Knowledge Translation Strategies for Engaging Stakeholders: Lessons Learned from the MSKTC

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Disclosures

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Disclosures

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Implement best practices in developing and testing consumer products with individuals with SCI, TBI, and burn injury.
2. Apply methods and processes to design and manage a large, scoping review to identify gaps in knowledge in rehabilitation sub-populations.
3. Identify KT strategies for informing policy through research by engaging policymakers.
4. Adapt and execute an array of strategies to present and disseminate consumer-friendly resources that support individuals with SCI, TBI, and burn injury.
Session Overview

• MSKTC background
• Developing and testing consumer products
• Designing and managing a large scoping review
• Engaging policymakers
• Disseminating products to the field
• Open discussion
MSKTC Overview

• Funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)

• Supports the Model System Center Programs
  • 14 Spinal Cord Injury (SCI) Model Systems and 1 SCI Data Center
  • 16 Traumatic Brain Injury (TBI) Model Systems and 1 TBI Data Center
  • 4 Burn Injury Model Systems (Burn) and 1 Burn Data Center

• Helps Model Systems research throughout the KT process with:
  • Research Support
  • Consumer product development
  • KT Technical Assistance
  • Outreach and Dissemination
MSKTC Products

• **Research Products**
  • Systematic reviews
  • Publication database

• **Consumer products**
  • Factsheets
  • Infocomics
  • Quick reviews
  • Videos
  • Slideshows
  • Hot topic modules

• **KT products**
  • KT tools
  • Webinars
  • Online courses
Developing and Testing Consumer Products
Conduct Research to Understand Consumer Needs

• Conduct qualitative research to understand consumer health information needs with:
  • Individuals with SCI, TBI, and burn and their caregivers
  • Clinicians
  • Policymakers
• Consumer surveys to gather consumer input on future factsheet topics
Consumer Survey on Factsheet Topics

What do you need to know about living with a Spinal Cord Injury?

Tell us what you think in this brief survey!

We are seeking your ideas on topics for spinal cord injury (SCI) factsheets that people with SCI and their families would like to know more about. The Model Systems Knowledge Translation Center (MSKTC; www.msktc.org) will use the results from this survey to develop factsheets and information materials about living with an SCI. The MSKTC is a project funded by the National Institute on Disability and Rehabilitation Research.

Participation in this survey is voluntary and you may stop at any time. All individual responses will be kept confidential. Your name will not be used in any summary reports that result from this survey and no comments will be linked to you. There are no risks to your participation.

If you have questions about this survey or the MSKTC, please contact Dr. Cindy Cai (msktc@air.org, 202-403-6929). If you have questions about your rights as a survey participant, please contact the Chair of AIR’s Institutional Review Board at IRBChair@air.org, or call toll free at 1-800-634-0797.

Thank you for your input!
Consumer Survey on Factsheet Topics

We are in the process of developing factsheets on 5 other topics:

1. How to Talk about Your Injury
2. Lifestyle (weight/physical activity)
3. Caregiver Issues
4. Memory Loss
5. TBI & Vocational Rehabilitation

Please let us know other topics that you would like to learn about, starting from the topic you are most interested in.

1.
2.
3.

If you have more than 3 topics in mind, please use the box below for additional topic suggestions and/or comments:
SCI Consumer Factsheet Topic Survey Results

• Recovery and Treatment after SCI
• Daily Activities Living with SCI
• Community Integration
• Effects of SCI & Other Illnesses
• Technology for SCI
• Family and Relationships
• Policy and SCI
TBI Consumer Factsheet Topic Survey Results

• Effects of TBI & Other Illnesses
• Social Life
• Treatments and rehabilitation
  o Education and Assistance for caregivers
• Family life and parenting
• Personality
• Cognition
• Legal Issues and Insurance
• Young Adults & Adjustment
  o Cognitive therapies
• Long-term effects and planning
• Interacting with health care professionals
Burn Consumer Factsheet Topic Survey Results

• Burn and Recreation
• Burn and Sexuality
• Childhood burns in adulthood
• Healing of scars and grafts (what to expect)
• Resources related to amputees that need home adjustments
• Scar education - when does it mature? When will it stop being red? When will it stop being sensitive?
• Common meds for burn injury and effects to body (i.e. loss of hair)
• Nerve Pain
• Facial Burns & Scar tissue, splinting (masks); facial stretching, mouth devices, skin care (showing etc.)
• Cosmetics (make-up, personal appearance, grooming, etc.)
• Information on antibiotics post-burn
• Burns and Workman's Comp.
• Testimonials – i.e.: "4 months after my burn, I could not ?, but 6 months later after doing ? I could ?"
Principles in Consumer Product Development

- Understand the objectives of consumer products
  - To help consumers understand the change in their bodies and what is causing the change to happen.
  - To understand their bodies and any medical terms about the injury so that they can communicate effectively with doctors and other clinicians.
  - To understand what options are available and where choices are limited—especially what is in consumers’ control and what is not.
  - To understand the tradeoffs and choices of an action well enough to make a decision about what should be done.
Principles in Consumer Product Development

• Develop content to help consumers to:
  • Take actions
  • Manage emotional impact of the text
  • Increase self-efficacy
Principles in Consumer Product Development

• Use plain language writing style
  • Using plain language is not “dumbing down,” and it is not just about reading level.
  • Plain language is more than words
  • Reading level goal: sixth to eighth grade as determined by the Flesch-Kincaid Grade Level Test.
  • Readability goal: 75 or higher.

• Conduct cognitive testing
  • Helps make sure information is usable and is understood as intended by the audience.
Principles in Consumer Product Development

• Present information in a clear way to the readers
• Include images or pictures to aid comprehension
• Use design elements to promote branding
Respiratory Health and Spinal Cord Injury

What does the respiratory system do?
Your respiratory system (or pulmonary system) is responsible for breathing. This system enables you to inhale oxygen into your blood and exhale carbon dioxide. Your body needs the oxygen to survive, and carbon dioxide must be removed to avoid the build-up of acid in your body.

How does the respiratory system work?
You normally breathe without thinking about it, but your brain is carefully coordinating this activity. Your brain sends signals down your spinal cord to the phrenic nerves which start at the 3rd, 4th, and 5th cervical spinal levels to contract the diaphragm.


Your diaphragm is the dome-shaped muscle located under each lung (at the bottom of your chest) and is the primary muscle used for inhaling. The diaphragm moves down as it contracts.

Your lungs, rib cage and abdomen (belly) expand as air is drawn into (inhaling) your lungs through your nose and mouth. Air travels through the main airway (the trachea) and smaller airways (a series of tubes) that lead to the air sacs. Air sacs in your lungs transfer oxygen from the air to your blood. Your diaphragm moves up to where it started as it relaxes after inhalation. Your lungs, rib cage and abdomen (belly) get smaller as the muscles of inhalation relax, pushing carbon dioxide out (exhaling) through your nose and mouth.

You normally need more muscle strength, or force, to help with breathing when you exercise or cough. To provide this added assistance, particularly to help with exhaling forcefully during a cough, your brain sends signals down your spinal cord and out through the nerves coming from the thoracic portion of the spinal cord to direct your abdominal muscles (over your belly) and intercostal muscles (between the ribs).

- Coughing is important because you produce small amounts of mucus in your lungs every day. Coughing helps to remove the mucus and prevent mucus build-up that can block the airways leading to the air sacs in your lungs that absorb the oxygen from the air. When you cough, the muscles responsible for most of the force are the abdominal muscles.

How does spinal cord injury impact the respiratory system?
Signals sent from your brain can no longer pass beyond the damage to the spinal cord, so your brain can no longer control the muscles that you would normally use for inhaling and exhaling. The extent of your muscle control loss depends on your level of injury and if there is complete or incomplete spinal cord damage.

If you have a complete high cervical injury that involves the spinal cord at or above the cervical 3rd, 4th, and 5th spinal nerves, you may have a loss of or weakness in diaphragm function depending on the extent of damage. You may even need a tracheostomy (an opening through the neck into the trachea)
Spasticity and Traumatic Brain Injury

February 2015

What is spasticity?
Spasticity is an uncontrolled tightening (increased muscle tone) caused by disrupted signals from the brain. It is common in persons with severe brain injuries (TBI). People with spasticity may feel as if their muscles have contracted and will not relax or stretch. They may also feel muscle weakness, loss of fine motor control (for example, being unable to pick up small objects), and overactive reflexes.

What you need to know

- Many people with TBI either do not have spasticity or have easily controlled spasticity.
- Your brain injury may cause the muscles in your body to become stiff, overactive, and difficult to stretch. The muscle may "spasm" or tighten suddenly. Doctors call this effect spasticity (pronounced spas-TIS-i-ti).
- Spasticity may not be bothersome and does not always need treatment.
- Spasticity may come and go. It may be worse during certain activities or it may become worse at night. It can interfere with sleep or limit the ability to function. When problems such as these arise, there is more need to consider treating it.
- Severe spasticity may cause almost continuous spasms and can cause permanent shortening of muscles, making even simple movements difficult.
- There are ways to treat spasticity or relax muscles, ranging from controlling triggers to taking medicines.
- When only a few muscles are affected, focal treatments such as nerve blocks and botulinum toxin injections (described below) may be considered. There may also be surgery options.

Understanding Your Body: How Muscles Work

Your brain communicates through your spinal cord and nerves to your muscles and causes them to contract and relax. After brain injury, the messages between brain and muscles may become unregulated leading to unwanted muscle contractions.

What are the symptoms of spasticity?
The symptoms and degree of spasticity are different in each person and can include:

- Sudden, involuntary tightening or relaxing of a limb, or jerking of muscles in the trunk (chest, back, and abdomen).
- Hyperactive (overactive) reflexes, such as a muscle spasm when the arm or leg is lightly touched.
- Stiff or tight muscles at rest, so that it is difficult to relax or stretch. This is more pronounced than normal muscle tightness when a person sits for a long period of time. In spasticity, the tightness is so high that it is difficult to stand or walk.
- Muscle tightness during activity, making it difficult to control movement.

The Traumatic Brain Injury Model Systems Program is sponsored by the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education. (See http://www.msktc.org/TBI/model-system-centers for more information)
Exercise After Burn Injury

How does a burn injury affect your body?
A burn injury causes stress to your body. Your heart and lungs may not work as well as before. Your bones may not be as strong. Remember that muscles get weak or smaller when they are not used—being on bed rest probably caused you to lose some muscle. For each day of bed rest people can lose 1% of their muscle.

Also, as your burns heal you may notice that your skin feels tighter. You may not be able to move your joints as far and as freely as before. This tightness and lack of movement may make it harder to take care of your everyday activities like bathing, dressing, and eating.

Why exercise is important?
The sooner you begin everyday activity, the better. Sitting up, getting out of bed, and walking will help you get out of the hospital sooner. Being active or exercising will:
- Help your breathing
- Help your body to fight infections, like pneumonia
- Improve your flexibility and ability to move
- Lower your risk of developing scars or contractures that limit your ability to move
- Make it easier to take care of your everyday activities
- Give you a sense of well-being

What can I do?
The chart below shows the types of exercises that can benefit you. Please consult your physician before engaging in these exercises.

<table>
<thead>
<tr>
<th>Type of Exercise or Activities</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stretching</td>
<td>Stretching increases flexibility, which is important for preventing and treating contractures. The goal of stretching is to move the joint to the point where the skin stretches. Hold the stretch for 20 seconds to 2 minutes. Relax and repeat three times.</td>
</tr>
<tr>
<td>Aerobic activities</td>
<td>Walking is an easy way to get aerobic exercise. Walk outside or on a treadmill inside. Start slow. Increase the time you walk by about 1 minute per day. Build up to walking 30 minutes to 1 hour three times a week. You should feel as if you are working, but you should not be so short of breath that you can’t talk. When cleared by your doctor, try using a stationary bike or swimming.</td>
</tr>
<tr>
<td>Strengthening activities</td>
<td>Resistance training or muscle strengthening is exercise that uses weights, elastic bands, or your own body weight. They need not be heavy. They just need enough tension to raise your heart rate and tire your muscles. Yoga, Tai Chi, or Pilates are also ways to make your muscles stronger and keep you moving.</td>
</tr>
</tbody>
</table>
Strategies in Testing Consumer Products

• Goal of testing consumer products:
  • Do They Help Make Patient Decisions Easier?
Strategies in Testing Consumer Products

• Develop a protocol to test products
  • Establish focus
  • Observe reading
  • Assess understanding
  • Confirm usefulness
  • Obtain general opinions
Consumer Testing on *Pregnancy and Women with Spinal Cord Injury* Factsheet

July 2014

**Topic guide for consumer interviews**

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**Procedures for informed consent and demographic questionnaire**

IRB has granted the waiver of documentation of consent. There is no need to document consent during this interview. The willingness of the participants to be interviewed serves as consent for participation.

**Testing materials include**

- Phone number (1800 number if needed for participant)
- Audio recording equipment and batteries
- Interviewer clock
- Testing materials (1 per interviewee) to be sent to interviewee once interview is scheduled:
  - *Pregnancy and Women with Spinal Cord Injury* factsheet

**Checklist of Procedures**

1. Verbal consent from participant
2. Conducted interview with materials
3. Participant will receive monetary incentive via gift card post-interview
4. Type up notes
Lessons Learned: Developing and Testing Products

• Involve consumers at all stages of development
• Develop content to help consumers take actions
• Understand that consumer product development is both science and art
  • Best practices presented
  • Branding and best design elements
• Developing tools to support researchers in developing consumer products
Online Knowledge Translation Toolkit

The Knowledge Translation (KT) literature suggests that multiple KT strategies combined can be most effective to promote change. The Online KT Toolkit provides guidelines on how to use the KT strategies that research has shown to be effective. These tools are designed primarily for researchers from the Model Systems but can be adapted by the general public. New tools will be added on this page as they are created throughout the duration of the grant.

What is Knowledge Translation?

Knowledge translation (KT) is the process by which new knowledge is transformed into information that benefits society through changed policies, behaviors, programs, or practices. KT is a systematic process that begins with collecting and analyzing the latest research findings. Then, research-based recommendations are made regarding best practices and treatments. Finally, this synthesized and translated knowledge is promptly and effectively disseminated to those who need it. Learn more about Knowledge Translation...

Additional Resources on KT

- Knowledge Translation Library at the National Center for the Dissemination of Disability Research
- Knowledge Translation Resource Clearinghouse
- Innovations in knowledge translation: The SPHERU KT casebook (PDF)
Designing a Protocol for a Large Scoping Review
Why a Scoping Review?

• With the overarching purpose of mapping a body of literature, highlighting gaps in the existing literature, and identifying important constructs, scoping reviews can highly be useful in the context of disability and rehabilitation
  • For sub-populations within the larger disability population, literature may be only several decades old and for which little synthesis has occurred
  • Provide a foundation for moving a field forward by identifying key issues needing attention and a framework for guiding future work
Women with Spinal Cord Injury

- Women with spinal cord injury (SCI) are a small minority of the SCI population (~20%)
  - Many studies do not distinguish their experience from men’s
  - Women have different bodies, minds and experience than men
  - We wanted to learn more about the literature on this sub-population and make recommendations to shape future work

Let’s do a review!
Little Did We Know...

• ...the review would be so big and take so long to carry out!

Here’s the story of how we’ve done it and what we wish we’d know when we embarked on this
Leading a Large Scoping Review

• Communicate well and often
  • Talk to your reviewers, create consensus, get input
  • Use a comprehensive guide and update

• Create efficient processes, but pay close attention to details
  • Think streamlining without compromising quality
  • Be OK with getting it wrong, you can fix it

• Prepare to do the lion’s share of the work, even with enthusiastic reviewers

• Be generous and invite trainees or other early career people to join your team
  • Let them lead papers on topics with a manageable number of papers

Most reviews involve a handful of reviewers and have a relatively narrow scope.
THIS ISN’T ONE OF THOSE
Leadership is one of the key to success!
Strategies to Manage the Review

• A large scoping review is broad by definition. Create *a priori* topics to park papers and organize review assignments.

• Use technology strategically! (Paper is so 1980s.) Find ways to centralize information and automate whenever you can.

• Create a review guide and update regularly. Put it *all* in there!

• Don’t be afraid to revisit processes, admit you are off track or could do things more easily, and make changes.

• Pay attention to small details, they will undo you if you don’t. Devise ways of tracking assignments and progress of reviews effortlessly-ish (see point #2 above).
Creating a priori topics for parking papers

• Provided us with a general framework for organizing the review given our broad purpose, we developed, a priori, topics in which to “park” the articles selected for full review

• Allowed us to classify papers and gave us an organizational structure for assigning reviews based on reviewer expertise and the final analysis and reporting of data

• Authors created 9 topics based on their expertise in disability, rehabilitation and women’s health
• Psychological functioning - Depression, anxiety and other psychological disorders including substance abuse

• Quality of life and adjustment - Health-related quality of life, positive affect, and resilience

• Secondary medical conditions - Neurogenic bowel and bladder, skin and bone health, physical functioning and/or mobility, mortality, pain

• Family life - Parenting, social roles, marriage or other partnership and care giving

• Community life - Community participation and employment, and community access

• Sexuality and sexual functioning - Arousal, orgasm, intercourse, and sexual relationships

• Reproductive health - Fertility, birth control, pregnancy, birth and delivery, menstruation, menopause and hormone therapy

• Access to care - Routine checkups, mammograms and pelvic exams and compliance with treatment/rehabilitation

• Health behaviors - Self-care, exercise and/or physical activity, and leisure
Online Data Capture and Management

• Many systematic reviews use simple spreadsheets to collect data
  • With 2 or 3 reviewers this is easy enough
• But... with 4,700 abstracts, 600+ articles and 14 reviewers we needed to be creative and harness the power of information technology!

http://project-redcap.org/
The Wonders of REDCap for Reviews

- Survey capability and automated invitations
- Real-time data entry with branching logic and validation
- Audit trails
- Data export mechanism to common statistical packages
- Data importing capability
- Extensive reporting features
- Data quality reports

Although designed primarily for research projects, REDCap’s features make managing a review a (relative) breeze!
What the Review Assigner Sees

Where the magic happens. Once the coding* for automatic invitations is set up, one click sends the review to the reviewer. Every time. Really.

*Coding is “send to [email] when ‘yes’ is selected in [sendnow]”
The magical click sends an email to the assigned reviewer with a unique link to the online review form for that article.

The article name is in the subject line* to help the reviewer manage their reviews.

*This auto-populates from the article’s record “name”
The article PDF is uploaded directly into the online form, eliminating the need to go to another location and get the paper. Brilliant!
Monitoring Review Progress at a Glance

Clicking on any of these buttons will open that data collection form in the article’s record.

Customized views allow for showing other variables in the dataset; these are the assigned reviewers.
The Review Guide

• Use and regularly update the guide to provide the review team with the information they need to do the work.
• Keep track of modifications to the protocol.
• Include database codebooks, publication plan, questions that analyses can address, etc.
• Think big, not small! You won’t remember so many details later... these reviews take a long time and no one’s memory is that good.

Yes, that really does say “version 6” (It is currently 56 pages long)
Details, Details!

• No detail is too small when you are reviewing 4,700 abstracts, 600+ papers, have 2 blinded reviewers for each full review and 14 reviewers (that changes)

• Naming conventions
  • First author last name, year of publication, and abstract review number

• Tracking assignments and what is done and not done
  • Use an easy to sort, filter and redundant system to make assignments and track progress
# Tracking Progress

Make it easy to see!

Counts of each topic and reviewer assignments that update as you go.
Use quick formulas to generate article names, auto-populate emails (this can easily be transferred to a formatted spreadsheet for upload to REDCap)
Selecting and Engaging Reviewers

• A big scoping review takes a village to accomplish!
  • Diverse expertise and background
  • Enthusiasm and willingness to be a team player
  • Offers trainees and junior faculty a chance to develop critical thinking skills and how to synthesize a body of work
Strategies for Publications

• Because a large scoping review cannot be contained in one publication, plan carefully!

• Original (read: naïve) Plan
  • Publish a standard scoping review, a nice and tidy paper and move on

Then we started reviewing 4,700 abstracts and about 20% met criteria for inclusion...it was time to revisit the plan!
Strategies for Publications

• New (read: realistic) Plan
  • Multiple papers. Not the norm, but how else would we juggle 9 topics and 600+ papers?
  • Publish a methods paper that detailed how we designed, re-designed, and managed this massive review with tips and strategies for other investigators
    • The paper I wish I had in 2010...
• Publish separate papers on each topic
  • Decide the order you want to tackle topics and work sequentially or on two topics concurrently
  • Topics may be combined depending on results of abstract reviews
  • In the end much more efficient than conducting 9 separate reviews
Lessons Learned

• Expect iterations of processes, procedures and protocols - Did we get it right the first time? Of course not...
  • The full review process underwent 2 revisions (and counting) and the database underwent 3 revisions (and counting)
  • The abstract review process underwent 3 revisions (and counting) and the database underwent 4 revisions (and counting)
  • The review guide underwent 6 revisions (and counting)
Lessons Learned

• Expect exits and entries of reviewers
  • A core group generally sticks around
  • Others graduate, lose interest, get swamped
  • Keep your eyes open to offer an opportunity to join the review

• It will take you much longer than you planned
  • Expect taking 2 to 3 times longer than you planned
  • Don’t make a lot of promises based on a timeline
The Review Team

- Claire Kalpakjian, PhD, MS, University of Michigan (lead)
- Catherine Wilson, PsyD, James A. Haley VA Hospital
- Susan Robinson-Whelen, PhD, Center for Research on Women with Disabilities, Baylor College of Medicine; TIRR Memorial Hermann
- Stephanie Silveiria, University of Houston
- Nancy Merbitz, PhD, University of Michigan
- Gianna Rodriguez, MD, University of Michigan
- Lisa Wenzel, MD, TIRR Memorial Hermann, Baylor College of Medicine
- Heather Taylor, PhD, TIRR Memorial Hermann, Baylor College of Medicine
- Margaret Nosek, PhD, Center for Research on Women with Disabilities, Baylor College of Medicine; TIRR Memorial Hermann
- Denise Fyffe, PhD, Kessler Institute
- Susannah Parke, MD, University of Michigan
- Ketlyne Sol, PhD, University of Michigan
- Mark Ziadeh, MD, University of Michigan
Engaging Policymakers
Engaging Policymakers Course

• 3 week online facilitated course
• Developed based on interest expressed by Model Systems researchers
• Focused on:
  ▪ How policymakers access, understand, and use research
  ▪ Strategies to engage with policymakers and key stakeholders
  ▪ How to translate research into policy
My research tells you what to do. This is an important issue.

I can’t understand these data tables and I have about 20 important issues on my plate.
Conversation with a Policymaker

I’ll clarify the information for you...now you see how important this is.

Ah, now I get it. But what’s the return on investment? Why should I use my political capital to push for this change?
Conversation with a Policymaker

Okay, here is the return on investment in terms of lowered healthcare costs and improved outcomes. Tell your colleagues to make a policy change.

Great stuff—why don’t you come back in 6 months when we’re planning the budget. Right now, I don’t have the funds.

Researcher

Policymaker
Poor Researcher Response

ARRRGGGGGGHHHHHHHHHHHH!!!!!
Good Researcher Response

That sounds great, and I’d like to invite you and your colleagues to meet again to keep you in the loop on this topic. I’ll share more information and see where I can help on this important issue.

Wonderful! Let’s keep in touch.
Course Take-Aways

• Give the information to policymakers the way they can understand it
• Don’t assume policymakers will share your passion for the issue
• Become familiar with the policymaker’s agenda and how your research aligns with their interests
• Always, always, always speak to return on investment (RoI)
• Every policy change has a cost—monetary or political—keep that in mind when engaging policymakers
• Relationships take time, so become a go-to expert for your policymaker
Additional Tips

• Consider value of engaging policymakers
• Develop a policy “pitch”
• Identify a policy issue/implication of your research
Resources offered through the MSKTC

Tip Sheet: *The Value of Model Systems Research in the Policy-Making Process*

- [http://tinyurl.com/MSKTCpolicy](http://tinyurl.com/MSKTCpolicy)

Engaging Policymakers Self-paced course

- Contact us for enrollment information: [MSKTC@air.org](mailto:MSKTC@air.org)
Engaging Policymakers: Lessons Learned

• Researchers are busy!
• Course content is applicable to participants with a current policy issue in mind
• Research linked to special interests of policymakers can be a great entry point
Disseminating Products to the Field
Web Tour
http://www.msktc.org

• SCI Resources:
  http://www.msktc.org/SCI

• TBI Resources:
  http://www.msktc.org/TBI

• Burn Resources:
  http://www.msktc.org/Burn
Dissemination Strategies

• Media Products
• eNewsletter, *Headlines from the MSKTC*
• eBlasts
• Social Media
• Brochures, Bookmarks, and other Hard Copy Materials
• Conference Exhibits
• Conference Presentations
Patient and Family Education

• Accreditation standards
• Automated tracking systems
• In-room viewing
• Discharge materials
• Rehabilitation tools
Lessons Learned: Dissemination

• Take advantage of face-time
• Consolidate information
• Know end users’ language and speak it
• Diversify outreach strategies
Open Discussion
Contact Information

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Cynthia Overton, Ph.D.  coverton@air.org
Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://acrm.cds.pesgce.com

Please complete within 30 days of completion of course.