

# 2019 Online KT Conference: Innovative KT Strategies That Work

Hosted by AIR's Center on KTDRR

October 28, 30, and November 1, 2019

Center on  
**KNOWLEDGE TRANSLATION FOR  
DISABILITY & REHABILITATION RESEARCH**

at American Institutes for Research ■

# Knowledge Translation Collaboratives: A Novel Curriculum Model for Building Capacity in Graduate Students and Consumers

Susan Magasi and Shoma Webster  
University of Illinois at Chicago

Linda Cassady  
Your Brand's Best Friend

Center on  
**KNOWLEDGE TRANSLATION FOR  
DISABILITY & REHABILITATION RESEARCH**

at American Institutes for Research ■

# Knowledge Translation Collaboratives

A Novel Curriculum Model for Building Capacity in

Graduate Students and Consumers

presented by Susan Magasi, Shoma Webster, and Linda  
Cassady



**Program for Healthcare Justice  
for People with Disabilities**

**OCCUPATIONAL  
THERAPY  
COLLEGE OF  
APPLIED HEALTH  
SCIENCES**



# Background



Evidence-based practice is predicated on effective knowledge translation

---

Knowledge translation (KT) is an essential competency for healthcare practitioners in the 21<sup>st</sup> century

---

KT is a shared responsibility between clinical, research, and patient/clients communities

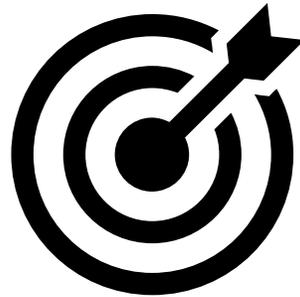
---

KT is not routinely taught as part of graduate education in health and medicine

---

We developed a unique graduate elective called KT for Disability and Rehabilitation Research

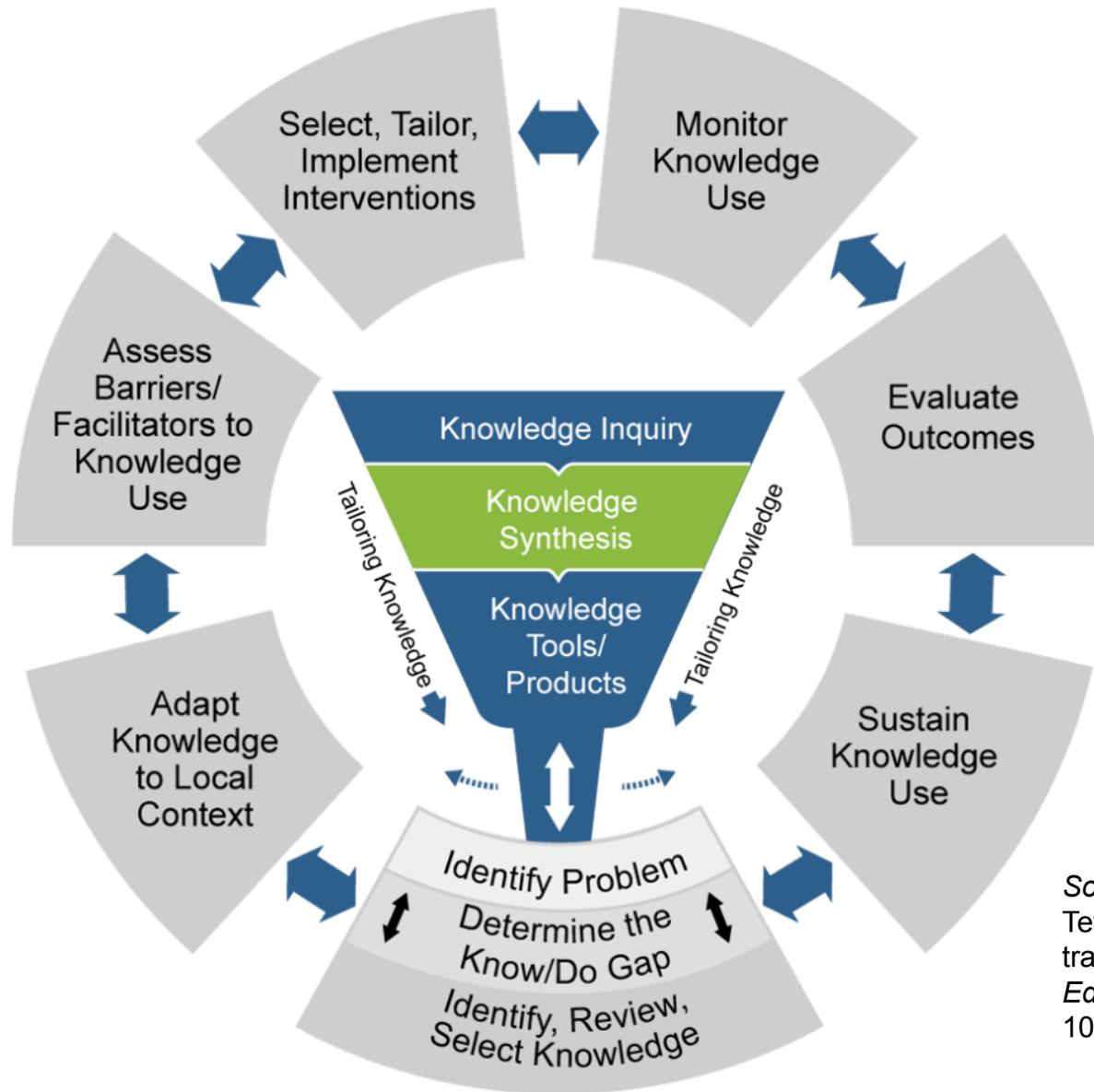
# Today's Goals



Upon completion of this session, you will be able to:

- **Describe** the KT Collaborative curriculum approach
- **Identify** strengths and challenges of teaching and applying knowledge translation using a collaborative capacity building approach.
- **Breakdown** phases of leading knowledge translation models and **explain** their role in the systematic (yet chaotic) process of system or practice change.

# Knowledge to Action Framework

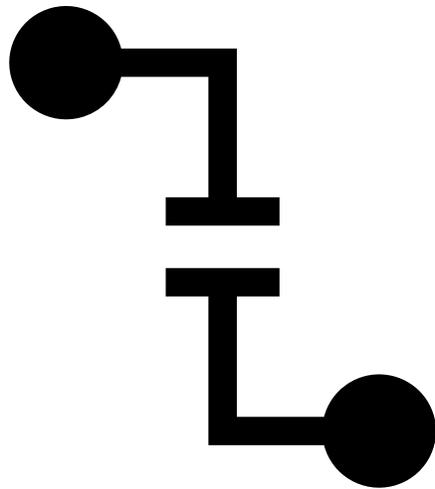


Source: Graham, I. D., Logan, J., Harrison, M. B., Straus, S.E., Tetroe, J., Caswell W., Robinson, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*, 26(1), 13–24. doi: 10.1002/chp.47

## Knowledge Translation

“Ample social science scholarship demonstrates that policies are enacted as much on the basis of ideologies, party politics, vested interests, and even outright prejudice as much as on scientific evidence.”

*Source: Masuda et al., 2014, p. 460.*



# Equity Focused Knowledge Translation Framework

		CRITICAL INQUIRY		
		1. Techniques of Production	2. Techniques of Communication	3. Techniques of Governance
REFLEXIVE PRACTICE	<b>PREPARATION</b> STEP 1. Situate yourself.	a. Who am I? (a researcher, policymaker, parent, citizen, etc.)	b. How do I speak? (key ideas, concepts, methods, values, motivations)	c. What do I propose? (individual behaviour change, collective action, systemic transformation)
	STEP 2. Inclusivity. Identify your inclusionary and exclusionary practices.	d. Who is included in my work and who is excluded? What barriers to participation do I uphold? What can I do differently?	g. What circumstances give me the authority to speak? What language do I use? Whose knowledge do I reflect? What can I do differently?	j. Where do I place responsibility for health inequities and action on them (victims, communities, governments)? What can I do differently?
	STEP 3. Transparency. Discern the extent to which you are transparent to others about your practices.	e. How much value do I place on my own knowledge versus that of my peers? Do I actively seek out other perspectives? What can I do differently?	h. Do I listen before I speak? Do I announce or do I reflect? To whom do I listen? Am I well understood? What can I do differently?	k. How do my contributions work within or against existing power relations? What can I do differently?
	STEP 4. Humility. Reflect on your approach to leadership.	f. How do I convey my limitations in terms of my status, capacities, vulnerabilities and needs? What can I do differently?	i. How do my claims to expertise prevent me from recognizing the voices and/or potential contributions of others (i.e., community, professional, academic) and why? What can I do differently?	l. How do I convey my priorities? What can I do differently?

TRANSFORMATION	STEP 5. Reasoned Action. Use reasoned action with others to envision change.	m. What previously unseen opportunities for equity focused knowledge translation emerge (new collaborations, research questions, new policy prescriptions, new advocacy initiatives)? What can WE do differently?

Masuda, J.R., Zupancic, T., Crighton, E., Muhajarine, N., & Phipps, E. (2014). Equity-focused knowledge translation: a framework for “reasonable action” on health inequities. *Int J Public Health*, 59, 457-464.

Source: Masuda, J. R., Zupancic, T., Crighton, E., Muhajarine, N., & Phipps, E. (2014). Equity-focused knowledge translation: a framework for “reasonable action” on health inequities. *International Journal of Public Health*, 59, 457–464.

# Knowledge Translation Collaboratives

---

Bringing together disability community members and applied health science graduate students as co-learners and co-creators of KT products to promote equity in healthcare and higher education for people with disabilities.

3 modules

- KT for advocacy
- KT for education
- KT for clinical practice

# Key Components

---

- **Integration** of consumers into the knowledge translation process.
- **Immersion** in active area of research or program development.
- **Application** of principles of didactic, experiential and transformational learning
- **Co-creation** of knowledge products (and development of implementation plans).
- Partial funding through a variety of grant mechanisms (UIC, NCI, PCORI)

# Knowledge Translation in Disability Research – Class Infrastructure



# Knowledge Translation in Disability Research – Knowledge Products

**Illinois Assistive Technology Warranty Act "Wheelchair Lemon Law"**

There are approximately 142,000 people in Illinois with an ambulatory disability. Approximately 6.5% of people of any age have an ambulatory disability requiring assistive technology.

The Assistive Technology Warranty Act provides consumers the right to a three-year warranty for defects and malfunctions of assistive technology devices, including wheelchairs, scooters, consumer electronic devices and other products that assist beyond the scope of this law.

This agreement is used primarily for repair, repair, requiring frequent maintenance that is difficult to obtain and can take a long time. This agreement is used primarily for repair, repair, requiring frequent maintenance that is difficult to obtain and can take a long time.

Scenario	Impact	Recommendation
A minor accident while using the device results in a wheelchair being difficult to use.	A wheelchair becoming difficult to use and pose a significant impact on the user's ability to use the device for a year or more.	Recommended options for affordable warranty coverage beyond 1 year.
A wheelchair becomes unusable due to a progressive defect.	People are dependent on their family members to move around.	Opportunity for care by case before 1 year.
Search a different wheelchair now due to changing physical capabilities.	These expensive repairs would be the responsibility of the individual under the current law, even though they result from environmental damage sustained while using the device.	Business language should include plain language explaining Medicaid and other financing options to provide warranty.
Getting a wheelchair through work and even to get to the back to go to work results in a wheelchair being unusable.	People who are not as physically fit as they were when they were younger are not always able to get to the back to go to work results in a wheelchair being unusable.	People who are not as physically fit as they were when they were younger are not always able to get to the back to go to work results in a wheelchair being unusable.
A wheelchair manufacturer does not provide information about a warranty or a complete list of parts and accessories.	The person is unable to get home and is unable to get to work.	People who are not as physically fit as they were when they were younger are not always able to get to the back to go to work results in a wheelchair being unusable.
Someone steals a variety of parts of a wheelchair while a person is in a hospital.	The person is unable to get home and is unable to get to work.	People who are not as physically fit as they were when they were younger are not always able to get to the back to go to work results in a wheelchair being unusable.

**Prescription Drug Copays = High-Risk Outcomes**

Cost sharing with regard to Medicaid prescription drugs is a significant barrier for people with disabilities. Although Medicaid copays are generally low, they can be a significant barrier for people with disabilities who have limited income and resources.

Cost sharing with regard to Medicaid prescription drugs is a significant barrier for people with disabilities. Although Medicaid copays are generally low, they can be a significant barrier for people with disabilities who have limited income and resources.

**ONE MONTH'S BUDGET**

EVIDENCE SHOWS

Policy Briefs

**You have the right to SPEAK UP you are screenABLE.**

In Illinois, women with disabilities are 22% LESS LIKELY to get a mammogram than women without disabilities.

accessible mammography machines & exam rooms  
teamwork with healthcare providers  
respect, dignity & privacy  
physical assistance as needed

**Did you know? Disability status... 22% LESS LIKELY to get a mammogram**

How are you ensuring accessibility?

educate buyers to get the accessible equipment...  
incorporate women with disabilities in training of healthcare providers...  
make screening services more universally accessible for women with disabilities; this will increase accessibility & comfort for all.

RECOMMENDATIONS

someone to explain your options would be nice... you know, maybe before you go to the doctor...

Screen-ABLE

Program for Healthcare Justice for People with Disabilities

Infographics



Educational Videos



Academic Conferences

# Student Reflections – Shoma Webster

*"I was able to gain a theoretical and practical foundation on how to apply the knowledge-to-action framework not only to a film product but also to my doctoral project. This truly speaks to the strengths of our occupational therapy course in providing multiple opportunities and multiple avenues to apply knowledge translation to a practical product".*

*"I gained an immense amount of respect for the hard work that goes into producing a film. We spent weeks creating a product that captures the raw emotions, the challenges, and the reality that some PWD experience in higher education. There is still more work to be done, but it is my hope that this film will be a starting point for future conversations."*



Consumer Reflections –  
Linda Cassady

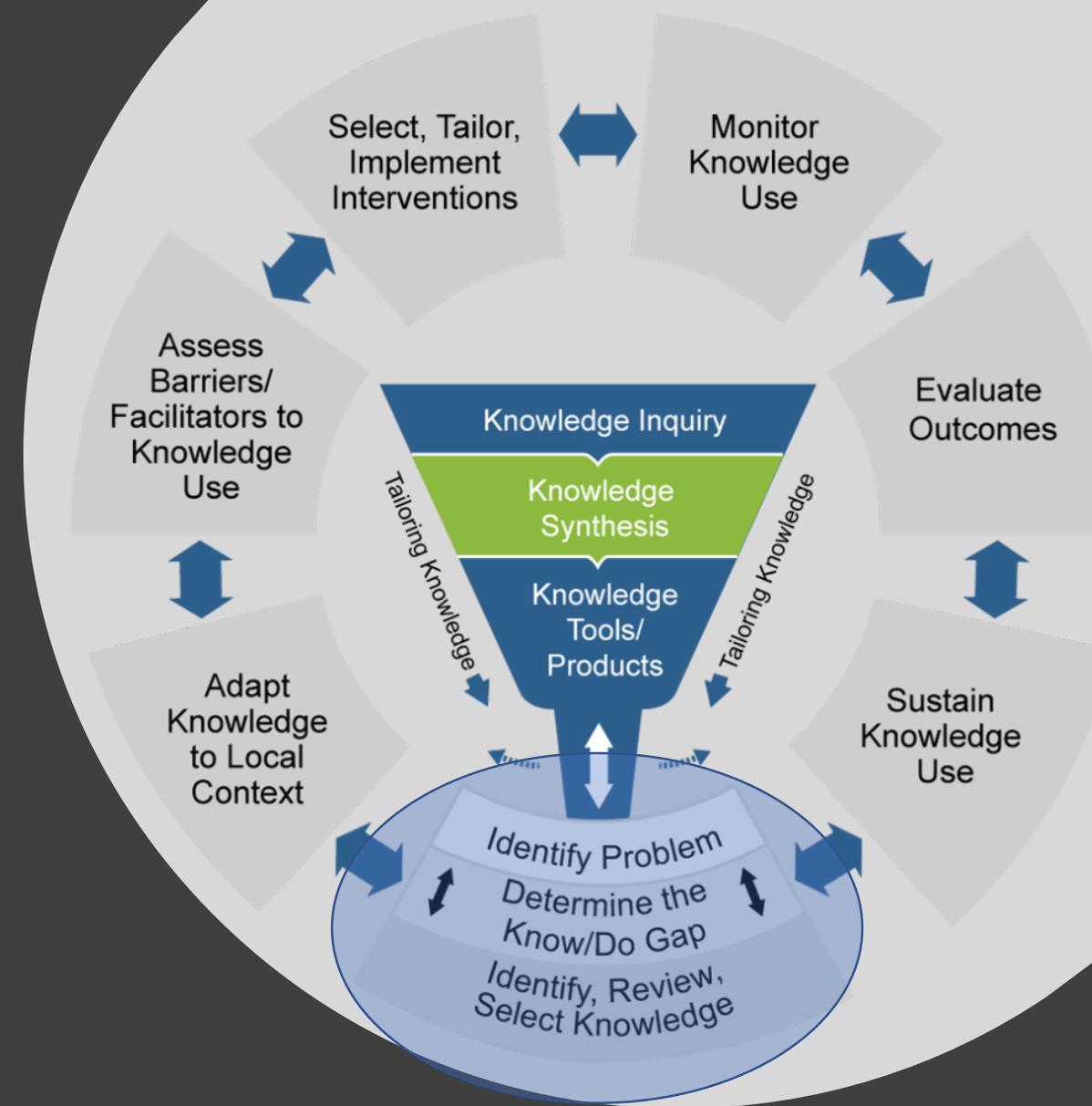


# Case Study

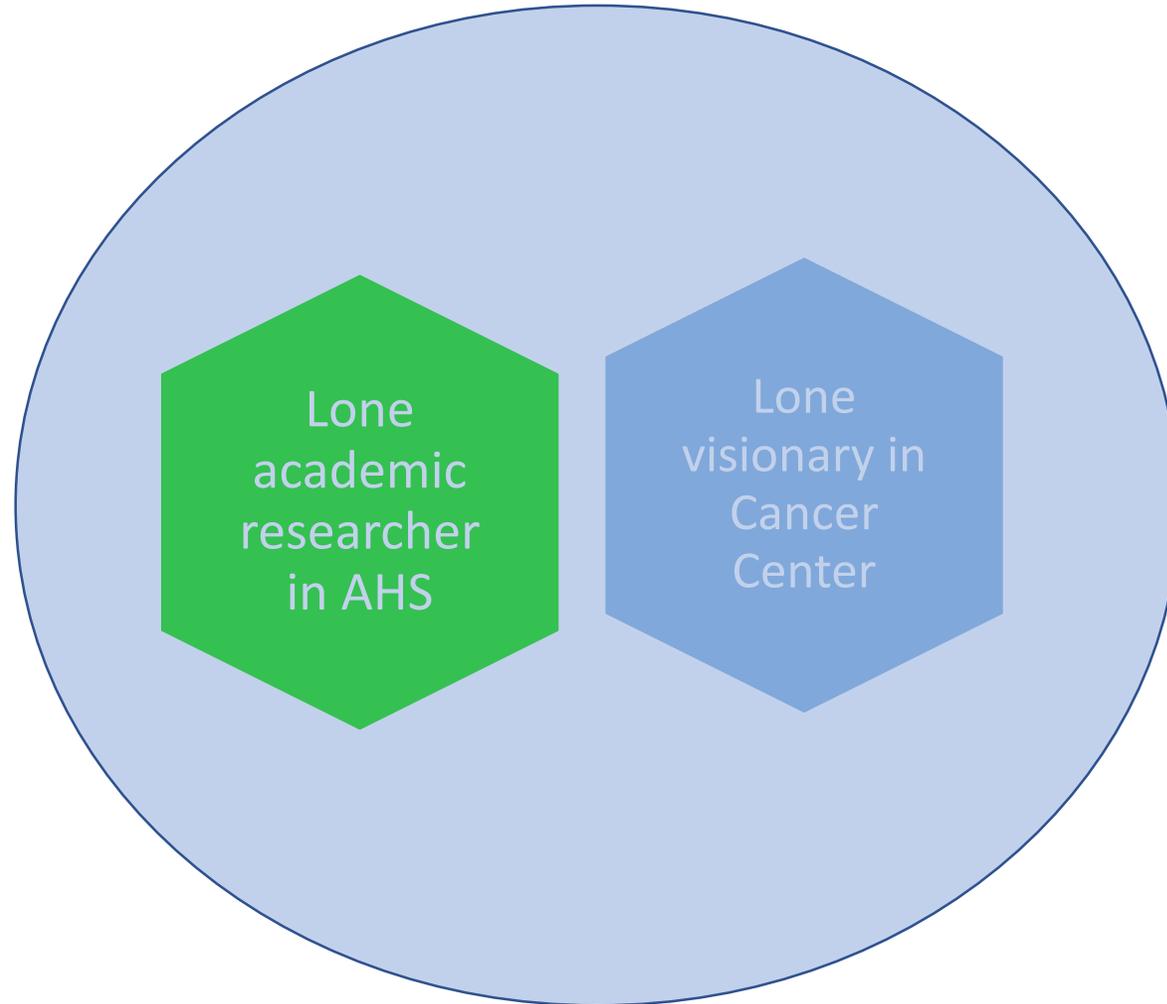
Creating the CanResearch  
Fellowship for  
Undergraduate Students  
with Disabilities

# Identify Problem/Opportunity

- NCI offers opportunities for under-represented students, including:
  - A. Racial and ethnic minorities
  - B. Disadvantages (typical low SES or 1<sup>st</sup> generation college)
  - C. Disability
- Very few applicants in Category C
- Opportunity → Create a program
- Challenge → Barriers to implementation
- i.e. if it's such a great idea why hasn't it been done



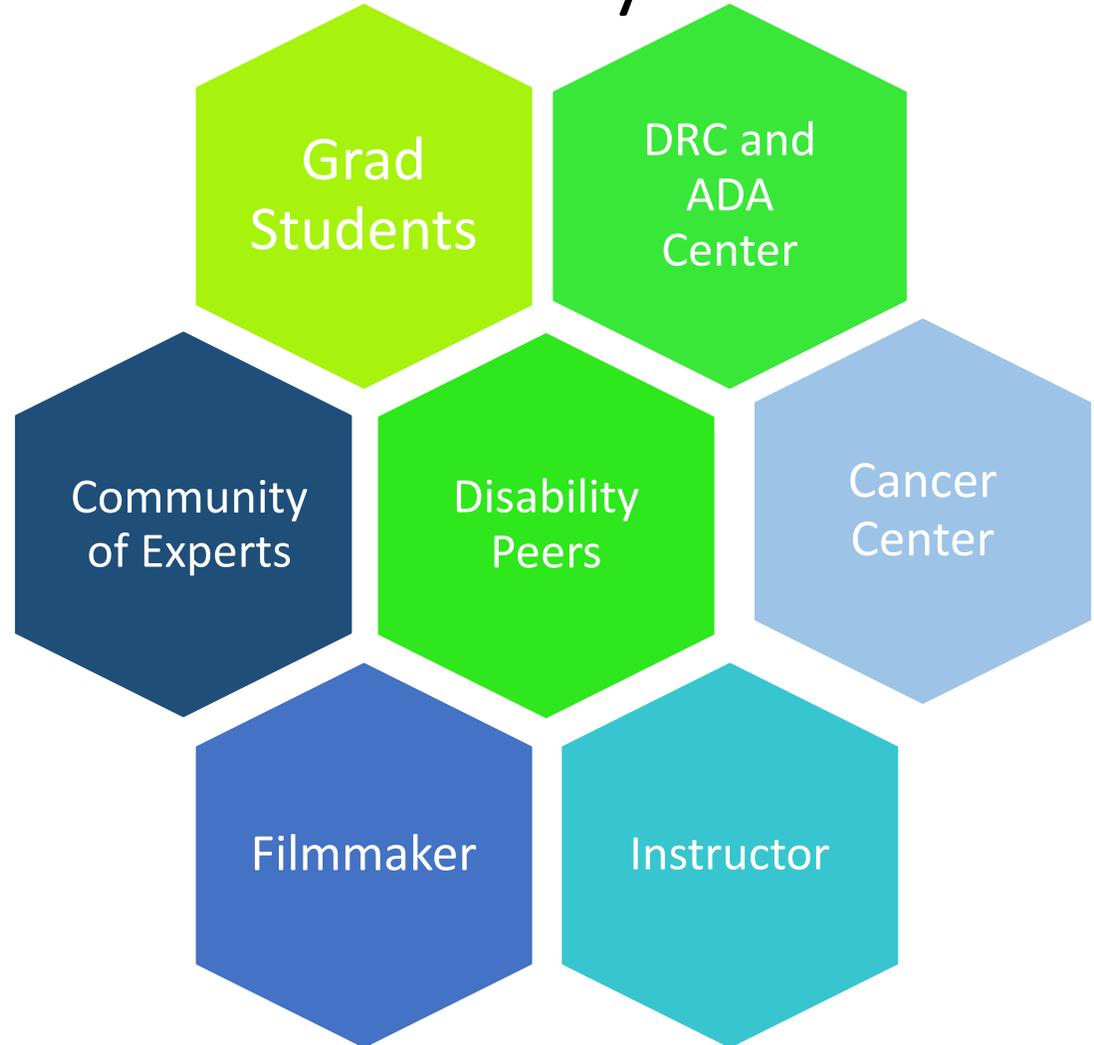
# Project Inception – Team of two



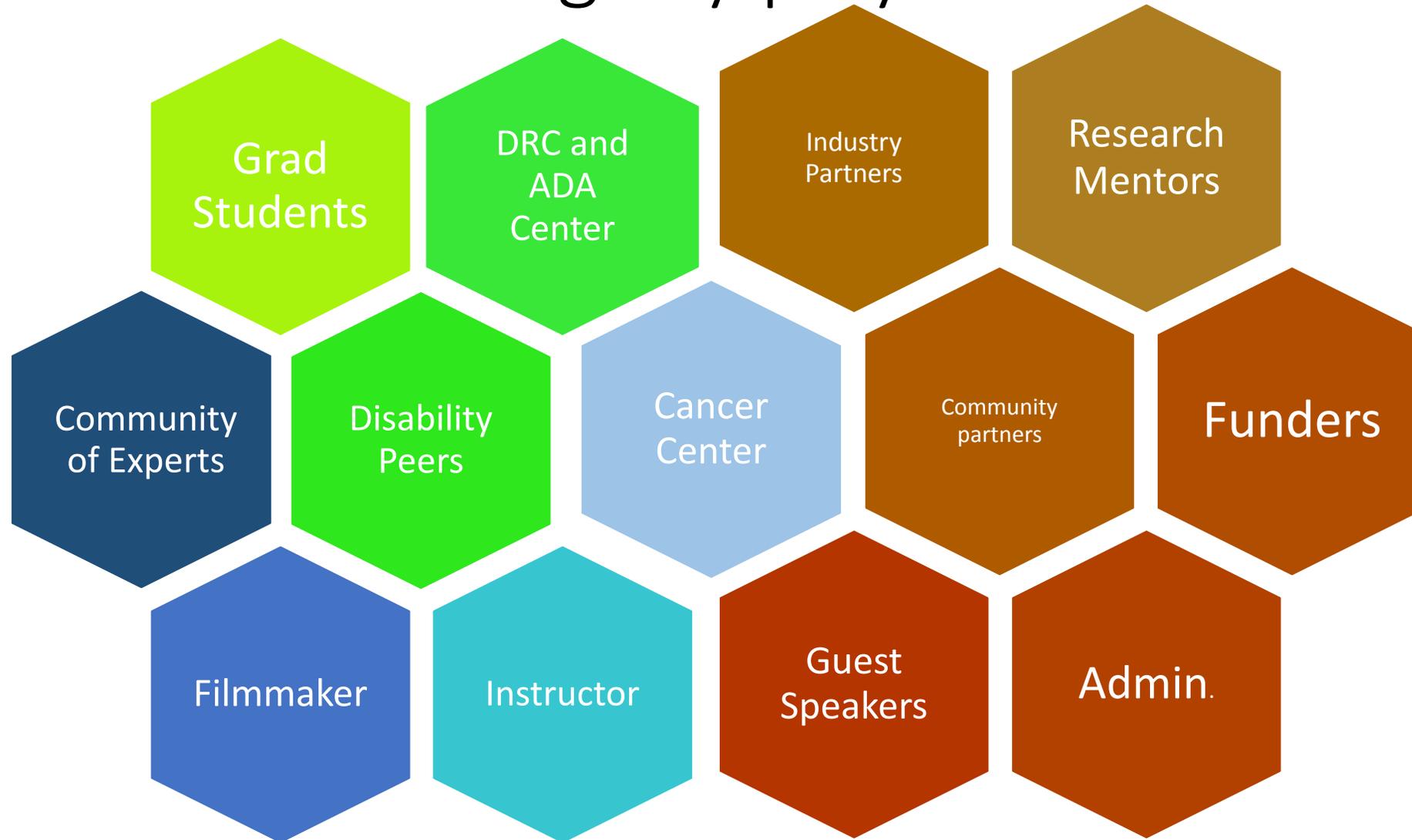
# Created KT Collaborative – Based on Equity-Focused KT Framework



# Identified Key Stakeholders

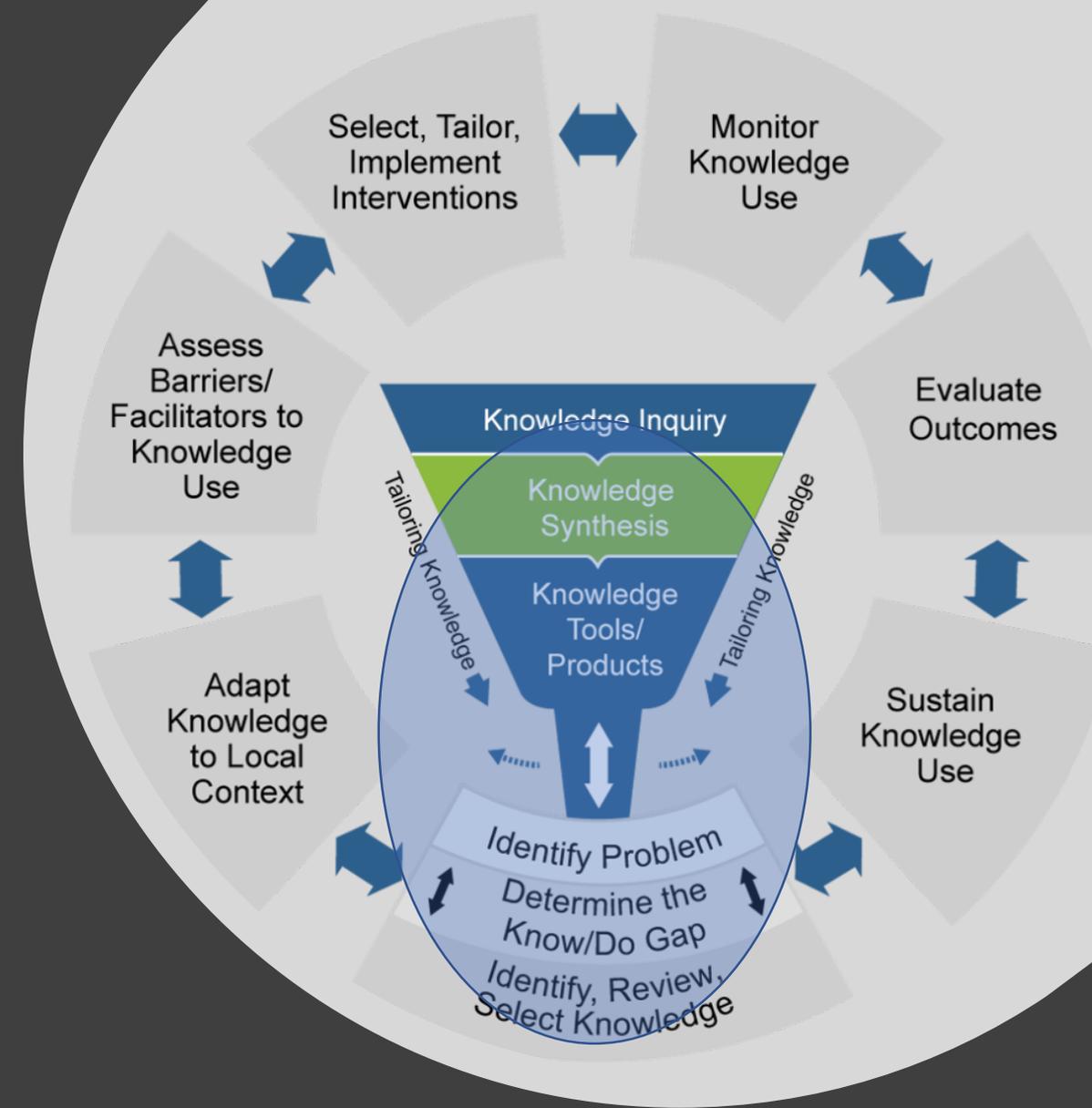


# Needed to bring key player on board



# Identify, review & select knowledge

- Wanted to create an evidence-informed pipeline program
- Meets identified needs of students with disabilities
- Emphasis on cancer research
- With potential for extramural funding



# Knowledge Synthesis

Conducted a rapid review of the literature to identify key challenges

- Negative attitudes towards disability
- Lack of knowledge about disability and potential accommodations from faculty members
- Limited access to disability-related supports and accommodations
- Lack of role models with disabilities
- Low expectations
- Limited exposure to pre-requisite classes

Used this information to create knowledge products

RAPID REVIEWS  
TO STRENGTHEN  
HEALTH POLICY  
AND SYSTEMS:  
**A PRACTICAL  
GUIDE**

EDITED BY:  
ANDREA C. TRICCO  
TIENNE V. LANGLOIS  
HARON E. STRAUS



Source: Tricco, A. C., Langlois, E., Straus, S. E., & World Health Organization. (2017). *Rapid reviews to strengthen health policy and systems: a practical guide*. World Health Organization.

# Create Knowledge Product (Infographic)

## UIC CanResearch Fellowship for Students with Disabilities

**11-15%** 

Students in higher education have an identified disability

 People with disabilities are important to a diverse work force.

## Federal Laws Support Inclusion

Higher Ed. Opportunities Act  
2008

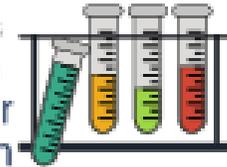
Americans with Disabilities Act  
1990



Section 504 Rehab Act  
1973



People with disabilities are underrepresented in STEM Fields, including cancer research



This UIC CanResearch Fellowship is the first cancer pipeline program for Students with Disabilities



# Create Knowledge Product (Short Film)



Alexa, I know you are a good student but, this is **CANCER** research. Let's be realistic!



We both know you've got what it takes. You should apply anyway!



That looks promising! We should write that up!



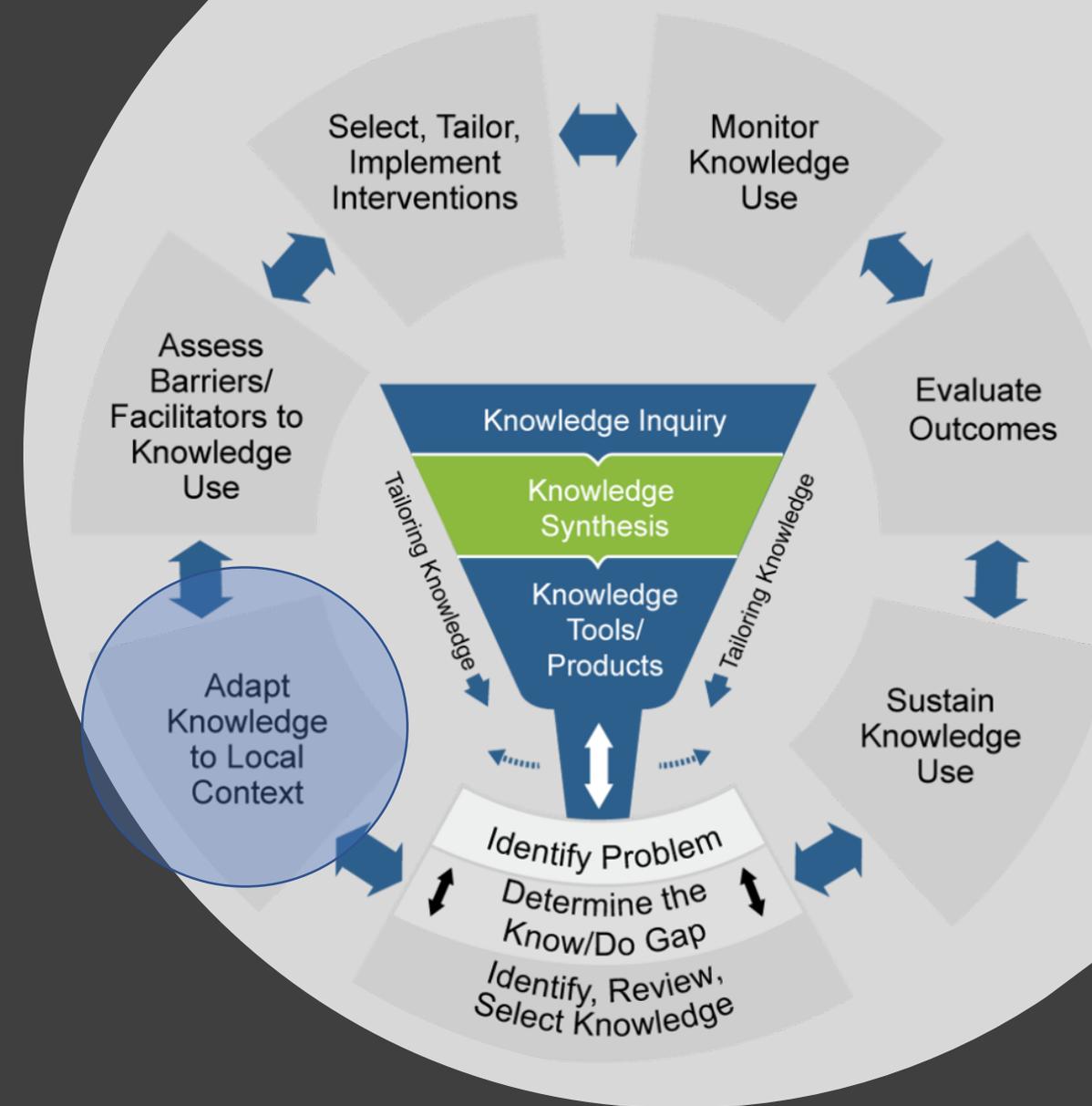
What's next?!

I'm going to grad school to continue my research training!

# Adapt knowledge to local context

Built upon knowledge of:

- Existing pipeline programs
- Best practices of mentoring program
- ‘Unique’ needs of students with disabilities



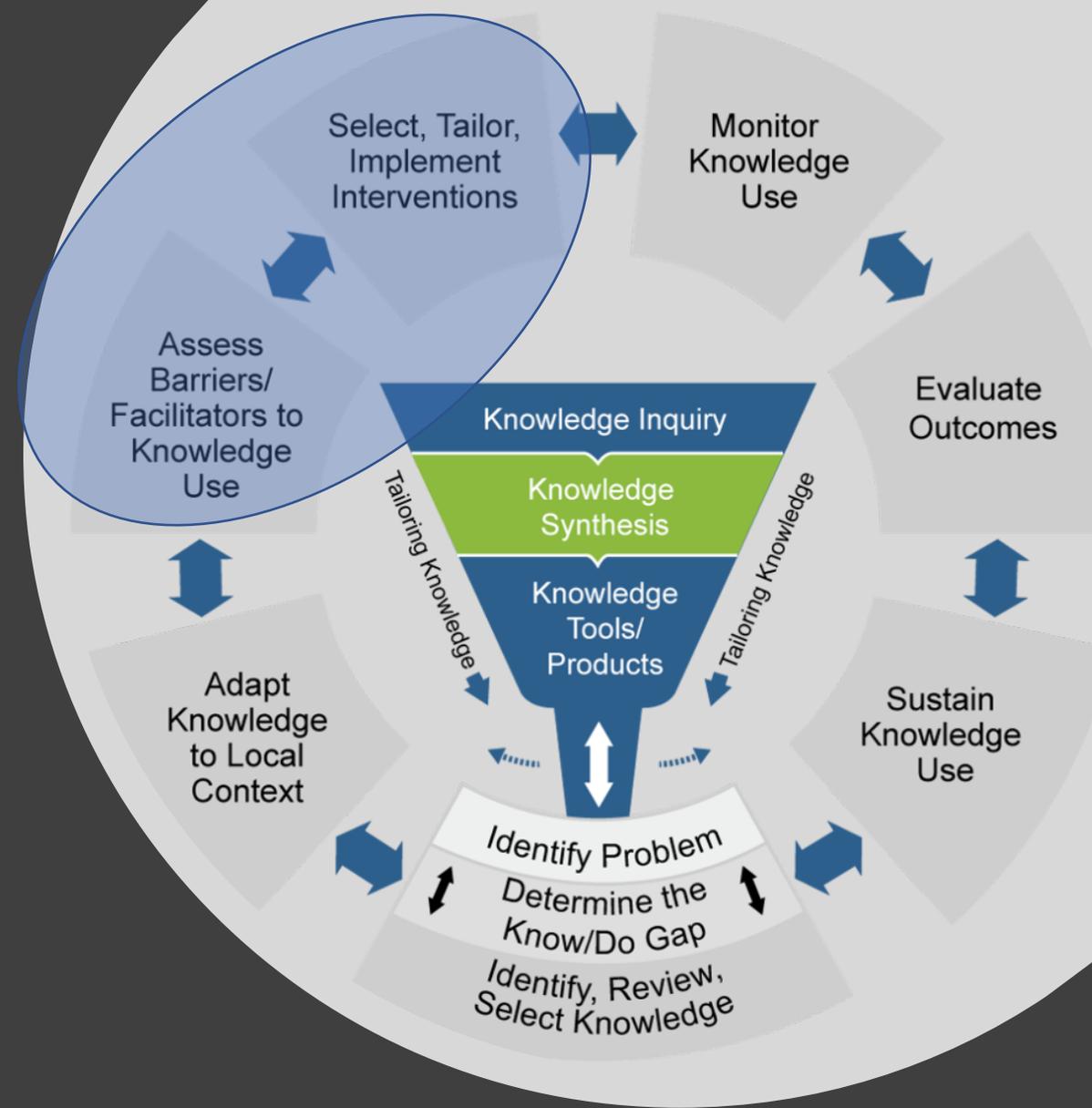
Adapt  
knowledge to  
local context

---



# Assess barriers and facilitators to knowledge use

- Mapped barriers to specific KT strategies
- Use both literature and emergent issues
- Implemented KT targeted strategies to address barriers



# Identify Barriers (and Facilitators) to Knowledge Use AND develop KT Interventions

## Barriers – from lit and experience



## Knowledge Synthesis

Conducted a rapid review of the literature to identify key challenges

- Negative attitudes towards disability
- Lack of knowledge about disability and potential accommodations from faculty members
- Limited access to disability-related supports and accommodations
- Lack of role models with disabilities
- Low expectations
- Limited exposure to pre-requisite classes

Used this information to create knowledge products

Admin roadblocks

Lack of buy-in

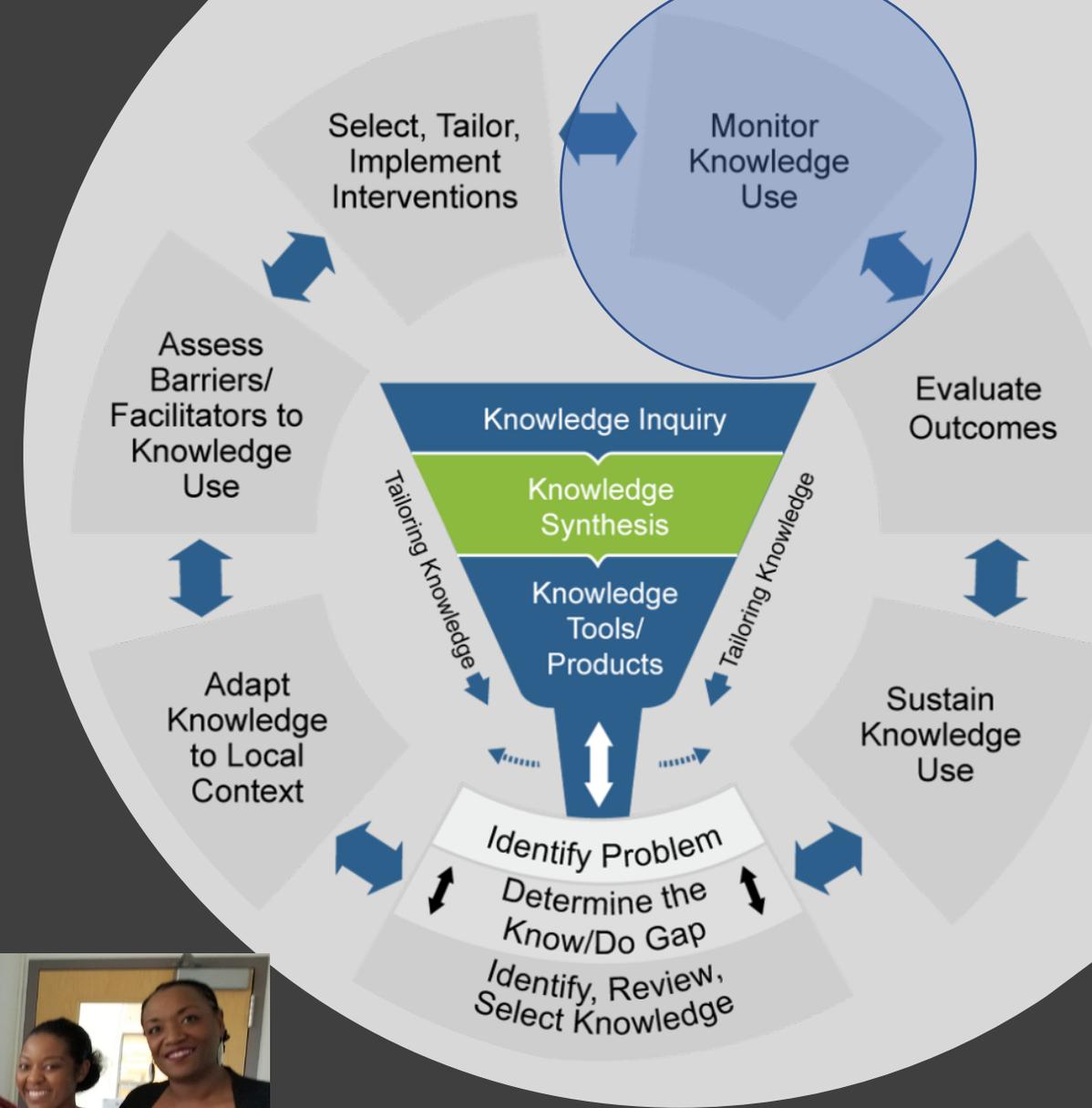
Skepticism re. value, need and quality of students

Mapped barriers with implementation strategies

- Partnered with key groups on & off campus → **interdisc. team**
- Hand picked mentors → **champions**
- Developed mentor training to address fears and concerns → **small group educ.**
- Adapted curriculum to address administration concerns → **neutralize financial burden**
- Continuous feedback to key decision makers → **foster sense of community and buy in**

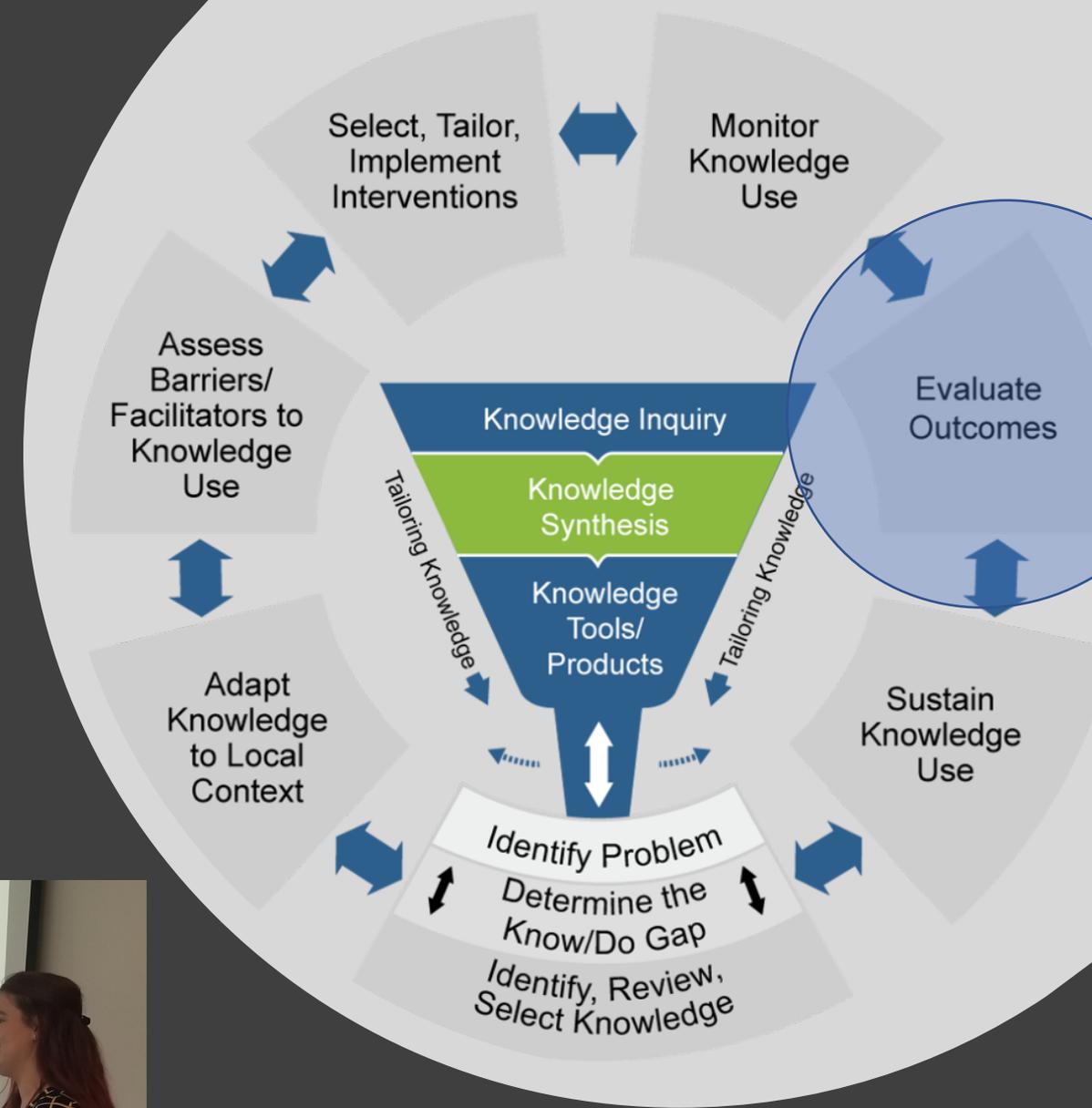
# Monitor knowledge use

- Advertised and recruited a competitive cohort of fellows
- Regular check in on access and equity issues
- Qualitative feedback from fellows and mentors
- Disability trainings to ensure access throughout
- Real time adjustments



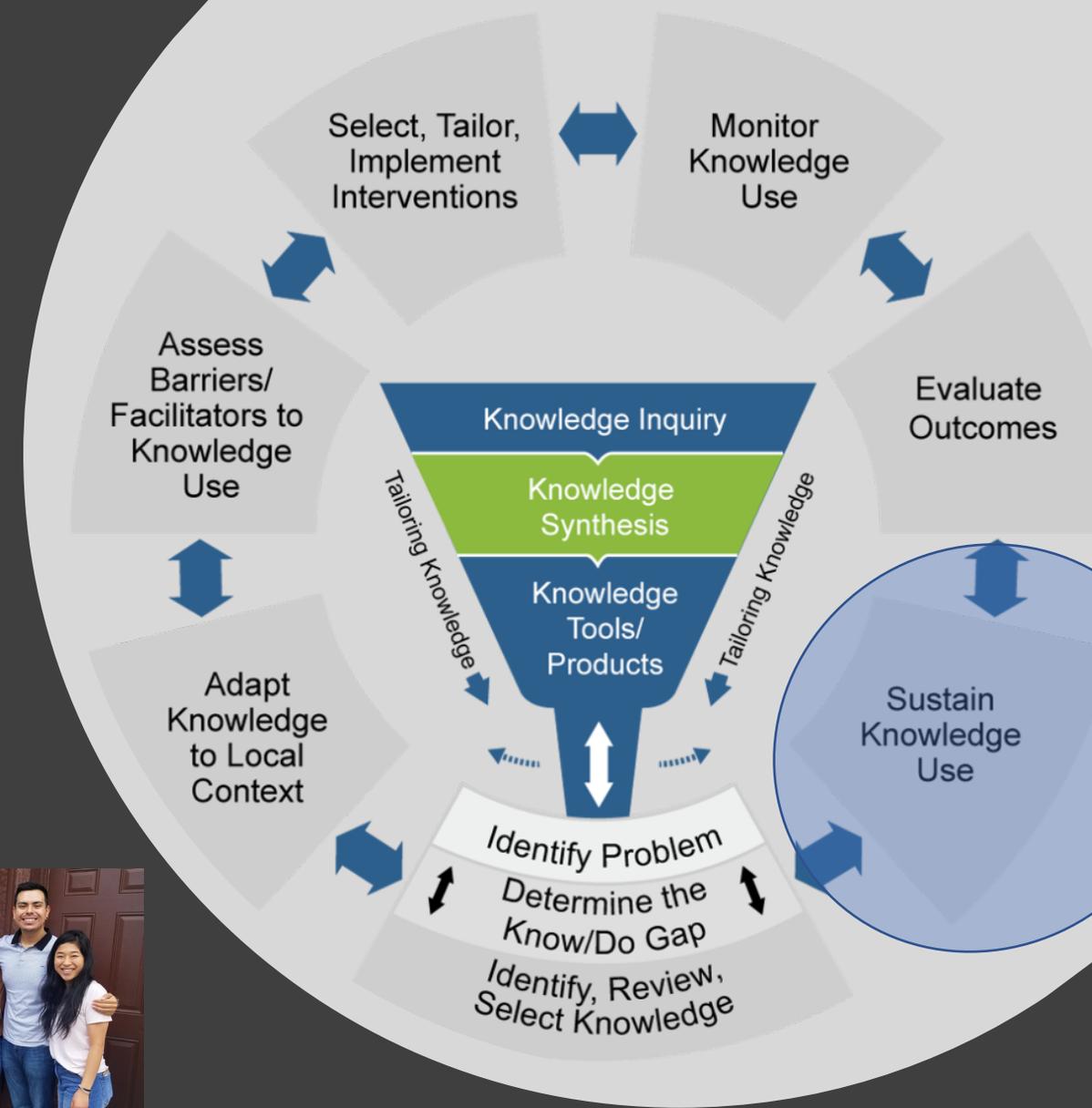
# Evaluate outcomes

- Dolphin Tank
- Pre-post assessment of experience (fellow and mentor perspectives)
- Wrap around mentoring supports
- Long-term follow-up with fellows



# Sustain Knowledge Use

- Secure grant funding
- Disseminate and share impact (academic and public relations forums)
- Strengthen infrastructure
- Retain and recruit mentors
- Retain and sustain community and industry partners
- Long-term follow-up with fellows
- Fellows as program ambassadors



# Conclusion

KT Collaborative are an innovative approach for teaching and learning about knowledge translation.

---

The KT Collaborative curriculum approach can be implemented in synergy with larger KT and research initiatives.

---

Students and consumers bring valuable energy, creativity, and talents to the KT process.

---

Planning and implementing of the KT Collaborative approach must be done intentionally with strong attention on group dynamics.

# Disclaimer

The contents of this presentation were developed under grant number 90DPKT0001 from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

Don't forget to fill out the [evaluation form!](#)

 [www.ktdrr.org](http://www.ktdrr.org)

 [ktdrr@air.org](mailto:ktdrr@air.org)

 4700 Mueller Blvd, Austin, TX 78723

 800.266.1832

Center on  
**KNOWLEDGE TRANSLATION FOR  
DISABILITY & REHABILITATION RESEARCH**

at American Institutes for Research ■