

Tailoring Your Knowledge Translation Strategies for Your Intended Users

KTDRR's 2023 Virtual KT Conference

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Center on

**KNOWLEDGE TRANSLATION FOR
DISABILITY & REHABILITATION RESEARCH**

Knowledge Translation for Veterans

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Objectives

Main Idea: Promoting Knowledge Translation for Veterans

Purpose:

1. To describe the unique characteristics, values, and goals of Veterans.
2. To describe strategies and provide examples of knowledge translation, specifically catered towards the unique needs of Veterans.

Introduction



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Veteran, experienced
research partner

Background

Canadian Veterans are persons who formerly served in the Canadian Armed Forces and received an honorable discharge.

Veterans and military members often exhibit a military mindset, which refers to a mission-first, self-last ideology.

This mindset can influence their perception of self and environment, as well as their comfort levels.

CPCoE, 2022; Government of Canada, 2022; Hitch, 2022



Why Are Specific Knowledge Translation Techniques Needed?

Differences in communication styles

Differences in expression and perception

Differences in goal and values

Cramm et al., 2020; Maunder et al., 2022



Differences in Communication Styles

Military communication is brief, direct, and concise.

There are differences in humour and expression.

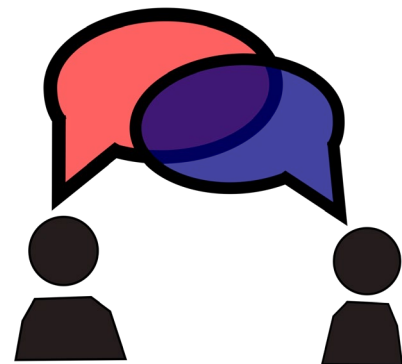
→ Dark humour

Meanings of words/concepts are not always the same, and may have different connotations.

Some concepts contradict Veteran training.

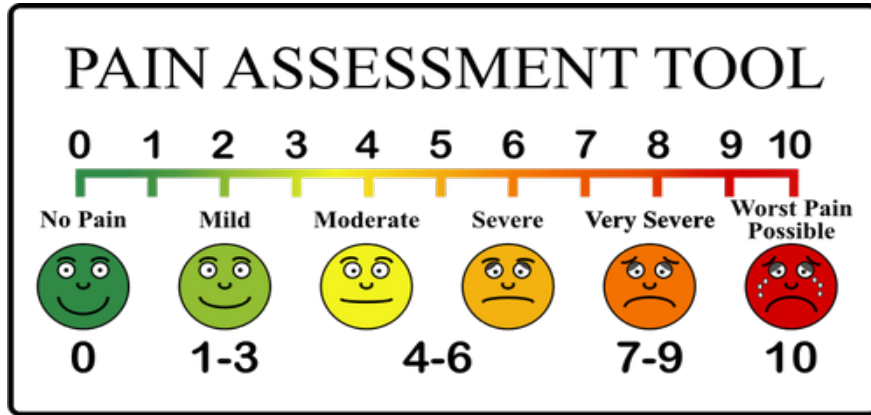
→ Pacing

Cramm et al., 2020; Maunder et al., 2022



Differences in Experiences and Perception

Health conditions and social phenomena may impact Veterans differently than civilians.



Pain Self-Efficacy Questionnaire (PSEQ)

Instructions:

Please rate how confident you are that you can do the following things at present, despite the pain. To indicate your answer tap one of the options on the scale under each item, from "not at all confident" to "completely confident".

		Not at all Confident	1	2	3	4	5	Completely Confident
1	I can enjoy things, despite the pain.	0	1	2	3	4	5	6
2	I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain.	0	1	2	3	4	5	6
3	I can socialise with my friends or family members as often as I used to do, despite the pain.	0	1	2	3	4	5	6

Cramm et al., 2020; Maunder et al., 2022

Differences in Goals and Values



Purpose finding and goal setting should be emphasized.



Group dynamics and social bonding are preferred.



Efficiency is highly valued and appreciated.

Cramm et al., 2020; Maunder et al., 2022

Strategies for Knowledge Dissemination for Veterans

Step One: Planning

Step Two: Implementation

Step Three: Feedback and Evaluation



Step One: Planning

Informed consent

- Be as transparent as possible.
- Include information about purpose of research and involved stakeholders.
- Explain what information is required and what partners will be asked to do.

Safety considerations

- Confidentiality
- Ability to voluntarily withdraw at any point during the study
- Permission to refuse to answer any questions for any reason
- Acknowledge researcher positionality

Provided supports

- Emotional distress, resources needed

Communication methods

- Method and frequency
- Group vs solo

Gratitude

- Authorship, honorariums, feedback on input



Thank You!



Step Two: Implementation

Specify information

- Why is the research needed?
- Demonstrate value and sense of purpose

Brain fog is a poorly studied concept that many people with chronic pain experience. People living with brain fog have noted the experience of brain fog changes from day-to-day and moment-to-moment, but often interferes with planning, thinking and memory tasks. These changes may limit their ability and motivation to participate in meaningful daily activities. Veterans with chronic pain are especially at risk of experiencing brain fog because they may have other health risks related to or resulting from their service.



Step Two: Implementation



Electronic: Publications through
Department of Veteran Affairs,
Military and Family Resource
Centres



Social media



Community groups

Step Three: Feedback and Evaluation

Summary statements

- What was found
- How information will be used
- Why it is important and how it shows what was found

Decreased automaticity contributes to dual task decrements in older compared to younger adults

Hassan S. A., Benetti L. V., Kasawara K. T., Beal D. S., Rozenberg D., Reid W. D.

Background:

- **Movement automaticity:** The central nervous system's ability to enable activities with minimal use of cognitive resources (e.g., attention).
- Neurovascular coupling (neural activity and its change in cerebral blood flow) associated with tasks can be evaluated using functional near-infrared spectroscopy (fNIRS).
- **Purpose:** This study sought to outline brain activity corresponding to walking and its automaticity by comparing changes in task performance between healthy younger and older adults.

Methods:

- Participants performed two single tasks in random order and then in combination as a dual task:
 - [1] Spelling 5 letter words backwards from a list of 100 unique words for 1 minute.
 - [2] Walking, at a regular pace, for 30 meters.
- A wireless fNIRS device was secured over the participants' forehead to record brain activity during measures.



Results:

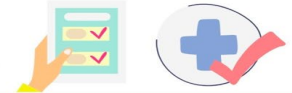
- In both groups a similar single task preferred paced walk velocity, dual task velocity in young adults did not change.
 - Dual task velocity in older adults decreased compared to single preferred paced walk task.
- Older adults spelled fewer words with less accuracy during the single task, compared to younger adults.
- Both groups attempted fewer words during the dual task.
- Younger adults had reduced accuracy during the dual task unlike older adults, compared to the single task.



Conclusions: Older adults had greater neural activity and greater dual task deficits in walking speed than younger adults, which may suggest limited attentional resources with aging.

Next Steps:

- Individuals should be assessed at an earlier age to prevent functional decline that could increase risk of falls and other limitations in activities that make up daily living.



European Journal of Applied Physiology

DOI: 10.1007/s00421-022-04891-w

Step Three: Feedback and Evaluation

Feedback metrics

- How stakeholder input was used
- Contribution to the Veteran community

Key Resources for Clinicians

Podcast

Webinars

List of Publications

KEY RESOURCES

Below is a list of resources that may be helpful to clinicians providing care for Veteran patients

- [Best Advice Guide](#)
- Callan Documents – [For health care providers caring for military families: For military families when meeting with a health care provider](#)
- [CFPC's Best Advice – Caring for Military Families in the Patient's Medical Home](#)
- ["What Makes Veterans Unique" Infographic](#)
- [Military Service: Facilitators and Barriers to Coping with Chronic Pain and Mental Illness](#)
- [Clinician Communication Tool](#)
- [Yoga for Veterans with Chronic Pain](#)
- [Opioids for Chronic Pain](#)

Benefits to Research and Healthcare

Increased Veteran participation in research

Improve Veteran healthcare

**Empowers Veterans to be active contributors
for their healthcare and well-being**



Summary

Establishing trust is the most important tool needed to collaborate with Veterans.

Understanding cultural differences in Veterans can facilitate communication and knowledge dissemination.

Overall, improving communication with persons with lived experiences is beneficial for research and healthcare.



Thank You!



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Q&A

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