

FNH 480: **Knowledge Translation**

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Land Acknowledgement

We would like to acknowledge that UBC's Vancouver Point Grey campus is situated on the traditional, ancestral, and unceded territory of the Musqueam, Squamish, and Tsleil-Waututh nations.



Learning Objectives

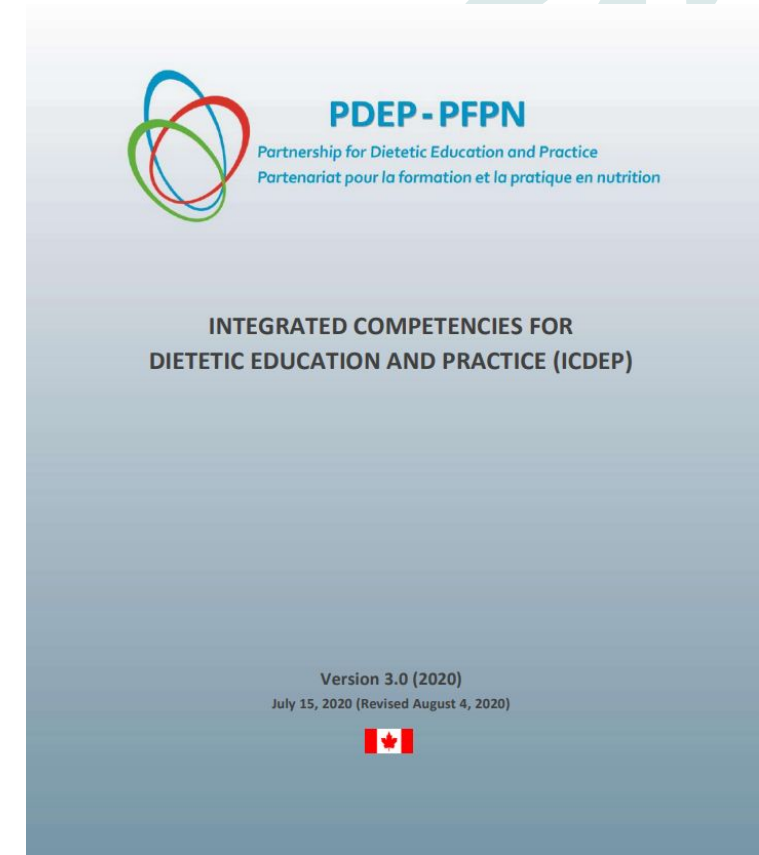
1. Explain the importance of knowledge translation in a professional Dietetic setting.
2. Demonstrate how to translate knowledge in a form that is most suitable for the given audience.
3. Differentiate methods to translate knowledge towards clients versus colleagues.
4. Apply the skills learned to a variety of different scenarios through role-playing.

ICDEP v3.0 Linkage

4. Management and Leadership

4.04 Undertake knowledge translation

- 4.04a Identify foods and nutrition knowledge relevant to others
- 4.04b Reframe knowledge into a format accessible to others



Why Knowledge Translation is Important

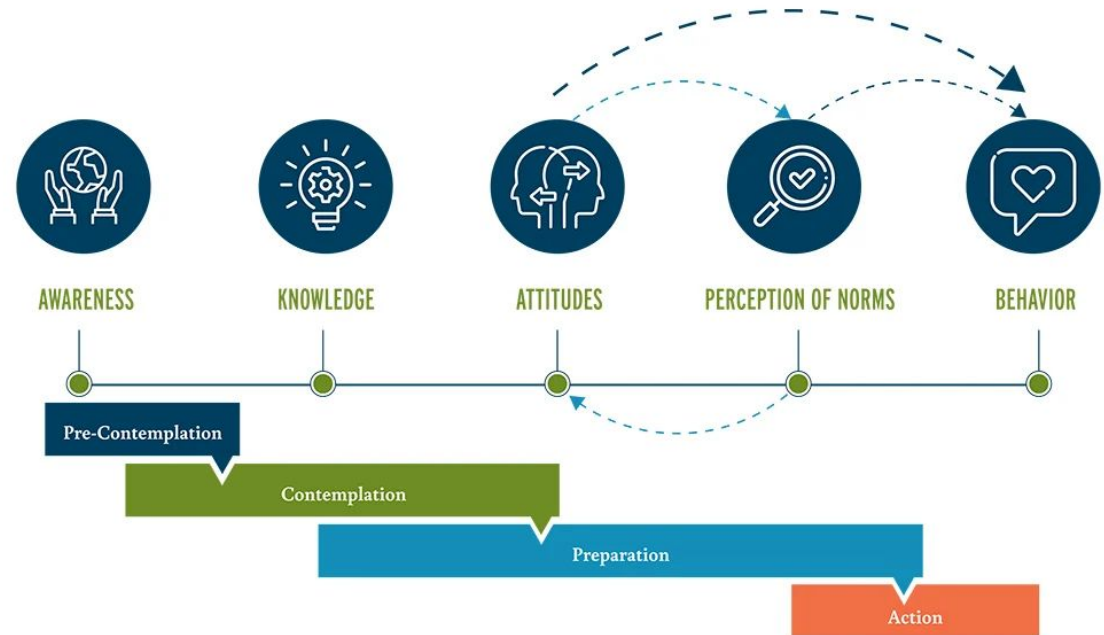
- It's an essential part of being a Dietitian
- Effective communication through knowledge translation can help ensure we are providing client-centred care
- Building trust and rapport with a client is an integral part of developing a strong patient-provider relationship
 - Knowledge translation can also be useful when communicating with other members of your allied-health team

Appropriate Knowledge Translation to Patients and Clients!



Consider the following:

- ★ Stage of Change
- ★ Education Level
- ★ Goals and Desires for Treatment
- ★ State of Health
- ★ Language Barriers



Prioritize!

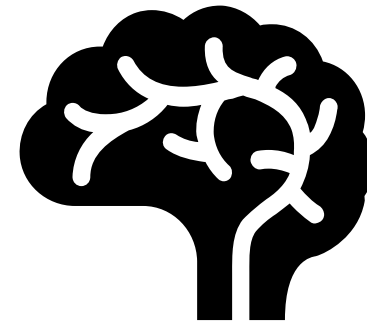
- ★ If a client wants to learn more about how to manage their IBS symptoms, it would be beneficial to discuss the background of IBS, and some of the science behind management!
- ★ If that same client was in the hospital, with significant dehydration and wasting, it would be much more valuable to discuss the importance of fluids and nutrient dense foods (as well as possibly EN). Discussing IBS would NOT be priority knowledge translation at this time!



Plain Language

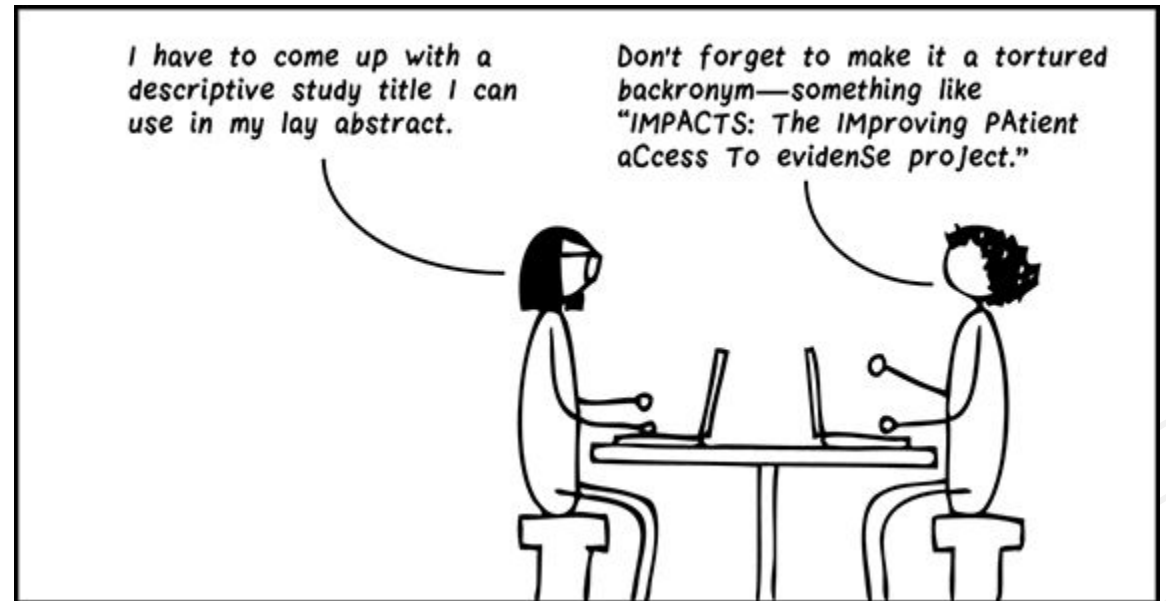
“A communication is in plain language if its wording, structure, and design are so clear that the intended audience can easily find what they need, understand what they find, and use that information.”

- International Plain Language Federation ⁵



Speaking in Plain Language

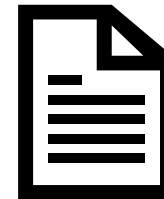
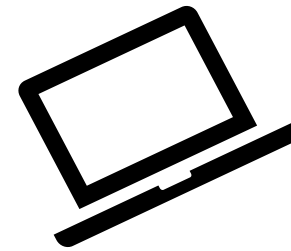
- Use active voice
- Use the simplest verb possible
- Avoid hidden verbs
- Avoid abbreviations/jargon ⁶



https://www.msfr.org/1/news_article/plain-language-summaries

Writing in Plain Language

- Use effective headings
 - Question > Statement > Topic
- Write shorter sections/paragraphs
- Keep sentences short and simple
- Don't use slashes
- Place the main idea before the exceptions
- Use examples, tables, lists, illustrations, bold/italicize important concepts⁶



Knowledge Translation Techniques

Knowledge Translation Techniques

1) Education (Interactive)

- **Beneficial for educating:**

- (1) Healthcare Professionals
- (2) Law Enforcement
- (3) Patients & Family
- (4) *lack of evidence if it's beneficial for the general public

-Need to develop a partnership with group you are educating

Knowledge Translation Techniques

What are some ways you could make a 1 on 1 nutrition education session with a patient interactive?

Knowledge Translation Techniques

2) Toolkits

- **Beneficial for educating:**

- (1) Healthcare Professionals
- (2) Patients & Family

-User selected

-Eg. Handout sheets, guideline summaries, posters, pocket guides

Knowledge Translation Techniques

3) Digital Games

- **Beneficial for educating:**

- (1) Patients & Family

- Computer-delivered strategy using games to educate or promote behaviour change.

- Eg. Habit tracker apps, online games

- Great website : <https://www.healthyeating.org/products-and-activities/games-activities>

Knowledge Translation Techniques

4) Elicit-Provide-Elicit = (Ask-Tell-Ask)

- **Beneficial for educating:**

- (1) Everyone!

How to do it:

- What do you know about (topic)...? Can I share some info with you?
- What studies have shown is... , Others have benefitted from.....
- How do you feel about that? How can I help?

Knowledge Translation Techniques

Useful Resources:

<https://www.albertahealthservices.ca/assets/info/res/mhr/if-res-mhr-kt-strategies-for-different-audiences.pdf>

https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLE_DISEASE/ANTIBIOTICRESISTANCE/Documents/Elicit-Provide-Elicit.pdf

Communicating with Colleagues

Tips^{1,2,4}

- Introduce yourself
- Unless specified, refer to by first name
- Use common language
 - Avoid profession-specific acronyms and jargon
 - Ensure everyone understands
- Avoid information overload
 - Get to the point
 - Offer to add more
 - Make conversation reciprocal



Settling a Disagreement Between Colleagues

- **DESC Script**^{2,3}
 - **D**escribe situation & provide evidence
 - **E**xpress concerns
 - **S**uggest alternatives & come to agreement
 - **C**onsequences of patient safety stated
- Prioritize patient safety^{2,3}
 - What is most appropriate vs. who is “right” or “wrong”
- Last resort talk with supervisor or higher-up



Class Activity: Case Study Scenarios

- Split into groups of 2 (both in-person and on those on Zoom).
- As future dietitians, discuss what you would say to your particular client, taking into account their age and previous knowledge on the topic. Which knowledge translation techniques would you use?
- Time: 5 minutes

Scenarios

1. Explain Diabetes Type 1 vs. Type 2 to an 8 year old
2. Explain what are antioxidants and where you can find them to a teenager
3. Explain the different types of fat, and where you can find them to a grade 7 child
4. Explain soluble vs. insoluble fiber, and when to use each to a highschool teacher
5. Explain heme vs. non-heme iron to an university student
6. Explain atherosclerosis to a 75 year old with minimal nutrition education
7. Explain dysphagia to an older adult who used to be a nurse
8. Explain why weight loss alone would not be a suitable treatment for disease prevention to a doctor

Let's watch a video!

FNH 480: Assessing Patient Needs
and Understanding (2018)

Link [here](#).

2:20 - 6:35



USING APPROPRIATE
LANGUAGE

Key Takeaway Points:

- Knowledge translation is important to ensure dietitians are providing client-centered care, building trust and rapport with clients, and communicating with allied-health professionals
- Consider your clients Stage of Change, age, culture, language, education level, goals and desires for treatment, state of health
- Use plain language as much as possible with clients
- Knowledge translation techniques to use include: interactive education, toolkits, digital games, “elicit-provide-elicit”
- Avoid profession-specific acronyms, jargon and information overload when speaking to other allied-health professionals
- DESC Script is a strategy to help settle disagreements between colleagues, and the ultimate goal is patient safety

Thank you!
Questions?

References

- ¹<https://c4sportal.safetyandquality.gov.au/communicating-with-patients-and-colleagues>
- ²https://www.who.int/patientsafety/education/curriculum/course4_handout.pdf?ua=
- ³https://www.who.int/patientsafety/education/curriculum/who_mc_topic-4.pdf
- ⁴<https://www.bma.org.uk/advice-and-support/international-doctors/life-and-work-in-the-uk/toolkit-for-doctors-new-to-the-uk/communicating-with-colleagues-and-nhs-structure>
- ⁵<https://plainlanguagenetwork.org/plain-language/what-is-plain-language/>
- ⁶<https://www.plainlanguage.gov/media/FederalPLGuidelines.pdf>