International Research Priorities on the Role of Cognition in Power Mobility Device Use: In Pursuit of Informed Clinical Practices and Knowledge Translation

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For which topic were research priorities identified?
cognition in power mobility device use

In which location was the research priority setting conducted?
North America - Canada; North America - USA; Europe - Ireland; Europe - France; Europe - Sweden

Why was it conducted at all?
While it is clear that cognition is an important factor for successful PMD use, there is a critical need for a better understanding of the role of cognition in PMD use to ensure evidence-based practices for screening, assessment and training

What was the objective?
to identify gaps in research evidence, clinical practice, existing tools, and regulatory matters for cognition and PMD (power mobility device) use, solutions to address these gaps, and future research directions to explore the role of cognition for PMD use

What was the outcome?
a ranking list of 5 research topics

How long did the research prioritization take?
2 days

Which methods were used to identify research priorities?
workshop

How were the priorities for research identified exactly?
Step 1: knowledge synthesis: research team compiled and translated key research in the area of PMD use and cognition which was sent to participants for review, additionally non-technical translation of the existing evidence to be presented at the consensus workshop was prepared, during workshop presentation on the evidence for approaches to enhance cognitive function in individuals with cognitive impairment highlighting gaps and preliminary findings from recent and ongoing doctoral research. Step 2: challenge identification and prioritization: in interdisciplinary groups of 4-5 participants were asked to identify perceived gaps and issues related to PMD use and cognition, each group then selected their top-five priorities and shared these aloud with whole panel, the five priorities from each group were recorded, consolidated where necessary to reduce duplication, and then entered into Mentimeter, each participant was then allocated 100 points to distribute amongst the items, 14 prioritized challenges were presented to participants for point allocation, majority of points were allocated to following five issues. Step 3: solution identification, consolidation, and prioritization: each of the top-five challenges were written on large sheets of paper, in groups of 2-3 participants were given 8-10 minutes to visit each challenge and write as many solutions as possible on the sheet generating 15-20 solutions for each challenge, participants were then asked to identify the challenge area they were most interested in and engaged in a process of solution consolidation and prioritization for about one hour, during this small group discussion 4-5 participants reviewed all suggested solutions for one chosen problem, collapsing/combining when appropriate, and discussed the merit of each, solutions were presented to the whole group for final prioritization, participants were asked to rank all solutions within a matrix table based on feasibility (how difficult it would be to address) and impact (the potential to create change). Step 4: action planning: participants took about 1 hour to work through a planning activity to design a research project that could be used to achieve each identified solution, proposed project details for each problem were shared and discussed with all participants and recorded for future use

Which stakeholders took part?
20 participants: assistive technology users, clinicians, service providers, researchers with expertise in PMD use and cognition: one PMD user, two assistive technology specialists, two clinicians, and researchers from various health professions.

How were stakeholders recruited?
No information provided.

Were stakeholders actively involved or did they just participate?
Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.