School of Physical and Occupational Therapy

EXCELLENCE THROUGH GROWTH

Implementing the magic of participation for all: The Participation-focused KT (P-KT) roadmap for promoting participation-based practices and its use in guiding a collaborative KT strategy in inclusive schools

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ASPIRE Lab

CRIR

10 ans d'excellence 2000-2010

Centre de recherche interdisciplinaire en réadaptation du Montréal métropolitain

Agenda

- Presenting P-KT Roadmap and LEAP initiative
- Sharing key principles and strategies for implementation
- Introducing the P-KT booklet
- Using the P-KT to facilitate participation-focused practices in inclusive schools
- Q & A

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The 'know-do' gaps

Evidence on sound participation measures and effective intervention strategies to improve participation exists, but practice is slow to change (Anaby et al., 2017)
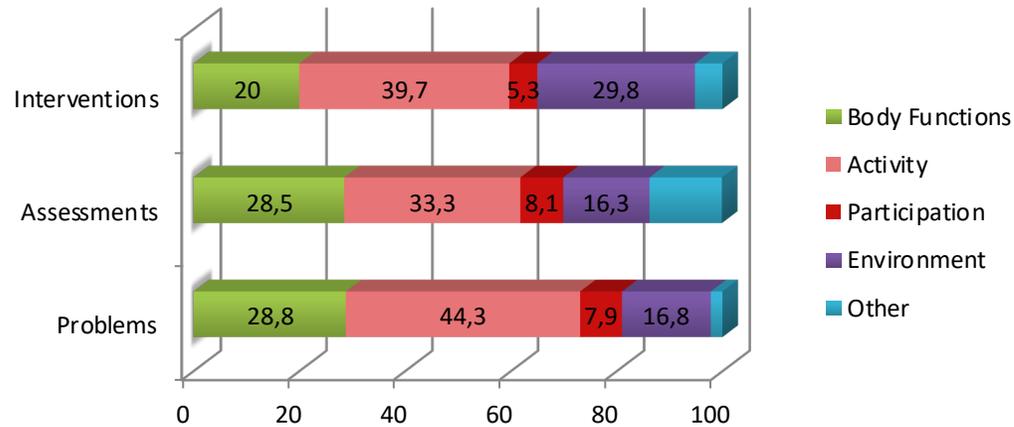
Interventions	Assessments
• PREP	• PEM-CY
• TEAM	• YC-PEM
• PEM+	• CAPE
• ParticiPAte CP	• COPM
• OPC	• Picture My Participation
• LEM	• QYPP
• SPAN	• SPO
• PAP	• CPQ
• Context-therapy	• ActiveYou-I

Example of existing 'know-do' gaps in OT practice

Occupational Therapy Case1 (7-years old boy with diplegia)

Legend:
- Body Functions
- Activity
- Participation
- Environment
- Other

Category	Body Functions	Activity	Participation	Environment
Interventions	20	39,7	5,3	29,8
Assessments	28,5	33,3	8,1	16,3
Problems	28,8	44,3	7,9	16,8

Occupational Therapy case2 (6-years old girl with hemiplegia)

Category	Body Functions	Activity	Participation	Environment	Other
Interventions	18,3	40,5	1,6	36,5	3,1
Assessments	23,2	25,9	7,9	24,9	18,1
Problems	14,3	55,5	5,9	23,2	1
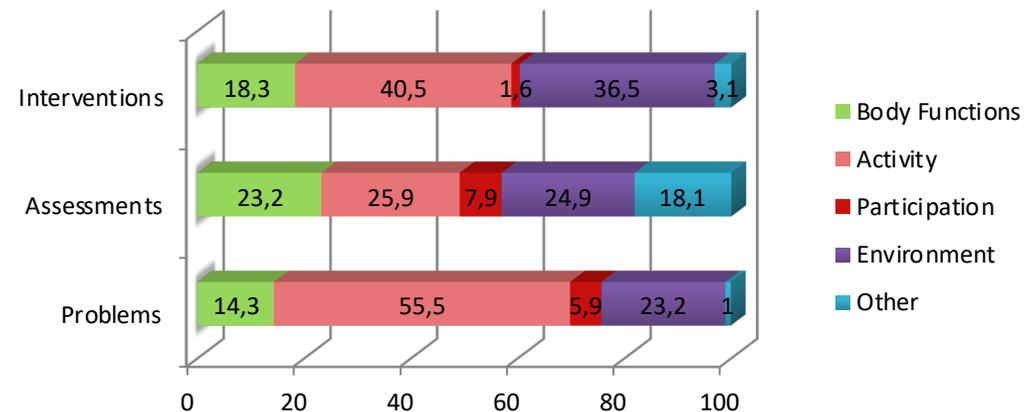
Similar gaps were found in the UK (Kolehmainen et al., 2020) and in New Zealand (Graham et al., 2020)

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Anaby et al., 2017

Fostering change in practice requires a concerted effort

Education is important yet not enough….

A collaborative multi-level systemic approach is needed!

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What are the factors that affect KT?

Micro: Service provider's knowledge and skills, attitudes, readiness for change, actuel practice behaviour or « practice habits »

                 Client's/family's perceptions and expectations

Meso: Caseload, time designated for training, opportunities for continued educations activities/professional development, resources, organizational culture, contextual elements, practice regulations/service delivery models, internal processes, mandate, readiness for change, parents/caregivers advisory board

Macro: Professional bodies, policies and regulations external to the organization as well as disability advocacy groups

For successful implementation of new interventions and approaches, different KT strategies may be needed across ecological levels

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KT strategies in rehabilitation – what is needed?

- An active multi-component KT plan (Menon et al., 2009)

- Educational activities can be supported by:
  - ❖ Local knowledge brokers or "site champions" (Gaid et al., 2021)
  - ❖ Reminders of best-practices and/or
  - ❖ Audit and on-going feedback on action (e.g., MAPi; Kolehmainen et al., 2020)

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What is LEAP?

What is LEAP?

- The **LEAP** initiative **- L**eading **E**vidence to **A**dvance **P**articipation-focused practice - has been formed to address this 'know-do' gap

- LEAP comprised of international researchers and stakeholders who seek meaningful collaborations to jointly-transform practice towards a focus on participation

LEAP develops and shares effective KT implementation methods and resources

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The P-KT roadmap

Co-developed by Dana Anaby, Mary Khetani, Barbara Piskur, Menno van der Holst, Gary Bedell, Frank Schakel, Arend de Kloet ,Rune Simeonsson, Christine Imms.

What does P-KT roadmap include?
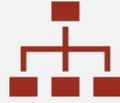
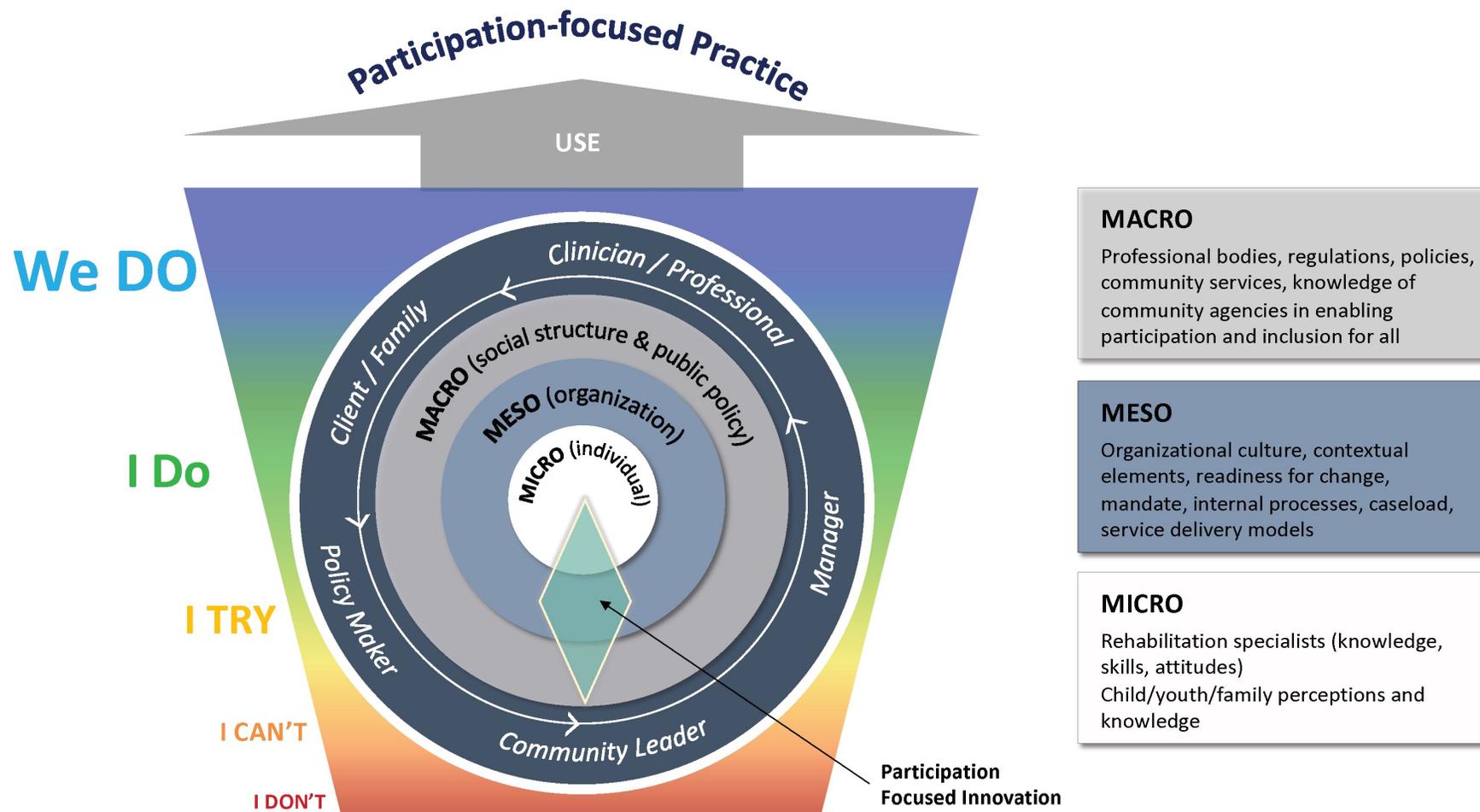A collaborative multi-level framework

A set of 8 guiding principles

Examples of implementation strategies

Booklet (fillable/guiding forms)

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P-KT Framework (Anaby et al, 2021)

MACRO
Professional bodies, regulations, policies, community services, knowledge of community agencies in enabling participation and inclusion for all

MESO
Organizational culture, contextual elements, readiness for change, mandate, internal processes, caseload, service delivery models

MICRO
Rehabilitation specialists (knowledge, skills, attitudes)
Child/youth/family perceptions and knowledge

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

8 Guiding Principles

Focus on	**Principle #1**: Focus on the essence of participation-based practices
Talk about	**Principle #2**: Talk about participation – Embed the language of participation in what you do with clients and families
Build	**Principle #3**: Build a "participation team"–Partner with and fully engage stakeholders at all levels
Understand	**Principle #4**: Understand where the participation-focused innovation sits in relation to your situation
Leverage	**Principle #5**: Leverage existing resources
Close	**Principle #6**: Close the practice-research-practice gaps through evidence-based practice
Connect and share	**Principle #7**: Connect and share successes: be an advocate
Ensure	**Principle #8**: Ensure sustainability

Examples of implementation strategies

Level	How to foster change
Micro	• Prepare a participation tool kit (assessments & interventions, tip-sheets, goal-setting templates)
	• Join an ongoing community of practice
	• Use effective educational methods such as problem-based learning and e-learning module
Meso	• Identify site champions & provide support for them (e.g., release time)
	• Partner to build a "bank" of resources and services available in your immediate community
	• Build inter-sectoral partnerships; Identify relevant organisational stakeholders (e.g., disability advocacy groups, community recreation providers, support agencies, universities with allied health programs, local schools)
Macro	• Identify and leverage emerging changes in health & social policies; the right time/climate for change
	• Identify "external forces" that can derive and sustain change (accreditation standards, incentives; peer pressure; competition b/w organisations)
	• Identify and work with legislators to champion inter-sectoral change in health & social services

Resources to support P-KT process

Available at the ASPIRE Lab website

https://www.aspirelab.ca/implementation-science

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

https://padlet.com/danaby/pkt

Form 1 – guiding questions

1. What is the goal?
2. Where are we at?
3. What is the participation-focused innovation?
4. Who should be involved?
5. What are the barriers and supports?
6. What are the strategies to address barriers and build on supports ?

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

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Form 2: Guiding Principles

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.	• 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.	• 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.	• Build a participation team • Share expertise with participation team and define roles • Identify relevant organizational stakeholders • Establish partnerships & engage in *ongoing* 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.	• 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.	• 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.	• 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.	• 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.	• Monitor implementation of the participation innovation over time • Use reminders of best-practices, site champions and leverage the 'participation team' (principle #3)

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Step 1- What is the KT Goal?

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)**

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Step 2- Where are we at?

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).

Step 3 - What is the innovation?

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/orgnaization's views of it?
➔ **Enter the Participation Innovation Analysis into the KT Intervention Strategies Grids as barriers/supports (Form 4)**

- Co-creation of guidelines
- Assessment
- Intervention

- Training
- Cost
- Accessible material
- Client's views

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Step 4 - Who should be involved?

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)**

Clinicians
Personal assistants
Educators
Family members
Volunteers
Community instructors

Managers
Parent/caregiver advisory boards
Community agencies

Professional associations
Ministry of Health/Education

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Step 5- What are the barriers and supports?

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   - Insufficent 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)**

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Form 3: P-KT Framework Diagram

KT Intervention Objective : _____
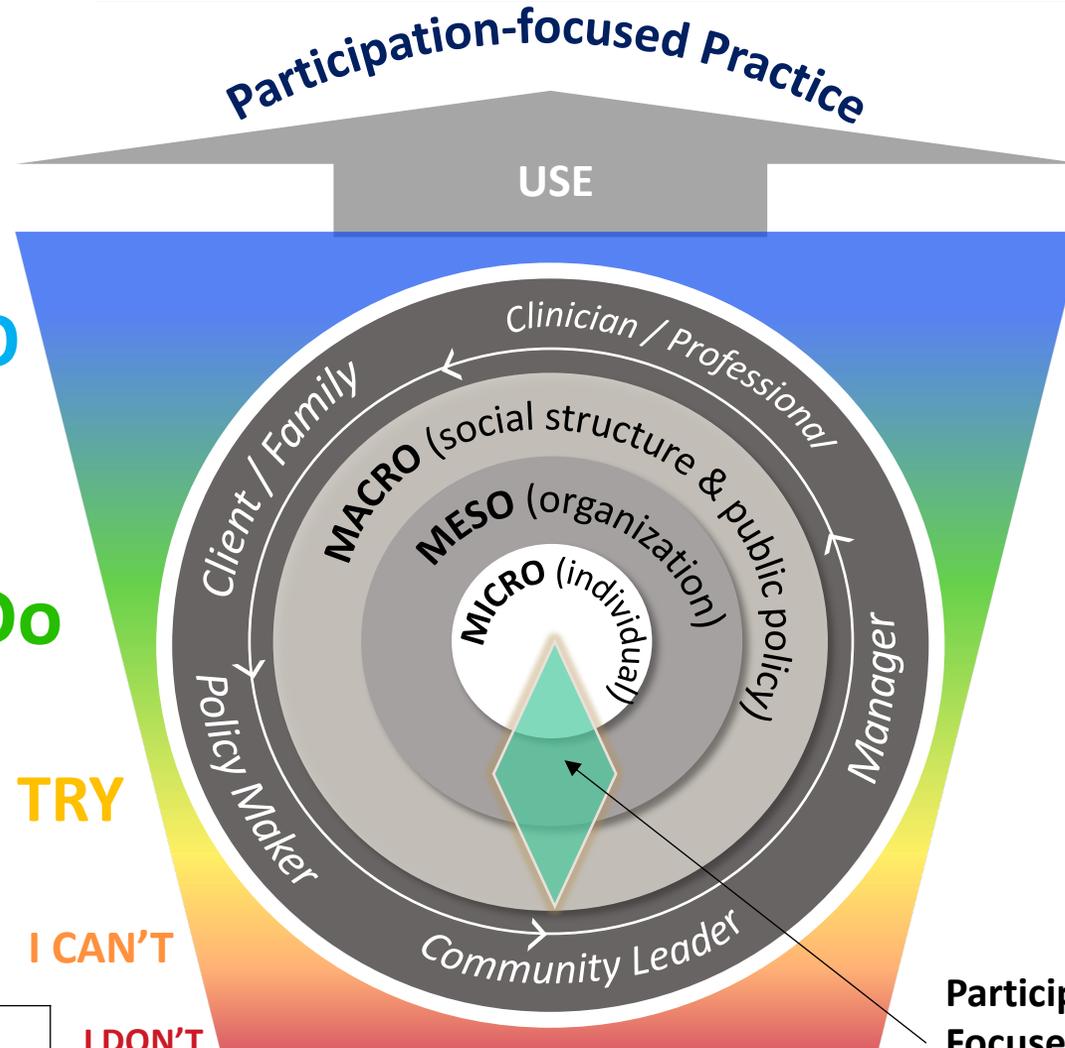
Readiness for Change (tick one box)

☐ **We DO**

☐ **I Do**

☐ **I TRY**

☐ **I CAN'T**

☐ **I DON'T**

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Participation-focused Practice

USE

Clinician / Professional

Client / Family

MACRO (social structure & public policy)

MESO (organization)

MICRO (individual)

Manager

Policy Maker

Community Leader

Participation Focused Innovation : _____

STAKEHOLDERS

MACRO
- _____
- _____
- _____
- _____

MESO
- _____
- _____
- _____
- _____

MICRO
- _____
- _____
- _____
- _____
- _____

The Participation Knowledge-Translation roadmap
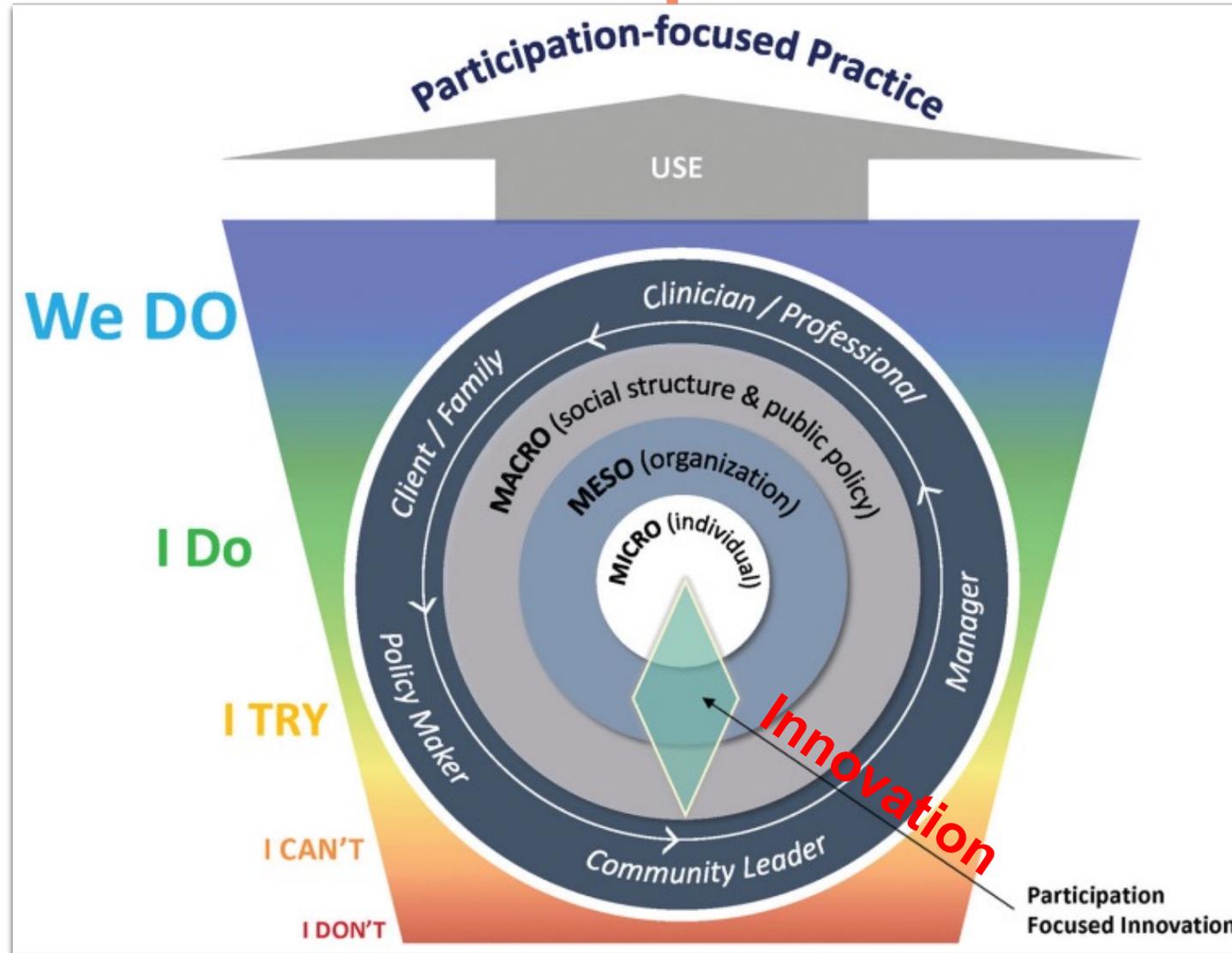
"I collaborate on dissemination and expansion of change in broader spheres (conferences, courses) including decision-makers with the purpose of shaping policies"

"I have built a participation team to promote the topic, I am using relevant outcome measures…"

"I tried to promote change in practice - I speak with others about participation, I'm uncertain about competencies"

"I haven't tried, I don't know, I don't have the skills"

Step 6 – What are the strategies?

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)**

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Form 4 – KT Strategies

1. Micro
2. Meso
3. Macro

Form 4: KT Intervention Strategies Grid - MICRO Level

Identify barriers and supports pertinent to YOUR situation and goals	Example strategies – add more as needed	Tick Applicable
BARRIERS:	**Intervention Strategies**	
• _____	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:	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	
• _____		
• _____		
• _____		
• _____		
• _____		

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For more information on P-KT roadmap
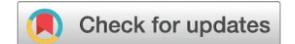
ORIGINAL ARTICLE

Check for updates

Towards a paradigm shift in pediatric rehabilitation: Accelerating the uptake of evidence on participation into routine clinical practice

D. Anaby[a] iD, M. Khetani[b], B. Piskur[c] iD, M. van der Holst[d,e] iD, G. Bedell[f], F. Schakel[e], A. de Kloet[e,g] iD, R. Simeonsson[h] and C. Imms[i] iD

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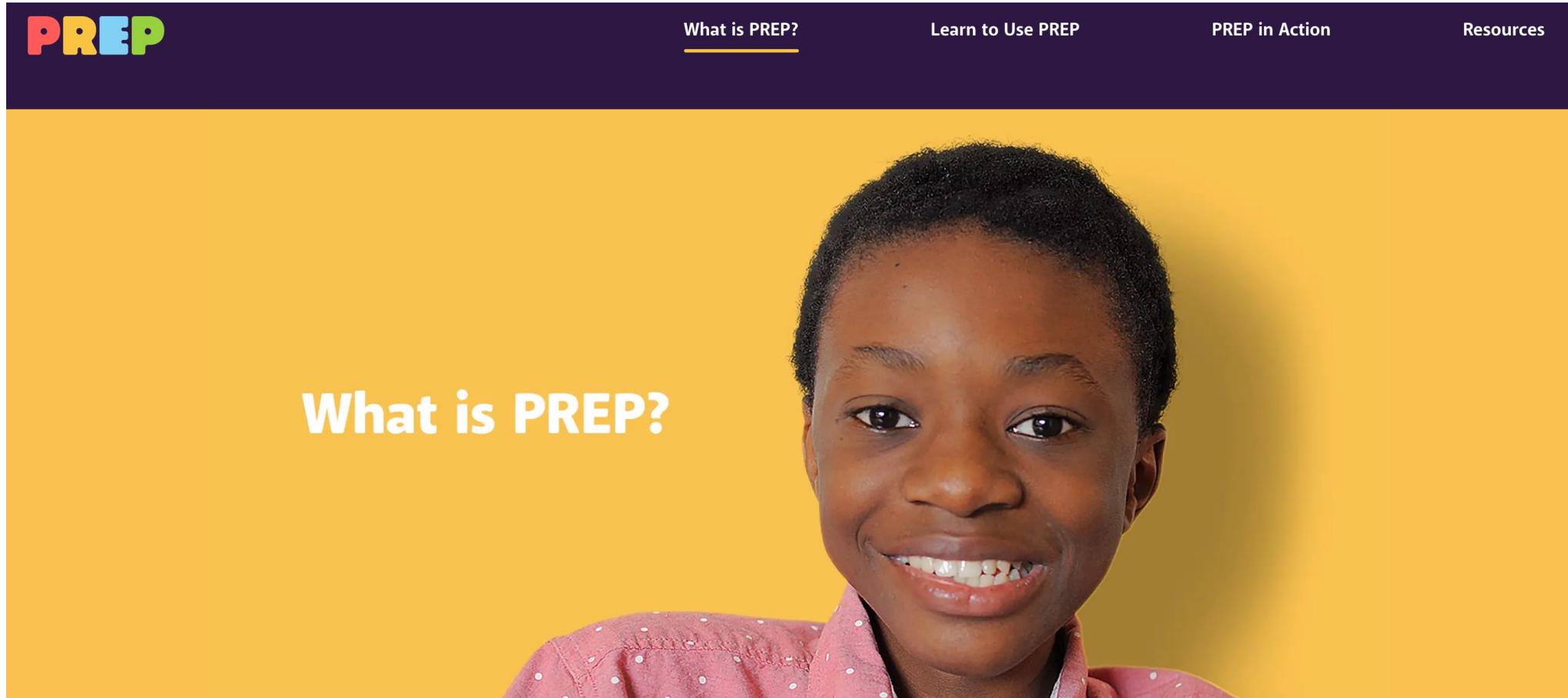
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The 5 steps of the PREP

Make goals

Map out a plan

Make it happen

Measure the process and outcomes

Move forward

The PREP intervention protocol is now available on the CanChild website: https://www.canchild.ca/en/shop/25-prep

PREP e-learning module

https://www.prepintervention.ca

A Knowledge Translation initiative- Forming Partnerships

Research

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SPOT

Policy

Israeli Ministry of Education
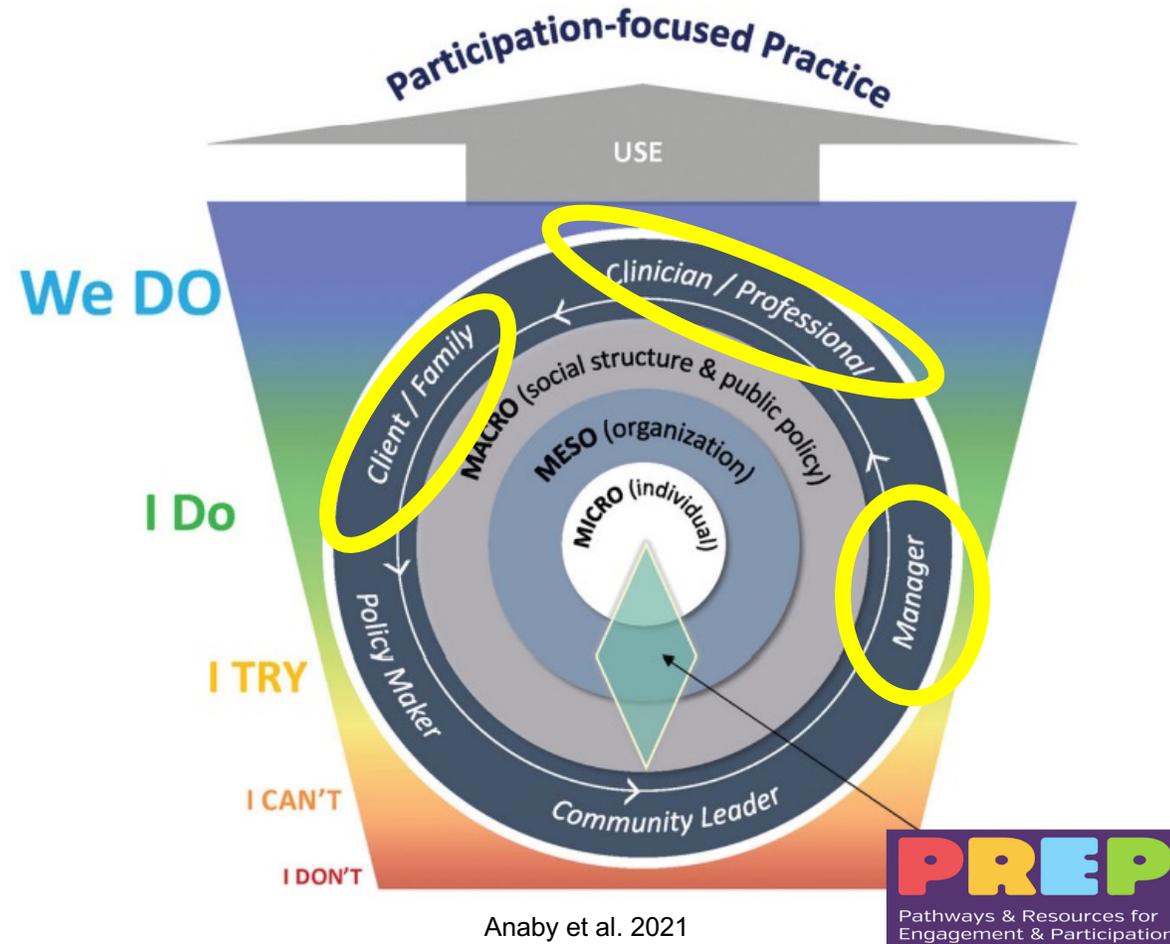
Division of Special Education

SBOT in Practice

Building on :

- Current policy changes of the IMOE regarding the inclusion of children with disabilities in mainstream education.

- Existing resources- The KT program was included in the official professional development program of OTs working in the IMOE, providing **credits to therapists** (leveraging an existing reform for professional development supported by the ministry)

- A 'clinician-director- researcher' synergy.

Waisman-Nitzan, Iivzori & Anaby (2022)

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Fostering a knowledge translation initiative in educational context

The Participation Knowledge-Translation roadmap

Anaby et al. 2021

PREP instructive program for OTs: inclusive education

Information sessions for OT managers- Ministry of Education

PREP instructive program for OTs, PTs, SLPs: inclusive education

PREP instructive program for OTs: special education

Unique KT interventions for each stakeholder group/sphere

	Therapists (n=39)	Managers (n=39)
Structure	A 10-week practice-based KT program (30 hours) on PREP	A 5-hr information session on PREP
Content	• Conceptual basis of PREP • Research evidence • Practicing PREP's 5 steps • Applying PREP in inclusive schools with one student	• Conceptual basis of PREP • Research evidence • Illustrative 'real-life' case studies of PREP application
KT strategies (examples)	• Shifting to participation-focused language • Developing shared understanding and responsibility for participation outcomes • Establishing professional peer support network • Collecting and sharing success stories/ practice-based evidence	• Establishing partnerships and engaging in ongoing knowledge exchange • Incorporating participation into existing service delivery models within the Ministry

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(Waisman-Nitzan et al., 2022)

Selected KT outcomes

- Therapist's outcomes
  - Knowledge test using a clinical vignette (QUAN)
  - Change in practice behavior was assessed using the PERFECT - Professional Evaluation and Reflection on Change Tool (Menno et al., 2010) (QUAL)

- Manager's outcomes
  - Attitudes/perceptions was measured using semi-structured questionnaire (QUAL).

- Child's outcomes
  - Change in children's participation was measured using the COPM at 3 time-points (QUAN).

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Therapist's outcomes

Knowledge

❖ Sum mean score: 17.7. (out of 20)

❖ 80% of the sample reached a score of 17 or more.

Key elements of PREP	Mean
✓ Setting participation goal	4.1/5
✓ Identifying factors affecting participation	4.6/5
✓ Environment-based strategies	4.5/5
✓ Building a participation team	4.4/5
Total	17.7/2

Therapists' change in practice behaviour

- Focus on the environment
- Expanding partnerships
- Focus on participation in meaningful activities

Identifying problem

Assessment

Intervention

Manager's outcomes

- School-PREP fit
- Anchoring PREP to existing Ministry policies/practices
- Leveraging successes to accelerate PREP implementation in the Ministry
- Organizational barriers
- Future steps for implementation

Child's outcomes

Recess

- Playing ball games with classmates in the playground
- Rubber band jumping games with girlfriends
- Recreational activities (comics, arts and crafts) with a friend

Home

- Getting together with classmates after school
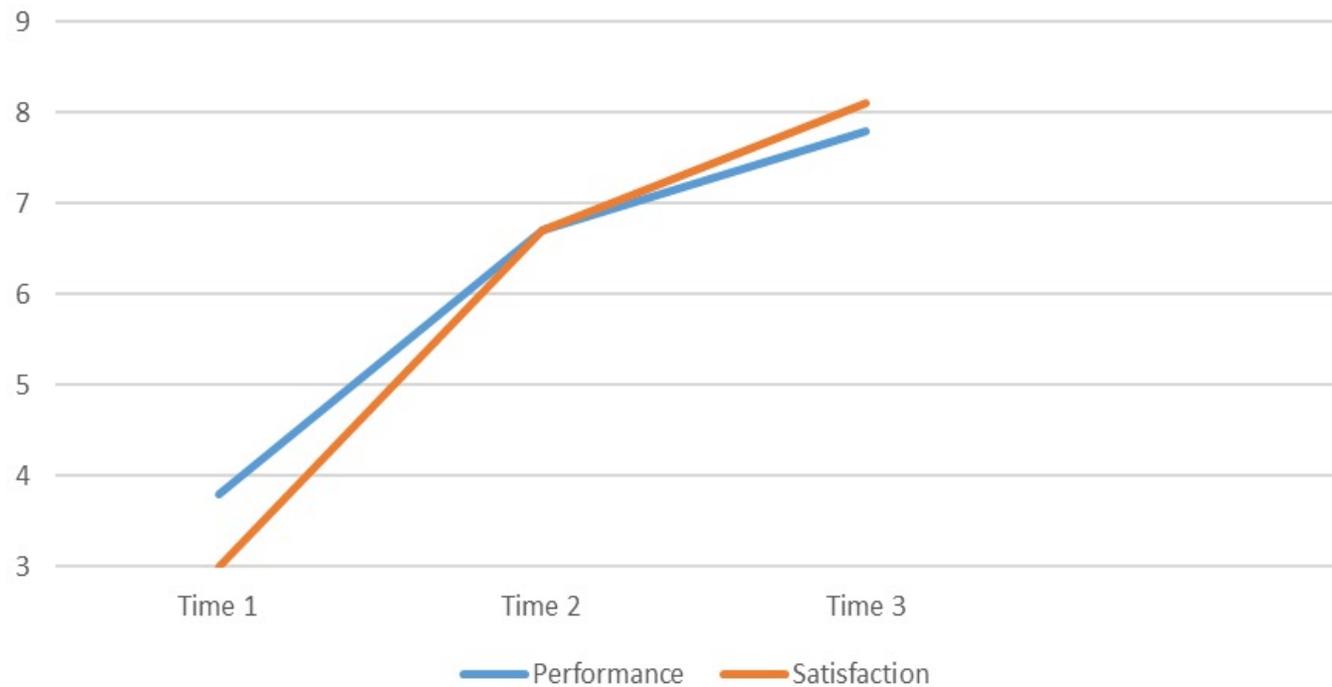- Enjoying cooking with family members

Class

- Joining a 'birthday club' at school
- Presenting computer games in class
- Engaging in adapted games during gym class

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Child's outcomes

Changes in mean scores of performance and satisfaction across three time points.

For more information on this KT initiative

Articles

Implementing Pathways and Resources for Engagement and Participation (PREP) for Children with Disabilities in Inclusive Schools: A Knowledge Translation Strategy

Michal Waisman-Nitzan, Yonat Ivzori & **Dana Anaby** ✉

❝ Download citation 　 ↗ https://doi.org/10.1080/01942638.2022.2037809 　 Check for updates

Take Home Message

- Shifting towards participation-focused practices for children and youth with disabilities requires a systemic multi-level KT approach

- Forming partnerships and working collaboratively with all stakeholders is key for successful implementation

- The disability community is a key partner in developing new tools and implementation strategies

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Future lines of inquiry – what else can we do?

- Expanding our 'bank' of strategies - Collecting real-life examples of KT strategies used worldwide by stakeholders to promote participation-based practices. This can be done by stakeholders completing the booklet followed by a content analysis.

- Conducting an international multi-site KT intervention study using a standardized protocol (tailored intervention guided by P-KT principles, KT outcomes)

- Offering (and testing) a program on "Knowledge Brokering" to build capacity in P-KT, ensuring sustainability of knowledge uptake.

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Refs

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- Menon A, Cafaro T, Loncaric D, et al. (2010) Creation and validation of the PERFECT: a critical incident tool for evaluating change in the practices of health professionals. *Journal of Evaluation in Clinical Practice* 16(6): 1170-1175

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Let's LEAP Together!

Please join the LEAP (Leading Evidence to Advance Participation-focused practice) initiative!

We would like to expand our network so we can work together at the international and national levels to move evidence about participation into day-to-day practise. Please leave your contact information below. We will be in touch soon.

@ASPIRE_Lab

Thank you/Takk!
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