

Knowledge translation: Doing the right things right

Two x 4-hr online workshops
- via zoom.

**MON 4TH & WED 20TH
APRIL 2022**

18:00 - 22:00pm (AEST)
(Sydney/Melbourne/Canberra) -
mornings in Europe

COST: \$255.19

The knowledge translation (KT) workshop has been conducted at conferences and in hospitals with a range of collaborators for over 10 years.

The workshop includes examples of projects completed by the presenter(s) and other published studies.

To register: <https://bit.ly/3oHxMLK>

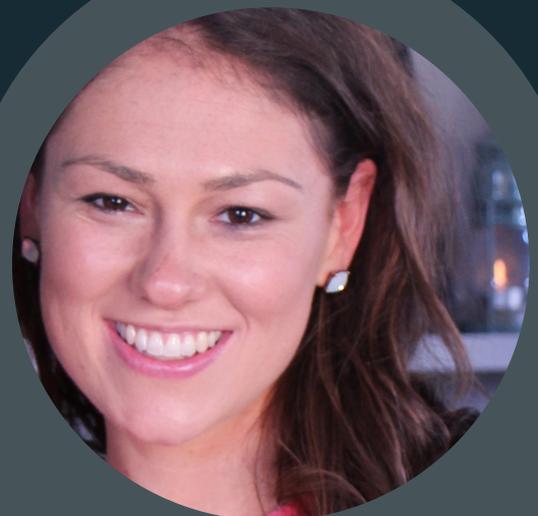
For more information

<http://strokeed.com/workshop/knowledge-translation-doing-the-right-things-right/>

Presenters:



Dr. Annie McCluskey
*PhD MA DipCOT,
Occupational therapist*



Dr. Lauren Christie
*PhD BAppSc ,
Occupational Therapist*

About the knowledge translation workshop

This workshop provides an introduction to knowledge translation and explains the process of implementing evidence. Examples of common research-practice gaps will be presented from the Australian stroke audits and guideline recommendations (content can be adapted for other guidelines and areas of practice such as aged care/falls prevention).

Therapists will be invited to identify research-practice gaps relevant to their practice, such as underuse of seated reach/balance retraining beyond arms reach, upper limb constraint-induced movement therapy or electrical stimulation. These gaps are a good starting point for individuals and teams that want to change their practice.

Examples of improved practice outcomes include "increasing the proportion of inpatients that complete at least 2 hours of active task practice per day" or "for inpatients who have difficulty sitting, increase the proportion of inpatients that practice daily reaching beyond arm's length in sitting, with supervision/assistance".

Using recent projects as examples, we will explore barriers to implementing guideline recommendations, and summarise evidence from trials and systematic reviews. Common barriers affecting individual therapists and organisations include lack of skills and knowledge, unhelpful attitudes, beliefs and biases, lack of equipment and space, professional roles and health systems.

Finally, behaviour-change interventions can be used to address these barriers. Interventions include audit and feedback cycles, education and training, coaching and mentoring, prompt and reminders. Outcomes of recent projects will be shared. Participants will leave the workshop with an action plan.

Practical activities include identifying:

(a) Behaviours that need to change and "who needs to do what",

(b) Barriers that often impede change such as lack of skill, beliefs and biases, equipment, space and personnel

(c) Outcomes that can be expected, and how to measure outcomes regularly, such as by observing practice or auditing files. Examples of changed behaviour and improved outcomes include "increasing the proportion of inpatients that complete at least 2 hours of active task practice per day" or "for inpatients who have difficulty sitting, increasing the proportion that practice daily reaching beyond arm's length in sitting, with supervision/assistance".

(d) Strategies and behaviour-change interventions to address the barriers such as audit and feedback, education and training, coaching and mentoring, prompt and reminders.