



The Neurology Section Knowledge Translation Summit

Knowledge translation (KT) is defined as “a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of [the population], provide more effective health services and products and strengthen the health care system.”¹ Importantly, KT requires not only the dissemination of research evidence, but also its actual use in clinical practice. To be successful, KT requires a coordinated effort among many organizational stakeholders, an understanding of existing barriers to KT, and support from the leadership of the organization in which the project is being implemented.

This workshop will teach clinicians, managers and scientists about the practice and science of KT, which is a process that can be used to implement evidence-based practices (EBPs), and result in the development of an action plan to implement an EBP at the participant’s clinic. Workshop attendees will be expected to attend in groups of 2-3 from one organization and will participate in didactic training and problem-based, interactive group work related to KT. Participants are expected to use the action plan developed in the workshop to implement an EBP during the two years following the summit. To facilitate success, KT mentors will be available to support application of the action plan. During the two years after completion of the summit, participants will be asked to participate in a community of practice involving evening online meetings to report on facilitators, barriers and outcomes of each KT project. The KT mentors will also participate in these calls to support the participants in successfully completing their KT projects.

Objectives: At the conclusion of this workshop, participants will be able to:

- 1) Define the practice and science of knowledge translation and its components
- 2) Explain his or her role as a leader or facilitator of knowledge translation.
- 3) Describe the Knowledge-to-Action Framework
- 4) Create an action plan to implement an evidence-based practice
- 5) Identify leadership strategies to facilitate knowledge translation

Project Proposals: Academy of Neurologic Physical Therapy members who are interested in participating in the KT summit will submit a project proposal. The proposal should describe a practice that their organization wants to implement.

The proposal should include:

- 1) Project description should describe the evidence-based practice they wish to implement. years All submissions should encompass projects that would improve the physical therapy care or outcomes for patients with neuromuscular conditions.



- 2) Description of the evidence/research supporting the effectiveness of the EBP (including the strength of the evidence).
- 3) Project objectives (related to clinical practice and implementation goals)
- 4) Setting in which the project will be implemented:
 - a. Patient population (acuity, diagnosis, other identifying characteristics)
 - b. Clinical setting
 - c. Clinical staff that will participate in the project
 - d. Other involved stakeholders (i.e. managers, support staff, etc) and strategies planned to engage these stakeholders
- 5) Description of the implementation team, including team members, disciplines, training and expertise they bring to the project
- 6) Description of the potential timeline for implementation (completion of the entire project should be feasible within 2 years).
- 7) A letter of support from a leadership team member at the facility/clinic (manager, director, etc). The letter must state how the organization will support the implementation project and demonstrate the organization's commitment to the project. The letter must also state that the organization will support the applicant/team throughout implementation of the practice during the two years following the summit, describe who is leading the project (implementation and executive champions). Information should include a contingency plan if key project personnel leave the organization; information on human and other resources required to complete the project; and how the organization will support the project with resources.

Participant Selection

Review Criteria

- Project Approach and Description of the Evidence:
 - Clarity of the proposed project
 - Completeness of the literature description
 - Proposed topic area has sufficient evidence to support its application in the clinic
- Project Objectives:
 - Description of project objectives is detailed
 - Objectives are relevant to the setting
 - Objectives are relevant to neurologic clinical practice
 - Objectives are achievable in two years
- Setting(s) in which the Project will be Implemented:
 - Setting(s) has the requisite patient population and infrastructure to support the project
 - Feasibility of the project



- Availability and accessibility of personnel, facilities and infrastructure required to conduct the research
- Suitability of the environment to conduct the proposed project
- Suitability of the environment (setting, project and mentors) for the training of personnel (if applicable)
- Letter for applicant's organization demonstrates a strong commitment towards implementation of the project; description of leaders (implementation and executive champions); describes contingency plan if leader/key participant leaves; commitment to human and other resources required and how they will support the project with resources
- Applicants:
 - Qualifications of the applicant(s), including training, experience and independence
 - Experience of the applicant(s) in the proposed clinical area and with the proposed methodology
 - Appropriateness of the team of applicants to carry out the proposed project, in terms of complementarity of expertise and synergistic potential
- Impact of the Project
 - Proposed topic area is a priority for the Academy (ie. matches with CPG/EDGE priorities)
 - KT Project addresses a significant need or gap in health research and/or the health care system
 - Potential impact on patients or providers of the applicant's organization for the implementation of the knowledge
 - Appropriateness and adequacy of the proposed plan for knowledge dissemination and exchange

Projects *may be* prioritized if:

- 1) The primary applicant is a current member of the Academy of Neurologic Physical Therapy
- 2) Applicants include a researcher/clinician/management team (researchers may be from another institution, such as a local university)
- 3) Applicants that aim to implement an APTA-endorsed Clinical Practice Guideline

Proposals should be submitted **as a single pdf document** by **August 15th** to Beth Crowner, Director of Practice, at crownerb@wustl.edu. Approved projects will receive notification of acceptance by the end of August, 2019. Members of an approved project would then be expected to register for CSM.



Responsibilities: Individuals who attend the workshop will be asked to:

- 1) Create an action plan to implement the EBP
- 2) Implement the action plan/EBP during the two years after the summit
- 3) Systematically document the implementation process, including barriers, facilitators, KT interventions used, and outcomes of the project
- 4) Report on project progress during monthly conference calls with a KT mentor and other summit participants
- 5) Agree to mentor future summit participants in KT initiatives
- 6) Present or publish findings from KT project



Agenda

Day 1, 8 AM to 5 PM

Time	Topic
8:30 AM	Workshop Introduction
8:45 – 9:45 AM	Knowledge Translation in Healthcare
9:45 – 10:15 AM	Knowledge Translation in Rehabilitation: Case Presentation
10:15 – 10:30 AM	Break
10:30 – 12:00 PM	The Knowledge-to-Action Cycle: Knowledge Creation and the Action Cycle
12:00 – 1:00 PM	Lunch
1:00 – 1:30	Knowledge Translation Project Example
1:30 – 2:45 PM	Identify the Evidence to Practice Gap Presentation and Small Group Activity
2:45 – 3:00 PM	Break
3:00 – 4:30 PM	Adapting Knowledge to your Context Presentation and Small Group Activity
4:30 – 5:00 PM	Group Discussion

Day 2, 8 AM to 5 PM

Time	Topic
8:30 – 9:45 AM	Identification and Measurement of Barriers and Facilitators Presentation and Small Group Activity
9:45 – 10:00 AM	Break
10:00 – 11:45 AM	Selection of Knowledge Translation Interventions Presentation and Small Group Activity
11:45 – 1:00 PM	Break
1:00 – 2:30 PM	Monitoring Knowledge Use and Evaluating Outcomes Presentation and Small Group Activity
2:30 – 2:45 PM	Break
2:45 - 3:30 PM	Sustain Use Presentation and Small Group Activity
3:30 – 4:30 PM	Writing Grants for Knowledge Translation Projects
4:30 – 5:00 PM	Action Plan Discussion and Next Steps



Speakers

Jennifer Moore PT, DHSc, NCS is an advisor to the South Eastern Norway Center for Knowledge Translation in Rehabilitation and the founder of the Institute for Knowledge Translation. Her current work and research is focused on the selection and implementation of evidence-based practices within hospital systems and across networks of hospitals in the United States and in Norway. Previously, Dr. Moore was the Clinical Practice Leader of Neurologic Physical Therapy at the Rehabilitation Institute of Chicago where she conducted implementation projects within all levels of care. She also created the Rehabilitation Measures Database (www.rehabmeasures.org), which is a free, online repository of summaries of psychometric properties and clinical utility of over 400 assessments used in rehabilitation. Dr. Moore is an author of the APTA sponsored Clinical Practice Guideline on a core set of outcome measures for neurologic physical therapy and was the Guest Editor for the Journal of Neurologic Physical Therapy Special Issue on Knowledge Translation.

Wendy Romney, PT, DPT, PhD, NCS is a Clinical Associate Professor at Sacred Heart University, teaching courses on physical therapy examination including use of outcome measures and treatment of patients with neurological disease and dysfunction and medically complex issues. Dr. Romney earned her PhD from Rutgers University in Health Science with a focus on knowledge translation and her research is focused on improving the use of outcome measures in PT practice. She is a Board Certified Specialist in Neurological Physical Therapy and continues to practice at Gaylord Specialty HealthCare, Wallingford, CT treating patients with neurologic disease and medically complex issues. She was a co-chair of the programming committee for the CT APTA 2012-2019, a member of the SCI EDGE workgroup and currently serves as a member of KT Taskforce for the Core Set of Outcome Measures CPG for the Academy of Neurologic Physical Therapy.

T. George Hornby PT, PhD is a Professor of Physical Medicine and Rehabilitation at Indiana University and the director of the Locomotor Recovery Laboratory at the Rehabilitation Hospital of Indiana. Dr. Hornby's work is focused on optimizing rehabilitation interventions to improve lower extremity function in patients with stroke and spinal cord injury, with a primary focus on restoration of walking ability. By integrating both quantitative and clinical measures of motor function, Dr. Hornby's work aims to understand the biomechanical and physiological impairments underlying limitations in locomotor activity in these populations, and the relative efficacy and mechanistic basis of specific interventions to enhance function. Recently, his activity has focused on direct translation of his research to clinical practice in rehabilitation. Dr. Hornby has co-authored over 90 research publications in scientific journals. He is PI or Co-PI on active R01, DOD, and NIDRR center grants, with both national and international collaborations. He is also the Director of Research for the Academy of Neurologic Physical Therapy.



Dr. Ian Graham, MA, PhD, FCAHS is Senior Scientist in the Clinical Epidemiology Program of the Ottawa Hospital Research Institute and Professor in the Schools of Epidemiology, Public Health and Preventive Medicine & Nursing at the University of Ottawa. He is Honorary Professor in the School of Nursing and Midwifery at Deakin University in Melbourne Australia. From 2006-2012 he was on an interchange with the Canadian Institutes of Health Research where he held the position of Vice-President of the Knowledge Translation and Public Outreach. Dr. Graham obtained a Ph.D. in medical sociology from McGill University. He is a Fellow of the Canadian Academies of Health Sciences and the New York Academy of Medicine. Ian's research focuses on knowledge translation (the process of research use) and conducting applied research on strategies to increase implementation of evidence-informed practice. He has published over 280 peer reviewed articles and is co-editor of *Knowledge Translation in Health Care* (2013), *Evaluating the Impact of Implementing Evidence-based Practice* (2010) and *Turning Knowledge into Action: Practical Guidance on How to Do Integrated Knowledge Translation Research* (2014), and an author of [CAN-IMPLEMENT©: Planning for Best-Practice Implementation](#) (2014). Ian was awarded the Queen Elizabeth II Diamond Jubilee Medal for his "leadership contributions to CIHR and for changing the way research knowledge is used and demonstrating to funding agencies around the world how to move knowledge into action."

Keywords: Knowledge Translation, Implementation Science, Evidence Based Practice, Clinical Practice Guidelines

Teaching and learning assessment methods: Didactic presentations, group work and discussions will occur throughout the workshop, and ongoing mentoring will be provided for up to two years following the course. Participants will be assessed using a pre and post-test. Additionally, each participant/team of participants will be asked to draft a knowledge translation plan.

Recommended content level: Basic

Conflict of interest disclosure: The speakers of no conflicts of interest to disclose.

References:²⁻⁷

1. Canadian Institutes of Health Research. <http://www.cihr-irsc.gc.ca/e/29529.html>. Accessed 07 January, 2016.
2. Graham ID, Logan J, Harrison MB, et al. Lost in knowledge translation: time for a map? *The Journal of continuing education in the health professions*. 2006;26(1):13-24.
3. Straus S, Tetroe J, Graham I. *Knowledge Translation in Health Care: Moving from Evidence to Practice*. 2nd edition ed. West Sussex, UK: BMJ Books; 2013.



4. Bornbaum CC, Kornas K, Peirson L, Rosella LC. Exploring the function and effectiveness of knowledge brokers as facilitators of knowledge translation in health-related settings: a systematic review and thematic analysis. *Implementation science : IS*. 2015;10:162.
5. Schreiber J, Marchetti GF, Racicot B, Kaminski E. The use of a knowledge translation program to increase use of standardized outcome measures in an outpatient pediatric physical therapy clinic: administrative case report. *Physical therapy*. 2015;95(4):613-629.
6. van der Wees PJ, Jamtvedt G, Rebeck T, de Bie RA, Dekker J, Hendriks EJ. Multifaceted strategies may increase implementation of physiotherapy clinical guidelines: a systematic review. *The Australian journal of physiotherapy*. 2008;54(4):233-241.
7. Jones CA, Roop SC, Pohar SL, Albrecht L, Scott SD. Translating Knowledge in Rehabilitation: Systematic Review. *Physical therapy*. 2015;95(4):663-677.