



# Knowledge Translation & Disability Research: Two examples with Family Physicians

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# Definitions

- Knowledge translation; Knowledge mobilization; Knowledge exchange; Knowledge brokerage
- “Getting information into the hands of people who can use it to help us achieve our objectives”

## CANADIAN DISABILITY POLICY ALLIANCE



*“A vision of Canada where people with disabilities enjoy full participation and citizenship, supported by a coherent framework of legislation, regulations and programs”*

## ACTIONABLE NUGGETS



*“To assist family physicians to provide the best possible service to their patients with spinal cord injuries”*



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# Acknowledgements

## CANADIAN DISABILITY POLICY ALLIANCE

Community Co-Lead – Bill Adair

Co- Investigators – Alice Aiken, Audrey Kobayashi, Lyn Jongbloed, Vianne Timmons

Partners: Spinal Cord Injury Ontario, March of Dimes, Easter Seals, Cdn Assoc Community Living, Canadian Hearing Society

Staff – Mike Schaub, Lynn Roberts

Funder: SSHRC – CURA



## CANADIAN DISABILITY POLICY ALLIANCE

- Disability advocacy organizations and their members
- Policy makers / decision-makers
- Researchers / trainees



# Assumptions

1. The policy environment is perfectly designed to produce the problems disabled people experience
2. We don't need more research to make a difference
3. We need partners with a variety of skills and aptitudes

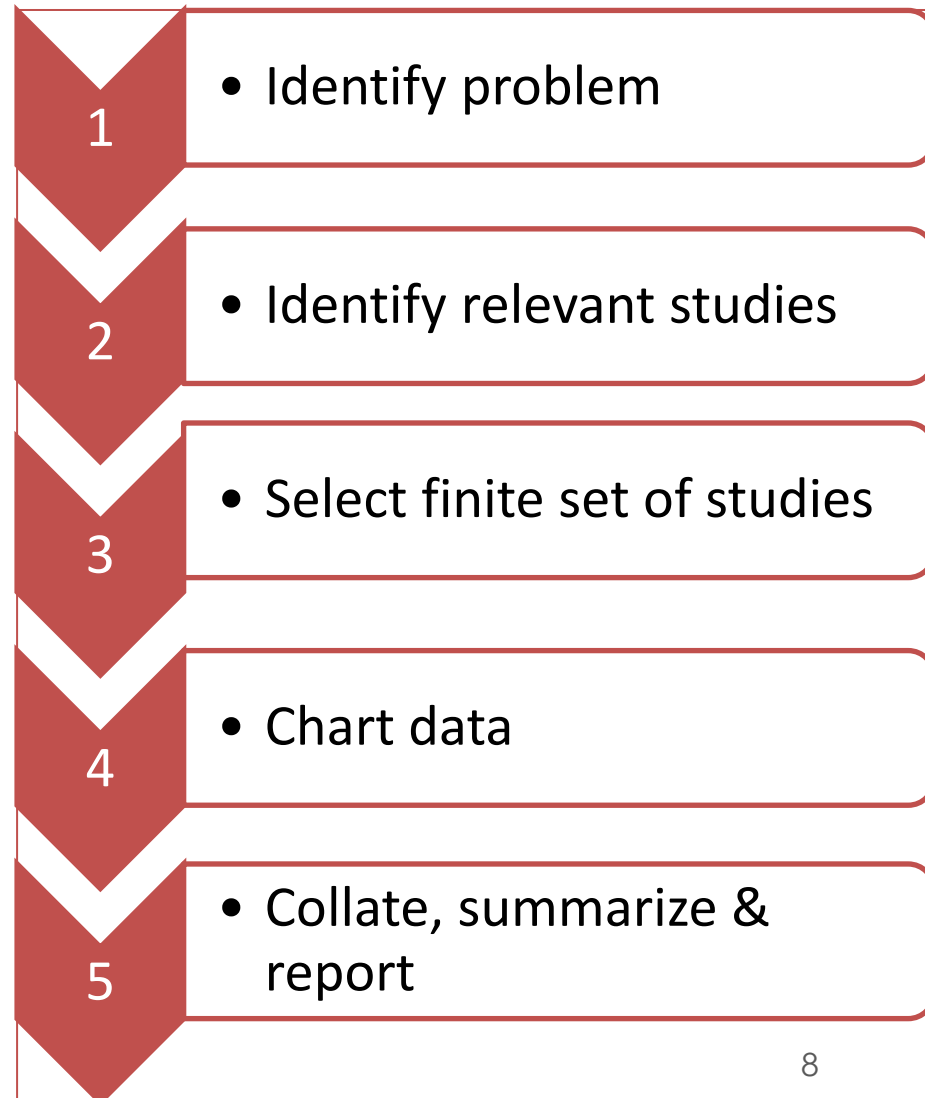


# Knowledge creation

## Scoping review

- an emerging methodology
- a way of mapping key concepts by assembling multiple sources & types of evidence
- 5 steps – see diagram
- used to assemble high-quality evidence to support context-relevant policy analysis.

(Arksey & O'Malley, 2005; Levac, Colquhoun & O'Brien, 2009)





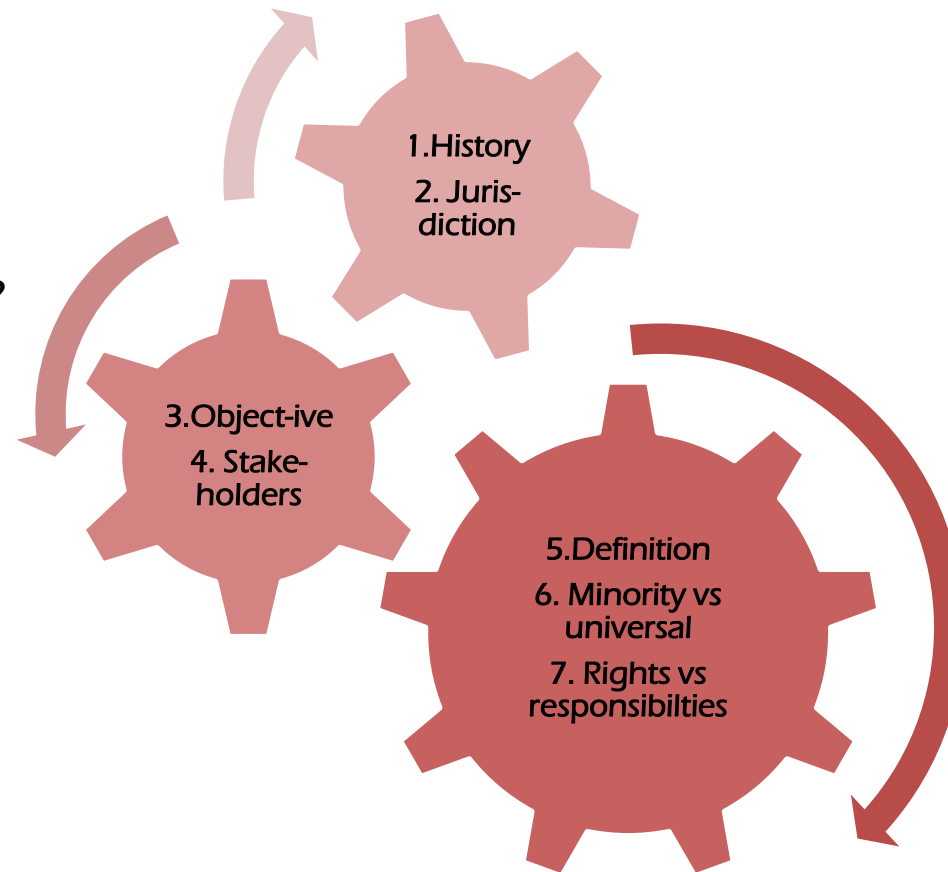


# Knowledge creation

## Policy Analysis Framework

1. What is the history of the policy?
2. What is the level of jurisdiction (federal, provincial, regional, municipal)?
3. What is the objective of the policy:  
**Equity, Access, or Support?**
4. Who are the key stakeholders?
5. What is the definition of disability?
6. Does the policy treat disability as a minority group or a universal issue?
7. Does the policy protect individual rights or outline collective responsibilities?

(McColl & Jongbloed; 2006)





# Knowledge creation

## Learning Collaborative

- emancipatory research
- ensures that the issues of consumers are at the forefront of research.
- consists of brief research cycles
- the **PLAN – DO – STUDY – ACT** cycle academic, community and policy partners make optimal use of their unique skill sets to fulfill the research objective.

(McColl et al, 2011)

### Step 1

Form the team:  
identify the people, groups, skills needed to ensure representation by all stakeholders

### Step 2

Ask / answer 3 questions: What change are you seeking? How will you know if the desired improvement has occurred? What changes can we make immediately toward this improvement?

### Step 3

The PLAN – DO – STUDY – ACT Cycle

### Step 4

Spread successful solutions: to other organizations, problems, regions/jurisdictions; implement more far-reaching, broader scale change



# Knowledge Selection

Policy-relevant research is...

- Targeted
- Accessible
- Immediate
- Rigorous
- Solutions-oriented
- Collaborative

(CPHI, 2004)

# Knowledge products



- Reached out to 200 FHTs & 25 NP-led clinics
- Recommended adjustable exam beds and/or ceiling-track lifts
- Recommended budget approval language
- Ministry cost-shared 60:40





# Diffusion of innovation

- Knowledge – provided with information about AODA, patient needs, products, resources
- Persuasion – follow-up phone call to first 75
- Decision – 68 /75 ordered equipment
- Implementation – ?? Equipment installed
- Confirmation – ?? impact on patient care; outreach to remaining 150 FHT's



## ACTIONABLE NUGGETS

*“To assist family physicians to provide the best possible service to their patients with spinal cord injuries”*

# Acknowledgements



## ACTIONABLE NUGGETS

Co- Investigators – Alice Aiken,  
Karen Smith, Sandy McColl,  
Mike Green, Rick Birtwhistle,  
Marshall Godwin, Sam Shortt  
Funder: RHI, ONF, CMA

# Knowledge Users



- 60 family physicians in Ontario, Newfoundland & Australia
- 50,000 primary care physicians – members of CMA
- Subscribers to Queen's CME

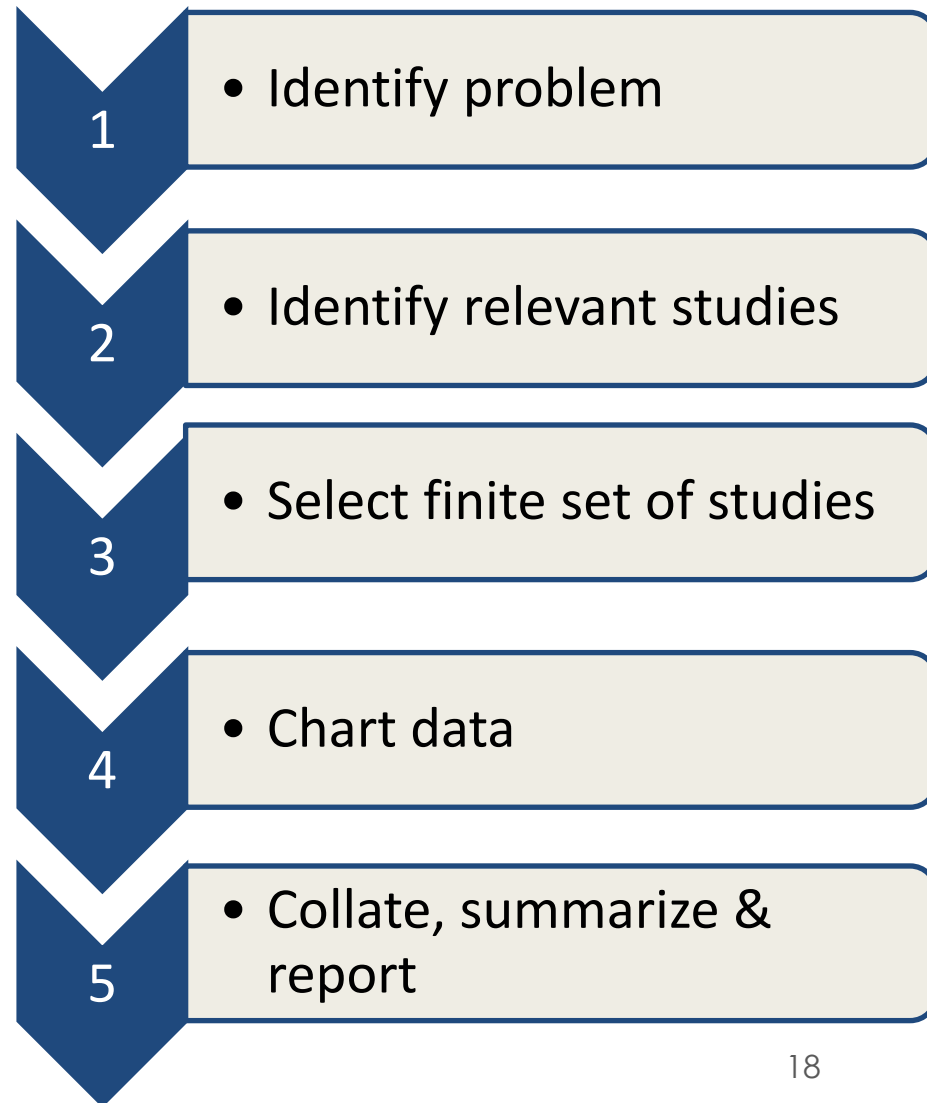


# Assumptions

1. Family physicians want to do their best for every patient
2. Family physicians can't possibly remain current with everything in the literature
3. The most significant challenge is posed by low prevalence, high priority patients

## Scoping review

- an emerging methodology
- a way of mapping key concepts by assembling multiple sources & types of evidence
- 5 steps – see diagram
- used to assemble high-quality evidence to support context-relevant policy analysis.





# Knowledge creation

## NUGGET DEVELOPMENT

An *Actionable Nugget*<sup>TM</sup> includes

- A problem seen in primary care
- A prescription for action by a family physician – the *Actionable Nugget* itself;
- Evidence-based best practice;
- Tools for practice, where necessary
- A key reference
- Website link
- Additional references
- Copyright date
- Logo, artwork & design

## NUGGET DEVELOPMENT

1. Initial scoping review to identify areas of most concern for people with SCI and FP's
2. Invitation of Expert Panel (specialists in SCI, rehabilitation, primary care, knowledge translation)
3. Consensus of Expert Panel on top 20 issues
4. Individual scoping reviews on each of 20 issues
5. Development of draft Nuggets
6. Review of draft Nuggets by Expert Panel
7. Revision based on recommendations
8. Sign off by panel
9. Translation to French
10. Translation approval by SCI and FM experts

# Knowledge Selection

## Practice-relevant research is...

- Focused, practical, action-oriented
- Shows how SCI patients same / different from others
- Focuses on role for FP
- Restricted to issues seen in family practice
- Multi-faceted dissemination, including follow-up
- Credible through affiliation with opinion leaders
- Incentives for learning, such as CME points

(McColl & Dent, 2005)

## 20 SCI Actionable Nuggets:

1. *Epidemiology & mortality risks*
2. *Cardiovascular disease (2)*
3. *Pain (3)*
4. *Autonomic dysreflexia*
5. *Neurogenic bladder (4)*
6. *Neurogenic bowel (4)*
7. *Skin lesions (2)*
8. *Depression*
9. *Sexuality*
10. *Wheelchair accessibility*

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Recognizing Urinary Tract Infections in SCI Patients

**Actionable Nugget # 4:** Diagnosis of UTI in SCI requires three criteria: (1) significant bacteriuria; (2) pyuria; and (3) signs and symptoms.

**The Problem:** Individuals with spinal cord injury (SCI) have an increased risk of developing urinary tract infections (UTIs). Many individuals with SCI have asymptomatic bacteriuria, but this does not constitute a UTI.



Actionable  
nuggets  
Special Populations in Primary Care

[www.actionnuggets.ca](http://www.actionnuggets.ca)

SCI NUGGET #4 (of 20)

# Diffusion of innovation

- Knowledge – assembled literature and convened expert panel; mailed, electronic dissemination
- Persuasion – peer-review, website
- Decision – follow-up interviews
- Implementation – evidence of utility; dissemination via CMA
- Confirmation – impact on patient care and outcomes



Thank you for your interest and  
attention

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