

# *Crossing the Disciplines in Clinical and Health Services Research: Lessons for Knowledge Translation*

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# Crossing the Disciplines...

- As Dr. Roy's talk made eminently clear, **transdisciplinarity is essential to move our fields ahead**
- He spoke of 'Innovation through fusion of disciplines'
  - What 'disciplines' might we consider?
  - How can we achieve this goal?
- I'll cite personal examples to illustrate my ideas and to show what is possible!



# Why is this Even a Question!

- The worlds of clinical and health services research (and presumably all other fields as well) are continually evolving
  - New paradigms about old issues (e.g., ICF)
  - New data (e.g., population-based vs. clinic)
  - New questions (e.g., cost-benefit issues)
- Research and Knowledge Translation need to keep up with the changing world





# However: before we start...

- As leaders we need to be aware of the emerging cutting-edge issues in our fields – and build on these in our research
- We need to know what resources we have at hand when we start exploring issues
- What do we not have available in our orbit, but will need to move our work forward?



# Rx: Create Partnerships...

- ...between **'them'** – the people who have the questions and a need for answers...
- ...and **'us'** – researchers whose 'craft' enables us to reshape dilemmas and problems into formal, fundable research questions to which we can turn our skills in order to answer 'their' question!





# Rx: Listen to who is asking good (researchable) questions? (i)

- **Service providers'** clinical perspectives – we need to listen to their dilemmas as experienced 'in the trenches'

e.g., “What is ‘family-centred service’” ...  
→ MPOC research program

e.g., “How to describe ‘severity’ of cerebral palsy...”  
→ GMFCS work now used everywhere in the world




Rx: Listen to who is asking good  
(researchable) questions? (ii)

- **Parents' concerns** should be an important stimulus for our research

e.g., answering parents' Qs re. prognosis in CP

→ prospective longitudinal study of motor development in children and youth with CP





Rx: Listen to who is asking good (researchable) questions? (iii)



- **Students' questions** are often hard to answer! Why? Usually because we do not know – but can try to find out!

e.g., exploring a dilemma that arises during either their studies or their work with us – we can model problem-based learning and give them an academic experience into the bargain



# Rx: Listen to who is asking good (researchable) questions? (iv)

- **Policy- and decision-makers** regularly face dilemmas in their respective roles. Partnerships with them can be very fruitful for everyone as opportunities for transdisciplinarity.

e.g., *CanChild* – a ‘health system-linked research unit’, working in a comfortable and productive relationship with the Ontario Ministry of Children and Youth Services, exploring issues of mutual interest that they posed to us!



# Rx: Shameless Opportunism!

- Seek out colleagues with curiosity and a sense of adventure across disciplines and other ‘boundaries’

e.g., GMFCS, MPOC...all have involved the active participation of colleagues and parents, and all are reflective of the issues because of these partnerships

e.g., MACS, CFCS – based on GMFCS, being developed by colleagues in other countries with input from our group’s experiences



# Rx: Shameless Opportunism!

- Look for common elements across (what appear to be) different areas of discourse

e.g., applying measurement science to our needs led to *CanChild* becoming one of the leaders in the field both of new tools and of the research experiences that lead to the creation of new tools. Based on our exposure to colleagues with other skills and disciplines.



# Rx: Shameless Opportunism!

- Offer people opportunities to expand their horizons while helping us do the same

e.g., graduate students looking for research...  
→ keep potential research questions in a drawer for the next curious student!

e.g., bring new people into 'our' worlds...  
→ look for people with complementary skills and invite them to our tables with our dilemmas



# Clinical and Health Services Research...



- There is an infinite variety of problems and dilemmas for which we need informed answers
- Many questions need advanced analytic techniques (e.g., SEM), new research methods (e.g., qualitative designs), or new disciplines (e.g., health economics) that require different skills than those we traditionally expect to have at hand



# Knowledge Translation (KT)...

- It should be apparent that the type of transdisciplinary research I am suggesting – if well executed – should resonate with people like the people with whom we have collaborated. This in turn will enhance KT.

e.g., parents' responses to MPOC

e.g., MCYS interest in our Service Coordination or Outcome Measures work



# Knowledge Translation (KT)...

- When we collaborate as described here we end up with ‘champions’ – KT brokers who have an investment in the findings and their translation into practice

We need their advice and help to get the (relevant) messages out to the ‘right’ people



# Knowledge Translation (KT)...

- We also become aware of opportunities to present and promote our work beyond whatever traditional outlets we use

e.g., parent newsletters and meetings

e.g., 'Keeping Current' reports in plain language



Thank You!

These ideas are now  
open for discussion!