[KT PLANNING TO IMPLEMENTATION TO OUTCOMES](https://ktdrr.org/training/webcasts/webcast44/index.html)

**Presenter:**

**Melanie Barwick, PhD, CPsych**

A webcast originally aired on November 8, 2017, sponsored by AIR’s Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR). Project number 90DP0027, funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Administration for Community Living (ACL), Department of Health and Human Services (HHS).

Transcript for audio/video file on YouTube: <https://youtu.be/5mAp8G2NyCY>

>> Joann Starks: Good afternoon and welcome to our webcast. Today our presenter is Dr. Melanie Barwick who will discuss issues related to KT planning, implementation and measuring outcomes. I'm your host, Joann Starks from the Center on Knowledge Translation for Disability and Rehabilitation Research or KTDRR, a project of the American Institutes for Research based in Austin, Texas. We are funded by the National Institute on Disability, Independent Living and Rehabilitation Research. known as NIDILRR.

This will be a live interactive webcast that serves as a follow up to Dr. Barwick's KT Conference presentation last Friday, November 3rd. Today she will talk with several NIDILRR grantees about their experiences using the KT Planning Template to help plan their KT activities and how this tool can be used to guide implementation and evaluation. The representatives of NIDILRR projects who have volunteered to discuss KT planning this afternoon include Wendy Strobel Gower from Cornell University, Mary Slavin of Boston University, and Margaret (Peg) Nosek from Baylor College of Medicine.

I will go over the Adobe Connect environment. We are recording this session and will have the archive available in a few weeks. If you prefer not to be identified in the recording, you can skip identifying yourself now and if you ask any questions in the chat box. You will listen to the webcast over your computer speakers and to adjust volume, you can do that on your own computer. There is also a green speaker icon in the bar at the top of your screen and you can adjust the volume there.

In the center of the screen is the main area where the presentation slides will be shared. At the top left window, you will see a picture of Dr. Melanie Barwick. Below that is the chat box and I would like to invite everyone to introduce yourself there. This is also the best way to communicate with us. If you have any questions, just ask in the chat box and one of the KTDRR team members will respond. Now, I'd like to introduce our speaker, Dr. Melanie Barwick.

We are privileged to have worked with Melanie over a number of years. She has conducted several webcasts and has presented at our online KT conferences. She will give a brief over view of KT planning and most of our time will be a conversation with NIDILRR grantees about their KT planning experiences. Dr. Barwick is a senior scientist in the child evaluative Sciences Program of the Research Institute and Head of the Child and Youth Mental Health Research Unit in the Department of Psychiatry at The Hospital for Sick Children in Toronto also known as SickKids. At the University of Toronto, she is an associate professor in the Department of Psychiatry, and in the Della Lana School of Public Health.

Melanie is an internationally recognized expert in implementation science and knowledge translation and has a program of research that spans, health, mental health, education and global health sectors. Her research aims to improve the implementation of evidence into practice and broaden the reach of evidence more generally to support decision making, policy, knowledge and awareness. Melanie, are you ready to begin?

>> Melanie Barwick: I am. Thank you Joann for that lovely introduction. Hi, everybody. Nice to chat with folks again today. I'll take you through very brief context of KT planning. As Joann mentioned, it is a nice privilege to have the three investigators joining us today to talk about their own KT plans using the framework provided by the KT planning template and provide us with an opportunity to see what that application looks like. So for those of you who need to get from sort of the abstract idea of KT planning to what this concretely looks like in your field, this will be a good exercise, I think. And we will have an opportunity to comment on certain aspects of the KT plans presented from the perspective of an evaluation rubric that we are working on here in our KT program.

So moving right along, I think most of the people who are on the call now were on the call Friday, so I don't want to be too repetitive. I would rather leave more time to hear from our three investigators. We are talking the importance of getting from an idea, and maybe not even having an idea about how we would translate our research findings both while we are doing our research and at the conclusion of our research, the importance of really planning for that and taking that to action, and so the planning template really allows you to be very mindful about the knowledge translation opportunities you may have for your research project, and to give you a schema or a framework with which to organize your KT work.

We always start with thinking about what the knowledge translation or the research communication goals are for the knowledge translation we want to do. This is really the crux of a good KT plan. You will often hear said that for a really good research study, you need to start with a really bang on research question. And from that, you can build a good rigorous methodology and make a contribution to science. So in much the same way the KT goal is equivalent to a really good research question. And what you need to be thinking about is why am I communicating this research evidence to this particular audience? What is my hope? What am I hoping to accomplish?

How do I desire this knowledge and this audience benefit from the communication of my research evidence? And as you can see on the slide, there are a range of KT goals. We typically like to think about ones that have to do with behavior change and practice change, and policy change because that's oftentimes our postcard destination, you know. The continuum of research is really trying to have an impact on the health and well-being of our population, but not every research study is poised to have this sort of instrumental benefit or instrumental use of the research evidence that we produce.

Sometimes the best we can hope for is to generate interest or awareness of what we have learned and share a certain body of knowledge keeping in mind the ethical and the scientific limitations around that body of knowledge. We certainly strive to informed research, and we have well tried and true pathways for doing that through our academic publications, peer review, conferences and so on. And many of us like to also have an impact and informed decision making in the community and so this is oftentimes a KT goal as well. And you may actually have multiple KT goals for one knowledge user audience. You may also have different KT goals for different KT audiences or knowledge user audiences, so we will get to see what that looks like for some of the projects we are going to hear about today in a moment.

So one of the things I look for both in the teaching of KT planning and also when I listen to people's KT plans as they develop or if I'm evaluating it as part of a research application is alignment of the core elements of good KT planning. Typically, what we see are, you know, a KT plan that's very, very good at identifying who you are involving in terms of who are your knowledge users or your target audiences that you are reaching out to, and then we tend to see a following paragraph about how you are going to do that, and a strategy.

And the problem with that is there is no alignment. First of all, reaching out to a group of people with a main message without an idea of what you hope to accomplish or how you hope they will benefit from that main message is a little haphazard. And if you have a benefit and a main message and a targeted communication in mind, that then goes to some knowledge translation strategies that map onto that KT goal and then consequently how you might evaluate whether that KT goal was accomplished.

So we are looking at more of a set of steps. So what did you learn? Who needs to know? Those of your knowledge user audiences and you can identify several of them. It's typically not a good idea to go too big in terms of too many groups that require specific tailored messaging and strategies, and it's going to depend a lot on the feasibility of who is on your team, how well are you resourced to accomplish those KT activities? So that's one of the things I look for when I assess feasibility.

You refine your main messages with that particular knowledge user group in mind. What is it we want to tell community members about what we learned? What is if that's important to tell decision makers or policy makers, et cetera? And being very clear on the KT goal. How do you want them to benefit from the telling? Is this an awareness building, interest building, shifting attitudes, building knowledge base? What is the KT goal? How are you going to accomplish that, so what strategies will you use and how will you know if you were successful?

So there are different evaluation approaches. This is certainly not the only way to evaluate your knowledge translation activities. On Friday I talked about the use of indicators and gave you sort of a bit of a flyover of a resource that I frequently use that looks at reach, usefulness, use and collaboration indicators but there are different approaches to evaluation and some are listed here on the slide.

They are ‑‑ they could certainly be complimentary. You wouldn't necessarily have to pick one over the other. This is the resource that I talked about, so if you weren't on the call on Friday or you have not explored it, I highly recommend it. And I'm going to skip over this piece just to give you an idea in summary reach indicators are things that correspond to whether your material and your knowledge translation communication reach the people you wanted it to reach and how.

How useful was it? Did they use it? Do they intend to use it? Do they want to adapt it? Does it inform policy, et cetera? Does it build collaboration or capacities? That is one of your aims in reaching out with your research evidence, how might you look at that? We talked about the partnership evaluation tool is one among many partnership tools that allow you to assess what happens as a result of collaborative work.

That takes us to the Knowledge Translation Planning Template. What I thought we would do is have Wendy give us, you know, a couple of sentences about what her project is about, what's the research question, and then I'm not entirely sure, Wendy, whether this is a proposal or end of grant KT planning exercise where the research has already been conducted, but you can elucidate and then maybe, Wendy, you could take us through bit of a talk aloud exercise as we work through the elements of the KTPT. So I will turn it over to you, Wendy. (Unintelligible overlapping conversations.)

>> Wendy Strobel Gower: So I decided to do this exercise around the northeast ADA research planning efforts, the ADA's centers provide training and technical assistance for people who have rights and responsibilities under the ADA. The purpose of a research effort is to identify region specific barriers, facilitators and best practices for implementing title 1 of the ADA in small private and public sector organizations in order to identify a package of innovative approaches that mitigate barriers to ADA compliance and support these organizations in leveraging disability inclusive employment practices across our region which is New York, New Jersey, Puerto Rico and the U.S. Virgin Islands.

And we are doing the work around this in a couple of different ways, one through intensive consulting which we call customized service agreements and through our research and parallel efforts. So our project partners for this are primarily private sector and industry. And we have been working with our partners. We wrote the initial idea ourselves, but after idea formation and straight through the project, we will be engaging with small employers in a number of different ways.

As I mentioned, some are participating in key informant interviews, others are actually working in partnerships with us to achieve goals around ADA implementation. So it's kind of a multi‑pronged study. We are also doing a lot of literature review and stuff like that to inform the process. Our partners are primarily key informants, and they are our implementation partners as well. We are relying primarily on expertise within the team around KT that we have developed over the years. We do a lot of knowledge translation.

Again, our knowledge users are primarily private sector and industry. They are HR departments, the people who write and implement policy within an organization. As I mentioned when I started, we are really looking at finding out what works and what doesn't work, where are small employers struggling with ADA implementation? How much policy do they have in place? How much process supports that policy? What helps with implementation? What kind of support do they need?

Our goal is to develop tools they can use after we do all of this work that we can generalize to other employers, even if we are not working intensively with them anymore. (Gap with silence.)

>> Melanie Barwick: Can I just stop you? I just want to comment on a few things on this page of the template before we move onto the next one, and then you can continue. It's great. Very clear to me. So just thinking about project partners for a moment, I think you have been very clear in identifying that the private sector and industry are the folks that will benefit in the sense of what you learn and how they might ‑‑ what strategies they might use to mitigate those barriers.

I wonder though whether you have an obligation to communicate the findings of your research with other audiences or project ‑‑ and they might not be project partners. So that might come up on the next page, which is the knowledge users. So let me just flip to that page here, and I just wonder whether your research funder is somebody or a group that you would communicate back to (inaudible, overlapping conversation).

>> Wendy Strobel Gower: The research funders for sure, NIDILRR is interested, but we have a network of ADA centers. There are ten of us around the country as well as we have our own KT center who would also be people who care about this. So ‑‑ and, you know, I don't know how much spillover there will be to other people who care about title 1 who aren't employers because good practice is good practice, but our funding agency and our peers care a great deal about this information (unintelligible, overlapping conversation).

>> Melanie Barwick: Presumably you will reach out to researchers in terms of your process.

>> Wendy Strobel Gower: I suppose we will. That's a lower priority. Honestly, it's a lower priority for our team. I think we will publish an article at the end of it because that's what we do as an academic institution, but the work of the ADA centers. A lot happens at the community level, so the majority of focus will be on developing usable tools that other small businesses can use, but hopefully we will identify generalizable lessons that can impact employment for people with disabilities and a larger segment (unintelligible, overlapping conversation).

>> Melanie Barwick: Maybe you could go to the next column and think about a main message that you would craft for an industry partner or a decision maker partner. Can you think about how they might be a little different?

>> Wendy Strobel Gower: So for small employers it's how do we implement the ADA in a way that reduces our risk for charges being filed against us, that's an easy one for small employers. For funding agencies it's, I think they care more about is the work that we are doing impactful in the stakeholder community that we are working with. And for peer organizations, it's what can we use in our own regions based on the work that you did here? I don't know if that's good at all. But those are the kinds of things that we are primarily focused on. I think our methodology and how we are coming to this information will be interesting and relevant to researchers when we are ready to share that once we know that we got good information and that it's helpful.

>> Melanie Barwick: So thinking about the knowledge translation goals here, can you create as you talk some alignment between, okay, I'm thinking about this audience, this main message, this KT goal (unintelligible, overlapping conversation).

>> Wendy Strobel Gower: Melanie, I will admit to having difficulty with how I filled out the form and now what you are asking. I hope I am answering this correctly, but our main goals for the audience is to develop awareness interest across a lot of audiences. I think people with disabilities are interested in how small employers are implementing title 1 of the ADA and how they can seek support. What we are looking to do with small employers themselves is practice change. Behavior change for managers, we are looking to have them create and implement policies to employees with disabilities within these organizations.

We want them to be armed with knowledge about what their rights are and how to approach a policy that's been implemented. And we want to ensure that the organizations have the tools that allow them to access their rights for a reasonable accommodation. I think it will definitely inform the research community when we publish our approach to this work when we are ready to do that, but really, we are looking at policy and practice change within the employer organizations.

>> Melanie Barwick: So in that context, I think it's important for me to reiterate that this is a Knowledge Translation Planning Template, which is how do we get the knowledge out to the people who need to access it in a way that's understandable? And the KT strategies that you are going to talk about are the strategies you use for that, which is different than the strategies that you are going to develop to address the barriers and facilitators (unintelligible, overlapping conversation).

>> Wendy Strobel Gower: I don't know how much they vary though to tell you the truth because honestly, we are doing a lot of interactive small group work with employers and we talk about them with barriers and carriers, but at that time we also ask them what information do you need to make this change, and how can we tell you this in a way that's meaningful. So for us it's not necessarily a separate process. It's more we get the information about barriers and carriers, but we also get the information about what they need to know and how do they need to know it, and how do they want us to tell them or support them to do that.

>> Melanie Barwick: That's really important information because you are collecting information which maps onto your research question, if you will, you know, what are the barriers and facilitators for the ADA. And you are also collecting information about the preferences, the communication preferences of your knowledge users. So those are two things going on as you proceed with the data collection part and the exploration of the research issue.

So now when you think before what your goals are, which are to develop awareness and interests in a way that prepares the stage to then go on and develop a practice change plan or an implementation plan which is outside of this template, once you have an idea of, you know, what did you learn about barriers, what facilitators do you think would be useful for people to know about and how might you support them to engage in those, what strategies do you think you will use to communicate that back to, say, industry or ‑‑ (unintelligible, overlapping conversation).

>> Wendy Strobel Gower: What we are trying to do is form partnerships with the places where small employers congregate, so the National Federation of Independent Business, chambers of commerce. We are kind of revamping our website, so instead of being a portal to the project, it's a portal to information that is ‑‑ allows people to easily access the answers they need, and that information will also be put into this portal so that small businesses who are looking to do this implementation work can easily access it.

We will likely also do conferences for those congregant organizations. We will engage champions and we will create educational materials outside of the web for dissemination through those congregant organizations.

>> Melanie Barwick: And then flipping to the next page, let's just talk a little bit about evaluation. So the purpose presumably of putting information on the website is to reach out to a lot of people, to present your evidence informed information around ADA issues, et cetera. How will you know the website was effective in doing that? (unintelligible, overlapping conversation).

>> Wendy Strobel Gower: I think we are going to do a couple of different things we track metrics and how long do people stay on it? Do they go to one thing and leave, or do they stay a while? So we will check those use indicators. We will look at partnership and collaboration indicators. One of the things we found as we work where employers is if we are helpful, they call us and ask for more help. And they also tell each other about us. So that has been a really good way to tell if we are impactful, even since we started the outreach work, for the longest time, facility access has been our primary TA contact information, but since we started doing this work in the last year, employment has overtaken that, which I find to be just a good anecdotal piece of evidence that building a reputation in an area results in more partnerships.

We will look at practice change indicators with employers. We are doing a survey now to find out what people do. I think it would be very interesting at the end of the project to do a similar survey to see if those numbers have changed about who has a policy, who has a practice, those kinds of things. And we will also look at our own outcome data and documentation, the programmer service indicators that are on the list.

>> Joann Starks. There are only a couple of minutes before we need to move on to Mary. Thank you.

>> Melanie Barwick: So there are things you can track in terms of growth in collaborations, growth in the number of partnerships, the number of people who contact you for information both online and through other modalities. So sometimes evaluation for these kinds of metrics is simply about keeping track and logging sort of activities that happen as a result.

>> Wendy Strobel Gower: And we have a whole system in place.

>> Melanie Barwick: Right. So that's really important in terms of evaluation, and you need to sort of outline that for each. So educational materials are intending to do what for whom, and how will you know that your educational materials met that target? And the same with champions. Champions are a great strategy that are oftentimes interwoven with other strategies. How will you know your champions kind of helped you out to get to some of these goals? So is there some way? (unintelligible, overlapping conversation).

>> Wendy Strobel Gower: I think, yes. And we have actually considered a lot of that, and for a lot of our champions it's are though willing to speak on our behalf at conferences? Are they willing to send information to their membership? Does their ‑‑ do their conversations lead people back to us for additional assistance? So those are our primary indicators around those champions.

>> Melanie Barwick: What was the experience like? Did it help you wrap your shed around the KT activities using this template? (unintelligible, overlapping conversation).

>> Wendy Strobel Gower: I think it confirmed that the research, we knew the research we were doing was sound and we knew that the support we were providing in terms of the customized service agreements was sound, and it just helped us to think about are we then going to get what we need for the information out portion? As we were planning to get the information in.

>> Melanie Barwick: Great. Well, thanks a lot for sharing your work, Wendy. It's really interesting for me to see what your thinking is, and I wish you the best of luck on that project. Next up we have Mary. So I would like to invite Mary to go through a similar process. Maybe hum a few bars about what your project is, and we will go through the template. Mary?

>> Mary Slavin: Hi, everyone. Just let me know if you have any difficulty hearing me. My name is Mary Slavin. I'm at Boston University. I have been working with our group on a project called the Lee Bright profile. It's a life impact burn recovery evaluation assessment tool. We are funded by NIDILRR for this project, and it started off as a concern about some of the sort of social participation problems that people have with burn injury.

It's very much a concern of clinicians due to the fact that people with burn injury are surviving physically, and even with more extensive burn injuries, but the kinds of services that are provided are really aimed at physical restoration with very little attention to the devastating social impact that these burn injuries have.

So it was widely of knowledge within the field that this was a missing ingredient, and one of the best ways to get a handle on what social participation issues were was to develop a measure, an assessment tool. And with that we have an approach we have used for other rehab outcome measures that uses a sophisticated computerized adaptive test. We developed item banks of different domains of interest, and then these items are delivered using a computer program to select items that are best matched to each individual, and then in that way, no matter where the person is along the distribution of a quality or a trait, the items are administered to them will match where they are, whether they have a high level of social participation or very low level of social participation, the computer will find the right items for them based on their answers to previous questions and deliver a set of items that are perfectly tailored to that individual.

So you can see that right away this project requires very much strong involvement from the burn injury community, and we are very fortunate with we go to the project partners, certainly we have a solid research team who has worked in burn injury as well as computerized adaptive test. We are engaged with researchers at Spalding Rehab and Mass General, as well as our group at Boston University. For consumers we partnered with the Phoenix Society which is a consumer organization for persons with burn injury, and they are very interested in having this sort of assessment available and integrating it into the services that they provide to consumers. So it was just a very natural evolution of the KT plan because so many of the partners were already so invested. In terms of the public, you know, I do think that this will seep out into the public, but the public is not our primary project partner, but one of the concern that people with burn injury have is a lot of their social participation limitations are due to the reaction the public has to them in terms of decision makers, I don't see us being involved with decision makers yet, but longer term when we have data on social participation, I think we might be able to make a case for providing funding for services, et cetera.

Private sector industry, no partnership there, research funding bodies certainly rests solely with NIDILRR and practitioners, we have a clinical advisory board that was assembled to bring, you know, key opinion leaders into the project so that we would ultimately have input from the other group of potential end users which will be clinicians. Any questions on that?

>> Melanie Barwick: No, it's really comprehensive. It makes a lot of sense. Any questions from anyone? Okay. Do you want to walk us through just very briefly we will touch on the other aspects of the plan? So presumably a lot of the people on your project team were involved right at the beginning?

>> Mary Slavin: People have been involved from the beginning, but we are at a point where this activity is coming at a good time for us because our project is winding down, and we want to consider how to keep this going beyond the project, so the sustainability issue. And as we get to the end of this, at some point I think we will talk about some of the ways we are trying to get this tool embedded in use before our project ends, and that's the focus of our concern now in terms of the knowledge translation is to get the embedding piece so that it is used.

In terms of our partner roles, you know, they have been tremendous partners in assisting in this throughout the process, and right now we just had a meeting yesterday to talk about implementation, and as I was mentioning, you know, it all sounds easy when you get to the point we have a wonderful tool to be used, but how do you get this piece of technology embedded into different systems and how do you provide access to the technology? So we are having a series of implementation meetings. We will start with the Phoenix Society who we anticipate will be the primary distributor of this computerized adaptive test, and, you know, the computerized adaptive test can be administered as a web‑based version which there are issues about embedding the program on a website and getting data collection databases, and how to use the data.

And then we also have a desktop version, so we are trying to determine how to strategize about getting those two different versions available, how to make them accessible to people who want to use this. And we actually have quite a few groups who are interested in partnering with us. So we thought we might start with the Phoenix Society as the mega end user and see what their needs are in terms of integrating this program into their website. Our goal is to get the training materials embedded with the program into the website so that everything is available in a one stop shopping, but we anticipate that there will be technological issues as well as refinement of our training materials to make sure they are clear. So we hope to engage other partners, and this will come up again where we are having a stepwise approach to this implementation.

>> Melanie Barwick: So keeping in mind that this is knowledge translation, can people access it? Can they understand it? Can you start the first phase of implementation which is creating buy in and awareness and interest and knowledge, right? And then you would need to move to a set of processes and strategy that's would support implementation that would come from implementation science.

>> Mary Slavin: Yes. And I do think the great fortune of having some of the, you know, leaders in burn injury involved in our project did help to get that buy in. So we find people sort of chomping at the bit to get this. They want it, and our biggest problem is going to be how to overcome some of the technological barriers to making it accessible from the standpoint of how do you get this technology embedded into a system where they can access the computer program and know how to store data and use data. It's a lot more complicated than it appears at the beginning and we are deeply into that right now.

>> Melanie Barwick: Can you thinks of any audiences you might target that are not part of your team? And maybe these are secondary ones you said eventually this will go out to the public, eventually this will go out to researchers, et cetera.

>> Mary Slavin: We have three groups, which are the persons with burn injury and they will access, in some ways that will be the easier group to disseminate to because we are going to have them ‑‑ they are going to access this directly through the Phoenix Society website. So they will take the profile, they will get results and there will be recommendations on if they show to be they are in sort of a lower rating that they could use some additional resources, so we are going to link them to resources there. It's the clinicians and researchers, the researchers are even a little bit easier.

Research teams were developing a research version of the program and, you know, people can do local data storage on a laptop computer. But when you try to integrate this into a system of care, then we talk about getting this program embedded into an IT environment that we don't control, and these are some of the problems that we have, you know, let's say actually right now partners is putting it into their IT environment, and obviously it requires expense on partner's side in terms of paying for the IT support to do it, and it's not something that we can do in one stroke for every clinical site that wants to use it because the clinical sites we are finding, you know, have issues around storing data like that on any place but their own clinical site. So this is where we are.

>> Melanie Barwick: What you are bringing up are really implementation issues and having to do with change and changing the situation really so that this gets integrated in the work flow. And that's ‑‑ it's important, and I can see where there is a lot of effort that's going to need to go there to reach your final destination of what you hope to accomplish, but if you sort of step back from that to what are the sorts of things you can do early on before you get into thinking about implementation and practice change, you did identify other knowledge translation goals which are more suited to this conversation just in terms of getting people to understand how do you build awareness and interest.

You have described a lot of the integrated way that you have done that in the sense of identifying who needs to be part of this, and engaging them really early on, which is as you pointed out a first step to getting to that behavior change and practice change. Can you think of some other strategies that have more to do with the building awareness, access and opening the path to benefits?

>> Mary Slavin: I think this is a good conversation to have. As you can see I'm focused on the technology in that implementation piece, but I think taking a step back and thinking about who will be the gateway to this instrument, and it will be clinicians. It will be clinicians who are seeing people with burn injury who will suggest that they go to the Phoenix Society website and look at this measure. It will be clinicians who are going to administer it and then see the value in it. So I do think this clinical network is critical and we might want to do more knowledge translation amongst some of the specific groups like occupational therapists and physical therapists.

I think we have been very focused on burn injury, like the American Burn Injury Association, and the World Burn Conference, but I think we do need to step back and target some of the disciplines that may not even be aware of this tool, and because they are not necessarily engaged as much in the burn community as they are just in more general practice, but will encounter the occasional person with burn injury. So I do think that's a gap.

>> Melanie Barwick: So there is some level of penetration and reach that you want to accomplish in different sub groups of knowledge.

>> Mary Slavin: You are preaching to the choir now of people who are on board 100% because they are major burn centers, and for this to have greater pick up, I think we need to ‑‑ I will go back and write up some approaches for engaging. I think OT particularly will be working closely with people with burn injury over the course of their recovery and through different surgeries so lots of opportunities to engage people who might have, we might have missed, even people who have been out several years post burn injury.

>> Melanie Barwick: As you work through that coming up with indicators, how will you know that you accomplish that specific goal?

>> Mary Slavin: When we get beyond our, we have a very tight group, and as it said, they are very strong opinion leaders, but when we start to get requests and interests from people outside of our clinical advisory board and burn model system people, then I think we will know we have penetrated another target which is sort of secondary users who would not be as knowledgeable about what we are doing. I think we have neglected that area.

>> Melanie Barwick: So an opportunity to track those impacts and log them as you go?

>> Mary Slavin: M‑hmm, yes.

>> Melanie Barwick: And even more qualitative things like sometimes impact can be a narrative, so as you speak with either a different consumer group, patient group outside of Phoenix or as you mention a practitioner group that perhaps isn't first string in terms of burn, but would benefit, is to document how that goes, and maybe even capture whether there are knowledge shifts, there are attitudes about whether this has pertinence and relevance to their own practice context, and whether it's going to do anything with the new knowledge that they have gained. Those kinds of things you could track.

>> Mary Slavin: Yes, we could also, we are having a conference at the end of this, and we can target some of these ‑‑ I wouldn't say our primary more of our easy audiences, but we will target some of our difficult audiences and see how many of them have expressed interest in learning about it. So they won't be engaged in the very beginning beta tests of our tools, but in the last several months of our project we will be doing widespread dissemination and I will write up a plan for getting the other secondary users in there and see how effective we are at getting them engaged, yes. That's very helpful. Thank you.

>> Melanie Barwick: Thank you, Mary, for sharing your knowledge compilation story. The last little bit of time we are going to turn this over to Margaret to have a similar go. Margaret, over to you.

>> Margaret Nosek: Well, I'm at the very beginning stages of planning the knowledge translation. We have just received a grant from the National Library of Medicine to create a website that will provide information to women with disabilities about pelvic and reproductive health. So our challenge for the next three years on that project is to create this website and make it usable for our intended audience, which is the women, primarily with difficult disabilities or mobility impairment.

Now, this is where I am really benefiting from your advice and listening you debrief these things and also your website that explains how to use this checklist has been very informative about some of the huge gaps. We kind of jumped right into the establishing of the website, but what if we have a beautiful website up there with lots of information, and nobody can use it.

>> Melanie Barwick: That's where I was going, Margaret, because there are a lot of times we think let's do a website because it seems to self‑evident. But remember that now you have jumped from knowledge of what population you want to impact. You know the content of the knowledge you want to share, which is about reproductive health for that particular population and you have jumped to a strategy right off the bat without really a knowledge translation goal. So back up a little and tell me in the sharing of reproductive health information, would this particular group of women, how do you hope that they will benefit?

>> Margaret Nosek: My goal is to activate women to be equal partners in their healthcare. So I'm hoping that by providing information, I mean, this website we will be constructing is only information. The real question now is how will the women use it, and how can we create information products that will be usable, accessible, meaningful for them? Now, we do have an advisory committee of 12 women with disabilities who will be working with us on this for three years and we also have physician advisers. We have six physicians who are working with us to make sure that our content is accurate from a medical practice point of view.

And now what I hope to do is to run an application through NIDILRR to fund what you said going back and asking both parties, both the physicians and the women how do they, how can they use information to achieve better outcomes in terms of reproductive health by working together?

>> Melanie Barwick: So keep in mind that a website is a channel of communication. It's not the content. And it probably makes sense given that you want to reach a broad spectrum of women geographically, it crosses geographic barriers, but in thinking about the KT goal, that's really going to direct your content. So if you want to activate women to become equal partners in their healthcare, that's knowledge‑based but it's also process‑based. How do you use this knowledge as you suggested a moment ago, how do you use this knowledge to be more of an advocate for yourself in terms of your reproductive health as you navigate your world?

And so website is a channel, but the strategies that you are going to recommend to people will be within that website. It's just a vessel.

>> Margaret Nosek: The challenge is then to create the accommodation of useful information and strategy advice.

>> Melanie Barwick: And then to assess that. What's unique about your project, and we see this commonly, is that your project is really a knowledge translation project that you then also want to do some knowledge translation for, kind of like the story within the story if you will.

>> Margaret Nosek: Right, right.

>> Melanie Barwick: Right, so ‑‑ go ahead.

>> Margaret Nosek: I'm having trouble figuring out how to make this, how to put constraints on it, how to focus it. I can think of ideas to address every single one of your 13 points here in preparing the planning document, but reminding myself money is very, very limited. I would love to do a study, I mean, a recent study that looks at collective dyads of consumers and their positions and follow them, work with them individually to help them access the information that we will have and then to see how it's useful for them. And make it kind of a reciprocity arrangement where they are informing us to change our information products so that they will be more useful for them.

So that's one point is talking to them. The second point would be how do we measure the improved engagement in their healthcare and how to look at shared decision making. I don't know if the instruments that are already out there would be applicable to this population. And another question entirely different is how do you get the physicians to buy into this? I mean, they are a critical part of it. It's like a dove with two wings, one is the consumer, the other being the provider, and you can't get off the ground with only one of those. So how do we get physicians who are ‑‑ well, we all know it's fun to work with physicians.

It's difficult to fit into their schedules, for one. It's difficult to ask them to change their behavior, and it's difficult for them to engage in continuing education activities to improve the sources that they give. There are all kinds of documentation that they are not meeting the needs of women and women are not able to get what they want from medical providers. So there are all of these different ‑‑ go ahead.

>> Melanie Barwick: If I can just interject for a moment a couple of thoughts. When you have a situation where your project, the substantive content of your project is knowledge translation, but you also want to translate that knowledge about your project, sort of two things happening on two different levels, and people often start to build what they think is their knowledge translation plan, but really, they end up talking about their project methodology. So you need to take some time with your team to figure out what is the method for the project and what is the method for how we translate what we learn from this project and the availability of this website to move into the next project which would be to evaluate how effective the website is in accomplishing our goals.

So that's one thing to sort of unpack. The other thing is it sounds as though you have been funded by this grant to develop the website. I'm not sure you have the content of the website yet. So the other thing to unpack when you start with a website and a strategy and sort of all of your eggs are in that basket is what is the technological bit about website development that you are going to be doing in your project and how are you developing the content for your website and what are the goals of the content.

The third point I want to make is there is new methodology coming out of Canada right now of, called an information assessment method that it's really an embedded survey at the bottom of a web page that allows the consumer, whoever is reading the web page to click and answer about four or five very brief questions about whether they thought the information was useful, whether they intended to use it, whether they thought it was of high quality. And so then it becomes a methodology for evaluating the content you have put on your website relative to the goals you are hoping to accomplish. So there might be some ways of crafting some questions as to how useful the information is, although it probably won't get at evaluating whether the content you have shared via your website has actually empowered women to advocate more on their behalf.

So the complexities I'm trying to identify and I'm mindful of the time, we are rolling up to two minutes before 4:00 here, are to sort of unpack what's project, what's KT plan, and because your project is both content and technology, unpacking that piece of your project. Does that make sense as a starting point?

>> Margaret Nosek: Yes, yes, it does. Tell me again the name of the tool that you have developed.

>> Melanie Barwick: I will copy and paste it in the chat box. It’s called the [Information Assessment Method](http://www.mcgill.ca/iam/) and it was developed by an investigator at McGill University in Montreal. It's called the I AM. And the investigator is Pierre, which is Peter in French, Felipe. And if you Google his name and the name of the measure, you will find their website and more information about it. He has published on this, and it's a methodology where we have just begun to experiment with about adopting for our own outward facing website that we have here at the hospital for sick children called About Kids' Health which is our outward facing educational website that is very informational as well to try and do more than ‑‑ really allows you to get a little bit beyond the Google Analytics and the web analytics that give you information about penetration and spread and the demographics of your users to get at the more nitty‑gritty things like did people like the content? Did they find it useful? Was it credible? Was it rated of high quality? So on.

So that's ‑‑ I will put that information, I have just put it in the chat box. So it's 4:00 and we certainly could have, you know, spent two hours talking about all of these projects. I think with each case that we have discussed, there has been an opportunity to highlight a unique issue about knowledge translation planning. And just in summary, moving backwards from Margaret through Mary and back to Wendy, I think the unpacking of what is KT versus what is project methodology is an important thing to consider for some projects and we got at that through Margaret. I think with Mary, the tendency to jump straight to implementation before you think through your other knowledge translation goals which prepare the stage in many ways for effectiveness and implementation.

So I try not ‑‑ I try to separate that out, because this is a knowledge translation template and not an implementation planning template, two different things although related. And then I think what we saw with Wendy was ‑‑ oh, now I'm stretching to think right back, but, you know, being the important of integrating your knowledge users right at the beginning which both Mary and Wendy have done because of the nature of their projects, and thinking through, again, I think is an example of separating out your research methodology from your KT methodology or your project methodology from your KT methodology, recognizing that not everything is research based. So I hope that was useful for everybody. Joann, I will send it back to you.

>> Joann Starks: Thank you very much, Melanie. I think it was very interesting, and I think we were probably all surprised to see that an hour had already passed so quickly. I know I was for sure. I want to thank you for taking time to be with us today and a special thanks to Wendy, to Mary and to Peg for their participation and sharing their activities. I also want to thank the other KTDRR staff members for their help in planning and especially to Steven Boydston for providing valuable technical support. We also want to express our gratitude to NIDILRR for supporting the activities of the Center on KTDRR.

I want to invite everyone to fill out the brief evaluation form, hoping it will pop up here, so you can go to it directly, but if not, we will follow up the event with an email that contains a [link to the evaluation](http://www.surveygizmo.com/s3/3978611/Evaluation-KTPT). We will let you know when the archived recording is available with a written transcript and they will be posted on the original webcast information page. We did have a couple of questions we weren't able to get to. We might pass those on to Melanie and see if she has any responses for us, and if that is the case, we will go ahead and send that to people who have registered and filled out the evaluation.