



## Using the Knowledge Transfer Guide developed by the Institute for Work & Health

presented by Jane Brenneman Gibson, KTE consultant.

### Introduction

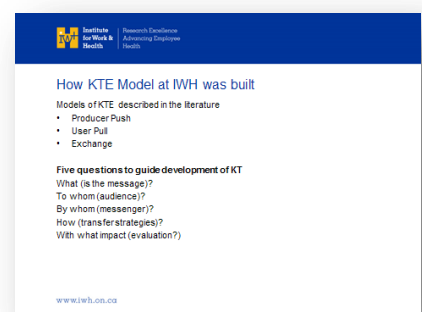
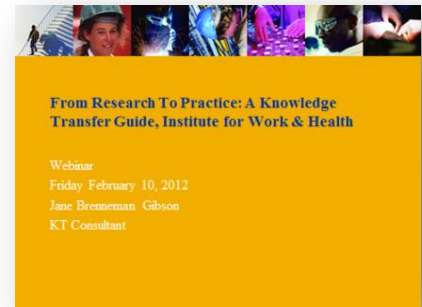
Welcome to “From Research to Practice”, our second Spotlight on Knowledge Translation Methods & Tools webinar. During this installment, we’ll be looking at the Knowledge Transfer Guide developed by the Institute for Work & Health (IWH). As an applied research organization, IWH focuses on workplace issues such as injury prevention and treatment, effective return-to-work procedures, and compensation systems. The IWH conducts and shares research that protects and improves the health of working people and is valued by policy-makers, workers and workplaces, clinicians, and health and safety professionals.

### Knowledge Transfer & Exchange

In their role as a knowledge producer, IWH engages heavily in Knowledge Transfer & Exchange (KTE). The goal of KTE is to make relevant research evidence accessible and usable through interactive engagement with specific audiences to help inform practice, planning, and policy-making. In order to accomplish this, IWH created a KT Planning Tool based on the work of Lavis et al. (2003), who proposed that “exchange relationships can bring about a cultural shift that facilitates the ongoing use of research knowledge among decision-makers and a more decision-relevant culture among researchers.”

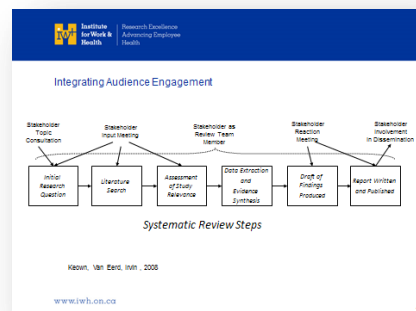
### The KT Planning Tool

The resulting KT Planning Tool moved away from the Producer Push model IWH had been heavily involved in, where researchers would simply look at the available research and design ways to disseminate it to users. Instead, IWH developed an integrated model that involved stakeholder input early and throughout the research process. Though it was initially met with resistance from researchers, this integrated model is now viewed quite favourably by everyone within IWH.



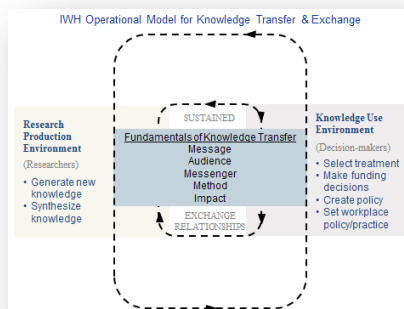
## Engaging Stakeholders

Involving stakeholders early meant that stakeholders would be integrated from the very beginning of the process, including helping pick research topics that would be relevant to them in their practice. Once a topic was picked, stakeholders would be invited to help refine the research question, contribute search terms, and join as team members where those skills existed. As research findings began to surface, presenting them in a useful way and assessing their applicability and transferability were other opportunities to gather stakeholder perspective. At the end of the process, stakeholders were instrumental in disseminating research to interested parties.



## Operational Model for KTE

In facilitating this stakeholder involvement, the IWH Operational Model for KTE aims to create sustained exchange relationships between two camps: the research production environment, where researchers generate and synthesize knowledge; and the knowledge use environment, where decision-makers use knowledge to select treatment, make funding decisions, create policy, and set workplace policy and practice. In order to facilitate this relationship, the model specifies five fundamentals of knowledge transfer that must be considered: the message, the audience, the messenger, the method, and the impact. The result was a series of five questions designed to help in the KTE process.



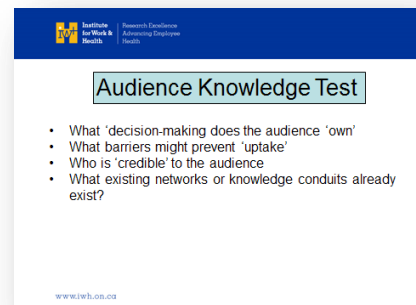
## Questions to guide KTE – What (is the message)?

The first step in using the KT Planning Tool is to refine the message for dissemination. The message should be a clear, compelling idea, well-grounded in evidence and related to the audience’s decision-making. To assess this, we should ask: Why is the researched issue important? What does the evidence show and is it well supported? How does current practice differ from what the evidence says? What does the research mean for decision-makers? IWH also developed a message typology to match appropriate KTE activities with each type of message.

Message Typology		
Type 1	Type 2	Type 3
Credible facts and data Trusted information source (place to go to find accurate facts & figures)	Findings & conclusions cannot direct action (limited strength of evidence or nature of finding)	Well grounded in evidence Can be expressed as a 'compelling idea' Relates to (specific) audience's decision-making Recommendations or advice (direct action)
KTE Activity Make info easily accessible Use traditional communication vehicles (e.g. web; newsletters; fact-sheets)	KTE Activity Use in 'exchange' dialogue (researchers & 'practitioners')	KTE Activity Invest KTE resources here, e.g. specific transfer projects (may use multiple methods) Define and track outcomes

## Questions to guide KTE – To Whom and By Whom?

IWH found that audience-specific delivery is key. Determining who needs to hear the message and why is a crucial step of KTE. In addressing the To Whom question, we must ask: What decision-making does the audience “own”? What decisions are within their “sphere”? What barriers might prevent uptake of knowledge? Conversely, we must consider the messenger involved: Who is credible to the audience? What existing



A resource from the National Collaborating Centre for Methods and Tools [www.nccmt.ca](http://www.nccmt.ca)

These webinar companions summarize *Spotlight on KT Methods and Tools* presentations. The webinar series is presented in partnership with the University of Ottawa’s CHNET-Works! How to cite this document : National Collaborating Centre for Methods and Tools. (2013). Webinar Companion : Spotlight on KT Methods and Tools. Episode 2. Hamilton, ON: McMaster University.

networks or knowledge conduits already exist? Understanding the audience being targeted and the messenger being used are pivotal elements of the KTE process.

### Questions to guide KTE – How?

The method of conveying a message can be as important as the messenger itself, so IWH compiled synthesized recommendations from evidence on the effectiveness of different transfer methods. The KT Planning Tool presents transfer methods clustered based on their researched effectiveness and invites users to reflect on the feasibility of their plan. Some of the methods that have been demonstrated to be effective include using interventions tailored to overcome identified barriers, providing interactive engagements with practitioners, and issuing reminder messages.

**How?**  
Interventions targeting barriers to change interactive engagement (regardless of audience)  
Opinion leaders

- Education Outreach - Academic Detailing
- Reminder Messages
- Audit and feedback
- Patient-Mediated Intervention
- Conferences, lectures, workshops
- Dissemination of print material (as a support)
- Electronic
- Practice tools/decision aids
- Networking
- Media

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### Questions to guide KTE – With What Impact?

Research indicates there are three ways to measure the impact of KTE: indirect use, which tends to inform discussion; direct use, which results in changes in behaviour, policy, and procedures; and symbolic use, which involves using research to validate pre-existing positions. In order to measure these impacts, IWH conducted a systematic review looking at whether there are reliable, valid, and useful instruments for assessing the impact of KTE. Despite finding 66 relevant articles across nine databases, IWH found few well-developed approaches or instruments to evaluate KTE.

**How do we know what works?  
Measuring Impact of KTE**

Indirect Use (conceptual use or enlightenment)	Direct Use (instrumental use, structural use, problem solving)	Symbolic Use (political, tactical or strategic use)
<ul style="list-style-type: none"> <li>• changes in awareness, knowledge, attitudes</li> </ul> <p>e.g.</p> <ul style="list-style-type: none"> <li>• Agree with recommendations</li> <li>• Inform debate</li> <li>• adopting the concepts and language of the evidence</li> </ul>	<ul style="list-style-type: none"> <li>• changes in behaviour (observed or reported)</li> </ul> <p>e.g.</p> <ul style="list-style-type: none"> <li>• changes in policies, procedures and programs</li> <li>• change in clinical practice</li> <li>• improved patient care and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• using research to validate positions already taken</li> </ul> <p>e.g.</p> <ul style="list-style-type: none"> <li>• Politician who selects a study that validates policy direction</li> </ul>

### The KT Planning Tool in Use

An example of this model being used in practice stems from the workplace assumption that youth are injured more frequently than their older coworkers due to their immaturity. Through a systematic review, IWH learned that it was not young workers getting hurt more often, but new workers – typically in the first month of their job. Since young workers are in new jobs more often, they have more “first months” than older workers, and so are at greater risk of injury. The message that needed to be delivered from this was that intervention strategies were needed before work started, and supervisor support was very important.

Message	Audience	Message type
<p>New workers are most likely to be injured in the first month on the job.</p> <p>Job characteristics and work hazards: more important than nature of young worker.</p> <p>Intervention strategies include safety education before start job, supervisor support, eliminate unsafe work conditions</p>		Type 1 and Type 3

## Audience and Messenger

At the time, the Workplace Safety and Insurance Board (WSIB) were preparing their annual public education campaign. In the absence of notable barriers and with significant existing networks in place, the organization was quickly identified as an ideal audience for this message. If this new knowledge could be transferred to these parties, it could be incorporated into the upcoming campaign. It was determined that the most credible messengers would be the lead researcher and the IWH president.

## Method and Impact

Now that the message, audience, and messenger had been defined, it was time to select the method. Consulting the KT Planning Tool, IWH found that face-to-face meetings with the WSIB and campaign team (education outreach) and an online newsletter (overcoming time barrier) were well-supported transfer methods. After assessing the feasibility of each, IWH carried out the plan for disseminating knowledge to the WSIB. Evaluation could be based on the extent to which the message was incorporated into the education campaign.

## Final Thoughts

Incorporating KTE into practice requires a culture shift on many fronts. Funders must choose to fund KTE as well as the research being disseminated. Research must engage stakeholders in the research process as early as possible. Finally, research users must build the capacity to integrate evidence into their practice. This will allow for improved uptake and use of high-quality research in public health decision making.

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### Understanding your audience knowledge – WSIB, MOL

Check your knowledge of your audience	
Whom relevant decisions does the audience "own" or "influence"?	Annual public education campaign targeting young workers
Who is a credible messenger to this audience? Uptake is enhanced if the audience sees the messenger is credible, is there an opportunity to partner with messenger viewed as credible?	Lead Researcher and IWH president
Is this audience connected to existing networks or "knowledge pathways"? <b>Barriers &amp; Facilitators</b>	Public campaign, HSA, MOL, unions, employers
What is the magnitude of the change suggested in the message?	Public media campaign already scheduled
Is there a cost? (to whom) a net gain (for whom) Think about who is advantaged and disadvantaged	Cost of campaign same but integrate new messages Requires players to shift when education is provided
Does the change require resources or expertise?	

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### Transfer Methods Worksheet

Use this worksheet to think through the KTE questions, i.e. the actual transfer mechanism. The notes provided come from IWH's practical experience and from published literature as referenced

Transfer mechanism	Feasibility notes
Face to face meetings with WSIB and campaign team	Doable but timing important
Release message in newsletter and on-line	Doable

(1) Grimshaw, Jeremy et al. Changing Provider Behavior: An Overview of Systematic Reviews of Interventions. Medical Care Volume 39; No. 8 supplement 2, 2001.

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### KTE: a culture shift for all the parties

- Requires a culture shift for the funders, researchers and research users.
- Funders have the power to make some demands, researchers in some settings are sometimes caught in that their "reward system" (tenure) which does not recognize the time spent on KTE
- Research users need to build capacity to integrate evidence into their processes. They need to spend time on understanding the nature of evidence to recognize quality research.
- They are sometimes disappointed in what they can learn from existing research to help solve broad policy-based issues (unintended consequences of early failures to find answers/direction in existing research)
- Use of evidence as a habit of mind: from Aristotle "Virtue is a habit of mind" (Lewis 2007)