

UMC  St Radboud

# Summary of the KT08 Conference

*Michel Wensing*

*Scientific Institute for Quality of Healthcare*

# Structure of the conference

- Why KT
- Theories and perspectives
- Research in various domains
- Towards a research agenda

# Why KT

- To improve health in patients and populations
- Return on societal investment in research

## Debate:

- Quality of care is improving without targeted interventions, versus:
- Become a patient and discover why KT is needed

# What is KT?

- Semantics war: KT, KU, KE, IS, QI
- Task of all (mode 1) researchers
- Knowledge generation in the context of application (mode 2)

## Why KT research?

- To support decision makers (in clinical practice and policy making) in healthcare regarding KT programmes
- Market of KT interventions, not all proven effective: evaluations are needed
- Field (with conferences and journals) with range of disciplines, but perhaps not a discipline itself

# Theories and perspectives

- On knowledge generation and use in general
- On how to achieve succesful implementation and improve health outcomes

## Some suggestions were made at this point:

- Shared language is needed (or not feasible?)
- Ban on new theories and models
- Process evaluations are important
- Investment in KT infrastructures required
- Promote KT research (boundary concepts)
- Think big ...



# Where is more KT research required?

Methods:

- Multidisciplinary group of experts
- Systematic collection of your ideas in the various modules at this conference (DR)
- In-depth analysis and derivation of issues, in your words as much as possible (MW)

# Issues

- 1 How to engage research users and assist decision makers, understand target audience, share control
- 2 How to develop a common language to enable communication, handle disciplinary silo's
- 3 Integrate safety, quality and KT approaches
- 4 How to use virtual communities of practice

# Issues

5. How to routinize the use of knowledge in practice, sustainable improvement
6. Clarify the concept of KT and its boundaries
7. Predictive theory, test theories, identify parsimonious set of relevant KT factors
8. Study examples of non-utilization of knowledge

# Issues

9. Study success stories, demonstration projects

10. Ethics issues in KT

11. Methodological pluralism to study KT (not just RCTs)

12 How to use culture change, build alliances of stakeholders

# Issues

13. Discussion centred on barriers and facilitators for knowledge uptake
14. Consider variances about KT across healthcare fields
15. Total focus on patient outcomes
16. Examination of unintended consequences of KT

# Issues

17. Role of leadership and vision in KT

18 Guidelines/criteria for good mode II knowledge generation

19 How to enhance capacity building for KT in healthcare

20 How to enhance university recognition for KT research

# Issues

21 Generalisability, how to handle studies with few sites

22 How to teach clinicians (and others) on KT

23 Role of patients and public in KT

24 Role of media and journalists in KT

# What are the main themes for international research agenda on KT in healthcare?

- 1. Context responsiveness:** understand /influence culture and interests related to KT, involve knowledge users
- 2. Engagement strategies:** how to enhance knowledge use in healthcare settings
- 3. Healthcare system interventions**
- 4. Knowledge attributes and knowledge generation** features related to uptake
- 5. Research methods** development in KT research
- 6. Testing of theory** in KT research
- 7. KT research in targetted areas**, e.g diabetes etc.
- 8. Capacity building and infrastructures for KT**