

RTNA Conference Reporting Template

Context

Why is KT important to your organization? What is your role/interest in KT?

Since June 2009, I have been in the position of Director of Leading Practices with the Knowledge Management (KM) Department, Quality Practice and Partnerships Portfolio of Alberta Health Services (AHS). In this capacity, I am responsible and accountable for leading an operational team in the planning, delivery and evaluation of leading practices and best practice improvements that support operational programs and services in support of the vision, mission and business plan of Alberta Health Services. Conducting leading practice reviews is important but more importantly transferring this knowledge into a format that is received and used is even more valuable if we are going to improve health care in Alberta. My interest in KT lies in identifying which leading practices and KT strategies promote the uptake of leading practices reviews. From an organizational perspective, how to embed a knowledge management framework is critical especially as it relates to provincial initiatives including the Clinical Networks.

Session Overview

Please provide an overview of the conference, the intended audience, and the theme.

The conference was focused on bridging the knowledge gap and how to advance the science of KT. It had a number of themes relating to how to advance the science of knowledge translation including: 1. What integrated knowledge translation is and how it works; 2. The challenges and rewards of building multidisciplinary research collaborations; 3. The challenges and rewards of forming sustainable research-decision maker partnerships; and 4. Why we still need workable knowledge translation theory and frameworks. The intended audience was mainly those involved in KT research including KT researchers, policy makers and other decision -makers working in health systems from various parts of the world including Canada, US, UK and other countries. There were approximately 180 participants. Given the broad audience that was participating it was especially useful to make the connections with others and obtain a better understanding of how KT is used in healthcare both within Canada and outside. I also had the opportunity to meet with several individuals from various organizations within Alberta involved in KT.

Please choose one session you attended (keynote, panel, workshop, etc.) and provide an overview of the key messages of the session.

I had the opportunity to present a workshop at the conference on ‘why we still need workable knowledge translation theory and frameworks?’ This workshop was especially of interest to our entire KM Department as we have developed a draft KM framework for AHS. The framework, its development and lessons learned were presented. It was a wonderful opportunity to have the participants engage in the following 3 exercises: What is a workable KM framework and why do we still need them? What comes to mind as essential when you think of KM framework? What is your initial reaction to the AHS KM framework? Participants were also able to provide their feedback on a stakeholder consultation process sheet. Some of the key messages that I learned from this session were: (a) use of language-are we responsible for putting knowledge into action or facilitating it? (b) who is our audience? (c) how will we know that we have made a difference? What are the indicators and what is our evaluation plan? (d) start with a story of why this is needed. (d) have better justification for why existing frameworks were not used. This workshop was the first opportunity to obtain feedback on our framework from individuals external to AHS. There was also a panel discussion and report out on this topic that went into detail on the various theories. Cheryl Stetler’s case study on the VA Query program illustrated the example of an organizational theory. It resonated with me as the description fits well with the KM framework for AHS. Some key learnings were: frameworks function as a ‘prisma’ and ‘shopping list’: they point out specific items that should not be forgotten; and ‘workability’ may mean different things, e.g. measurability for researchers and perceived relevance for decision makers.

Key Lessons

Overall, what key lessons for KT did you gain from this conference?

Some of the key lessons from this conference that I gained were:

1. Workshop on the AHS framework: there are many similarities between this framework and others, KT is complex, we cannot be accountable for outcomes, make it easily understandable, how can we make this measurable, and consider barriers with respect to implementing the framework.
2. Andre Picard’s presentation was interesting and I remember that we in KT and KM need to present our thoughts, concepts, ideas as if we were ‘talking to our mother’ rather than using unnecessary jargon. He also stated that the most powerful evidence is ‘anecdote’ and in research we tend to forget this.
3. Important to make linkages with others in the KT field.
4. Check out the PARIHS model and Health systems evidence.ca

Putting It Into Practice

Is there anything you will change your KT practice as a result of this conference?

From an organizational perspective, a KM framework is really there to help implement research and related evidence into practice. Theories and frameworks help us predict activities that have to be undertaken and better control inevitable risk and chaos. I think that the KM department has to ensure that through the AHS KM framework we are really trying to change the culture to an evidence-informed decision-making one and making this part of the fabric of the organization.

As an individual immersed in KT and KM, it is important to acknowledge that not everyone including clinical staff may understand or want to understand the language of KT. It is critical to be clear on what we mean and what we are referring to when we use this language. As Dr. Picard stated eloquently: ‘what is the message that we want to deliver?’

Finally, through attending this conference, I have learned that unlike patient safety and quality improvement, the science of KT is relatively new and there are a lot of research questions that have to be further addressed and understood. For example, what is integrated KT and how do we define and measure it? The conference generated more questions for me around this.