact a GSD-friendly long-term care community from the perspective of staff and leaders?

Review Panel's General Comments

The local experts noted that all teams had clearly worked hard and presented their proposal overviews well. The reviewers were impressed by the professional presentations of the PowerPoints.

The expert panel members felt that all three teams showed that they worked well together, with each member contributing to the final proposal presentation. The teams made great progress in refining their research topic and plan throughout workshop. The teams were advised to make note of the fact that grant reviewers may not know the cultural and social conditions in the Fraser Health region, especially for LTCAL communities. Thus, the definition of acronyms and extrapolation upon relevant aspects in the introduction was emphasized by reviewers. It was iterated that the goal for all groups is to submit a proposal that is exceptional. Teams were also advised to refine their Knowledge Translation plans and budget implications.

The teams were encouraged to submit a full grant application to MicroResearch by April 4th, 2025.

Additional comments for each team can be found in Appendix 5.

Workshop Evaluation

An assessment of the workshop by participants and how well their team functioned was obtained using structured evaluation forms submitted by 22/29 (76%) of participants including two-thirds (n=14) fully participating and one-third (n=8) auditing the workshop. The scores and summary of comments are presented in Appendices 10 and 11.

The workshop was rated highly with 91% of respondents scoring quality criteria 4 out of 5 or higher (i.e., average scores: 4.6 for overall rating, 4.7 for consistency of content, 4.4 for considering new issues, 4.5 for stimulating research interest, 4.6 for likelihood to recommend, 4.7 for enhanced knowledge and 4.7 for well organization content). The highest rated quality criterium was enhanced knowledge, which aligned with the primary motivations to join the workshop to better understand research specific to LTCAL (45%), to understand general research/improve research skills (41%) or to start one's own research study / enhance one's career (9%). Several respondents were *"amazed at the in depth of knowledge provided"* and expressed gratitude to learn from experienced researcher as teachers and coaches:

> *"It was an amazing workshop to be a part of and learn about various topics from an informative research team!"*
>
> *"Having the coaches was incredibly valuable & really needed to keep novice researchers on track etc. So appreciative of that additional support for group work!"*

Participants generally felt the workshop was inclusive with 82% of respondents scoring the program as inclusive and providing predominantly positive comments, for example:

> *"I felt that the workshop did provide a supportive and inclusive space where participants felt encouraged to ask questions."*

Along with this positive feedback, several respondents offered suggestions to further enhance inclusivity. For example, a respondent recommended inviting guest speakers from different backgrounds to share experiences and best practices in inclusive research (e.g., outreach to First Nations communities, diverse ethnocultural groups) to broaden perspectives and participation. To improve accessibility, the need for transcriptions of lectures was highlighted, consideration for timing, and request to offer plain-language materials and pre-reading resources to help participants with less research experience to feel more confident and included. Concern was expressed about team turnover and unequal participation and suggesting more attention to facilitation to ensure all voices are heard and clearer roles for auditors could help reduce confusion and promote equitable engagement. Additionally, inviting alumni who completed research after the workshop was proposed to inspire new participants and reinforce long-term engagement. The importance of challenge assumptions about aging and the LTCAL setting was emphasized. As one respondent put it:

> *"It's up to those of us who have now done the course to spread the word and break the feeling that "going into long-term care means leaving something, i.e. leaving community and the ability to remain engaged"."*

While the program was rated highly for its organization, areas for improvement were identified. Participants emphasized the need for clearer communication about expectations and workload, with two respondents suggesting that participants should be informed about the amount of work required prior to the workshop. There was also a desire for enhanced learning and preparedness, including pre-reading materials or tools to check understanding after lectures. Challenges with group dynamics were noted, with three participants commenting on issues related to group size and turnover. One respondent suggested *"incorporating a session on facilitating team discussions to improve collaboration and decision-making"* and another respondent expressed the importance of quality teamwork:

> *"I think there needs to be more attention to group dynamics and how to make sure all can have a voice in the small group work."*

Although several comments expressed appreciation for the depth and quality, some participants noted challenges with the intensity and pacing of the curriculum. There were calls for extended timelines and more spacing between sessions, with five participants providing specific suggestions about adjusting the timeline, such as distributing content over a longer period or incorporating breaks between sessions. Several comments reflected that the amount of content was overwhelming or more work than expected and desired a slower pace and more time, although recognizing that the fast pace provided motivation:

> "*It was a LOT. It was a busy time, and I felt like it was quite overwhelming a lot of the time*."

> *"Oh my god, I loved it. But most days I was so mentally tired. But it was a good tired. It was something that made me primed to get up in the morning."*

> *"I valued the discussions in each workshop but wish there had been more time allowed for them."*

Overall, the workshop was highly valued, with strong interest in continued engagement. Respondents noted a desire to continue engaging with the workshop and the ongoing value and impact. One participant mentioned wishing that they had participated at a higher level as a full participant and others commented about feeling motivated to continue the work following the workshop:

> *"I am so disappointed that I was not able to participate fully - at a credit level. Please retain my email and let me know if I can join another group. Although I was able to access all the videos and handouts, I think the experience of groupwork would have been invaluable."*

> *"I'm glad that [MicroResearch] exists. It serves a vital purpose, and it's a great way to involve people in research. It will be helpful to them in the future."*

On the eighth day of the workshop, a participant shared heartfelt gratitude to fellow MicroResearchers, which exemplifies the invaluable personal impact of the workshop for those in LTCAL care communities:

> *"I'd like to say never (. . .) have I ever felt more allowed to be of use. Like I can tell you for the last three or so decades have I felt very useless. (. . .) Then I found you guys at MicroResearch, and it made me feel like a human being. I finally felt like I was really appreciated in society in something meaningful. I wanted you guys to know how grateful I was for the opportunity and thank you for being so accommodating for making it able for me to be able to do that."*

Recommendations and Comments

The following recommendations emerged from this comprehensive evaluation and dialogues with coaches on the Fraser Health LTCAL MicroResearch Workshop, highlighting key opportunities to enhance future workshops. The feedback reflects strong appreciation for the MicroResearch Canada workshop, alongside constructive suggestions for improving accessibility, pacing, clarity, and support. Implementing these enhancements will further strengthen impact and inclusivity, ensuring participants are well-equipped to engage in meaningful research. They reflect the importance of aligning workshop timing with participant availability, leveraging virtual and hybrid formats for inclusive engagement, and adapting the pace to support diverse capacities and abilities. The recommendations also underscore the value of embracing participant diversity while ensuring clarity around roles and expectations, providing tailored support for coaches, and responding to strong interest in future offerings. Together, these insights aim to strengthen the MicroResearch approach in future any future workshops in LTCAL care communities by fostering meaningful participation, collaboration, and sustained impact.

Recommendation #1: Optimize Workshop Timing for Recruitment and Retention

The workshop's timing during the year and scheduling of sessions should thoughtfully consider availability of the diverse participant groups in LTCAL care community and academic environments. Challenges due to competing priorities, other scheduled events, and seasonal barriers can negatively impact recruitment, participation level and participant retention. For example, respiratory tract infections commonly peak in the fall and winter months, which is believed to have negatively impacted LTCAL resident participation since three of the four residents enrolled in the workshop didn't participate due to illness in addition to impacting the capacity of LTCAL staff and leaders to engage. Additionally, timing of the workshop at the end of the semester and start of the final exam period was a barrier for some student volunteer participants and coaches.

Recommendation #2: Use Virtual and Hybrid Formats Strategically

A user-friendly, virtual format for lectures and teamwork allowed for more inclusive, flexible engagement and was preferred by most participants and coaches. On the other hand, a hybrid format on Day 10 fostered social connections and celebration. Although hybrid meeting rooms at Surrey Central City Fraser Health offices were made available for all 10 workshop days, they were only used on the first and last day of the workshop. About one quarter of participants joined in-person for Day 1 followed by a collective decision to hold the remaining lectures and teamwork sessions fully online. Although several participants were proficient in Zoom, others appreciated written resources or real-time supports to connect, use breakout rooms and take breakout room recordings (team minutes). There was also a request for a secure platform and processes to support team communication. Day 10 of the workshop with team presentations, feedback from panel judges, and a certificate ceremony was held in hybrid format with all core team members, primary coaches, special guests and several others joining in person. This allowed for sharing snacks and beverages, impromptu speeches, networking, and personal connections.

Recommendation #3: Adapt Pace and Intensity for the LTCAL Context

The unique needs in a LTCAL setting demand thoughtful consideration to balance pace and intensity of the workshop to accommodate for diverse participant capacities and abilities and foster opportunities for community building. Even though the workshop days were scheduled over three weeks instead of the recommended two weeks, several participants and coaches felt that spreading the workshop over a longer period and perhaps beyond 10 days would allow more time for relationship-building and material absorption. For example, one could include recaps to reinforce key concepts, such as through mini quizzes. Some participants mentioned having to skip select workshop days or would have preferred more breaks between sessions to support self-care and reduce burnout. The intensity of the course could be improved by breaking up course components (e.g., research ethics board process, dissemination) as lectures held following the workshop at logical points during the MicroResearch process to support teams when learning can be applied in real-time. Importantly, there is tremendous value in the diverse relationships formed via shared learning through MicroResearch, which could be nurtured in a slower paced workshop.

Recommendation #4: Thoughtfully Leverage Diversity and Inclusion

Throughout the workshop, a diverse group of participants—including residents, family care partners, volunteers, staff, leaders, students, research trainees, and community members—brought a dynamic range of capacities and perspectives. This diversity was a strength, enriching the learning environment and fostering inclusive dialogue. Many participants appreciated the flexibility offered, such as the ability to watch recordings or engage asynchronously. Some were part of the team initially, but didn't continue with the project; nonetheless, they expressed that they had learned a great deal and valued the experience. However, this flexibility also introduced challenges. The varied levels of engagement and differing understandings of roles and long-term commitments sometimes led to confusion and misalignment within the team. These misunderstandings created tensions, particularly around expectations for collaboration and planning. The experience underscored several important lessons: 1) Embracing diversity—of roles, backgrounds, and capacities—can greatly enhance a project's richness and relevance. 2) Offering flexible learning options supports broader participation and accommodates different needs. 3) Planning for varying capacities and designing inclusive engagement strategies are essential for sustained collaboration. 4) Balancing inclusivity with clarity around roles and commitments is critical to avoid tension and ensure smooth teamwork.

Recommendations #5: Clarify Participant Roles and Expectations Beyond the Workshop

Although having different levels of participant engagement in the workshop helped to improve recruitment among diverse groups, it also created tension when contributions and attendance of team members varied noticeably. Clearly distinguishing between auditors and full participants from the outset of the workshop would help to clarify roles of individual members and overall capacity of the team. Addressing dynamic role shifts (e.g., auditors becoming full participants) through team-wide communication would help to avoid confusion and promote harmony. Some participants were not fully aware of the aim and commitment involved in joining the MicroResearch Workshop. It should be explicitly explained by teachers and coaches that the workshop is supporting the start of a real research project that will continue far beyond the workshop, not just a learning event and theoretical exercise. Also, it would be helpful to provide examples of timelines and commitments from Day 1 to set expectations and ensure transparency about the workload and long-term engagement.

Recommendations #6: Support Coaches Effectively

It's important to recognize the high demands on coaches due to participant diversity and the need to tailor supports accordingly for optimal inclusivity in an LTCAL setting. Although the Train-the-Trainer sessions for new coaches offered prior to the workshop, including training recordings and materials were appreciated, it could be helpful with more real-time supports for coaches during the workshop and beyond. The three primary coaches for each of the MicroResearch teams held regular peer-support huddles typically following workshop session and ad hoc as challenges arose. These huddles could have benefited from mentorship of an experienced MicroResearch coach. Coaches experienced some misunderstanding regarding the MicroResearch program, such as requirements for specific exercises and expectations to team members,

which contributed to miscommunication and misunderstanding in the teams. Support provided by the diverse resource coaches, especially for teams that were experiencing challenges or with specific questions requiring additional expertise, was beneficial support for the primary coach and team.

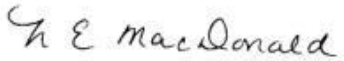
Recommendation #7: Offer Future MicroResearch Workshops

There is promising potential to offer future MicroResearch workshops in LTCAL at Fraser Health based on the significant interest among potential participants and positive feedback received in this evaluation. Several recruitees from diverse participant groups requested to be waitlisted for future workshops during the recruitment phase.

Acknowledgements

We would like to extend our thanks to the local site for providing administrative and organizational support and to the local volunteer coaches and co-teachers for their continued involvement in MicroResearch. Thank you to the panelists for their valuable feedback and constructive critiques on the final day of the workshop. Finally, we thank the participants for their engagement throughout the workshop.

Respectfully submitted,



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