Education is not enough: Practice change is a complex process and a Knowledge to Practice Process Framework can really help

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REGIONAL GERIATRIC PROGRAM OF TORONTO
Better health outcomes for frail seniors

Webinar Objectives

1. To recognize why BSO adopted a knowledge-to-practice (KTP) framework
2. To understand the BSO provincially adopted KTP Process Framework
3. To consider KTP opportunities and applications in our BSO world
4. To identify ways to assess the outcomes of KTP work

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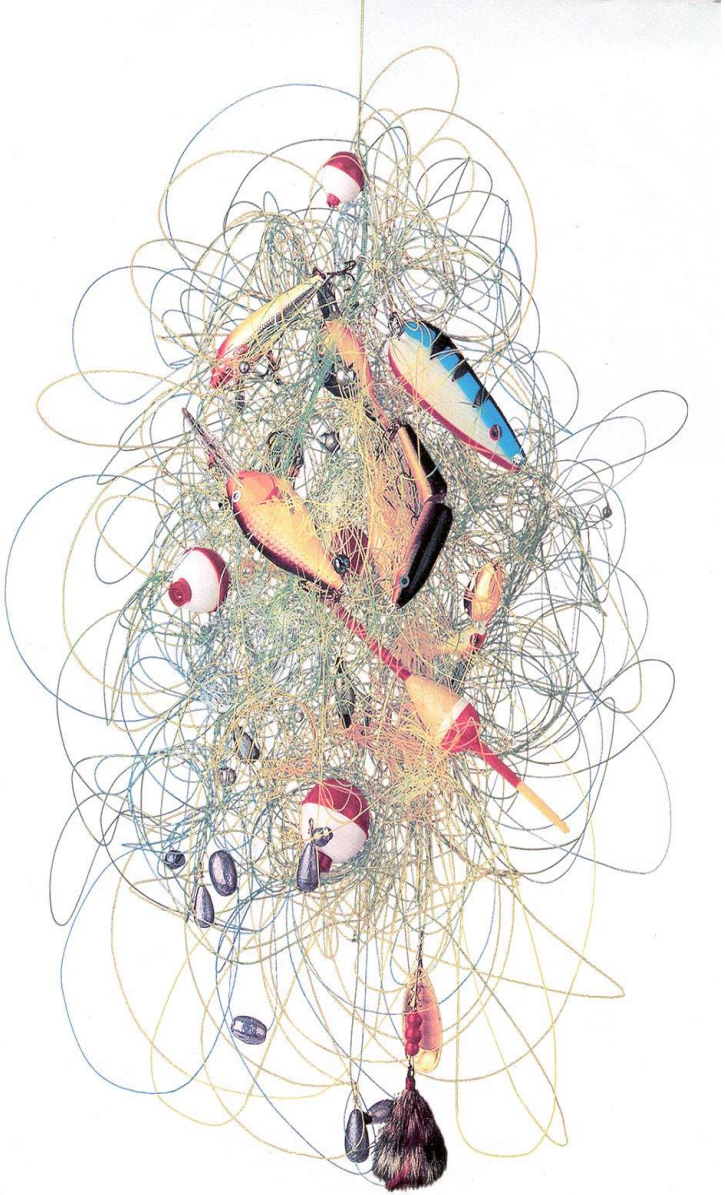


G11C

geriatrics
interprofessional
interorganizational
collaboration

Why do we need frameworks?

Typically innovations are unsuccessful. There is a gap between evidence and workplace performance (from BETSI, 2012)

Truth arises more readily from error than from confusion.

Frameworks help reduce confusion in complex situations.

Bringing new knowledge to practice is complex

A Knowledge to Practice Framework can help us learn from our errors

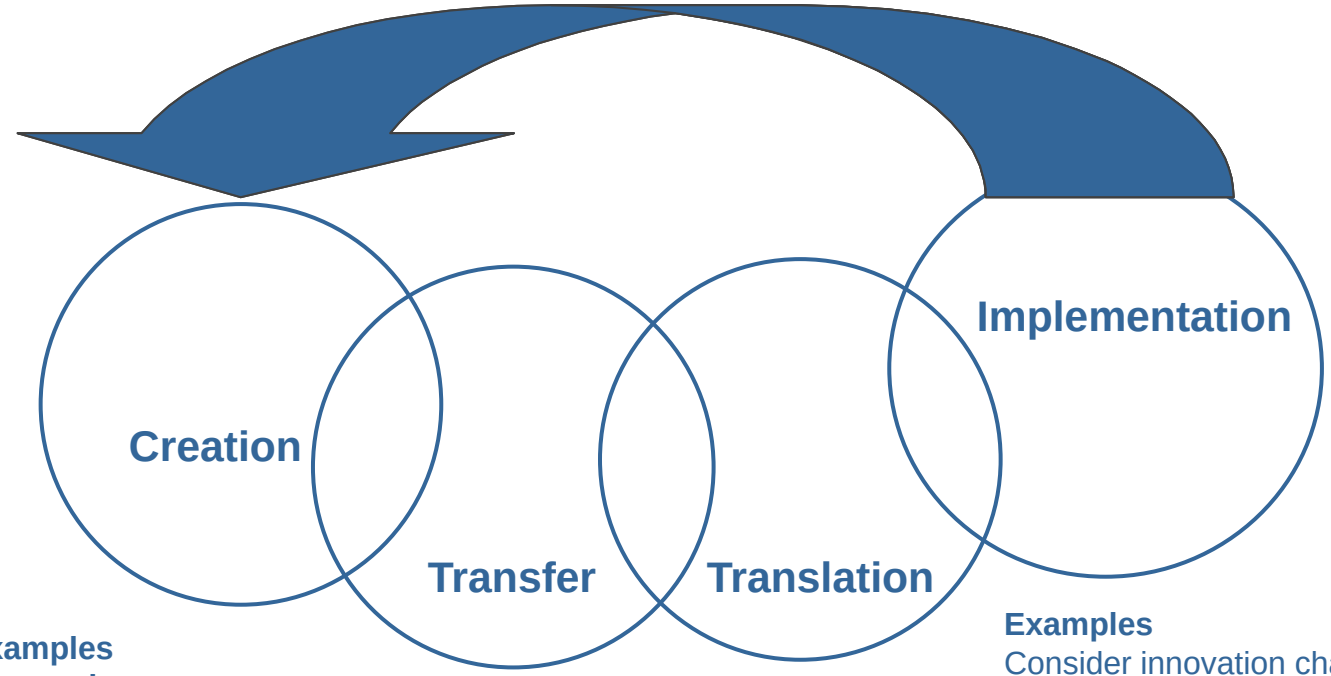
Evaluation Process

#	Framework Name	User Friendly	Fit with Person & Family Centre Approach	Ability to Implement at Organization & System Levels
1	PARHiS Framework	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2	Knowledge Transfer Cycle	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3	Knowledge to Action Framework	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4	Knowledge to Practice Process Framework	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5	Consolidated Framework for Implementation Research	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6	Critical Realism & the Arts Research Utilization Model (CRARUM)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

BSO Knowledge to Practice CoP

(adapted courtesy of Ryan et al., 2013)

A Knowledge-to-Practice Process Framework



Examples
Research:
Programs of Research
Systematic Reviews
Meta-analyses
Knowledge Syntheses
Consensus Processes

Clinical Practice:
Consultation notes
Care Plans
Learning need surveys

Examples
Articles
Books
Reports
Manuals
Curricula
Posters
Lectures
Film/video
Podcasts
Advertising
Web Portals
Messaging

Examples
Education
Opinion leaders
Explanation
Interaction
Socio-technical facilitation
Coaching
Modeling
Detailing
Adapting

Examples
Consider innovation characteristics such as relative advantage, compatibility, complexity, and trial-ability.

De-implementation strain

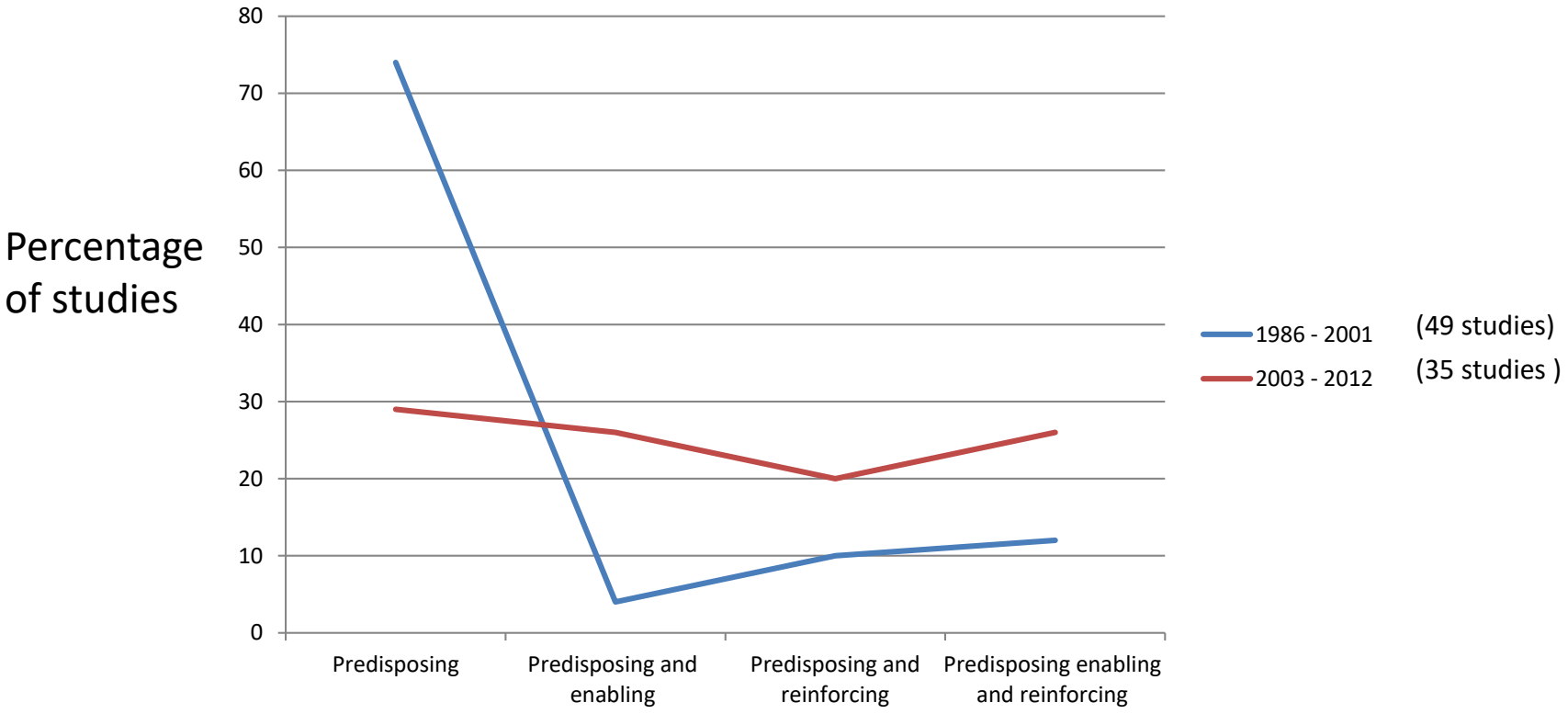
Individual factors such as beliefs about self-efficacy, utility, value, expectancies and time

Organizational factors such as culture, policy, readiness, information systems, teamwork, priority management, negative event asymmetry

Inter-organizational factors such as boundary and expectancy management

Sustainability interventions

Using a framework to compare educational design before and after the introduction of knowledge-to-practice concepts



Educational design from the precede proceed framework perspective
(from Green et al. 1980, Davis et al. 1992, Aylward & Stolee et al. 2003)

Effectiveness by design type 1989-2000/2003-2012

(based on the reviews Aylward et al. 2003; Ryan, 2013)

Design type	Training effectiveness		
	Positive (% type)	Uncertain	Negative
Predisposing (I)	18 (39%)	19	9
Predisposing and Enabling (II)	5 (45%)	2	4
Predisposing and Reinforcing (III)	6 (50%)	6	
Predisposing, enabling and reinforcing (IV)	10 (71%)	4	1
Total number of studies	39 (46)	31	14

Delirium KTP intervention (Siddiqi et al. 2008)

“Our intervention incorporated the following features: targeting risk factors for delirium, a 'delirium practitioner' functioning as a facilitator, an education package for care home staff, staff working groups at each home to identify barriers to improving delirium care and to produce tailored solutions, a local champion identified from the working groups, consultation, liaison with other professionals, and audit or feedback. ”

Issues in understanding learning needs

1. People don't know what they don't know

2. People who say they have a learning need know more than those who say they don't

3. Learning needs research is typically discipline specific

4. There are contextual variations (e.g age, shift)

5. Determining organizational readiness

Innovative approaches to the identification of learning needs

Resident/family feedback

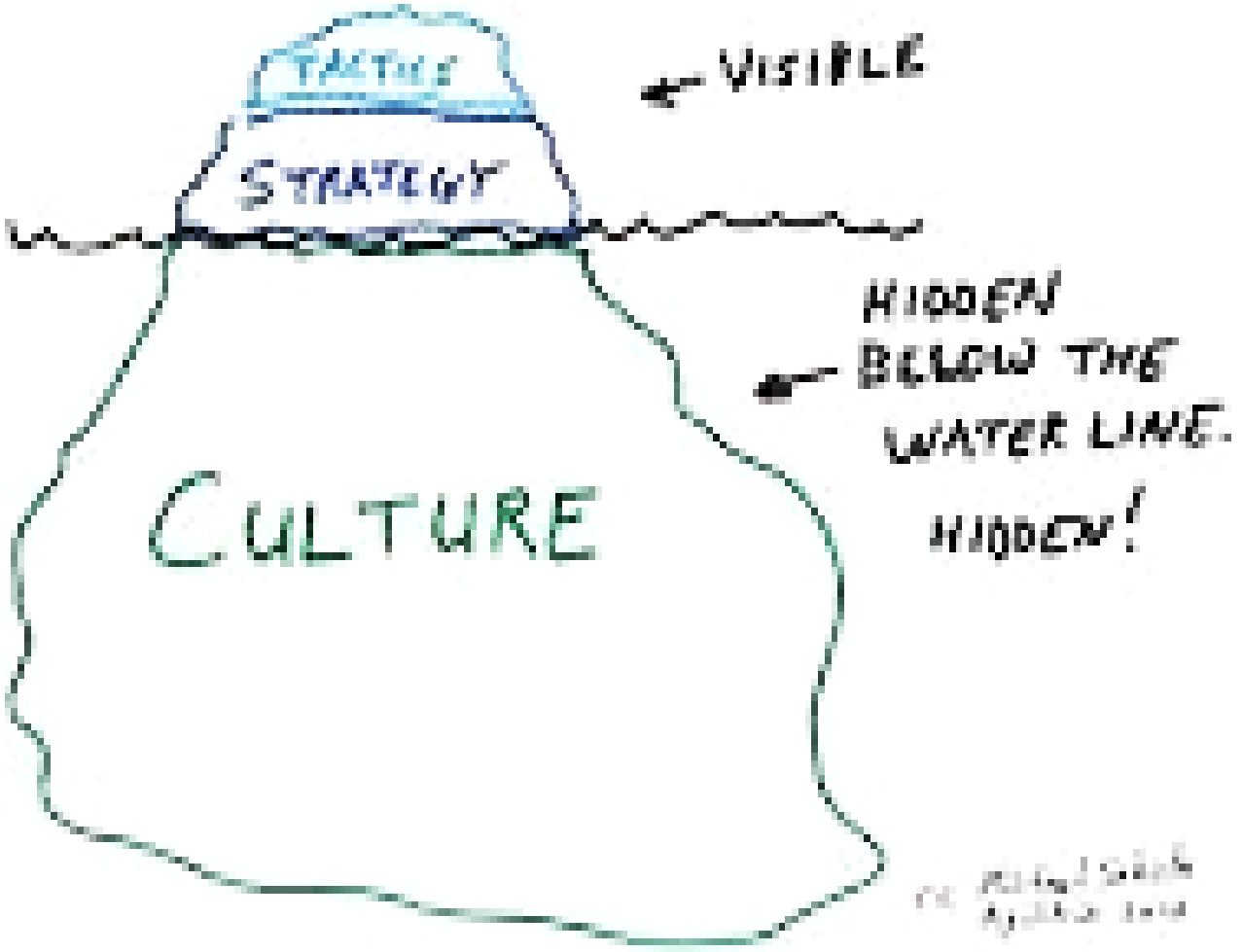
Care provider narratives

Practice reviews

Build-a-case

Critical incident technique

Simulations


TACTICS
STRATEGY
VISIBLE
HIDDEN
BELOW THE
WATER LINE.
HIDDEN!
CULTURE

Moderators of continuing education outcomes in long-term care homes (Stolee et al 2005)

1. Management support
2. Sufficient resources to implement new learning
3. Learners belief's about the practicality of training
4. Learning integrated into ongoing practice
5. Staff feeling valued
6. On the job reinforcement of training
7. Knowing that change of practice is supported
8. Seeing benefits of new approaches
9. Attitudes towards the elderly population
10. Knowing patient care will be completed while taking training

Determinants of innovation adoption:

1. Relative advantage
2. Compatibility
3. Complexity
4. Trialability
5. Observability
6. Image
7. Voluntariness

Rogers, 1995; Moore & Benbasat, 1991

Systems dynamics

Systems survive to the extent that they are able to reduce unnecessary redundancy while preserving requisite diversity.

Consider diverse personal styles

I stay cool, calm and collected and tend to keep my thoughts and feelings to myself

I get pretty excited and energetic and tend to let my thoughts and feelings show

C 4 3 2 1 0 1 2 3 4 E

I get into new things quickly, make up my mind fast and hate to wait.

When new things come I prefer to wait, watch, ask questions and hear all sides before reacting

J 4 3 2 1 0 1 2 3 4 S

Value one another's diverse personal styles

Use the ratings to plot your place on the “So Simple” grid. The results can be amusing even insightful. Remember we are not rating whether someone is good or bad. We are trying to better understand difference.

React quickly and hate to wait

Stay cool calm and collected

Let feelings and emotions show

DRIVERS prefer to move ahead calmly, watching results, staying organized and asking “what’s next”

ENTHUSIASTS like to jump into new things, sets everyone on fire by “just doing it” and asking “Why not?”.

ANALYSTS like to hear the details, see facts and figures and asks “How is this going to work?”

HARMONISTS like to give everyone the opportunity to express themselves and their opinions often asking “how is everyone feeling?”

J 4 3 2 1

C 4 3 2 1 0 1 2 3 4 E

1 2 3 4 S

Wait, watch, hear all sides

On evaluating outcomes of complex KTP processes

Avoid heroic outcome expectations

Use the framework to design small tests of change

Rely on formative outcomes until local complex systems are ready for summative outcomes

The Kirkpatrick Framework for evaluating KTP outcomes is helpful – (subjective evaluation, knowledge and skills, practice changes and clinical outcomes)

Can BETSI be used as an outcome measure?

Balanced scorecards demonstrating fiscal responsibility, service activity, patient experience and satisfaction, and continuous innovation should be encouraged

Data and stories, stories and data, go together like alpha and omega:

Avoiding the perils of algorithmic decision making and compelling belief.

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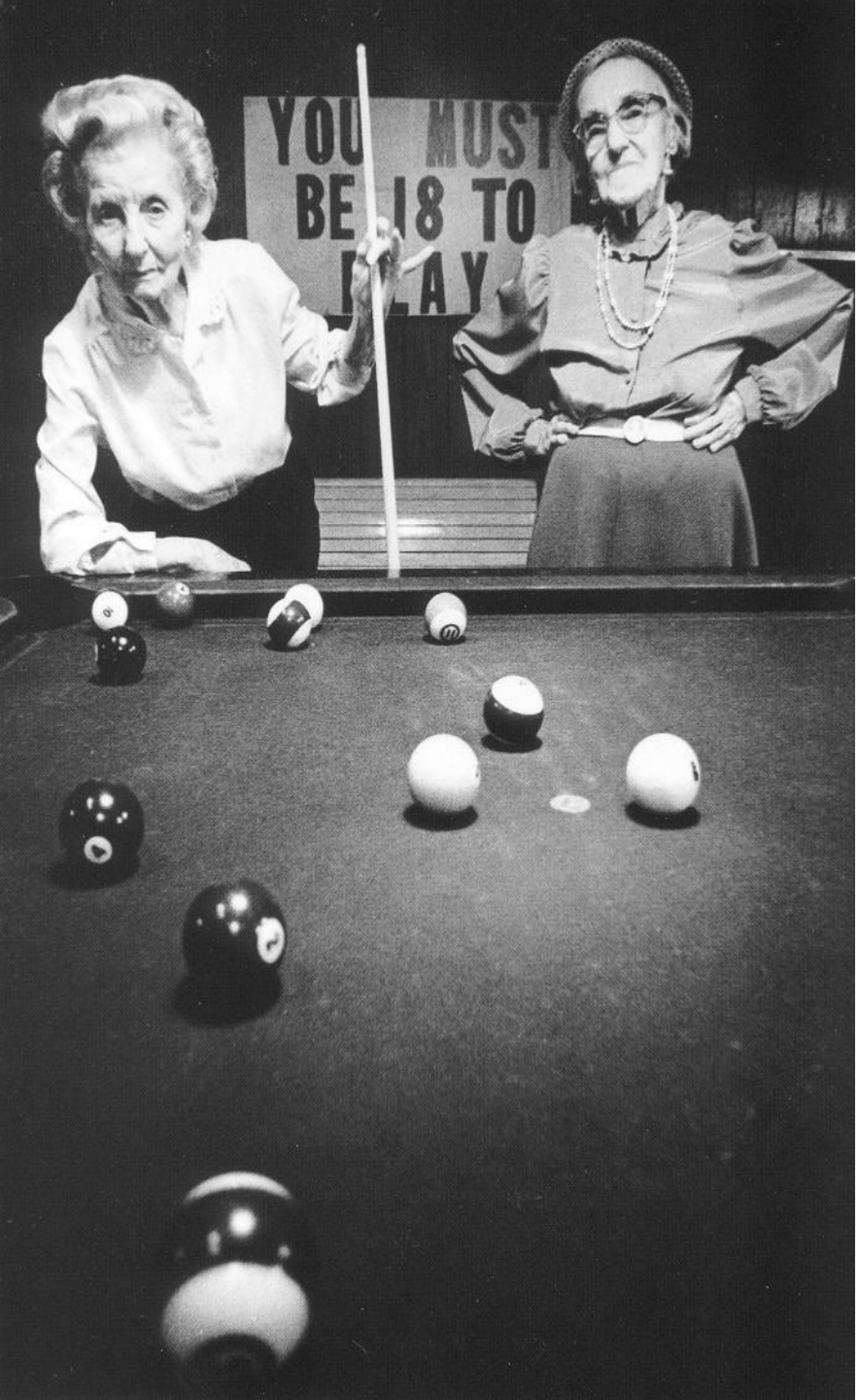

That's all folks

Say goodnight gracie

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Some questions for discussion that I will introduce throughout the webinar

1. What KTP activities are you currently working on?

2. Where do these activities fall in the KTP framework?

3. What enablers and barriers to practice change have you encountered?

4. How might todays discussions inform these encounters?