

The Greater Manchester Experience: How do Knowledge Transfer Associates facilitate the implementation of research?

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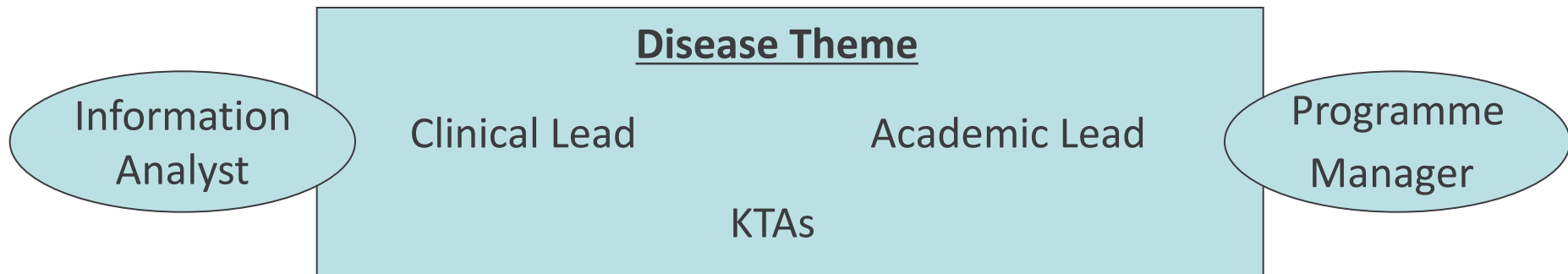
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Overview

- Role of Knowledge Transfer Associates (KTAs) within the NIHR CLAHRC for Greater Manchester
 - Organisational structure
 - Remit and role description
- Cooperative Inquiry
 - What it is
 - How it works
 - Preliminary findings and outcomes
- What's next?

Knowledge Transfer Associates (KTAs)

Organisational Structure: in teams



KTAs:

- Variety of professional backgrounds and career stages
- Employed within the NHS
- Multidisciplinary team setting and complementary knowledge and skill sets
- Support and input from a clinical and academic perspective

Role of Knowledge Transfer Associates (KTAs)

Role remit:

- Novel role, in a novel organization
- Act as main facilitators, supporting health care professionals (different professions and organisations) in implementing evidence-based practice; & utilizing change management knowledge in supporting improvement processes
- Role includes an element of project management
- Not clinical experts

Role of Knowledge Transfer Associates (KTAs)

Role components:

- Working with a wide range of stakeholders, different organisations, professions, attitudes and beliefs, agendas, and political contexts
- Identifying, appraising, summarising and translating research and best practice evidence
- Planning and evaluating implementation projects with wider team
- Not opinion leaders themselves, but offering continuous facilitation support to others
 - Assessing skills and strengths
 - Offering knowledge and capacity building
- Act in an advisory capacity

Cooperative Inquiry (CI) Definition

Cooperative inquiry ...

“.. is a way of researching with people who have related interests and/or experiences, which might be causing frustration, tensions in the workplace and who wish to examine with others how they might extend and deepen their understanding of their situation, bring about change and learn how to improve their actions.”

(Heron and Reason 2008)

Features

- Participants: participate in the thinking and doing of research
- Directly relevant to practice
- Closes theory practice gap

How CI works

Cooperative inquiry uses the ...

“interaction between experience and action, and reflection to reveal new or different ways of understanding and doing things and in the process of co-researching their own situation enables participants to transform it. “

Heron and Reason 2008

Ways of knowing used in CI

- **Experiential:** direct encounter with a person, place or thing
- **Presentational:** expressive forms of imagery
- **Propositional:** informative statements
- **Practical:** knowing how to do something

How we did it

- All KTAs were invited to participate
- No one was to feel obliged to do it
- 1 KTA declined to participate at phase 2 of the project

The CI Process

Phase 1: Preliminary meeting(s) of project



Phase 2: Provisional sense making



Phase 3: Immersion in action and experience



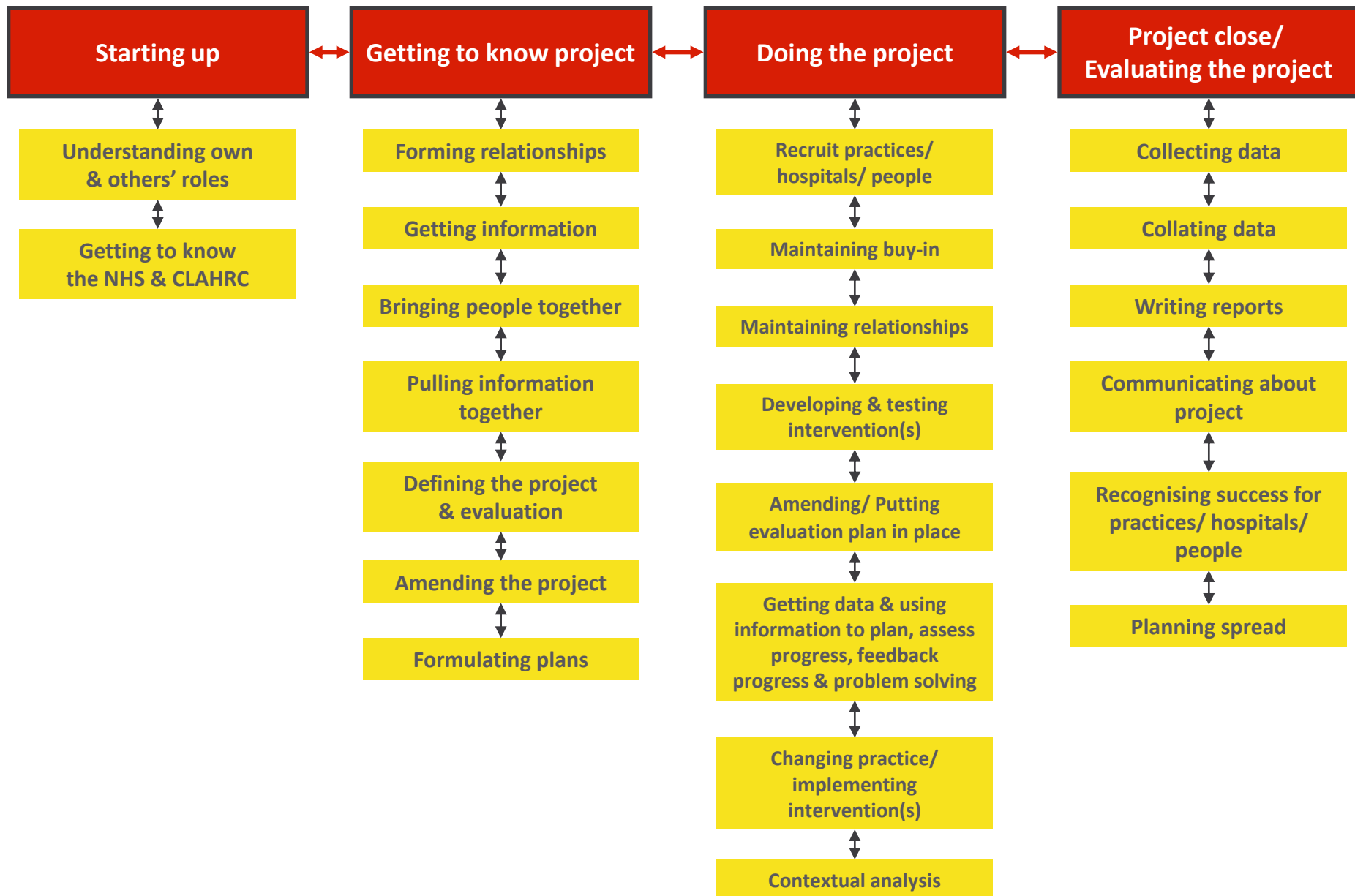
Phase 4: Possibilities for change

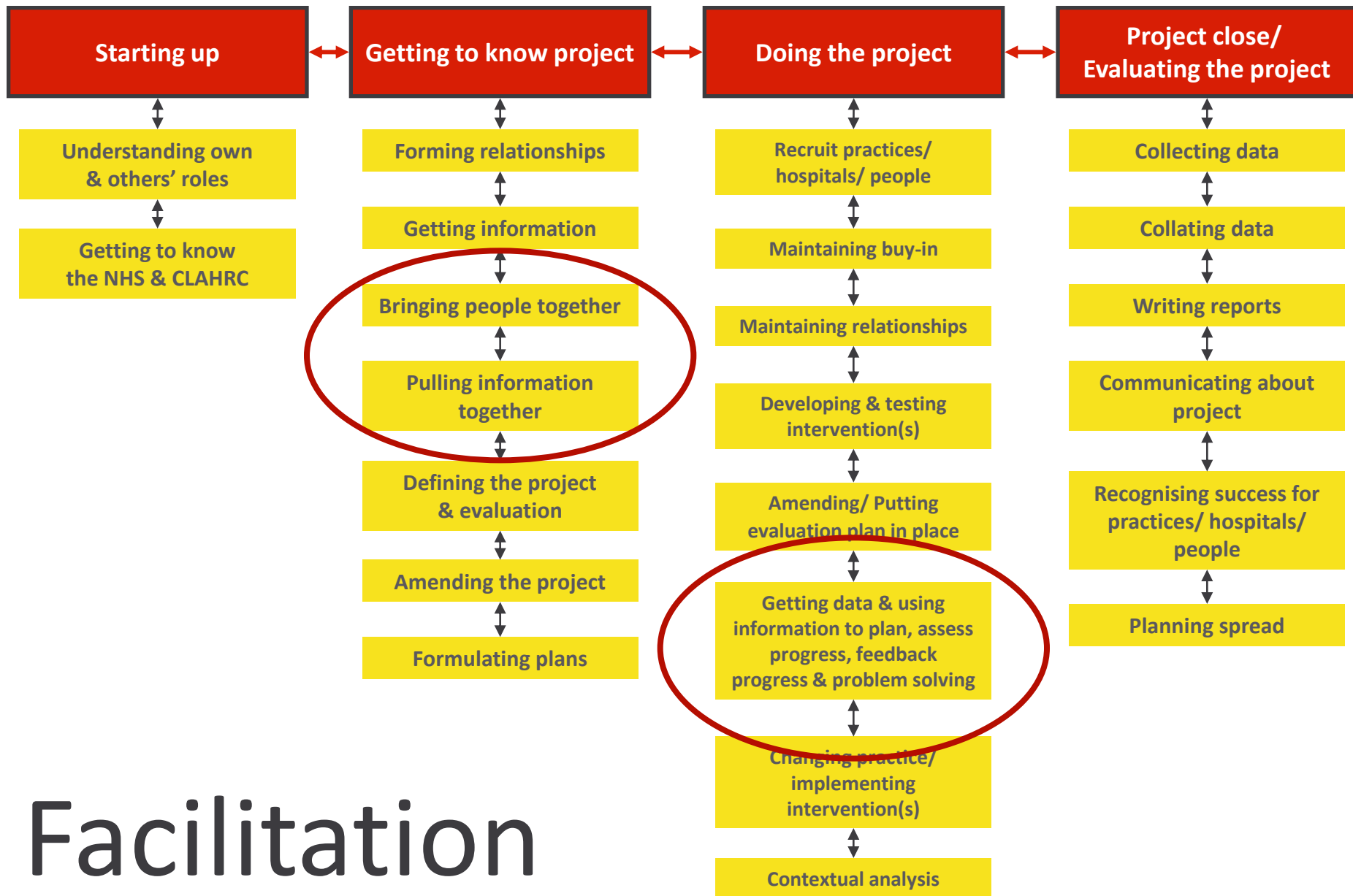


Phase 5: And so on ...

Research Questions:

1. Do **frameworks for implementation** of research help knowledge transfer associates to facilitate change and, if so how?
2. How do **internal and external relationships** support the facilitation of change?
3. How do knowledge transfer associates use **evidence** to influence change?
4. What influences the **facilitation approach** of knowledge transfer associates?
5. How do programme managers, clinical leads, perceive knowledge transfer associates facilitate the implementation of research?



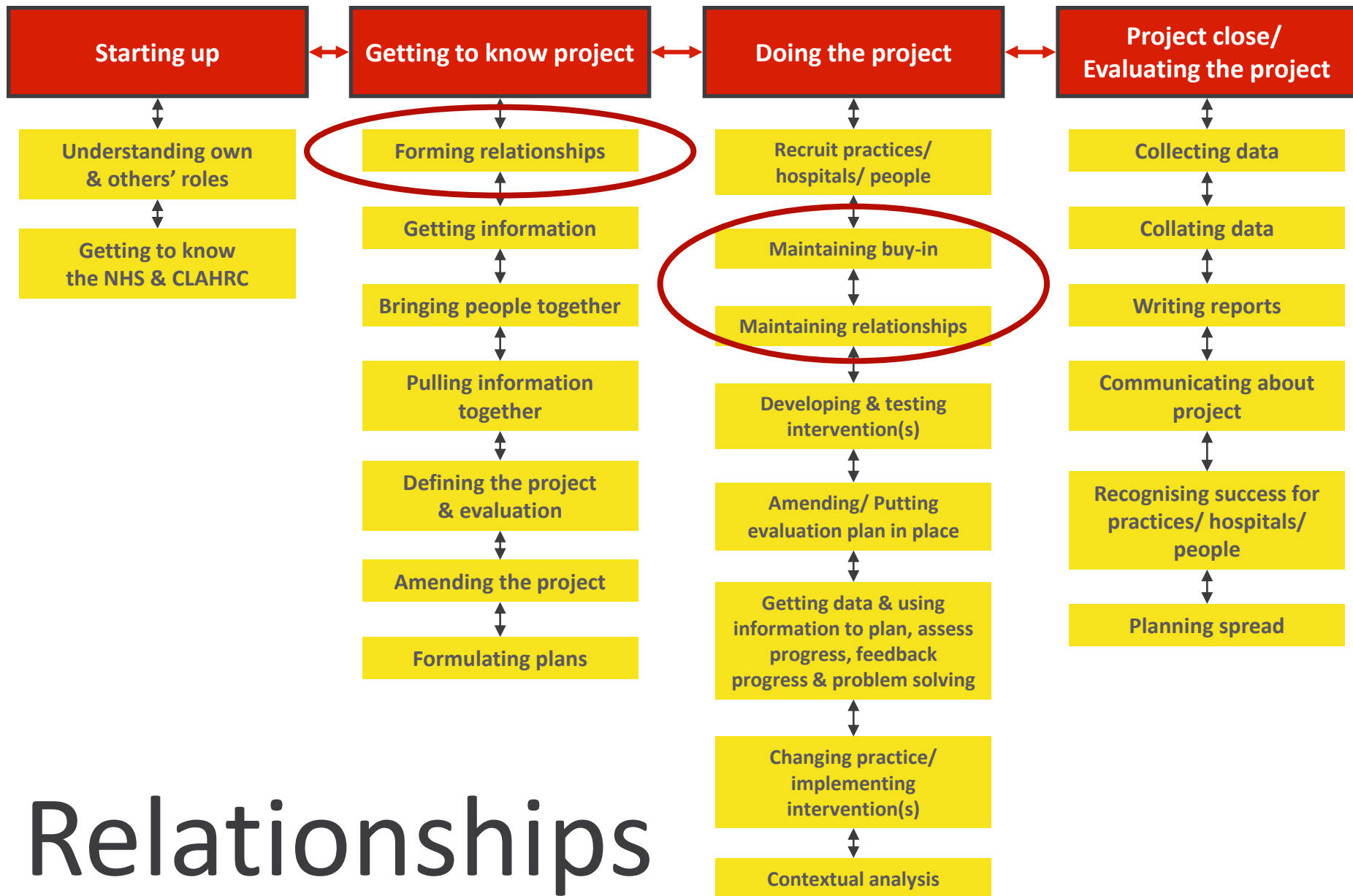


Facilitation

Key findings

Facilitation:

- Helping people to help themselves
 - Support people in the use of quality improvement tools and techniques e.g. PDSA
 - Assess the quality improvement context
 - Feedback data
- Making things as easy as possible
 - Assess barriers
 - Identify and collate information
- Motivate teams
- Good interpersonal skills considered essential!



Relationships

Key findings

Relationships:

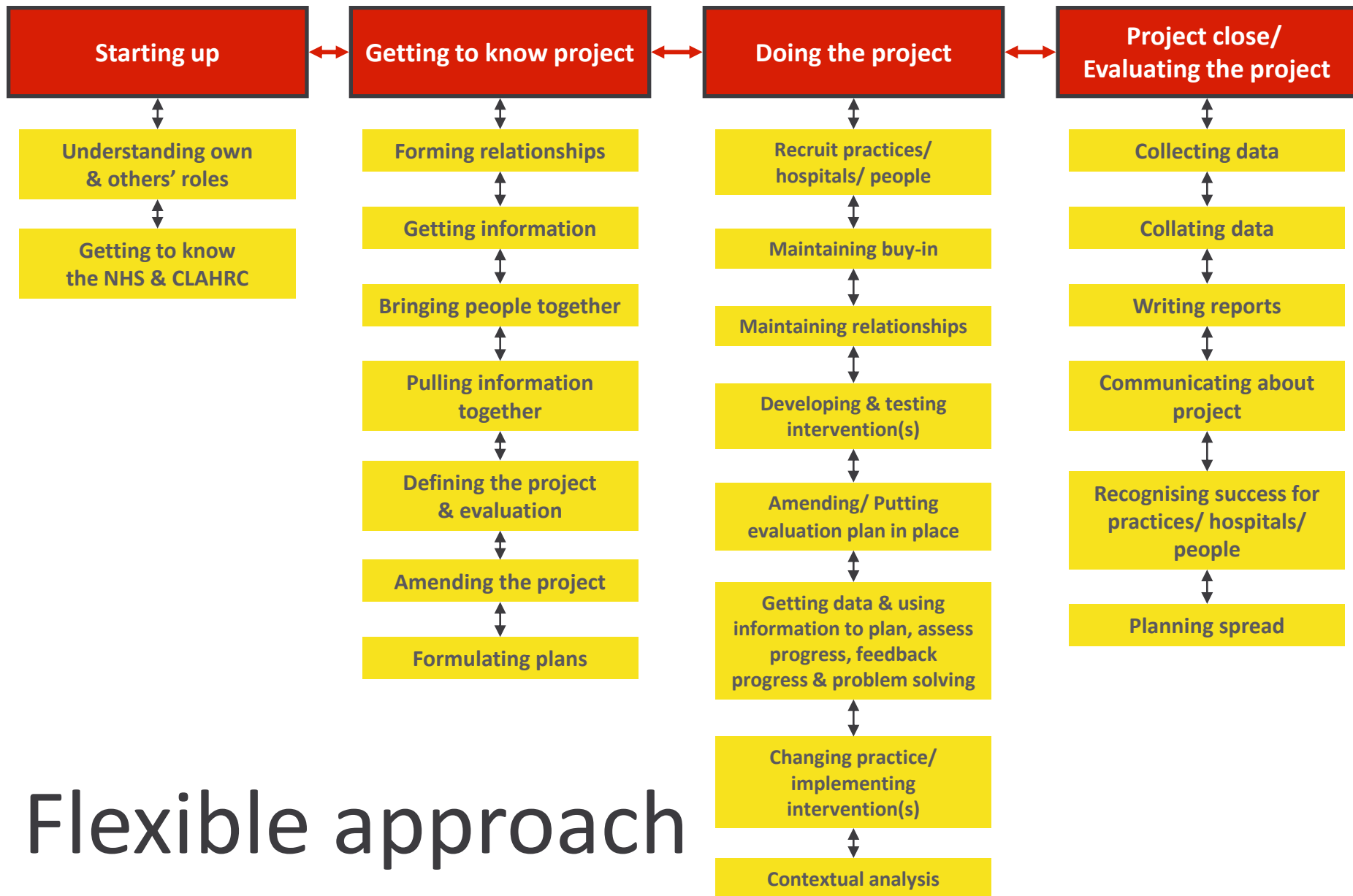
- Wide range of stakeholders (clinical and non clinical), organisations and professions involved in each project
- Need to develop networks and rapport quickly → links with (clinical) opinion leaders
- Important to identify gatekeepers and get buy-in
- Essential to gain access to both people and information
- Ensures that improvements made are sustained in the long term
- Can be a time consuming process, especially if viewed as an ‘outsider’



Key findings

Shaping projects:

- CLAHRC provides the initial rationale for the project
- The approach and solution(s) are individually tailored to each of the various backgrounds and contexts
- Iterative process
- Time spent in this phase differs for each individual project
- Ensures that each project is of value and a true collaboration
- Essential to ensure buy-in and sustainability



Flexible approach

Key findings

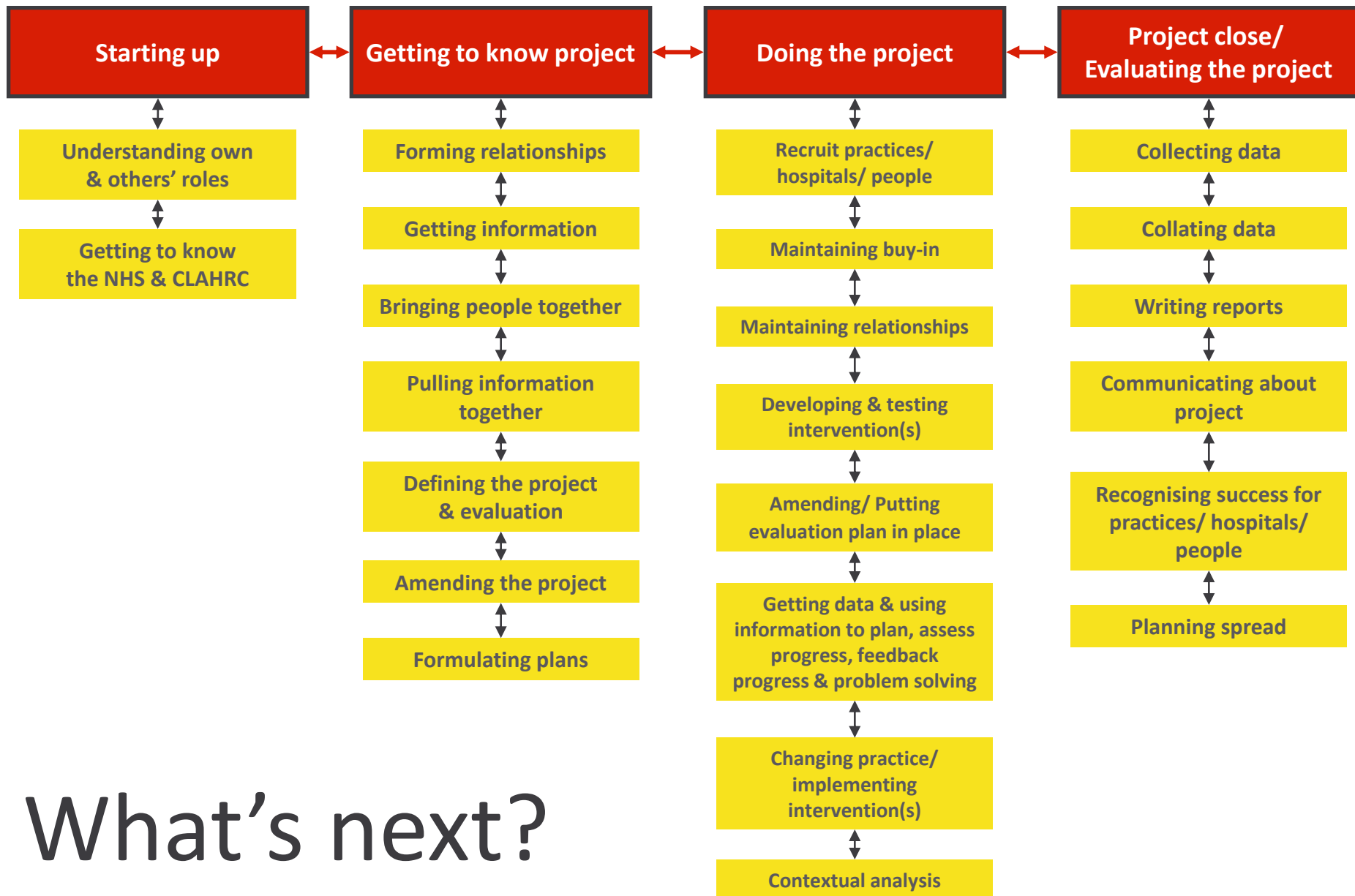
Flexible approach:

- Projects do not follow a linear process
- Frameworks for change and methodologies are used to varying extents, but KTAs deviate from these as required
- Level of support provided to organisations and individuals by KTAs adapted to suit their needs
- Level of support given often varies over the course of the project

Key findings

KTAs' personal development:

- The KTA role has changed over time
- KTAs are more confident and independent
- Have built up credibility and dependability
- Have a more informed perspective



What's next?

What's next?

- Further evaluation, building on the findings of this project
- Concentrating on 'what works' in the process
- Dissemination of findings

Any questions or comments?



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