

KT08 Forum

KNOWLEDGE TRANSLATION:
FORUM FOR THE FUTURE

AGENDA



Banff, Alberta, Canada
June 9th - 11th, 2008

FORUM SPONSORS

DIAMOND



A H F M R

ALBERTA HERITAGE FOUNDATION
FOR MEDICAL RESEARCH



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

Canada



CIHR IRSC

Canadian Institutes of
Health Research Instituts de recherche
en santé du Canada

- Institute of Aging
- Institute of Population and Public Health
- The CIHR President's Fund
- Knowledge Translation Portfolio



PLATINUM



SILVER

**Echo:
Improving Women's Health in Ontario**

BRONZE



SUPPORTERS



Canadian Health Services Research **Foundation**
Fondation canadienne de la recherche sur les services de santé

AGENDA AT-A-GLANCE

MONDAY, JUNE 9TH

6:00 PM - 9:00 PM	Registration Welcome Dinner Reception
6:30 PM - 8:30 PM	“OCCASION FOR ORGANIZATIONS” MODULE 1: RESEARCH “SHARE FAIR”

TUESDAY, JUNE 10TH

6:30 AM	Morning Run and Walk (optional)
7:30 AM - 9:00 AM	Breakfast
8:30 AM - 12:00 PM	MODULE 2: GROUNDING THE CONVERSATION - WHY IS THIS IMPORTANT?
8:30 AM - 8:45 AM	Welcoming and Greetings
8:45 AM - 9:45 AM	Keynote Address (Michael Gibbons)
9:45 AM - 10:15 AM	Break
10:15 AM - 11:30 AM	The Art and Science of KT? Where are we at?
11:30 AM - 12:00 PM	Toward a Research Agenda for KT
12:00 PM - 1:30 PM	Lunch
1:30 PM - 3:30 PM	MODULE 3: BRINGING THEORIES AND PERSPECTIVES TO BEAR
3:30 PM - 5:30 PM	Poster Session and Refreshments
6:30 PM - Midnight	Forum Dinner
6:30 PM	Drinks and Dialogue
7:00 PM	Dinner
	Live Entertainment — Top Ten Show and Revue

WEDNESDAY, JUNE 11TH

6:30 AM	Morning Run and Walk (optional)
7:30 AM - 9:00 AM	Breakfast
8:30 AM - 12:00 PM	MODULE 4: DOING RESEARCH IN WAYS THAT MAXIMIZE IMPACT
8:30 AM - 8:45 AM	Setting the Stage

8:45 AM - 9:45 AM

Individual Table Discussions: what are the optimal conditions, contexts and relationships for research evidence to be used most effectively in society?

9:45 AM - 10:15 AM

Break

10:15 AM - 11:15 AM

Individual Table Discussions: how can we do research in ways that accelerate the uptake of findings into practice and policy?

11:15 AM - 11:50 AM

Key Messages Arising from Individual Table Discussions

11:50 AM - 12:00 PM

Trainee Poster Awards Ceremony

12:00 PM - 1:30 PM

Lunch

1:30 PM - 4:00 PM

**MODULE 5: BRINGING IT ALL TOGETHER - TOWARDS
A RESEARCH AGENDA FOR KT**

1:30 PM - 2:15 PM

Summary of Themes Emerging from the KT08 Forum (Michael Wensing)

2:15 PM - 2:30 PM

Break

2:30 PM - 3:30 PM

Small Group Conversations by Sector/Theme at Tables

3:45 PM - 4:00 PM

Closing Comments

4:00 PM

Forum Adjourned

5:00 PM - 6:30 PM

Funders Meeting (by invitation)

DETAILED PROGRAM AGENDA

MONDAY, JUNE 9TH (PRE-FORUM)

These meetings are privately arranged by participants at the Forum and are not part of the Forum. Details are included here for the convenience of those involved.

8:00 AM - 5:30 PM

PRE-FORUM ACTIVITIES

These meetings are privately arranged by participants at the Forum and are not part of the Forum. Details are included here for the convenience of those involved.

08:30 AM - 12:00 PM

CIHR Team Grant - KT Advisory Committee Meeting

(Professional Development Centre Room 102 - Royal Bank Room)

2:00 PM - 5:00 PM

IS Editorial Board Meeting

(Professional Development Centre Room 102 - Royal Bank Room)

8:00 AM - 6:00 PM

ReS-IS

(Professional Development Centre Room 104)

MONDAY, JUNE 9TH (FORUM)

6:00 PM - 9:00 PM

Registration

(Max Bell Foyer and Hallway)

6:00 PM - 9:00 PM

Welcome Dinner Reception

(Max Bell Lounge/Fishbowl)

6

OCCASION FOR ORGANIZATIONS

(Max Bell Foyer and Hallway)

6:30 PM - 8:30 PM

MODULE 1: RESEARCH “SHARE FAIR”

Scientific Institute Quality Healthcare, Radboud University Nijmegen: history, activities, future ambitions

Michel Wensing (m.wensing@kwazo.umcn.nl), Marije Bosch (m.bosch@kwazo.umcn.nl) and Theo van Achterberg (vanAchterberg@kwazo.umcn.nl)
Radboud University Nijmegen, The Netherlands

(Max Bell Room 253)

The Scientific Institute Quality Healthcare, Radboud University Nijmegen Medical Centre, was established in 1989 (then named WOK, Centre for Quality of Care Research). Its mission has been from the beginning to support health care providers and decision makers in improving the quality of healthcare, in the broadest possible meaning, and to build a strong academic centre. Its research and educational activities are organized in four domains: implementation science, integrated care, nursing and allied health sciences, and medical ethics. The Centre has developed into a large organization with about 20 senior researchers and 70 Ph.D. students. Future ambitions will be discussed.

US Department of Veterans Affairs Quality Enhancement Research Initiative (QUERI): bridging research and practice in a large healthcare delivery system

Brian S. Mittman, PhD (brian.mittman@va.gov), Cheryl B. Stetler, PhD (cheryl.stetler@comcast.net), David Atkins, MD (david.atkins@va.gov), Jeffrey Smith, PhD (jeffrey.smith6@va.gov), Steven M. Asch, MD (steven.asch@va.gov), and Alex Young, MD (ayoung@ucla.edu)

US Department of Veterans Affairs

(Max Bell Room 252)

The US Department of Veterans Affairs Quality Enhancement Research Initiative (QUERI) was established in 1998 to harness VA's health services research expertise and resources in a system-wide effort to improve the quality and performance of the VA healthcare system. QUERI employs a wide range of research frameworks and tools in conducting and supporting projects to accelerate implementation of evidence-based clinical practices into routine VA care delivery. This session displays materials from a selection of QUERI projects, including tools and other materials employed in

care redesign and educational activities, selected research publications and contributions to implementation science, educational videos and others. The materials displayed describes QUERI's structure, activities, accomplishments and challenges related to our efforts to (a) improve quality through implementation of evidence-based clinical practices, and (b) apply and strengthen implementation science theories, frameworks and research approaches and methods.

PARIHS — From There to Here and Beyond

Jo Rycroft-Malone, (J.Rycroft-Malone@bangor.ac.uk) Brendan McCormack (bg.mccormack@ulster.ac.uk), Gill Harvey (gill.harvey@mbs.ac.uk), and Alison Kitson (alk23@btinternet.com)

United Kingdom

(Max Bell Room 251)

Over the past 10 years the PARIHS team have been working together to develop and refine a conceptual framework for the successful implementation of evidence into practice. We hypothesize that successful implementation (SI) is a function of the nature the evidence (E) being implemented, the qualities of the context (C) of implementation and the way in which the process is facilitated (F) ($SI = f(E, C, F)$). As a framework that has good face validity, it is increasingly being used by researchers and practitioners as a practical and theoretical heuristic for knowledge translation.

Come and participate in this interactive, fun and creative session in which we would like to explore the concept and impact of context in more depth, as well as sharing our journey to date and our plans for the future, which include the launch and development of an international PARIHS collaboration.

Looking at the World Through Theory-tinted Glasses: planned action and organizational theories of change

Ian Graham (igraham@cibr-irsc.gc.ca), Jacqueline Tetroe (jtetroe@cibr-irsc.gc.ca), Karen Harlos (karen.harlos@mcgill.ca), Nicole Robinson (n.robinson@hotmail.com), Margaret Harrison (margaret.b.harrison@queensu.ca), and Julie Baxter (joeboo1@hotmail.com)

Canadian Institutes of Health Research, Canada

(Max Bell Room 252)

There is an interesting contradiction in implementation research. While many implementation trials are uninformed by theory, at the same time, there would appear to be an alarming number of theories extant in the peer reviewed literature. We were interested in identifying relevant theories and “unpacking” their concepts so as to be able to find the commonalities between them as well as to identify the full range of components thought to be important for successful implementation.

For the past few years, an interdisciplinary team of researchers has been working together to conduct a focused search for conceptual models, frameworks, and grand theories dealing with planned change. We have investigated the literature on professional behaviour change as well as on organizational change. We conducted a theory analysis within both literatures, with the ultimate goal of producing a users-guide for anyone interested in moving knowledge to action.

We will describe our work, how we approached this rather daunting task, discuss the common threads running through the theoretical literature on professional and organizational change, and demonstrate our database of theories and their analysis. The theories and theoretical concepts that we explored span the management, nursing, educational, epidemiological and medical literatures. This will be a multimedia event, where people can chat with our team, view presentations and/or take materials away to read and think about.

Knowledge Transition Through Silk Road: an emerging perspective from Persia

Reza Majdzadeh (rezamajd@tums.ac.ir), Saharnaz Nedjat (nejatsan@tums.ac.ir), Jaleh Gholami (jalehsahar@yahoo.com), Sima Nedjat (sima_nedjat@yahoo.com) and Mahnaz Ashoorkhani (m.ashoorkhani@yahoo.com)

Tehran University of Medical Sciences, Iran

(Max Bell Room 253)

KTE-TUMS group is a newly formed group in a part of the world (Eastern Mediterranean region and developing countries) where similar entities are rare. Most of the studies done by the group are about push efforts; meso or macro level and address Health Policy decision-making.

In this session, the members of the group will be introduced; the group's visions, aims, short and long-term plans as well as their educational and research activities, and experiences in this field will be presented.

Apart from the above-mentioned a brief introduction will be given to Iran, its health system and Tehran University of Medical Sciences.

TUESDAY, JUNE 10TH

- 6:30 AM Morning Run and Walk (optional)
(Meet at Front Door of Professional Development Centre)
- 7:30 AM - 8:30 AM Breakfast
Vistas Dining Room, Sally Borden Centre)
- 8:30 AM - 12:00 PM **MODULE 2: GROUNDING THE CONVERSATION - WHY IS THIS IMPORTANT?**
(Max Bell Auditorium)
- 8:30 AM - 8:45 AM **Welcome and Greetings**
Jacques Magnan
Alberta Heritage Foundation for Medical Research
- 8:45 AM - 9:45 AM **Keynote Address**
Michael Gibbons. MBE
University of Sussex, United Kingdom
- 9:45 AM - 10:15 AM Break
- 10:15 AM - 11:30 AM **The Art and Science of KT? Where are we at?**
Chair: Ian Graham
Canadian Institutes of Health Research, Canada

A Policy Perspective
Robert Rich
University of Illinois, USA

An Organizational Perspective
Sarah Rynes
University of Iowa, USA

A Service Delivery Perspective
Jeremy Grimshaw
Ottawa Health Research Institute, Canada
- 11:30 AM - 12:00 PM **Toward a Research Agenda for KT**
Carole Estabrooks
University of Alberta, Canada

The Process of the Forum
Diana Royce
The Deerfield Group Inc., Canada
- 12:00 PM - 1:30 PM Lunch
(Vistas Dining Room, Sally Borden Centre)

1:30 PM - 3:30 PM

MODULE 3: BRINGING THEORIES AND PERSPECTIVES TO BEAR

Session 3A:

Facilitator - Joanne Profetto-McGrath

(Max Bell Room 251)

Neonatal Mortality and Evidence-based Practice — A Global Perspective

Lars Wallin (mailto:lars.wallin@karolinska.se)

Karolinska Institute, Sweden

Every year almost 10 million children die in the world, of which around four million die during the neonatal period (the first four weeks after birth). Most of these deaths occur in low-income countries. This tragedy continues to unfold despite the existence of basic, cheap, evidence-based interventions that could prevent a large proportion of the deaths. Specifically, five interventions targeting the neonatal period have potential to make substantial improvements: initiation of exclusive breastfeeding, hypothermia prevention and management, kangaroo mother care, pneumonia management and resuscitation. Global coverage of 16 interventions could avert an estimated 41-72% of neonatal deaths worldwide. Only a few studies have evaluated strategies for implementation of research-based knowledge in low-income countries. Recently, however, two projects in Nepal and India reported striking results on reducing neonatal mortality (30 and 62%) after community-based interventions using knowledge translation approaches.

Networks, Networking and Knowledge Translation

Davide Nicolini (davide.nicolini@wbs.ac.uk)

Warwick Business School, United Kingdom

In my talk I will make a case for the need to understand innovation and knowledge translation as networked phenomena. After briefly reviewing the ways in which the topic has been addressed by different research traditions, I will summarize the themes and questions that emerge from this particular way of approaching the issue. I will conclude that a network centred approach brings to the fore aspects of the phenomenon of innovation and knowledge translation such as interests, politics, and transformation that other models and approaches fail to take into consideration.

Systems Thinking and Tools for Knowledge to Action

Allan Best (allan.best@ubc.ca)

VCH Research Institute, Vancouver, British Columbia, Canada

The National Cancer Institute of Canada recently worked with both the U.S. NCI and the Canadian Cancer Society to create a conceptual model designed to provide a common language and logic for the full range of stakeholders in cancer control (basic, clinical, and population scientists; service decision makers and providers; and volunteers) (Best, Hiatt, and Norman, in press).

The talk will position this as a first step prototype, in the quest for greater use of systems thinking in refining KTA models and developing methods

and tools to support their use. The next phase includes a metanarrative review of distinct conceptual models and guidelines for selecting and refining the model that best fits a particular context and need. This phase also includes ongoing refinement of tools to support decision makers, including a rapid review methodology and social network analysis techniques. Phase 3 will include international comparative case studies to refine systems models for KTA and expand the companion toolkit.

Session 3B: Facilitator – Martin Eccles

(Max Bell Room 150)

Advancing Quality of Cancer Care: the Ontario experience

Melissa Brouwers (mbrouwer@mcmaster.ca)

Cancer Care Ontario and Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada

Clinical practice guidelines (CPGs) are systematically developed statements aimed to assist the decisions made by patients, providers and, more recently, policy makers. CPGs are one element in an overall cycle of knowledge transfer and exchange used in Ontario to improve quality of cancer care for patients and cancer system performance. Other defining features of the cycle are the capacity to measure performance, implementation strategies, and performance management techniques. The objective of this presentation is to profile the Ontario experience with a special look at the role of clinical practice guidelines.

Using Diffusion of Innovation Concepts in Knowledge Translation Efforts

James W. Dearing, PhD (james.w.dearing@kp.org)

Kaiser Permanente Colorado, Denver, Colorado, USA

Certain concepts from the diffusion of innovations research paradigm can be used purposively to affect the reach and rate of spread of innovative programs, practices, or policies. This talk will focus on formative research uses of three such concepts: Opinion leadership (local informal near-peers), innovation attributes (the perceived advantages and disadvantages of innovations), and the clustering of innovations (grouping of evidence-based innovations to increase choice and decrease unproductive adaptations). Examples from research will be provided to show how each concept can be applied in knowledge translation efforts. Used these ways, the resulting diffusion of innovation paradigm shifts closely toward marketing science, though with important distinctions in concepts and variables.

Sick or What? A Social Constructivist View of Collective Knowledge Transformation in Primary Care Practice

John Gabbay (J.Gabbay@soton.ac.uk) and Andrée Le May (A.C.le-May@soton.ac.uk)

University of Southampton, Hampshire, United Kingdom

Using an ethnographic approach through a social constructivist lens, we have further developed our concept of “mindlines1” (internalized, collectively reinforced, tacit guidelines-in-the-head that clinicians use to guide

their practice) in a detailed study of a primary care team using the available knowledge to modify their practice in response to a new NHS contract.

Internal networking and exchange were crucial in developing and supporting policies about clinical practice. Practitioners interacted to continually refine their knowledge, and appeared to develop implicit “collective mindlines” as a benchmark for their own practice. Unlike the received guidance, these had a hands-on focus, and were shaped not only by the practitioners’ clinical roles but also their many other organizational roles and responsibilities. We present a case study of chronic kidney disease to show how the detailed informal collective negotiation of these requirements had the effect of altering the definition, recorded prevalence and management of the disease.

Session 3C: Facilitator - Jean Bartunek

(Max Bell Room 252)

Primary Care: making a difference to patients and populations

Robbie Foy, UK (r.c.foy@ncl.ac.uk)

Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom

The family of applied health research to which primary care research belongs is overshadowed by and hence relatively deprived of resources by the more prestigious basic biomedical sciences. In terms of research productivity, primary care research trails behind other clinical specialties and has even been dismissed as a ‘lost cause’. This state of play is somewhat paradoxical given the contribution of primary care to both the patient experience and population health, and the demonstrated impact of primary care research. Many studies, including international comparisons, have shown that the supply or receipt of primary care is associated with better population health, narrowing of disparities and reduced costs. High quality, interdisciplinary research has made significant contributions to guide clinical practice, including the management of common acute and long-term conditions, and preventive care. This talk will illustrate both some of these achievements and the challenges faced in getting this evidence into practice.

Knowledge Transfer and Social Engineering: a complexity theory perspective

Harley Dickinson (harley.dickinson@usask.ca)

University of Saskatchewan, Saskatoon, Saskatchewan, Canada

Social Engineering is the use of scientific knowledge to rationally manage social change. In this paper I identify two main branches of Social Engineering and briefly discuss internal contradictions of each approach. The first approach is a biological/behaviourist approach rooted in both behaviourist and action theory. The central contradiction of this approach revolves around the assumed determinism of behaviourist theory and the assumed free will of action theory. The second approach is oriented towards the scientific design and management of social systems. The core contradiction in this approach is related to the assumed controllability of social systems posited by structuralist theories and the uncontrollability presumed by complexity theories. I argue policy makers and social scientists should abandon the quest for engineering-like control of social behaviour and processes and replace it

with efforts to enhance and institutionalize increased capacity to communicatively coordinate social action in the context of complex social systems.

Applying Theory Underlying Social Networks to Knowledge Translation

Anne Sales

Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada

In this talk, I will describe how three social theories used to understand and interpret social networks apply in specific ways to interventions used in knowledge translation, specifically opinion leader and audit with feedback interventions. I will describe specific hypotheses that may lead to more reliable interventions as well as contribute to the underlying theory base.

Session 3D: Facilitator - Huw Davies

(Max Bell Room 253)

Real-world Science, Real-world Impact: experiences of the International Tobacco Control Policy Evaluation Project

Barbara Riley (briley@healthy.uwaterloo.ca)

University of Waterloo, Waterloo, Ontario, Canada

Tobacco use is the number one preventable cause of death and disability in the world. Of all people alive today, 500 million will die of tobacco-related causes. A major policy response is the Framework Convention on Tobacco Control, the world's first public health treaty. The Framework specifies national-level tobacco control policies (e.g. warning labels, taxation) for mandatory implementation by participating countries. Yet little relevant evidence exists to inform many of these policies. The International Tobacco Control Policy Evaluation Project (ITC), led by Dr. Geoffrey Fong, University of Waterloo, fills this gap. The ITC is an international collaboration of tobacco control researchers who are conducting real-time, real-world 'natural experiments' that compare the implementation and outcomes of policies across countries. This presentation will give concrete examples of how evidence from the ITC has directly influenced national-level policy decisions. It will also point out how knowledge translation and research can work at cross-purposes.

DIAMOND: a depression care innovation as an example of partnership quality improvement research

Leif I. Solberg, MD (leif.i.solberg@healthpartners.com)

HealthPartners Research Foundation, Minneapolis, Minnesota, USA

Instead of knowledge translation, we believe that improved patient care quality requires application of several complementary concepts:

1. Engaged scholarship/partnership research.
2. A blending of research with quality improvement.
3. A practical conceptual framework.

This presentation will briefly describe these concepts and illustrate their application in the story of DIAMOND. The DIAMOND (Depression Improvement Across Minnesota – Offering a New Direction) Initiative is a

unique ground-breaking transformation in the payment and care for patients with depression in primary care clinics throughout the state that began implementation in 3/08. Developed in close collaboration with this Initiative from the beginning, the DIAMOND Study was funded by NIMH in time to scientifically evaluate the effects of the Initiative on the care process, patient outcomes, and healthcare costs/utilization, as well as the context and the implementation process. A staggered implementation, multiple baseline design of benefit to both Initiative and Study was key to Study funding.

Studying and Contributing to Innovation in Swedish Health Care: a 12-case comparative action research programme

John Øvretveit (jovret@aol.com)

Medical Management Centre, The Karolinska Institutet, Stockholm, Sweden

This two-year research programme involves 12 research teams studying 12 different innovations in Swedish health care using a common comparative framework. The research approach will be described together with the role of the researchers in building a local and central innovation implementation system to enable this and other research to be integrated into practice.

Session 3E: Facilitator - Gill Harvey

(Trans Canada Pipeline, Room 201)

Improving the Quality of Antibiotic Use for Respiratory Tract Infections (LRTI) at Hospitals

Marlies Hulscher (M.Hulscher@KWAZO.UMCN.nl)

Radboud University Nijmegen Medical Centre, Centre for Quality of Care Research, Nijmegen, The Netherlands

Optimal antibiotic use is essential to improve outcome for patients with infectious diseases, to limit the emergence and spread of resistant microorganisms and to contain costs. The general aim of this study was to improve the quality of antibiotic use, more specifically in patients with lower respiratory tract infections.

First we performed an assessment of current practice in hospital patients with lower respiratory tract infections. For this purpose, key recommendations on antibiotic use from (inter)national guidelines and the literature were translated into measurable elements, so called indicators. Literature suggests that the choice of strategies to improve performance, as measured with these indicators, should be linked to the results of a problem analysis, i.e. the factors that facilitate or impede appropriate use of antibiotics. To get a better understanding of these influencing factors, we used a qualitative and a quantitative approach. Based on the information regarding current practice and influencing factors, we developed an implementation strategy which was tested on effectiveness and feasibility to improve quality of antibiotic use. The cluster randomized controlled trial showed that the tailored intervention to change antibiotic use improved the quality of care for patients hospitalized with LRTI on some important aspects.

A Shared Decision-making Approach to Knowledge Transfer and Exchange

France Légaré (france.legare@mfa.ulaval.ca)

Department of Family Medicine, Université Laval, Québec City, Québec, Canada

In clinical settings, the ideal pathway for knowledge translation is the sharing of decisions between a clinician and a patient, a process that is embedded in a specific relationship, known as ‘shared decision making’ (SDM). Therefore, effective knowledge exchange in an ideal SDM process refers to the “interactions between clinicians and patients which result in mutual learning through the process of planning, producing, disseminating, and applying existing or new evidence in clinical decision-making.” However, groups of patients and groups of health professionals have been studied separately as if living in separate worlds. This is a source of concern since “the right thing to do” often emerges in the course of the professional’s contact with patients or clients. This presentation will explore how patients and clinicians may influence each other during clinical interactions where there is need to transfer, exchange and integrate knowledge by both in order to make clinical decisions.

Economics of KT

Craig Mitton (craig.mitton@ubc.ca)

University of British Columbia, Vancouver, British Columbia, Canada

Economics seems to play a role in knowledge translation in at least two ways. First, specific KT strategies should be assessed in relation to the benefits/ outcomes obtained as well as their cost. That is, while there is some evidence of what is thought to be effective, there has been limited assessment of KT strategies in terms of cost-effectiveness. The first question this talk addresses is thus very simply ‘what would this even look like?’ Economic approaches can also be used to inform decisions related priority setting and resource allocation. Related to KT, a critical issue pertains to the use of ‘evidence’ in setting priorities and allocating resources. What is not clear is the magnitude and interaction of evidence vis-à-vis the many other inputs typically considered by decision makers when determining priorities and allocating resources. The second question posed here is ‘what is the role of evidence in health care priority setting?’

Session 3F: Facilitator – Annette O’Connor*(Trans Canada Pipeline Room 202)***CliniPEARLS for Point of Care Decision Support: from innovation to provincial adoption**

Kendall Ho, MD FRCPC (kho@cpdkt@ubc.ca)

Faculty of Medicine, University of British Columbia, Vancouver, British Columbia, Canada

Paper-based Clinical Practice Guidelines (CPGs), meant to aid clinicians in evidence based medicine, cannot be easily referenced in clinical practice settings. Meanwhile, health professionals are becoming increasingly competent using information technologies such as PDAs. Research done by UBC eHealth Strategy group suggested a strong demand for electronic CPGs for point-of-care (PoC) decision support.

B.C. Guidelines and Protocols Advisory Committee (joint Ministry of Health and B.C. Medical Association), and B.C. Cancer Agency engaged UBC eHealth Strategy group to develop a software system – CliniPEARLS - to deliver reformatted CPGs to healthcare providers for Point of Care use via PDA and web interface. This system is constructed for ease of CPG publication, content management, and usage pattern tracking. This presentation gives an overview of our group's four year journey to take CliniPEARLS from research into provincial adoption.

Creating the Conditions for Growth

Professor Brendan McCormack (bg.mccormack@ulster.ac.uk)
Institute of Nursing Research / School of Nursing, University of Ulster, Newtownabbey, Co Antrim, Northern Ireland

Addressing issues of 'context' is a key issue for translation scientists. Increasingly practice context and its place within macro-systems is considered to have a significant impact on knowledge translation and implementation. In this presentation I will bring together two theoretical perspectives (realism and critical theory) to illustrate how we can 'get inside' context and facilitate changes to contextual characteristics that may impede the development of evidence-based and person-centred practices (the hallmark of an effective context). It will be argued that the adoption of a critical perspective enables the conditions for growth to be developed in a workplace.

Three Models of Research Use from Social Care and Their Implications for Knowledge Translation

Sandra Nutley (Sandra.Nutley@ed.ac.uk)
University of Edinburgh, United Kingdom

A review of activities designed to promote research use in UK social care identified three broad ways of thinking about and developing research-informed practice (Walter et al., 2004). These different approaches are encapsulated in three models: the research-based practitioner model; the embedded research model; and the organizational excellence model.

The models were developed to capture inductively what was happening on the ground to promote research use. They are archetypes in that they have been cast so as to accentuate differences from each other, particularly in relation to their underlying assumptions and preoccupations. While practice on the ground does not always reflect a clear distinction between the models, they nevertheless provide helpful alternative conceptual lenses through which to view the KT task.

3:30 PM - 5:30 PM

Poster Session and Refreshments (see: Poster Abstracts document)
(Donald Cameron Hall, Rooms 3, 4, 5 and 6)

6:30 PM - Midnight

Forum Dinner
(Donald Cameron Main Hall)

6:30 PM

Drinks and Dialog

7:00 PM

Dinner

Live Entertainment – Top Ten Show and Revue

WEDNESDAY, JUNE 11TH

- 6:30 AM Morning Run and Walk (optional)
(Meet at front door of Professional Development Centre)
- 7:30 AM - 9:00 AM Breakfast
(Vistas Dining Room, Sally Borden Centre)
- 8:30 AM - 12:00 PM **MODULE 4: DOING RESEARCH IN WAYS THAT MAXIMIZE IMPACT**
(Donald Cameron Main Hall)
- 8:30 AM - 8:45 AM **Setting the Stage**
Andrew Van De Ven and Alison Kitson
University of Minnesota (AVdV) and Oxford University (AK)
- 8:45 AM - 9:45 AM Individual Table Discussions: what are the optimal conditions, contexts and relationships for research evidence to be used most effectively in society?
- 9:45 AM - 10:15 AM Break
- 10:15 AM - 11:15 AM Individual Table Discussions: how can we do research in ways that accelerate the uptake of findings into practice and policy?
- 11:15 AM - 11:50 AM Key Messages Arising from Individual Table Discussions
- 11:50 AM - 12:00 PM **Trainee Poster Awards Ceremony**
- 12:00 PM - 1:30 PM Lunch
(Donald Cameron Rooms 3, 4, 5 and 6, BBQ outside, weather permitting)
- 1:30 PM - 4:00 PM **MODULE 5: BRINGING IT ALL TOGETHER - TOWARDS A RESEARCH AGENDA FOR KT**
(Donald Cameron Main Hall)
- 1:30 PM - 2:15 PM **Summary of Themes Emerging from the KT08 Forum**
Michel Wensing
KT08 Planning Committee, Netherlands

Additional Reflections from the Policy Maker Perspective

Clive Morris
Australia

Sandra Madonald-Renz
Canada

Edwin Low
Singapore

2:15 PM - 2:30 PM

Break

2:30 PM - 3:30 PM

Small Group Conversations by Sector/Theme at Tables

Identification/Confirmation of key themes and relevant opportunities emerging from KT08 from the perspective of sector/theme groups including:

- Researchers based at universities
- Researchers based in the health care system
- Policy makers
- Non-governmental and other community organizations
- Funders
- Knowledge brokers
- Etc.

3:30 PM - 4:00 PM

Closing Comments

Michael Gibbons and Carole Estabrooks

4:00 PM

Forum Adjourned

5:00 PM - 6:30 PM

Funders Meeting (by invitation)

(Max Bell Room 253)

