

Participation- focused Knowledge Translation (P-KT) Roadmap

This material is based on the work done by the LEAP group
(Leading Evidence to Advance Participation-focused practice).

D. Anaby, M. Khetani, B. Piskur, M. van der Holst, G. Bedell, F. Schakel, A. de Kloet, R. Simeonsson & C. Imms (2021) Towards a paradigm shift in pediatric rehabilitation: Accelerating the uptake of evidence on participation into routine clinical practice, Disability and Rehabilitation, DOI: 10.1080/09638288.2021.1903102



Form 1: KT Roadmap – Guiding Questions

This document includes 6 steps and serves as a guide to complete and/or consult Forms 2 to 4.

Step 1 – What is the goal?

Identify the objective of your participation-focused practice KT intervention in collaboration with client/family.

Guiding questions:

- What gap(s) in participation-focused practice would you most like to address?
- What is reasonable/feasible to address in your setting?

For example:

- Clinicians will engage client/family in co-identifying participation goals.
- Clinicians will use self-reported outcome measures to identify change in client's participation.

➔ **Enter the KT Intervention Objective into the P-KT Framework Diagram (Form 3)**

Step 2 – Where are we at?

Identify the readiness for change in your context.

Guiding questions:

- Is there awareness of participation-focused practice?
- Is participation-focused practice valued?
- Is there motivation for change?
- Has anything been tried?
- Where are the clients/families at?
- How do parents and clients/young people currently support their participation?
- How do organisational mandates/priorities support a participation focus?

For example:

- Clinicians try to implement participation-focused practice but are not sure how (I TRY).
- Clinicians do not have time or skills to implement participation-focused practice (I DON'T).

➔ **Tick the stage on the “Readiness for Change” continuum in the P-KT Framework Diagram (Form 3)**

It may be helpful to conduct a needs assessment, for example a brief survey in your organization.

See also ***Guiding Principles to Support Uptake of Participation-Focused Innovations (Form 2)***

Principle 4: Understand where the participation-focused innovation sits in relation to your situation

Step 3 – What is the Participation Focused Innovation?

Identify the Participation Focused Innovation (participation-focused practice) you would like to implement in your context.

For example:

- Co-creating guidelines for setting participation-based goals together with families
- Participation-focused assessment framework
- Therapy intervention focused on improving participation

➔ **Enter the Participation Focused Innovation into the P-KT Framework Diagram (Form 3)**

Analyse the Participation Innovation (e.g., a new measure, intervention, guideline).

Example guiding questions:

- Are there any costs involved?
- Does it require training?
- Is knowledge available and easily accessible? (e-learning modules, etc.)
- Is it time-consuming?
- What are the client's/family's/organization's views of it?

➔ **Enter the Participation Innovation Analysis into the KT Intervention Strategies Grids as barriers/supports (Form 4)**

Step 4 – Who should be involved?

Identify key stakeholders at the Micro, Meso and Macro levels.

Example Micro stakeholders:

Children and youth, parents, peers, clinicians, volunteers, personal assistants, educators, professional/healthcare students, instructors/coaches.

Example Meso stakeholders:

Managers of organization (rehabilitation, community, school, NGO), professional/healthcare educator, youth/parent advisory board for the organization, parent support organization, disability advocacy group, special interest groups.

Example Macro stakeholders:

Policy makers (municipal, state/regional, national – health, education, civic), professional associations, regulatory agencies, legislators, Ministries of Health, Education and Social Welfare, WHO and UNICEF.

➔ **Enter the Relevant Stakeholders According to Ecological Level (Micro, Meso & Macro) into the P-KT Framework Diagram (Form 3)**

Step 5 – What are the barriers and supports?

Identify the barriers to implementing the Participation Innovation.

Example barriers:

- Clinicians lack knowledge and/or skills
- Parents do not understand value of participation
- No participation section on assessment & goal-setting templates
- Limited organisational support
- Insufficient resources

➔ **Enter the Relevant Barriers According to Ecological Level (MICRO, MESO, MACRO) into the KT Intervention Strategies Grids (Form 4)**

Identify the existing supports to implementing the Participation Innovation.

Example supports:

- Clinicians value participation-focused practice
- Organization vision/mission supports participation-focused practice
- Existing community stakeholder engagement
- Rehabilitation department budget for continuing education and workload credit for effort to improve participation-focused practice
- Parental expertise on participation strategies

➔ **Enter the Relevant Supports According to Ecological Level (MICRO, MESO, MACRO) into the KT Intervention Strategies Grid (Form 4)**

Step 6 – What are the strategies to address barriers and build on supports?

Select appropriate intervention strategies from KT Intervention Strategies Grid for MICRO, MESO & MACRO Levels (Form 4), to address identified barriers and optimise identified supports.

- ➔ **Tick Strategies Applicable to your context (Form 4)**
- ➔ **Add Additional Strategies According to your context (Form 4)**

Form 2: KT Roadmap – Guiding Principles to Support Uptake of Participation-Focused Innovations

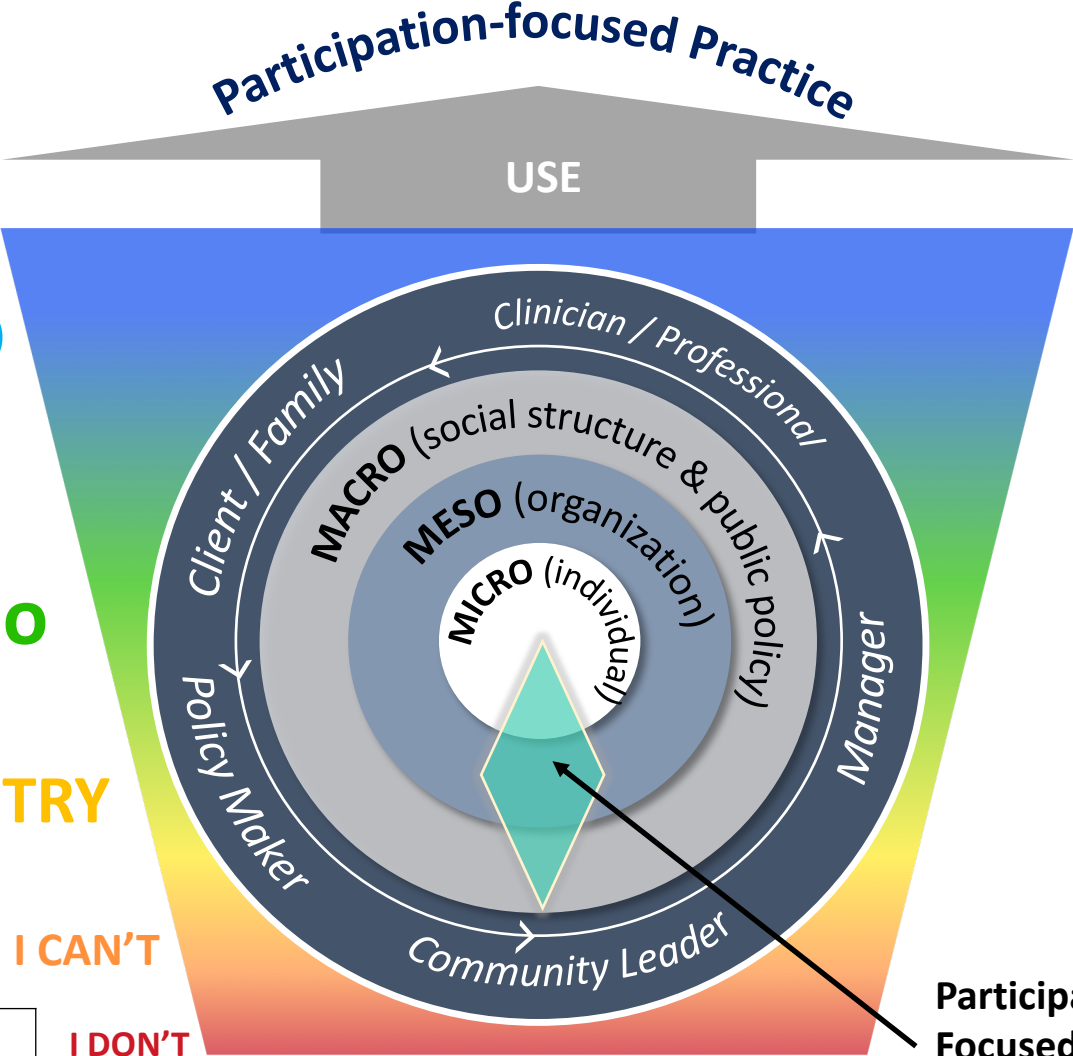
	Principle	Description	Example Strategies
1	Focus on the essence of participation-based practices	Bring participation to the forefront of all clinical reasoning and decision-making with children and families, from assessment and goal setting to intervention and follow-up.	<ul style="list-style-type: none"> • Prepare a participation toolkit (assessments & interventions, tip-sheets, goal-setting templates) • Set participation goals • Incorporate participation into existing service delivery models (e.g., ongoing therapy groups) • Prioritize family–professional collaboration
2	Talk about participation – Embed language of participation in communication with families	Language of participation can be embedded within written and verbal communications with children and families but also through professional documentation, supervision of health profession students and university curricula of health profession programs.	<ul style="list-style-type: none"> • Shift to participation-focused language (vs impairment-based) • Create document templates that focus on participation • Discuss which roles within family-professional collaboration are meaningful (information, consultation, deciding and acting together)
3	Build a “participation team” – Partner with and fully engage stakeholders at all levels	A “participation team” of stakeholders can support children and families and build community capacity for such support. Stakeholders may include extended family, schools, parent associations, community-based agencies, and non-governmental organizations.	<ul style="list-style-type: none"> • Build a participation team • Share expertise with participation team and define roles • Identify relevant organizational stakeholders • Establish partnerships & engage in <i>ongoing</i> knowledge exchange to build capacity for inclusion across all settings
4	Understand where the participation-focused innovation sits in relation to your situation	Reflect on individual and organizational readiness and motivation for change, identifying strengths that can be built upon and challenges that can be addressed through focused interventions. Consider also broader social and political supports.	<ul style="list-style-type: none"> • Identify individual and organizational strengths and challenges to implementing participation-based practices • Identify “external forces” that can drive and sustain change (accreditation standards, incentives, peer pressure, competition between organizations)
5	Leverage existing resources	Identify existing resources that may be leveraged to support implementation of the participation innovation, such as advisory boards, consumer and parent groups, or even the health services organization vision and/or mission statement.	<ul style="list-style-type: none"> • Partner to build a “bank” of resources and services available in your immediate community • Build a collective family experience-based knowledge hub • Re-allocate existing resources • Identify and leverage emerging changes in health & social policies
6	Close the practice-research-practice gaps through evidence based-practice	Measure and document child and family participation goals and outcomes to track effectiveness of the participation innovation implementation.	<ul style="list-style-type: none"> • Monitor successes • Benchmark your practices against local, national, and international strategic priorities
7	Connect and share successes – Be an advocate	Record, celebrate and share strategies that work, successes, challenges, and further strategies for addressing identified challenges – sharing is a form of advocacy that can foster change.	<ul style="list-style-type: none"> • Collect and share success stories • Collect and share practice-based evidence • Use social media channels
8	Ensure sustainability	Ensure the participation innovation is sustained over time by monitoring implementation and identifying barriers to knowledge sustainability that can be addressed by further tailored intervention.	<ul style="list-style-type: none"> • Monitor implementation of the participation innovation over time • Use reminders of best-practices, site champions and leverage the ‘participation team’ (principle #3)

Form 3: P-KT Framework Diagram

KT Intervention Objective : _____

Readiness for Change
(tick one box)

- ☐ **We DO**
- ☐ **I Do**
- ☐ **I TRY**
- ☐ **I CAN'T**
- ☐ **I DON'T**



Participation Focused Innovation : _____

STAKEHOLDERS

MACRO

- _____
- _____
- _____
- _____

MESO

- _____
- _____
- _____
- _____

MICRO

- _____
- _____
- _____
- _____
- _____

[Anaby et al., 2021](#). Inspired by Cultural Cone (O'Connor et al., 2020) the KTA model (Graham et al., 2006) and the Five factors framework (Chaudoir et al, 2013)

Form 4: KT Intervention Strategies Grid - MICRO Level

Identify barriers and supports pertinent to YOUR situation and goals	Example strategies – add more as needed		
BARRIERS: <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ 	Intervention Strategies	Tick Applicable	
	Build a participation team		
	Professional peer support network		
	Join an ongoing community of practice		
	Develop shared understanding and responsibility for participation outcomes		
	Undertake further education/training (know the evidence)		
	Build on existing synthesis of evidence (e.g., systematic reviews, lay summaries of research evidence, e-learning modules)		
	Use effective educational methods such as problem-based learning		
	Share expertise within the participation team		
	Cultivate “knowledge-seeking” (vs pragmatism); willingness to diverge from traditional practice		
	Shift to participation-focused language (vs impairment-based)		
	SUPPORTS: <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ • _____ 	Prepare a participation tool kit (assessment & intervention, tip-sheets, goal-setting templates)	
		Active listening and family engagement	
		Set participation goals	
		Use motivational interviewing to enhance readiness for change	
		Collect and share success stories	
		Collect and share practice-based evidence	

KT Intervention Strategies Grid - MESO Level

Identify barriers and supports pertinent to YOUR ORGANISATION's situation and goals	Example strategies – add more as needed	
BARRIERS:	Intervention Strategies	Tick Applicable
• _____	Build inter-sectorial partnerships	
• _____	Exchange knowledge across organizations (train each other around fields of knowledge/practice)	
• _____	Create a community of practice & formal opportunities to share information and to reflect on practice (e.g., via “clinical reflection days”)	
• _____	Identify relevant organizational stakeholders (e.g., disability advocacy groups, community recreation providers, support agencies, universities with allied health programs, local schools)	
• _____	Establish partnerships & engage in <i>ongoing</i> knowledge exchange to build capacity for inclusion across all settings	
• _____	Create opportunities for collaboration (e.g., student placements for implementation)	
• _____	Identify champions & provide support for them (e.g., release time)	
SUPPORTS:	Provide education	
• _____	Make evidence accessible (through license digital library databases, professional bulletins)	
• _____	Create documentation templates that focus on participation	
• _____	Apply for funding programs/opportunities	
• _____	Use a consumer “consultation committee” to design, review & adapt new participation tools	
• _____	Partner to build a “bank” of resources/services available in your immediate community	
• _____	Re-allocate existing resources	
• _____	Incorporate participation into existing service delivery models (e.g., ongoing therapy groups)	
• _____	Monitor success	
• _____		
• _____		

KT Intervention Strategies Grid - MACRO Level

Identify barriers and supports pertinent to YOUR POLICY and SOCIAL context	Example strategies – add more as needed	
BARRIERS:	Intervention Strategies	Tick Applicable
• _____	Identify and leverage emerging changes in health & social policies; the right time/climate for change	
• _____	Identify “external forces” that can drive and sustain change (accreditation standards, incentives; peer pressure; competition between organizations)	
• _____	Use social media channels	
• _____	Identify and work with legislators to champion inter-sectoral change in health & social services	
• _____	Benchmark your practices against local, national and international strategic priorities and conventions	
SUPPORTS:		
• _____		
• _____		
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