

REPORT ON KNOWLEDGE TRANSLATION WORKSHOPS FOR DEVELOPMENTAL DISABILITIES

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EXECUTIVE SUMMARY

In 2008, St. Amant Research Centre [1] hosted three workshops on knowledge translation in developmental disabilities in Winnipeg, Manitoba, sponsored by the Canadian Institutes of Health Research. The objectives at each workshop were: (a) to strengthen partnerships for KT in developmental disabilities, (b) to facilitate subsequent KT implementation and research, and (c) to identify important actions towards improving KT for developmental disabilities in Manitoba. To achieve these goals we introduced a conceptual framework for KT (i.e., the CIHR model), conducted assessments of KT activities, discussed contextual facilitating and impeding factors relevant to each of the stakeholder groups, and considered future directions for development of KT processes and practices. Two of the workshops were facilitated by Dr. Jennifer Schulz from the University of Manitoba Faculty of Law.

In total, 64 stakeholders participated, representing the perspectives of administrators, parents, policy-makers, practitioners, and researchers. We found that all participants highly valued research, especially when it can answer questions at field and policy levels, not just at academic levels. Researchers and practitioners were therefore advised to work together in formulating research questions and conducting the research. Researchers were encouraged to find and use more effective and more accessible knowledge dissemination channels for their research findings to reach the general public.

Participants also indicated that current policies and practices of their organizations often don't adequately support front line practitioners and even administrators to get involved in research. A lack of time, incentives, and resources for locating and applying research findings were often cited as impediments. Developing effective KT partnerships requires revising organizational mission statements, policies, and job descriptions to reflect research as a priority.

The workshop objectives were achieved. Participants rated the workshops "Very Good" overall and appreciated the opportunity to network with other stakeholders. The St. Amant Research team was encouraged to plan and organize subsequent KT activities.

INTRODUCTION AND WORKSHOP OBJECTIVES

In Manitoba there is no organized, comprehensive knowledge translation (KT) initiative for research and practice in developmental disabilities (DD). The interdisciplinary research team at St. Amant Research Centre is prepared to lead and coordinate this initiative. An important first step is to bring stakeholders together to establish a foundation for collaboration and to develop KT processes.

In 2008 we therefore held three workshops in Winnipeg, MB with stakeholders and researchers in DD. The first session was a full-day facilitated workshop at the CanadInn Fort Garry on June 9th. Next, we hosted a 90-min session at the 17th Annual St. Amant Conference on Intellectual/Developmental Disabilities on October 6th. Finally, we held a half-day facilitated workshop at St. Amant on December 2nd. The June and December sessions were facilitated by Jennifer Schulz from the University of Manitoba Faculty of Law.

At each workshop, the objectives were: (a) to strengthen partnerships for KT in developmental disabilities, (b) to facilitate subsequent KT implementation and research, and (c) to identify important actions towards improving KT for developmental disabilities in Manitoba. The agendas for all three sessions are attached in the Appendices section.

All workshops consisted of four key components:

1. Introduce a Conceptual Framework for KT.

The St. Amant Research Centre team presented briefly the KT model used by the Canadian Institutes of Health Research (CIHR) [2]. The presentation highlighted the six areas of knowledge exchange with concrete examples. The model served as the framework for subsequent workshop discussion.

2. Conduct an Assessment of KT Activities.

Participants responded to a questionnaire based on a tool provided by the Canadian Health Services Research Foundation [3]. This agency promotes and funds management and policy research in health services to increase the quality, relevance and usefulness of this research for health-system policy makers and managers. The tool is intended to help stakeholders identify how they gather and use knowledge produced by research and where there's potential for improvement.

3. Identify Important Contextual Facilitating and Impeding Factors.

Participants discussed their assessment results in groups in order to identify and prioritize (a) facilitating and (b) impeding factors for KT within their work, organizational, or family context.

4. Propose Future Directions for Development of KT Processes and Practices.

Participants identified concrete ways that researchers and stakeholders in MB could support each other more effectively, and discussed how the workshop group could build upon the day's successes.

THE CIHR MODEL FOR KNOWLEDGE TRANSLATION

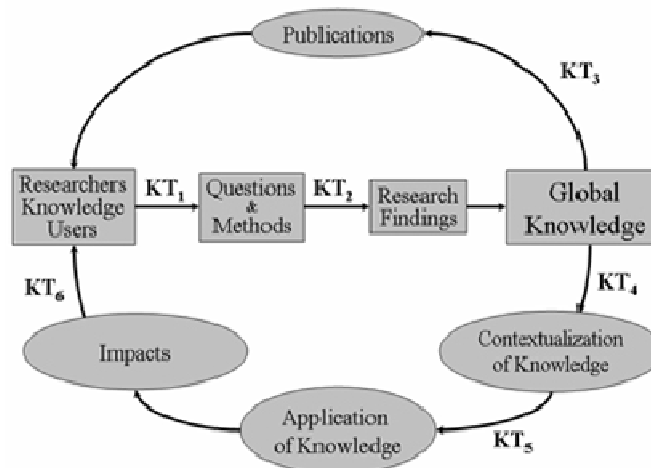
Dr. Shahin Shooshtari of the St. Amant Research Centre presented the CIHR KT model (see Figure 1). The model highlights the following six points of knowledge exchange in the research-knowledge cycle:

- (1) defining research questions and methodologies;
- (2) conducting research (as in the case of participatory research);
- (3) publishing research findings in plain language and accessible formats;
- (4) placing research findings into the context of other knowledge and socio-cultural norms;
- (5) making decisions and taking action informed by research findings; and
- (6) influencing subsequent rounds of research based on the impacts of knowledge use

(CIHR, <http://www.ncddr.org/kt/products/ktintro/>).

Dr. Shooshtari then described the scope and activities of the *Need to Know* team (NTK) as a successful KT initiative in Manitoba for health research. The NTK is a CIHR-funded collaboration of the Manitoba Centre for Health Policy, Manitoba Health, and the 10 rural and Northern Manitoba Regional Health Authorities (RHAs). From 2001-2006 the NTK team pursued goals of creating new knowledge, developing useful models for health information infrastructure and for increasing collaborative research capacity, and disseminating and applying health research findings to increase the effectiveness of health services for RHA populations. For more information about the NTK team, please see <http://www.rha.cpe.umanitoba.ca>, or contact Dr. Shooshtari at St. Amant Research Centre.

Figure 1: The CIHR KT Model



THE KT CAPACITY ASSESSMENT TOOL

Participants responded individually to a 26-item assessment (Appendix 3) of knowledge translation capacity, based on a tool provided by the Canadian Health Services Research Foundation (<http://www.chsrf.ca>). There are four general assessment areas.

Acquire: can your organization find and obtain the research findings it needs?

Assess: can your organization assess research findings to ensure they are reliable, relevant, and applicable to you?

Adapt: can your organization present the research to decision makers in a useful way?

Apply: are there skills, structures, processes, and a culture in your organization to promote and use research findings in decision-making?

Items from the CHSRF tool were modified by considering five stakeholder perspectives represented by the participants. Three assessment versions resulted: one each for Parents, Researchers, Administrators, Policymakers, and Practitioners. Participants were asked to identify themselves as representing one of these perspectives and were given the corresponding assessment version. They then rated each item on a scale from 1 through 5, as follows:

1 = Strongly disagree

2 = Disagree

3 = Neither agree or disagree

4 = Agree

5 = Strongly agree

SUMMARY OF FINDINGS

The assessment results were tabulated and presented to the group immediately following the completion of the forms. Results were summarized for four stakeholder groups :

Administrators & Policy-makers (ADM; $n = 16$),

Parents (PAR; $n = 10$),

Practitioners (PRC; $n = 17$), and

Researchers (RES; $n = 21$).

The summary results informed all subsequent discussions and activities at the workshop.

Section Averages

Section averages, based on scores from the indicated item ranges, are presented below. The highest average section score has been **shaded**, the lowest average section score is shown (in parentheses).

Section	Items	All	ADM	PAR	PRC	RES
Acquire	1 – 12	3.34	3.03	3.53	3.12	3.66
Assess	13 – 16	3.33	2.75	(3.36)	3.25	3.77
Adapt	17 – 20	(2.83)	(2.37)	3.56	(2.67)	(2.98)
Apply	21 – 27	3.55	3.42	4.16	3.05	3.73

Average ratings were computed for all items, within and across stakeholder groups. In particular, we focused on the three highest and three lowest average ratings.

<i>All Participants</i>			
	Item #	Statement	Average Rating
Highest Rated	12	We learn from peers through informal and formal networks to exchange ideas, experiences, and best practices.	4.13
	22	We value research.	4.04
	15	Our staff can identify the relevant similarities and differences between what we do and what the research says.	3.77
Lowest Rated	19	Our organization has arrangements with external experts who use research communication skills to present research results concisely and in accessible language.	2.83
	2	Our staff has enough time for research.	2.68
	18	Our organization has enough skilled staff with time, incentives, and resources who use research communication skills to link research results to key issues facing our decision makers.	2.67

Complete data are available upon request.

GROUP DISCUSSIONS: KT FACILITATING FACTORS

After completing the assessments and reviewing the overall results, participants formed four groups to discuss the factors that led to their three highest average ratings. They were prompted to consider:

What were the reasons for high scores?

Why is KT successful in those areas?

How might those successes be generalized and applied to other areas?

In the following sections, a table lists the three items rated most highly by each stakeholder group, followed by a bulleted list of comments and reactions to the highly rated items. Item ratings are averaged across the three workshops. Listed comments are aggregated from the three workshops.

<i>Group 1: Administrators (N=13) and Policymakers (N=3)</i>		
Item #	Statement	Average Rating
12	We learn from peers through informal and formal networks to exchange ideas, experiences, and best practices.	4.07
27	We have the resources to support flexibility, change, and continuous quality improvement.	4.00
22	Our staff values research.	3.93

Comments from Administrators in response to highly rated items:

- Peers are one of the most efficient ways to gather and discuss information
- [Peers are a] more relevant source because they are able to provide concrete examples
- Important to dedicate/allocate time for individuals, and track its use
- Reviewing and critiquing articles is part of your professional development, needs to be done on a regular basis
- Important to value culture change and professional development
- Provide structural support, and follow through

Comments from Policymakers about highly rated items: *(Assessment rating results from Policymakers were combined with those from Administrators, but Policymakers discussed those results in a separate group during the June workshop.)*

- We recognize and value how research can play a role in the development and shaping of policies
- Principles we follow are research-based

- It is a requirement that the funded services that we provide are evidence-based
- There's a need to know - for research that supports our work
- Need staff with time to look at all sources

<i>Group 2: Parents (N=10)</i>		
Item #	Statement	Average Rating
26	As a concerned parent, I value and reward flexibility, change, and continuous quality improvement in care of my child, and have the resources to support these values.	4.78
22	I value research.	4.67
25	I communicate with other parents in a way that ensures there is information exchanged as widely as possible.	4.22

Comments from Parents in response to highly rated items:

- We're answering for two types of parents: 1) those belonging to groups, associations, and 2) individual parents who are not part of a larger group
- Parents like the idea of research and researchers because they can't do it on their own
- We use research:
 - to answer questions that arise on a daily basis
 - to make decisions for family members
 - to get across our views (disseminate their opinions)
- Research is important at different times/stages of life:
 - In early years, important for diagnosis
 - In middle/later years, important for deciding on best practices and education
- Parents who also work in system as residential managers, psych nurses, etc. must juggle very different perspectives, wear dual hats, etc.
 - For example, parent perspective: easy to get research info because of finding the right resource, but for same person in role as resident manager it was the opposite - really hard to get research information.
- Success with conferences to have experts bring forth relevant information

<i>Group 3: Practitioners (N=17)</i>

Item #	Statement	Average Rating
12	We learn from peers through informal and formal networks to exchange ideas, experiences, and best practices.	4.35
15	Our staff can identify the relevant similarities and differences between what we do and what the research says.	3.94
7	We look for research in non-journal reports by library, Internet access, or direct mailing from organizations.	3.47

Comments from Practitioners in response to highly rated items:

- Peer networking is successful because it is efficient. It is an opportunity to connect and receive information from others.
- Clinicians need to practice in areas of expertise and recognize limitations in order to bring competency levels up
- Clinicians are often asked for their expert opinions in practices that are questionable
- Important to distinguish between fact and philosophy
- Recognize that clinicians are held accountable for things that don't necessarily run smoothly; can see the direction you are going
- If we take a look at what's working for us, try to share that knowledge with others
- Present knowledge so that it is understood at all levels
- Clinicians know about more resources that are available (journals, etc)

<i>Group 4: Researchers (N=21)</i>		
Item #	Statement	Average Rating
6	We publish results in scientific journals relevant to our field/discipline.	4.33
13	We have critical appraisal skills and tools for assuring the quality of information being disseminated.	4.29
22	Our staff values research.	4.22

Comments from Researchers in response to highly rated items:

- Publishing in journals is an expectation of a researcher's role in the University setting, and is important in terms of receiving grant money

- Looking at increasing ways to involve stakeholders; as we consult with stakeholders they offer topics which facilitates further research
- Expanding the way we see students, and expanding how those students do research
- Direct care providers want to give the best possible care, and they do value research
- Grad students involved in the Autism Spectrum Disorders: Canadian-American Research Consortium are actively involved in describing their research in usable format; this is still young, and not fully evolved, but it's a great beginning
- Including non-traditional research people in the research process, people with generalized expertise, or those in need of expertise (ex-practitioners); more inclusive research process

GROUP DISCUSSIONS: KT IMPEDING FACTORS

The four groups were next asked to discuss the factors that led to their three lowest average ratings. They were prompted to consider:

What were the reasons for low scores?

Why is KT unsuccessful in those areas?

What actions might be taken, and what resources are needed, to improve KT processes in those areas?

In the following sections, a table lists the three items rated lowest by each stakeholder group, followed by a bulleted list of comments and reactions to the low-rated items. Item ratings are averaged across the three workshops. Listed comments are aggregated from the three workshops.

<i>Group 1: Administrators (N=13) and Policymakers (N=3)</i>		
Item #	Statement	Average Rating
20	Our organization has arrangements with external experts who use communication skills to link research results to key issues facing our decision makers.	2.33
18	Our organization has enough skilled staff with time, incentives, and resources who use communication skills to link research results to key issues facing our decision makers.	2.27
2	Our staff has enough time for research.	2.13

Comments from Administrators/Policymakers in response to low-rated items:

- Frontline staff are not as interested in research
- A lot of decisions are not necessarily based on research, but more informally driven and based on word of mouth
- Not reflected in mission statement/mandate to keep up with research
- No evaluation tools to look at effectiveness/non-effectiveness of our programs
- Staff turnover creates barriers to dissemination
- How to overcome: put in mission statement to really focus on research; have a researcher to increase partnership; student researchers brought in to conduct research
- You need readily accessible information for staff and those going out and essentially doing the work
- Language is an issue: Need to make info clear, succinct, directly relevant

- Variety of educational backgrounds
- Link with the families is really critical; families sometimes push the staff b/c the families are more informed sometimes
- Giving people the time to learn when they just want to do their job – limited time (to learn)
- Organizational culture – the KT framework is constant, it's a constant learning that always needs to happen, and org and people may not be ready for that, to do it constantly
- Need to have an expectation that part of the job is this, as opposed to it always being an add on b/c it's given less value. It has to be part of what you do.
- Access to the Cochrane library (large source of research synthesis) to help decipher what is real and what should we be doing in certain cases.
- Get research available on-line, everything published should be freely accessible
- Having an organizational culture that values continued learning
- Include research activity as part of job descriptions

Policymakers:

- Staff do not have enough time
- With reduced staffing, there are fewer people doing more things and this leaves little time for research
- Don't have enough positions dedicated to research
- Limited ability to contract with externals
- Need to increase awareness of research activities
- Need to identify research agenda and do more outreach/collaboration with researchers
- Need more effective and more accessible knowledge dissemination of research findings
- Need more resources for being able to contract for research
- Want projects to answer questions at field and policy levels, not just at academic levels
- Legislation barriers exist
- Projects feel quite large, so consideration could be given to smaller projects (possible qualitative vs. quantitative)
- Could use graduate students to help formulate research questions and run research projects

<i>Group 2: Parents (N=10)</i>		
Item #	Statement	Average Rating

13	I have critical appraisal skills and tools for evaluating research quality.	3.10
5	I have arrangements with external experts who search for research, monitor research, or do research for me.	2.89
18	I know enough skilled people with time, incentives, and resources who can use research communication skills to link research results to key issues I am facing as a decision making parent.	2.89

Comments from Parents in response to low-rated items:

- Need a list of reliable researchers who parents can contact (hotline)
- Need resources (i.e. money) so that families can attend workshops and conferences
- Need to get information to client workers so they can have a person to contact when questions arise
- Limited time to do any researching
- Language usage is sometimes way above our understanding
- Topic areas may be so specific it's hard to understand relevance
- Accessibility of research - usually in journals which are difficult to get a hold of
- Sometimes that process of applying knowledge, when you think its supposed to be relevant, but turns out it's not (misapplying)
- Don't have ability to evaluate research because our external experts are practitioners and they are the lowest scoring in applying based on the survey (they are slow to apply which negatively impedes us, makes us even slower)
- Research could be provided on the internet
- Presented at conferences that we can access
- Abstracts can be written in plain language so we can see if it's relevant to what we are interested in during
- Practitioners need to be up to date and applying current knowledge – they are our front line. They need to know what's going on so they can decipher for us
- Invite experts to come in and speak in plain language so we can understand what's going on
- Success with conferences to have experts bring forth relevant information
- Have researchers sit on board, help us filter, and help us research topics – liaison

<i>Group 3: Practitioners (N=17)</i>

Item #	Statement	Average Rating
17	Our organization has enough skilled staff with time incentives, and resources who use communication skills to present research results concisely and in accessible language.	2.53
2	Our staff has enough time for research.	2.47
18	Our organization has enough skilled staff with time, incentives, and resources who use communication skills to link research results to key issues facing our decision makers.	2.47

Comments from Practitioners in response to low-rated items:

- Staff may not be hired to do research therefore the staff we *do* have don't have time for research
- Job descriptions/expectations need to include research as a priority
- Within an organization there is a question of role of research in terms of vision/mission
- At best research is a by-product of someone's personal initiatives
- Practitioners hired to do clinical applied work, not research
- To overcome: there has to be a policy decision on whether a job function is do research
- Need to develop a policy that requires employees (as part of their job description) to stay current with research.
- There has to be an interplay between researchers and decision makers. Need to encourage collaboration.
- Researchers need to be trained on how to communicate in ways that are appreciated.
- Practitioners are not familiar with those databases re: item 8
- Practitioners don't know about sites, don't know how to access them, don't know what they contain, and don't have discretionary dollars to subscribe/access such sites re: item 8
- Have to appreciate that research sometimes flies in the face of initiatives; public policy and research are not always congruent; research doesn't always support initiatives needed to be taken
- In rural areas: a disconnect between people with ID and resources from psychiatry because it doesn't fit into mental health resources picture
- Research findings are not user friendly

- If this is going to improve the clients quality of life then are we prepared to put energy into it? Very time consuming to do research projects, if research time competes with client time, client time will win
- If you are going to run workshops about research application try to have them on site so don't take away time from clients, time with clients is number one
- Re: #18 - Does the organization have an appreciation for the value of a research expert?
- Re: #19 – [some] have available on site research experts, so don't have to go externally
- Re: #26 – these things are valued but maybe not rewarded, and this is why it ranks low, resources are simply insufficient
- Context is very important - community vs. teaching hospital, urban vs. rural
- Working in a hospital you are dealing with the moment and you just don't have time to be proactive – you are reacting
- Be open to change when research changes, and catching up to the change and having access to that
- Knowledge regarding what the best practice is, lack of information and being able to implement
- Information for current practitioners, not just current students
- KT is part of best practice
- How to overcome
- A designated resource person must have a very good connection with the team, must have a lot of dialogue and must follow through to see that it's being implemented
- That using best practices is an operational policy, organization is committed to it and they support that policy by providing resources, etc
- Ongoing learning and licensing, personal responsibility, not just up to the organization, individuals need to be responsible and professional

<i>Group 4: Researchers (N=21)</i>		
Item #	Statement	Average Rating
18	Our organization has enough skilled staff with time, incentives, and resources who use research communication skills to link research results to key issues facing our decision makers.	3.00

19	Our organization has arrangements with external experts who use research communication skills to present research results concisely and in accessible language.	2.86
20	Our organization has arrangements with external experts who use research communication skills to link research results to key issues facing our decision makers.	2.76

Comments from Researchers in response to low-rated items:

- Not part of research training to disseminate beyond journals
- Need to provide more presentations to be more appealing to front-line staff
- Need to put information at a level that is accessible, and available to general public
- Don't get rewarded for presenting or doing one-on-one community work
- Should reward academics who take information to the field level
- Rural areas don't benefit as much from presentations (because lack funds)
- [need to do more] KT cafes, rounds for researchers
- Re: #18 - as you do the research, you identify small incremental steps which don't make an impact right away, yet among decision makers it's a revolving door - you do the ground work, identify people, develop relationships, and then staff change, hard to have good lines of communication
- Re: #20 - big problem is who these experts would be, it's difficult to identify
- Target vs. career (tenure and position considerations)
- Helping and encouraging researchers to share , how do we foster that relationship between researcher and person whose job it is to publish to lay audience (PR person)?
- How do we figure out the salient point?
- Getting the knowledge into action by practitioners, caregivers
- Knowledge broker – to bridge research information and knowledge users
- Need to invite individuals to participate in research process to help identify problems, also helps with uptake and dissemination with change. When we invite these non-traditional people, notice better uptake.
- If you support a change in procedure it allows you to have long-term change, so if the person with the passion leaves, it doesn't die on the vine with that person leaving. Organization needs to value the research so time is designated
- Need better communication between government and researchers
- Need to communicate with stakeholders at a level that is universally understood

FUTURE DIRECTIONS & RECOMMENDATIONS

The workshop facilitator posed the following three questions at the conclusion of the workshop:

1. Where do we go from here?
2. What are the top priorities for our vision?
3. What/Who else should be involved?

In response to these three questions, the workshop participants made the following suggestions, some of which comprised actions for organizations to improve their KT processes:

- Adjust mission statement/vision/strategic plans to include a research priority, and have evaluation criteria for job roles (i.e. make it mandatory to keep up with research trends).
- Have a dedicated research coordinator position (someone who can keep up to date with research trends, help agencies access research funding, etc).
- Translate research into curriculum development and make a connection between academic research and field training.
- Identify a liaison person who can be connected to research groups.
- Develop research questions (government agencies, organizations, etc) then meet with researchers (and students) to carry out the research.
- Invite researchers to sit on boards.
- Invite people from other community agencies to St. Amant to receive information about the research projects involving clients at St. Amant (to hear the results/report of the study).

Other suggestions were for an emerging KT initiative:

- Formalize structure - connect with what they offer and where their needs lie; hold semi-annual KT conference for stakeholder groups (individual groups rather than all mixed together).
- Hold incremental meetings which will build off previous meetings (build off the June 9th meeting) and present reports of incremental gains.
- Develop a hotline and/or website that can be easily accessed by parents, etc.
- Address different types of research activities: program evaluation? Basic science? Library research? Applied research?
- Use CIHR model to organize future discussions and to describe KT activities that are already underway (or are lacking) by other groups.
- Who else should be involved in this endeavor? Medicine, Manitoba Institute of Child Health, genetics.

- Expand conference streams to include KT
- Parent groups can advocate for increased knowledge sharing, use advocacy skills to address gaps

WORKSHOP EVALUATION

Participants in each workshop evaluated their session by rating the following nine items on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree):

<i>Item</i>	<i>Average Rating</i>	<i>Ranking</i>
1. The workshop objectives were clear.	3.97	8
2. The workshop was well-organized.	4.38	2
3. The workshop increased my awareness of the process of knowledge translation.	4.22	5
4. The workshop increased my understanding of factors that impede knowledge translation.	4.08	6
5. The workshop increased my understanding of factors that facilitate knowledge translation.	4.03	7
6. I would like to play an active role in future knowledge translation initiatives in Manitoba.	4.34	4
7. I was given ample opportunity to present my point of view during the workshop.	4.62	1
8. This workshop has presented me with the opportunity to network with others about knowledge translation for DD in Manitoba.	4.36	3
9. This workshop provided me with ideas of how I can personally change the way I do things to have an impact on knowledge translation.	3.94	9

They were also asked to provide an overall assessment of the workshop on a 5-point scale from 1 (Poor) to 5 (Excellent). The mean overall assessment of the workshop was **4.22**, equivalent to a rating of Very Good.

Participant average scores for the 9 items ranged from 1.50 to 5.0.

Workshop participants had the opportunity to further comment on the evaluation form. The following comments were made:

- I think any opportunity to connect with people who work/research in the field is invaluable. Another opportunity to meet and discuss needs and current research in the field would also be of value.
- The networking and side conversations resulted in some very good ideas and follow up. The questionnaire had many inconsistencies that affected results and discussion. E.g. two or more

ideas in one statement; “we” statements followed by “I” statements, which were reframed as accurately as “we” statements (see #11, 12).

- I would like to comment on Jennifer’s facilitation skills. She has really strong oral communication skills. Thanks for the great work.
- I was hoping we would actually hear about current research, so hope for this in future.
- Great opportunity to learn more from the various perspectives of stakeholders.
- The workshop was excellent with regards to KT concepts. I work within these now so I did not learn any new theory – I learned from the experts in the field and from other stakeholders (parents).
- Excellent forum to share ideas. I look forward to participating in other workshops that move us forward in a meaningful way.
- Great first workshop on KT – good opportunity for brainstorming – looking forward to the “next steps” i.e. action!
- Good work. Great initiative.
- Very interesting. Need to do more work in this area.
- Thanks for the day.
- I thought the moderator was great! Thanks for the opportunity to discuss this issue.
- I am somewhat perplexed. Some parts were theoretical re: KT practices that was difficult to make relevant to day-to-day practice. How does this workshop tie into the work of St. Amant Research Centre and the needs of individuals with developmental disabilities? The knowledge gaps exercise was difficult to conceptualize and understand.
- Thanks for an excellent discussion. Thought provoking!

CONCLUSIONS

Our objectives were to: (a) strengthen partnerships for KT in developmental disabilities, (b) facilitate subsequent KT implementation and research, and (c) identify important actions towards improving KT for developmental disabilities in Manitoba. All three objectives were achieved. Participants found the workshops to be “Very Good” overall and appreciated the opportunity to network with other stakeholders. The St. Amant Research team was encouraged to plan and organize subsequent KT activities.

We found that research is highly valued by participants from all of the different stakeholder groups, and that there is special interest in research that can answer questions at field and policy levels, not just at academic levels. To facilitate this type of research, we heard that there is a need for collaboration and researchers and decision makers need to work together in formulating research questions and in the conduct of the research. This is consistent with the CIHR model of Knowledge Translation.

This collaborative research could lead to the creation of knowledge that is useful in providing care to individuals with DD, management of resources or development of policies. However, researchers reported publishing most often in academic journals, for reasons including their academic job requirements as well as lack of appropriate training to write for the wider public audience. Researchers were encouraged to find and use more effective and more accessible knowledge dissemination channels for their research findings to reach the general public.

Participants indicated that current policies and practices of their organizations often don't adequately support front line practitioners and even administrators to get involved in research. A lack of time, incentives, and resources for locating and applying research findings were often cited. Developing effective KT partnership therefore requires revising organizational mission statements and policies to reflect research as a priority. Job descriptions and expectations should be consistent with this priority and, for example, require employees to stay current with research findings.

We asked participants to self-classify themselves into one of the five groups of parents, practitioners, policy makers, administrators or researchers. This allowed us to hear different perspectives and find out more about factors that facilitate or impede KT for DD for these different groups. For future KT activities, the St. Amant Research team was encouraged to engage a larger number of parents from community (especially those who are not connected with a group or association) as well as representatives from medicine, genetics and the Manitoba Institute of Child Health (MICH).

DISSEMINATION

The information exchanged at the workshops will be provided through this report to all participants, the Canadian Institutes of Health Research and to St. Amant Research Centre's Community Advisory Group. Separate reports from each workshop were prepared and disseminated soon after their conclusions.

Copies of this report can be downloaded from the St. Amant Research Centre's website: www.stamantresearch.ca, or by contacting:

St. Amant Research Centre
440 River Road
Winnipeg, MB R2M 3Z9
256-4301

REFERENCES

- [1] St. Amant Research Centre. *<http://stamantresearch.ca>*
- [2] About Knowledge Translation – CIHR. *<http://www.irsc.gc.ca/e/29418.html>*
- [3] Canadian Health Services Research Foundation - *<http://www.chsrf.ca>*

JUNE 6TH PARTICIPANTS

Administrators

Linda Burnside - A/Executive Director of Disability Programs, Manitoba Family Services and Housing

Charmayne Dube - Program Manager, Alternative Solutions Day Services, New Directions for Children, Youth, Adults and Families

Genaro Guevarra - Health Care Coordinator, L'Arche Winnipeg Inc.

Lori Horodecki - Program Development Manager, Community Venture/The Salvation Army

Nancy Hughes - Executive Director, Shalom Residences Inc

Natalie Mulaire - Chief Operating Officer, Society of Manitobans with Disabilities Self-Help Clearing House

Lynn Woods - Winnserv Inc.

Parents

Glen Anderson - Chair, St. Amant Association

Janet Forbes - Executive Director, Community Living Winnipeg

Maureen Pedersen - Parent

Roger Kiendl – Parent

Practitioners

Daniela Fazzio - Clinical Coordinator, ABA Program, St. Amant

Larry Hardy - Senior Psychologist, Family Services and Housing, Government of Manitoba

Allan Hendrickson-Gracie - CSS Program Specialist, Community Service Delivery, Government of Manitoba

Leslie Penner - Graduate Student, Family Social Sciences, University of Manitoba

Mary Ann Rosenbloom - Program Services Coordinator, Hospice and Palliative Care Manitoba

Genevieve Vipond - Supervisor of Nursing Services, St. Amant

Policy Makers

Eleanor Chornoboy - Director, Interdepartmental Initiatives, Disability Programs and Employment and Income Assistance, Family Service and Housing, Government of Manitoba

Terry Masse - Director of Supported Living, Family Services and Housing, Government of Manitoba

Tracy Moore - Director of Children's Programs, Family Services and Housing, Government of Manitoba

Researchers

Shellie Anderson - Project Manager for HSC Nursing Knowledge Translation research projects

Leigh Haldenby - Policy Analyst, Family Service and Housing, Government of Manitoba

Toby Martin - Manager, St. Amant Research Centre

Janine Montgomery - Psychology Professor, University of Manitoba

Harry Schulz - Chief Innovation Officer, Health Sciences Centre

Shahin Shooshtari - Researcher, St. Amant Research Centre & University of Manitoba

Bev Temple - Researcher, St. Amant Research Centre & University of Manitoba

Dickie Yu - Director, St. Amant Research Centre & University of Manitoba

Note: Participants from the October 6th session are not listed because we did not record full names during the session. Those who attended did so as a matter of interest in the context of the 17th Annual St. Amant Conference, rather than by invitation.

DECEMBER 2ND PARTICIPANTS

Administrator/Policymakers

Dauna Crooks - Dean of Nursing, University of Manitoba

Mark Smith - Associate Director, Repository, Manitoba Centre for Health Policy

Christina Weise - Executive Director, Manitoba Health Research Council

Carl Stephens - President & CEO, St. Amant

Parents

Rhonda Cenerini - Parent, ABA Program, St. Amant

Anne Kresta - Parent, Asperger Manitoba

Sandra McKay - President, Autism Society of Manitoba

Vivian Shankaruk - Society for Manitobans with Disabilities Inc.

Stephen Sutherland - Parent, Manitoba Families for Effective Autism Treatment

Practitioners

Ab Chudley - Faculty Member/Researcher, Faculty of Medicine, University of Manitoba

Sandra Dorbolo - Supervisor, Clinical Teams, Manitoba Family Services and Housing

Leanne Fenez - Director, Community Residential Program, St. Amant

Loreley Greenslade - Group Coordinator, Autism Portage

Irma Nadeau - Program Manager, Manitoba Family Services and Housing Manitoba

Rae Anne Paxton - Community Social Services Supervisor, Manitoba Family Services and Housing

Elaine Shortridge - Program Manager, Interlake Region, Manitoba Family Services and Housing

Jo Verstraete - Director, Community Support Program, St. Amant

Researchers

Lesley Degner - Professor, Faculty of Nursing, University of Manitoba

Toby Martin - Manager, St. Amant Research Centre

Quinn Senkow - Administrative/Research Assistant, St. Amant Research Centre

Shahin Shooshtari - Researcher, St. Amant Research Centre

Leslie Penner - Graduate Student, Family Social Sciences, University of Manitoba

Bev Temple - Researcher, St. Amant Research Centre

Dickie Yu - Director, St. Amant Research Centre

WORKSHOP EVALUATION FORM

For future planning, your feedback is important to us. Please circle the number which best represents your opinion on each statement and feel free to provide comments.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. The workshop objectives were clear.	1	2	3	4	5
2. The workshop was well organized.	1	2	3	4	5
3. The workshop increased my awareness of the process of knowledge translation.	1	2	3	4	5
4. The workshop increased my understanding of factors that impede knowledge translation.	1	2	3	4	5
5. The workshop increased my understanding of factors that facilitate knowledge translation.	1	2	3	4	5
6. I would like to play an active role in future knowledge translation initiatives in Manitoba.	1	2	3	4	5
7. I was given ample opportunity to present my point of view during the workshop.	1	2	3	4	5
8. This workshop has presented me with the opportunity to network with others about knowledge translation for DD in Manitoba.	1	2	3	4	5
9. This workshop provided me with ideas of how I can personally change the way I do things to have an impact on knowledge translation.	1	2	3	4	5

Overall Assessment of the Workshop (please circle):

Excellent – Very Good – Good – Fair – Poor

Comments:

WORKSHOP SPONSORS



These workshops were funded in part by the **Canadian Institutes of Health Research (CIHR)** as part of the Meetings, Planning and Dissemination Grant program for Knowledge Translation. CIHR's aim is to excel in the creation of new knowledge and to translate that knowledge from the research setting to real-world applications in order to improve the health of Canadians, provide more effective health services and products and strengthen the health care system. (Canadian Institutes of Health Research Act, 2000, p.7) For more information, please visit <http://www.cihr-irsc.gc.ca>.



These workshops were funded in part by the **Life Course Health Initiative (LCHI)** of the University of Manitoba's Faculty of Human Ecology. Its mission is to promote research excellence in the creation and translation of an evidence base for the development of effective social and health policy and practice in Canada and beyond. The LCHI is guided by a multidisciplinary life-course orientation that recognizes the multifaceted and developmental nature of human health and the need for an interweaving of physical and social science research in order to understand and improve health and wellbeing throughout the lifespan. For more information, please visit http://www.umanitoba.ca/faculties/human_ecology/clch/index.html.

WORKSHOP HOST



The **St. Amant Research Centre** is dedicated to improving the quality of life for individuals with developmental disabilities through research and education. The Research Centre is possible thanks to generous support from:

- University of Manitoba faculties of Nursing, Human Ecology, and Arts.
- The Winnipeg Foundation
- St. Amant Foundation

St. Amant Research Centre is located at 440 River Road in Winnipeg MB, and shares the main offices of St. Amant, a comprehensive resource for Manitobans with a developmental disability, acquired brain injury and autism. For more information, please visit <http://stamantresearch.ca>.

St. Amant Research Centre gratefully acknowledges the permission of Canadian Health Services Research Foundation (<http://www.chsrf.ca>) for use of their KT Capacity Assessment Tool.