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## Knowledge Translation case-study: Cochrane's Pain, Palliative and Supportive Care Group (PaPaS) hold an event to discuss "Chronic Pain in childhood: time for change. Evidence, Policy and Practice in Childhood pain."

In July 2018, we, the <u>Cochrane PaPaS Group</u>, held an event at the Wellcome Trust in London. The event aimed to bring together leading experts on the topic of 'Chronic pain in childhood'. The invite list was carefully targeted to include those with the ability to influence and have impact on the future of clinical research into chronic pain in childhood.

# The beginning – a clear need – a review of the evidence in Chronic pain in Childhood

The NIHR (National Institute for Health Research, UK) provided funding to complete 49 reviews investigating pharmacological and psychological interventions for people with pain. As part of this funding, a 'Children's Suite' of nine reviews was commissioned, to investigate the efficacy of interventions for children with chronic pain and chronic-pain related pain. After conducting and publishing these reviews in the Cochrane Library, the NIHR funded a dissemination event. We chose this dissemination event to generate new ideas of how to take research in this area forward, because of the obvious difficulties of conducting trials in children with chronic pain.

#### Working towards success

We thought holding a small event was the most appropriate and effective way of generating ideas from experts in the field. We decided to invite a small group of influential individuals from policy, funding, charities, researchers and clinicians in order to pinpoint the gaps in paediatric pain research and generate ideas on how best to move the field forwards. The reviews were showing a distinct lack of evidence for this population and this was used as the springboard for the discussion.

As well as funding from the PaPaS group, sponsorship for the event was from donations from <u>NIHR</u>, <u>Arthritis Research UK</u>, the <u>Wellcome Trust</u> and the <u>European Pain Federation</u>.

### Turning points in the development

The primary challenge was identifying who should come to the event. We only wanted a small number of people, however, that brought about a challenge of not excluding or offending anyone who we didn't invite. We created a targeted list of people but found most success at getting people to attend when they received a personal email from someone that they knew, inviting them to the event. This seemed to provide legitimacy of the invite for some people. Furthermore, having the sponsors also provided further legitimacy that this event was important and should be attended. However, early July seems to be a popular holiday time for families, so we missed some people who we would have liked to attend but were away.

#### **Evaluating success**

To evaluate the event we hosted a session with the key contributors to review what went well and plan the next steps. Overall, we were very happy with the group of people who



attended and who made the event successful. The timing of the event worked, it was held in the early evening and food was provided with networking afterwards. This meant that it didn't clash for many people who already had busy schedules. Although some people had to leave quickly, most stayed for a drink. We had very positive feedback from those who attended. I think the small size allowed everyone to have a voice and put forwards their ideas on how to move the field forwards. People also really liked the branded gifts we gave out in the 'conference bags'. We included branded pens, notepads, re-useable coffee cups, within branded cloth bags.

We failed to get any government contribution despite inviting MPs, civil servants, and members of the House of Lords. Some major medical societies did not send a representative. This may be due to the timing, or due to exactly the issue we are addressing – raising awareness of a problem not discussed.

The primary outcome of this event was to get people talking about this area of research and practice again, and hopefully ignite funding resources in the area. Secondly, we wanted to generate ideas about how to move this field forwards and how Cochrane could help with that. The round table discussions and feedback to the panel certainly helped with this. As a result of the session, we had a tentative offer from a major journal to publish some prioritization papers that we are now pursuing, which will be impactful in disseminating this message to the field, and setting the research agenda for the next 5-10 years.

### Tips

- Do some research, be sure there is a need/call for your event
- Give your event a strong and clear identity, focus on what your attendees will get out of it
- Be clear on who it is for, and who the most important attendees are. It might be that inviting ten influential people to a roundtable discussion is more valuable than trying to get 100 people in a room
- Consider how will you pay for the costs that come with an event (venue hire, refreshments)
- Consider resources, organizing events is time consuming and administratively heavy, who will invite and follow up with the invitees, organize speakers, etc.
- Follow up, keep people enthusiastic, and keep them updated with what happens next

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For more help and guidance about growing capacity of the users of Cochrane evidence, or if you have examples of you Knowledge Translation work that you would like to share, please contact Karen Head at <u>khead@cochrane.org</u>

