

Moving knowledge into action through Communities of Practice: Major findings from a three-year research project

February 23rd 2016 | 12:00 - 1:00 PM EST

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The “Knowledge-to-Action Processes in SHKN/AKE Collaborative Communities of Practice” research program is supported by the Canadian Institutes of Health Research.

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And also acknowledging...

The Seniors Health Knowledge Network (formerly SHRTN) and the Alzheimer's Knowledge Exchange for collaborating with us on this research.

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knowledge to action

Research Questions

1. Knowledge-to-action processes:

- a) What KTA processes are initiated through the CoPs?
- b) How well do the three dimensions (evidence, context, and facilitation) proposed in the Promoting Action on Research Implementation in Health Services (PARIHS) framework describe the emergent patterns of knowledge flow?
- c) To what extent does KTA involve an interaction between explicit knowledge and tacit knowledge?

2. The role of human agents:

- a) What roles are evident among those who participate in these processes?
- b) How does the active involvement of knowledge users in the KTA process influence knowledge utilization?
- c) What factors support or hinder effective involvement in KTA processes?

Methodology

- Three year, multiple case study
 - We conducted nine case studies of CoPs operating in Seniors Health Knowledge Network (SHKN) and Alzheimer’s Knowledge Exchange (AKE) in Ontario.
- Objective
 - To increase our understanding of KTA processes mobilized through communities of practice (CoPs) working to improve the health of Ontario seniors.



Methods

- Data collection
 - Ethnographic observations of CoP planning meetings
 - Semi-structured interviews with Knowledge Brokers, CoP Leaders, non-frontline and frontline participants
 - Collection of CoP documents (e.g. meeting minutes)



Methods

- Data analysis
 - Inductive and deductive coding and a cross-case analysis of all nine cases
 - The Promoting Action on Research Implementation in Health Services (PARIHS) framework acted as the study's conceptual framework



What we learned about KTA processes

What KTA processes are initiated through the CoPs?

- The most common KTA processes focused on delivering information to a variety of audiences through a **web-based educational event**.
- But in many instances initiative leaders discovered that to change practice **they needed to do more than educate people** about the benefits and implications of the proposed change.
- CoPs found it necessary to pursue policy changes at provincial and organizational levels, to provide access to tacit skills (as well as to information), to change organizational culture in LTC, to focus on relationship-building and network-building, and to develop numerous interventions at different system levels.
- Many CoPs acted in ways that suggest a growing emphasis on ***dialogical approaches*** to change, in which numerous stakeholders are brought together to share perspectives and discuss goals and approaches.



What we learned about KTA processes

What do the PARIHS dimensions (evidence, context, and facilitation) tell us?

Patient Experience:

- PARIHS encouraged us to look for scientific knowledge, best-practice knowledge, and the perspective of people receiving care.
- Patient experience (a form of knowledge recognized by PARIHS) played little role in the cases.

Context is Decisive:

- PARIHS thinks of context as the frontline receiving context where knowledge is implemented.
- In these cases context took various forms. There was the social context of the CoP, which provided a temporary environment where people came together to support each other and problem solve. Other contexts included the context of individual participants, of small groups or teams, of organizations, of health regions, and of health jurisdictions.
- Most CoPs found it difficult to facilitate the movement of knowledge into frontline practice. In almost all cases, we heard that encouraging the uptake and use of knowledge in clinical practice was beyond the reach of CoP activities. Some CoPs attempted to create follow-on activities that would bridge this gap, but results appeared limited.



What we learned about KTA processes

Was there an interaction between explicit knowledge and tacit knowledge?

- **Tacit knowledge is important** in these case studies. Even where explicit knowledge plays a primary role, this knowledge must be **contextualized** for use in practice.
- However, **individualizing knowledge is not by itself enough**. Other factors also influence behaviour in practice (e.g. priorities in a LTC home, quality indicators used to measure performance, policies issued by the provincial ministry).
- In these case studies a CoP creates a **social learning environment** in which people work on a change initiative, pulling together explicit knowledge (e.g. clinical guidelines, assessment tools, etc.) and then integrating this knowledge with their own experiential knowledge.
- This feeds into two streams of activity: **the design and delivery of a KTA event**; and **a less formal process** consisting of the forming of relationships and networks that lead to ongoing interactions around shared interests and concerns.



What we learned about the role of human agents

What roles are evident among those who participate in these processes?

- Individual leaders: Certain individuals played vital leadership roles, and had a significant impact on how things turned out. Leaders exhibited a variety of behaviours.
 - Encouraged and persuaded people
 - Organized and coordinated work
 - Drew upon existing relationships and created new relationships
 - Created and articulated a sense of purpose
 - Demonstrated their personal commitment to the work
 - Created a process of shared leadership
- Particular functional roles stand out:
 - Champion
 - Knowledge broker
 - Information specialist
 - Technology facilitator
 - Thought leader (people with expertise)
 - Boundary spanner (network builder) were important to these case studies



What we learned about the role of human agents

How does the involvement of knowledge users influence knowledge utilization?

Case Study	How KUs were involved	Results
Year 1 – 1	LOW ----- MEDIUM ----- HIGH	Reasonable but limited results.
Year 1 – 2	LOW ----- MEDIUM ----- HIGH	Reasonable but limited results.
Year 1 – 3	LOW ----- MEDIUM ----- HIGH	Excellent results.
Year 2 – 1	LOW ----- MEDIUM ----- HIGH	Limited results.
Year 2 – 2	LOW ----- MEDIUM ----- HIGH	Good results.
Year 2 – 3	LOW ----- MEDIUM ----- HIGH	Reasonable but limited results.
Year 3 – 1	LOW ----- MEDIUM ----- HIGH	Limited results.
Year 3 – 2	LOW ----- MEDIUM ----- HIGH	Good results.
Year 3 – 3	LOW ----- MEDIUM ----- HIGH	Reasonable but limited results.

What we learned about the role of human agents

How does the involvement of knowledge users influence knowledge utilization?

- Involving KUs in KTA initiatives can produce better implementation results.
 - KUs involved at a high level appear to correlate with “excellent” and “reasonable but limited” results
 - KUs involved at a medium level appear to correlate with “reasonable but limited” and “good” results
 - KUs involved at a low level appear to correlate with “limited” results
- Knowledge user involvement can take passive and active forms.
 - A passive form could involve being consulted for information that might help to select and design an initiative.
 - A somewhat more active form could involve KUs participating on a core team or planning group.
 - An even more active form of involvement could involve being invited to participate in a variety of activities that include defining problems and considering alternative solutions.



What we learned about the role of human agents

What factors support or hinder effective involvement in KTA processes?

Factors that supported effective involvement:	Factors that hindered effective involvement:
<ul style="list-style-type: none">• Leadership and commitment• Interaction and discussion• Communication technology• SHKN resources	<ul style="list-style-type: none">• Heavy workloads and competing priorities• Funding uncertainty• Technical difficulties• Absence of supporting structures

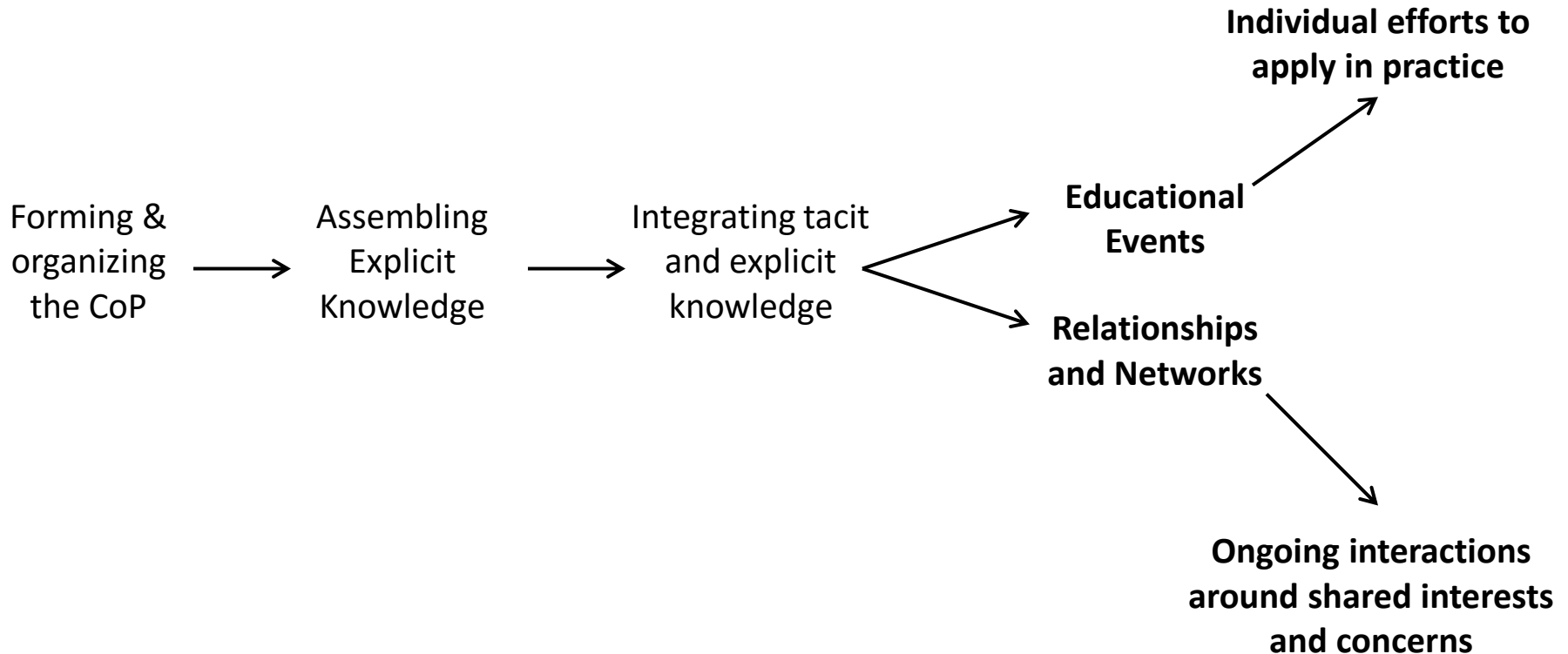


Five main themes emerged from the inductive analysis

- The overall context for these CoPs and their initiatives is a complex system that can support or undermine the CoP
- Designing and implementing diverse KTA events that will achieve the multiple CoP purposes and be appropriate for the target audiences
- Achieving KTA through collaboration and interaction creates opportunities and challenges
- CoPs use multiple strategies to access diverse knowledge sources and to incorporate a variety of dissemination techniques
- The CoP as a catalyst for action and change



Theory of Action in CoPs Engaged in KTE



THANK YOU

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Panel:

- **Deb Bryson**, Psychogeriatric Resource Consultant, Design and Dementia CoP Co-Lead
- **Felicia White**, Coordinator of Volunteer Strategy and Program Development Alzheimer Society of Ontario, AKE Knowledge Broker (past)
- **Frances Morton-Chang**, Gerontologist and Health Policy Researcher, Design and Dementia CoP Co-Lead
- **Kathy Hickman**, Knowledge Broker and Knowledge Mobilization Lead, brainXchange
- **Stephanie Long-Riley**, OT Consultant/Owner of Sage Homes , Design and Dementia CoP Member



Q&A