RRTC–EBP–VR

Rehabilitation Research & Training Center
for Evidence Based Practice in Vocational Rehabilitation

Promoting and Supporting Evidence-Based Rehabilitation Practice with Knowledge Translation

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I'm John Lui. I am the co-PI of the RRTC. I'm also the director of Research and Knowledge Mobilization at Stout Vocational Rehab Institute. And I have done a lot of case management work and also had my own case management practice for many, many years. I want to emphasize that because I'm going to ask a question shortly. Cayte? Introduce yourself.

Thank you, thank you. I think maybe you know me, but I'm Cayte Anderson and I've had the pleasure of serving as the assistant director of the RRTC for the past several years. I'm also the new executive director of the Stout Voc Rehab Institute.

So she's my boss.

Happy birthday.

Oh, that's right. Happy birthday to her, yeah.

And I'd like to announce that I'm going to get a year younger every year now.

[Chuckling]

So, let me ask some questions first. Number one. How many of you would say that you are a practitioner? Okay. How many of you would say you are a researcher? All right. Let me ask the researchers who have their hands up. How many years have you practiced before? Have you practiced before, I should say? Okay.

So some of you who have done research have never practiced. What else? So. All of you have done some practice before you become researcher or you are still doing research or kind of a hybrid right now, right, doing both? Okay. It's important because of the whole thing that we're going to be talking about, okay?

The reason is, a lot of us who are researchers, who are research geeks, okay, sometimes forget about the practitioner side of things, okay? That, as if we are much higher level than the practitioners just because you have a Ph.D. or maybe you have a

Ph.D., okay? I have issues with that because I was brought up to be a practitioner to begin with and I also absolutely believe in practice-based evidence also as Dave Strauser also talked about a little bit earlier, okay?

That piece is important because as we go forward to talk about this subject called knowledge translation, that whole relationship between the practitioners and the researchers and other stakeholders are very important. So, I just want to lay the groundwork for our discussion today, okay?

Oops, sorry. It didn't show up. Actually, there was supposed to be a funny slide there. It was a slide with Garfield yawning, but somehow it's not showing up on my computer.

[Chuckling]

So this is the subject, jump in anytime, Cayte--

Sure, sure, will do.

The subject we'll talk about, and we're also going to use a different term as we go forward because knowledge translation, basically it came from Canada, okay, is from the Health Research Institute, okay? So, as we more forward I want to change to a different term, we'll get to that, but regardless, knowledge translation basically is the process of taking information gained from relevant research or some kind of investigation and then delivering it to the practitioners, in our case, vocational rehab counselors, in a clear and usable format, okay?

So I would suggest that most of the practitioners in here and also some of you guys who are even researchers, okay, how, when you look at research journals, I'm sure you all have some, right, yes, okay, so the first thing you open is the table of contents, right, every time you see a, okay, right, yes? And you look through that, which article fits you the best, yes? And then you look at the article and then what's the first thing that you read?

Your name and the abstract.

[Chuckling]

The abstract, right? That's it. And then what's the next thing you read?

The conclusion.

Aha. Go right to results, right? I can tell you especially it's true for most practitioners because of the fact that they don't have that kind of time. The caseload they have to manage is ridiculous, okay? So therefore, even if they do look at articles or any kind of research, they look at abstract, they look at conclusion, and that's it, okay? In between, that's not important. Or is it?

To us researcher, we're geeks, we think they're important because we want to look at least at the methodology section, right? Most of the practitioners don't have time to look at that, okay? And researchers are also telling us that a lot of students in the graduate program, master's degree level, maybe in doctoral level, do not push hard enough to really understand what they are reading and look at all those other pieces, okay?

One very simple thing was, how many of you even bother to look at the sampling section of the article, especially practitioners? That piece is vital. Again, literature is telling us that, not John Liu saying that, because that piece tell us whether what I'm reading, does it applied to what I'm doing, okay? Do the publish apply? Strauser talked about the whole issue, okay, but don't talk about that piece. Are those really applicable to what I'm doing, okay?

If not, then what do I do with it as a practitioner, right? It kind of stops right there, isn't it? They talk about the whole lacking of follow-through with the whole research piece afterwards. So, anyway, so this is just the whole KT concept.

And so KT itself is certainly getting a lot of recognition, but the most important thing from a KT theory standpoint, a concept standpoint, it has to be bidirectional, meaning it's not just from the researcher to the practitioners, okay? It should be coming from the other direction also, okay? And also should be also multimodal. Because the effect is bidirectional, we need to say what the audience is really needing, okay? The audience are all these practitioners out there. They are not all at the same level of functioning, okay?

I can tell you in the VR system, okay, and not only to this, the VR system, our state is very good, thanks to JoAnna and Mike Greco. We all aim for minimally master's degree practitioners, okay, in our state. And I'm also sure that you know that in many other states that's not the requirement. Some states are barely bachelor's degrees, okay, to practice. And most of the CRPs, community-based programs providing services for the VR counselors don't even have a bachelor's degree, okay?

So what is the gap there? That's a major issue there. How, so therefore, from a KT standpoint, we need to get information to all those people who are touching our clients. So therefore, they have to be multimodal for the reasons so that they can all understand

what the heck are you talking about, research geeks, okay? You're writing such high language and also all these fancy words, okay, that nobody won't understand, okay?

I have students talking to me about that I want to come into rehab is because I hate math. You research geeks, we agree with that, okay? Do you have students say that to you, that I come to rehab because I don't like math, okay? What I tell them is, I say, I don't need to know math. I just need to understand what SPSS does. I need to punch in two numbers, somehow click a button, it'll come up all these magic right, right? So think about that piece. Therefore it has to be multimodal and multidirectional also, okay? So it's a framework to provide clear model for KT in rehab.

And I'd like to jump in here. And John has mentioned bidirectional several times, and I think that's a key hallmark within knowledge translation. And we're talking about knowledge translation, really what we're starting to do is look at another field. Some of you may have heard of implementation science? Knowledge translation is somewhat related to implementation science.

And interestingly enough, there's a whole body of literature kind of connected to this, but there were several articles published late last year, so late 2014, that have started a discussion within the field of knowledge translation, growth in knowledge translation practitioners and researches, discussing what is the difference between strategic communication and knowledge translation. And really, what they're coming down to, the conclusion is that it really comes down to bidirectional.
So strategic communication can be unidirectional, right? So we can come up with our communication strategy, figure out what information we want to get out there to the world. But bidirectional is really what sets KT apart in that you go to the field and it's much more of a relationship as opposed to just a process.

And the keyword also in the second bullet there is the word replicate, right? All the research geeks out there, why do you think you write the methodology section so clearly? It's for replication. So anybody else can go back and read your study and they are actually able to replicate that piece and hopefully come up with similar kind of findings that you do and maybe other newer findings that you do, right? So therefore, that's why the section is important.

But is it really important to the practitioners? Maybe, maybe not. But that piece may not be as important to them, but still they need to understand why they are looking at that piece, right? And also, I can also tell you that most practitioners don't look at one other piece in articles. We all know that, and Strauser talked about that also this morning, when we do research, we have major limitations, right? We would love to do a study with 300 items, right? Would anybody take that survey for you, right?

So we soon get to 55, okay? To make it workable, okay? That's all your limitation. You may have to cover a lot of important things that may not be really useful but also the same, the other side of the coin is also we're funded by funders. We can only do research on certain kind of things within what the funder needed or what the proposal said, right? So, all the limitations also that we have to put in our research articles, our findings, right?

Practitioners don't look at that piece, okay? And we also know that looking at limitations also he-, but look at what other research we want to do in the future as researches, right? It tells it really loudly that there is a problem with our research, that we want to do better the next right, right? So.

Anyways, so the key thing in KT is this whole knowledge-to-action kind of model. So first thing we have to do is have some kind of knowledge creation and knowledge action, okay? So those are two key important components.

So knowledge creation is pretty much trying to find out what are those things that we need to know before we can put information out there for the users, okay, for the practitioners, okay? So, in our case, for RRTC, we basically did a study for these few sample questions, like what are the, VR counselors, what would benefit would they receive from receiving more information and training, what areas they believe training in EBP could help them out, how could information provided through the RRTC EBP, PBR be of value and what are the barriers and challenges, okay? There are just a few examples.

But we need to know about what that issue is before we can even go to decide anything for them to use, right? So it's really loud and clear that they want something that's beneficial to them, simple thing as like labor market analysis, labor market demand, what the market is saying, what the employer wants, for instance, right? Or maybe also they want to know about what are some disability-specific kind of strategies, okay?

The interesting thing with the second bullet was that they believe training can help them perform the job differently. One of the things that floated up through our study was time management. Does it have any bearing to case service? Absolutely. We know about, the staff-client ratio piece has impact, right? But when you have, manage 125 cases, 200 cases, that piece is important. So I as a professional need to learn how to manage my time efficiently and be able to do that well, right?

And so how can information provide through the EBP, PBR be of value to me? So basically what they are saying is, get me useful information, succinct information, just-in-time information, for instance, okay? We even asked them about what kind of form do you want? Believe it or not, they still want face-to-face training, but they also want

social media. But they also want peer-to-peer kind of discussion, dialog, okay? Now that's all from the study we ha- at the end of okay, for geeks out there, right? So telling us really loud and clear this is what they need, okay?

And then this is an important question. What are the barriers and challenges? First one floated to the top was time. Time, okay? Second one. This is scary stuff. This is not happening in Wisconsin, and I'm very happy. And actually in some of the states we study it's not happening in those states either, okay, is able to get to the technology, meaning the agency don't even allow them to use the technology. Go to use Facebook, they're not allowed, okay? So if we decide something like that, would they even get to it, okay? LinkedIn, would they even be able to, allowed to use it, okay?

And the third one, barrier, I'm just quoting a few, is actually linked to the second one, is the fact that they are not even allowed to access those things because by policy they have a firewall. They do not, they're not allowed to do that. So if I want to have this peer-to-peer dialog, okay, I want to Skype to Fong in Chicago, okay, I'm not allowed to do it. I want to Skype to someone else in California to talk about how successful their way in managing their case, I can't even hear it. So that's a barrier right there, right? You talk about the whole barrier piece in terms of the whole adoption piece, that piece is not there, so it creates major problems in terms of the entire VR system, okay?

So it depends on the state, their leadership, I mean, some of you guys attended Roy and Susan's presentation earlier, so that piece is because the leadership allows those things to happen. They're very supportive, in a very supportive environment, okay? So, therefore, environment, the culture has a lot of impact, okay?

Yeah, quickly, too, in terms of the training and access to information, much to our chagrin, practitioners said they're really not that interested in, and they don't have time, and they're not interested in reading full research journals, right, full publications. But they're very interested in getting the information.
So what they're asking for is having access to the information that you would be publishing through the articles but, as John said, in smaller, digestible nuggets, something they can pull up point in time, clear-language summaries. So, tell me, what does this research, you know, what was the research, what did you find out, how can I put it into practice? That's what they're looking for.

Also in terms of the barriers, in addition to technology, and this is something that may not surprise you, it was also access. So in certain, and again we conducted our study nationally, but in certain areas of the country, in certain states, particularly more rural areas, access to the Internet or Wi-Fi, even if you have the technology, is it portable? Do you have access to the Internet to be able to engage in some of the online trainings,

social media, etc.? So that's a concern that we heard from some of the VR, specifically in the state and federal VR systems and the practitioners.

So based on that kind of feedback, we basically did a few things. These are just some samples of stuff that we have done via RRTC on the knowledge translation side and using the Web site as a portal, okay? So we used plain-language summaries. PLS is pretty much from the collaborators, okay? They use PLS quite a bit to basically put out their information.

And then what we did further was we do a PLS of the articles and then allow the users to look at the information, and if they have questions, you would hook them up to the authors of those articles, okay? So they can talk to the authors because we as RRTC are not necessarily the authors of those articles, right? We're just there as a medium to provide information to them. But somehow we need to link them back, we play the middle person, link them back to the authors for them to ask those kind of questions. Again, remember the whole bidirectional piece, the two part got to talk to each other, okay? And I'll go somewhat as we go further about that piece.

We do have brief quizzes as a way to find out where they're at, what do they know, what they don't really know. We have self-paced training modules. We also do a lot of face-to-face training, something like this, right? And we also do some presentation in classrooms at conferences.

Again, this is not, this is very, again literature is telling us that, the students, these are future practitioners, right? They need to be really well-prepared to use evidence-based information to develop their treatment plan, for instance, right? So therefore, that piece is important, so we therefore go to these classrooms and do these games with them, very simple thing, for instance, like we would ask them to do a case study. If we want to analyze information, they come up with an individual placement plan, employment plan, okay? And then put them as a group to talk to each other and then do you think they have any changes in terms of IEP? Some do, some don't. Some don't maybe because they're very confident in terms of what know and therefore they write the IEP that way, right?

And then we share some articles with them that relate to that topic, the case study, okay? And then have them go back and say are there any changes in your IEP now? You'd be surprised some, there are more changes and again some may not change okay? Again, I want them to think about at that level, at the doctoral level or master's degree level, even undergrad level, to think about those pieces as the way they could manage a case. They can find out that information a lot deeper before they come up with IEP.

I mean, the thing about doctors, they don't know right away when they come up to be a doctor, right? They learn a lot by the seat of their pants, let's face it, okay, by patients telling them this is working, this is not working, and they tweak it all the time about this medication is not working, maybe I need to try this, all this are from basically experiences also, right? So all this information needs to be prepared while they are, why do you think doctors have to go to through so many years of residency or internship, right? That's some of the reasons also.

So we also provide some kind of self-evaluation tool to guide them through the curricula approach, apply EBP, a quality newsletter, social media. The COP piece is very interesting. We tried very hard, okay? COP is also where I think Strauser talked about it a little earlier about the whole adoption piece and also about, I think he used the word implementation and maintenance piece, right? The tricky thing with that piece of the whole RE-AIM piece, okay, AIM part, okay, to get the individual to be involved with COP. They have dedicated time to do that.

And so, go back to those barriers, okay? If I don't have that kind of time, I don't have access to technology, how am I going to be able to do that, okay? So those again are barriers to the adoption level already, okay, that we as a researcher need to understand that, number one, how are we going to be able to influence other stakeholders including the practitioners so that they can, they will be able to get to that information, okay?

And then, technical assistance and then continued formative evaluation. That piece is vital because if it's a multimodal, multidirectional piece, formative evaluation is continuing to be important for us to continue to treat the information for them to use, okay?

Say, before you switch, we should mention that a number of these examples and tools are actually available through the Web site. We'll have the Web site at the end of the presentation, so if you're interested in looking at the self-evaluation tool to guide your approach, it's there, it's available, use it.

And we are also very good at, I think Priscilla Matthews is back there, she's also very good in terms of connecting with SEDL, which is the KT center funded by NIDRR as well to continue to work with them to improve actually each other in a sense.

Oh, this came up.

[Chuckling]

Kind of like how you feel right now, right? So there are still some of these gaps in the whole KT area. Again, it's information flow to practitioners of effective interventions

supported by research findings. So where are those gaps and where are those barriers to get the information to them? Is it us who are researchers or research institutions or is it their employers who are not allowing them to receive that information or is it that we don't build them up that they want to have that information to better their jobs, okay?

So, I mean, we know, CRC, some of you guys are CRC and also many practitioner CRCs out there, right, that the one piece that's important is the whole competence piece, is probably the professional ethics. They need to continue to improve that piece, right, so that they can be more competent, okay?

So that piece, hopefully, we tried some of this stuff, and then the need still to identify and incorporate participatory approaches to engage key stakeholders in the planning, development, and implementation of all research, training, dissemination, and technical assistance activities. It's a long sentence, okay? But I want you to read through that very clearly, though, is that we re supposed to engage them at all levels, even in the planning of our study, okay, even in developing the instrument to study is supposed to involve the users, okay?

And also, even when you do the dissemination, all these are also part of them. Therefore, they are truly participatory to work with us together. That's the whole KT concept by itself, okay?

And then, I want to include this piece in there is because the KT concept does not include the employers, again because it came up with health sciences, okay? We are in the field of voc rehab, vocational rehabilitation, right? The word vocational automatically imply what? Employment. Employment requires employers, okay? It has nothing to do with just [23: 25] which just passed and also job [23:27] initiative that Joe Biden support-, give to Obama, okay? All those are part of the whole thing that we cannot separate our partnership with the employer in voc rehab. Voc rehab by itself is employment, okay? We have to pay attention to that.

So therefore, they have to be at the table to be part of the stakeholders we need to influence. They need to know what we're doing. We also need to know what they are doing. I think Fong has done a lot on the side of things, so that piece to look at that piece as well as practitioners.

So, as we move forward, we, meaning our KT team, decided that we don't like the words knowledge translation. The reason is different presentation we have done, practitioners come up to say to me, it's like I know English, okay? You don't need to translate it to me, okay? You're insulting me that you're trying to translate things to me, okay?

And also when you say to it's already one-directional, right? You know you're listening to me, right? So we didn't like the term. And I understand that from a feeling standpoint, emotion standpoint, and also at the same time we also looked at the whole knowledge mobilization concept. Again, this came up in Canada. Basically the differences came up in the social science and humanities research versus health sciences, okay? Because it was no different in terms of the whole participatory piece. It's just a different term, and we like that a lot better. I like that a lot better because it's part of my job title now, okay?

Although I have to say when we were working on your new job title, the dean asked, what the heck is knowledge mobilization? So we had to explain to the dean, too, that we actually want to get out in front of this and be leaders in the movement, innovators within rehab counseling, and so connecting the research and knowledge mobilization's going to be critical and let's formalize that with John's position and to move that forward.

So again, I talked about a little bit earlier, basically you need to have all these infused in all levels, from research, by the time you do the research piece and information dissemination piece, all need to be participatory, okay? And again, I cannot emphasize more about the formative evaluation piece. That's the only way you can continue to make changes, okay? And we all know that's a continuous improvement kind of process in a sense, okay?

I just want to mention, too, with evaluation, I think within knowledge translation we're still again in the very early stages in terms of measuring knowledge translation. So we have decent tools to be able to measure knowledge acquisition, right, so acquiring knowledge, but it's much more challenging for us to, currently to measure application and then sharing of knowledge.

And, you know, in thinking about it, we're looking at different frameworks, developing, actively developing frameworks. But as Dr. Strauser was talking about in sharing information about RE-AIM this morning, I'm thinking that could actually serve as a very nice framework for measuring knowledge translation or now more importantly knowledge mobilization. So, we might already have frameworks that we can work with and then start the discussion in terms of how do we extend that to knowledge mobilization.

So we came up with these three words that hopefully would also get all of us to think about this a little bit more, is acquire, apply, and share, okay? So each of these words is a continuum, okay? You have the intention to acquire. Do you actually take action to acquire? You have the intention to apply, then you actually apply, and then so on, okay?

So, in some way, kind of linked to what Strauser was talking about this morning about the whole RE-AIM piece, okay? Think about the reach and efficacy piece, adoption, implementation is the apply phase, and then the maintenance piece is a matter of sharing. How do you get the information? Also linked to what Chairman Chan talked about this morning about knowledge acquisition, knowledge validation, which is basically application, and then I think the last thing he said was knowledge transfer. That's exactly the whole issue of sharing, okay?

So let's just use this as an example. Why are you coming here, okay? You heard about these major marketing feat that Tim did, so therefore you all heard about this amazing conference today, this symposium today, right? It's great. I want to learn about this. I want to acquire this information and what the heck all these RRTC folks are talking about, right?

So therefore, you have the intention to come and then you actually sign up and some of you show up, okay, right? And some of you cannot show up for many different reasons. Some of your colleagues did not sign up and some could not show up. There are still name tags out there for instance, right?

So, some of you actually come here, so actually you're here to acquire information right? Big deal. So what? Are you going to try to apply what you have learned today, especially if you're practitioners, okay? You come to some seminar and learn about some great things about some cases. Are you going to apply it, okay?

So intention to apply is right there. Okay? So some studies have done, I think Fong have done there with Cognitive Behavior Scale [sic], whatever, did it with Jill Bezyak , remember? It's very easy to figure whether a person has actually acquired information but has not applied it because they don't know what the outcome is going to be, okay?

So the application piece got to go to that level of actually trying it, okay? So practitioner actually try it, are you actually going to try what you learned today, right? Great. Okay? After you apply it, you must have some results, right? Then what do we do with it? For the practitioner side, they have try it--

Right. Eevaluate, monitor, evaluate. Those are case management principles. And then what do you do with it? You put it in a drawer that when I worked with this type of case, this is a strategy I would use, and the next time I pull out that file and say I'm going to try it again maybe. Again, there's individual differences, right?

The point, however, is, remember we talked about the whole sharing piece, okay, about the whole knowledge transfer piece, is where is it going? Are you just sitting on it as

practitioners or researchers? Are you sharing that with the world, okay? And how do you share it with the world, okay?

That piece is important. From our standpoint as researches and some of you guys practitioners, it's like this, okay? The practitioner tries it. They are the magicians who have tried what you come up with in some sense, okay, right? You're so good in all this stuff, you write books, and I read about these books and the textbooks in my class, now I'm the CRC, now I'm going to work on this, okay? So I'm going to learn about this, I'm going to try it, okay?

And then it doesn't work or does not work very well. What do I do with it? Most practitioners don't talk to researchers. That job, this, whatever you come up with does not work. It only works this way, okay? Do you guys ever have phone calls like that or e-mails like that? What's wrong? Why is that? I want to hold you responsible. Why are you not talking to practitioners so they will come back and talk to you that, hey, what I did did not work or only worked so well for only certain level or certain population, okay?

Because if they tell us that where we can go back and tweak our research for the next time, right, and so it's gave us great opportunities to do other kind of research that what the practitioner and the field and, most important, the consumers will want, okay? But we don't have that kind of dialog. That's why it needs to be bidirectional for that reason, okay?

So therefore, the sharing part's important. How do we share the information back and forth with each other so that we can both lift the field up together, okay? That's why we've embarked on these three words, acquire, apply, and share, okay?

Yeah, and I think kind of along those lines but also a little point, so with the RRTC we had a special issue in the *Journal of*--

Vocational Rehab.

Thank you [chuckles], *Vocational Rehab*, that was released last September and it's open source. So if you're interested in looking at the articles and some of the findings across the different phases of the RRTC research, they're available online free through the Web site, and so you're very welcome to look for them, apply what you're learning, and then feel free to share. We freely encourage you to share.

So basically you go to IOS, click it up and you'll see all that. We previously with the help of Paul Wehman from VCU. We want to make sure at the KT level, and I can tell

you that that is the future of knowledge translation or knowledge mobilization is open access, open source, okay?

I just want to point out the people who did research should be on our Web site, you'll find them on our home page, too. You can just click there.

Because eventually I think we are trying to push a bar up that this is what the whole field need to get to is open access, open source. So that people don't have to, I know, NRA going to hate me, don't have to join a professional association before they can access certain kind of articles, okay? The point, however, is that information got to be accessible by everyone, especially practitioners, okay, if we want them to really hear what you are researching about, talking about, okay?

So, knowledge mobilization basically refers to moving available knowledge often from formal research into active use, okay? So its purpose is making connections between research, expertise, and policy practice to improve outcomes in various organizations or sectors, okay? In SEDL, you go to their site, they will tell you that the ultimate goal of knowledge translation is basically the whole system implementation piece because ultimately what we do need to impact the policy. Therefore, it will impact how people with disabilities will be treated and what kind of services they will receive, okay, or what kind of funding we may get to do more research, for instance, okay, to be selfish, okay?

Ultimately therefore, policyholders [sic] and regulators need to be also part of the stakeholders for dialog from a knowledge mobilization standpoint, okay? And so ultimately, need to be bidirectional is knowledge and knowledge user got to talk to each other, okay? That piece is vital, okay? We got to get ourselves there. We're not there yet, okay? That's why, there's still a big gap in KT for that reason, okay? So that's the whole KT process. I'm going to go through everything, this continuous circle, okay? So again, ultimately research and practice will be back and forth.

So, see, Tim, I told you I can get done before 4:20. So, here, go back to, our goal is the acquisition piece, acquire, how interested are you in acquiring new knowledge that promotes evidence-based practice? Apply, how interested are you in applying the new knowledge that may affect employment outcomes of people with disabilities? And then sharing, how interested are you in sharing new knowledge that may affect employment outcomes for people with disabilities?

This one piece I also ask practitioners when I present at practitioners' type of conferences also, like have you even walked down the hall and talked to your other colleagues and teammates about your cases? Have you ever even talked to someone in another state, in California, okay, about similar kind of cases? You try and tell me

that in California they don't have people with intellectual disabilities? Right? They must have similar cases. Why don't we talk to each other? That piece is so simple, right?

Community of practice is only one form to do that, I mean, it's called many other, a lot of ways, you know, learning communities, all these are part of the whole concept. The point is, we need to get ourselves there so that we can talk to each other a lot and share this information so that we can all grow together.

But more importantly is we need to somehow figure that out, how are we going to talk to practitioners and also break down the barriers so they can talk to us and also get our stakeholders to be interested in us, what we do, and be interested in what they want to learn, what they want to gain from us. So.

Well, I think another important piece that we learned through the RRTC research was that we were trying to engage in PT but also participatory approaches to research with practitioners, and when you're working with systems it's very critical to get buy-in from leadership, right? And so, a couple of our guests have already left, but Sarah Lincoln is here from DVR central office. JoAnna Richard and Kathleen Enders, her colleagues, were also here. And I think it's powerful.

And it's really important to us to have VR leadership as a partner and here and interested and engaged in learning about evidenced-based practice and learning about the research and then also then sending that message and setting that tone culturally internally within VR. So, thank you. Thank you for coming.

Thanks for inviting us.

Fong is very humble and did not talk a lot about the other kind of technical assistance that the RRTC is doing. They're kind of leading to this whole KT concept in a sense and also about one state, can I mention the state, Minnesota, for instance, okay? They found out that we got the grant, okay? So they said, well, we are doing MI, motivational interviewing, training with our staff, okay? They said, why don't you provide technical assistance with us, do program evaluation for us, right?

And research geeks in here know that it's a little too late. You're already done training. And then they also in the midst of the talking, they said, oh, by the way, we also introduced MI to our supervisors. So again, there may be good working alliances between the counselors and the supervisors, right? But somehow this one piece is missing. If they talk to us first, maybe we can help them design a little differently and maybe collect data differently, right? That's one piece that's missing.

But we are in some ways responsible, we, I'm talking about we as educators, we're responsible for that. We did not get these practitioners are doing this kind of work. We had to ask the question first, okay? Then their study would be a lot more fruitful and better in the long run, right? I mean, we're still doing that program eval piece with them and working really well with them. We are very glad they're interested, okay?

But it would be very different, so that's why the dialog that Fong had with Wisconsin is very different and they are more willing. It takes a little while to get through there, right? Yes? Right? But the point is, we're able to get to that piece, they understand it very well and able to do much better research study with Wisconsin, for instance, right?

So I think that's a very simple example of that piece, why that piece is important, okay? It's nothing to do with being geeky, but the point is, why is that piece, if you're upfront talking about it, the research project would be a lot better, funding would be a lot better if you want to be data-driven, right?

So ultimately, we need to, I put these kind of arrows bidirectional that way. Got to go both ways, okay? So we all need to talk to each other. And the community partners is going to be involving the employers as well, okay? They are part of the community, okay? So therefore, they need to be part of that, rehab researchers, and also community partners they also include regulators as well, okay, and administrators, if you notice as much about what practitioners are doing also, okay?

[Chuckling]

We still have six minutes, don't we?

Well, I'm hoping there are questions. But--

Well, I think we should do something that we forgot to do at the very beginning. We need to introduce the brains behind the KT team.

Oh, yes, yes.

So, we have Priscilla Matthews and Erin Nierenhausen in the back. And they're probably blushing because I'm calling them out, yes, yes. But anything you see on the Web site that looks shiny and fancy and nice, it's all because of their ideas and their work. John and I just get up and talk. Yeah, Susan?

And while you're giving a shout-out to Priscilla, if you all have a liked on LinkedIn, the Web site, do that because Priscilla's group has some great information on LinkedIn and

has some communities practice there, and it's really easy to access and it's great information. So I wanted to make sure that you all knew that.

Thanks, Susan. And here is the Web site, if you're interested.

And actually some states that we know are actually looking up our COP module, training module, and actually using that to develop COP in their state. Again, COP can be just within the agency itself, within the office, can be across borders, can be across state lines, across international lines for that matter, right? So.

Yeah, and there's some wonderful resources on here, some brief training videos, so, something along the lines of what is evidence-based practice? We have videos on that and you're very welcome to use them, share them. What is a community practice and how do I develop one? The tools are there. The self-evaluation tool, in terms of evidence-based practice and looking at the continuum of evidence-based practice, it's available. So feel free to use this, share it, and encourage others to look into it as well.

Let me ask you one question. Do you notice something different with our presentation?

You're done early?

That, oh, yes.

[Chuckling]

No. No offense to the researchers, we didn't show any numbers here, did we? No charts, no numbers.

No charts.

That's the next KT presentation.

[Chuckling]

Very purposeful to do that. I want to respect the practitioners in the audience and also the practitioners, so. Other questions, comments?

I don't want to steal Tim's thunder, but I do want to thank Dr. Fong Chan and Dr. Tim Tansey for pulling together this fabulous event and creating a reason for us to all come here together today and learn with and from each other.

[Applause]

With that, we thank you, and I think it’s up to Tim.

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