

# Priority Setting in Paediatric Preventive Care Research

Lavigne et al. (2017)

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## For which topic were research priorities identified?

pediatric preventive care

## In which location was the research priority setting conducted?

North America - Canada

## Why was it conducted at all?

Many preventive care recommendations for children lack high-quality supportive evidence. Of 54 recommendations by the US Preventive Services Task Force (USPSTF) for child or adolescent preventive care, 20 (37%) were based on poor-quality evidence. The Bright Futures Guidelines published by the American Academy of Pediatrics has also acknowledged numerous gaps in the evidence for paediatric preventive care. Given the extent of these knowledge gaps, how should preventive care research topics for children be prioritised? It has been well documented that the priorities of researchers may not align well with the priorities of patients and providers. Patient involvement in setting research priorities may lead to the funding of research that is of higher relevance to patients.

## What was the objective?

to identify the unanswered research questions in pediatric preventive care that are most important to parents and clinicians, and to explore how questions from parents and clinicians may differ

## What was the outcome?

a ranking list of 10 research questions

## How long did the research prioritization take?

No information provided.

## Which methods were used to identify research priorities?

JLA method

## How were the priorities for research identified exactly?

Step1: setting up PSP: steering group established, survey developed. Step 2: collecting and identifying unanswered research questions: via survey, participants were asked to identify questions about keeping children healthy as they grow up, participants then asked to submit questions about specific preventive care topics. Step 3: data processing: questions reviewed, indicative questions formulated, checked against evidence, master list of unanswered indicative questions generated. Step 4: interim ranking: master list of questions ranked by steering group based on their perception of the importance to paediatric preventive care research, 39 questions moved forward. Step 5: final prioritization: workshop: before workshop interim list distributed to participants to individually rank questions in order of importance, during workshop: small group discussions with nominal group technique and small group rankings, top 20 ranked questions remained for further discussion, small groups then discussed and ranked top 20 questions

## Which stakeholders took part?

Parents of children aged 0-5 years, paediatricians and family physicians. Survey: 175 participants: 115 parents and 42 clinicians. Workshop: 10 parents (8 mothers and 2 fathers) and 18 clinicians (12 paediatricians, 5 family physicians and 1 nurse).

## How were stakeholders recruited?

The questionnaire was distributed online using the REDCap platform hosted by the Hospital for Sick Children Research Institute. Questions were collected from parents of children aged 0-5 years through the TARGeT Kids! research network, as well as from paediatricians and family physicians through TARGeT Kids! and the Ontario Medical Association (OMA), the organization representing physicians in the province of Ontario, Canada. As to the workshop, parents and clinicians were recruited via e-mail through the TARGeT Kids! research network and the OMA.

## Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of 10 members: 5 pediatricians and 5 parents. The members ranked the 79 questions on the master list.