NIHR | Applied Research Collaboration East Midlands

Knowledge Mobilisation

What is it?

Why do we need to do it?

How can we do it?

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Part 1: A very short introduction to KM theory and practice

The problem

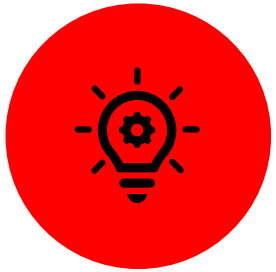
Source: https://x.com/DrLuanaMarques/status/807300219377426438?lang=ar

What is Knowledge Mobilisation (KM)?

Image source:
B. Mure for Impact Accelerator Unit, Keele University School of Medicine

Why do we do KM?

To facilitate the movement of research to practice.



To apply evidence that will create a change that will lead to an improvement.

To bring people together to collaborate and work in partnership to address an identified challenge.

To improve the flow and exchange of knowledge, connecting decision-makers to the evidence.

How we do KM

- No standardised way – its all **contextual** and dependent on where, when, how…..
- Needs **people**: its about **moving** and **using** knowledge to places where it can be used by its ‘customers’.
- We do this by **talking** to people, asking questions, finding out information that is then used to help **shape**, **repackage** and **deliver** research knowledge to the site in which it can be used.

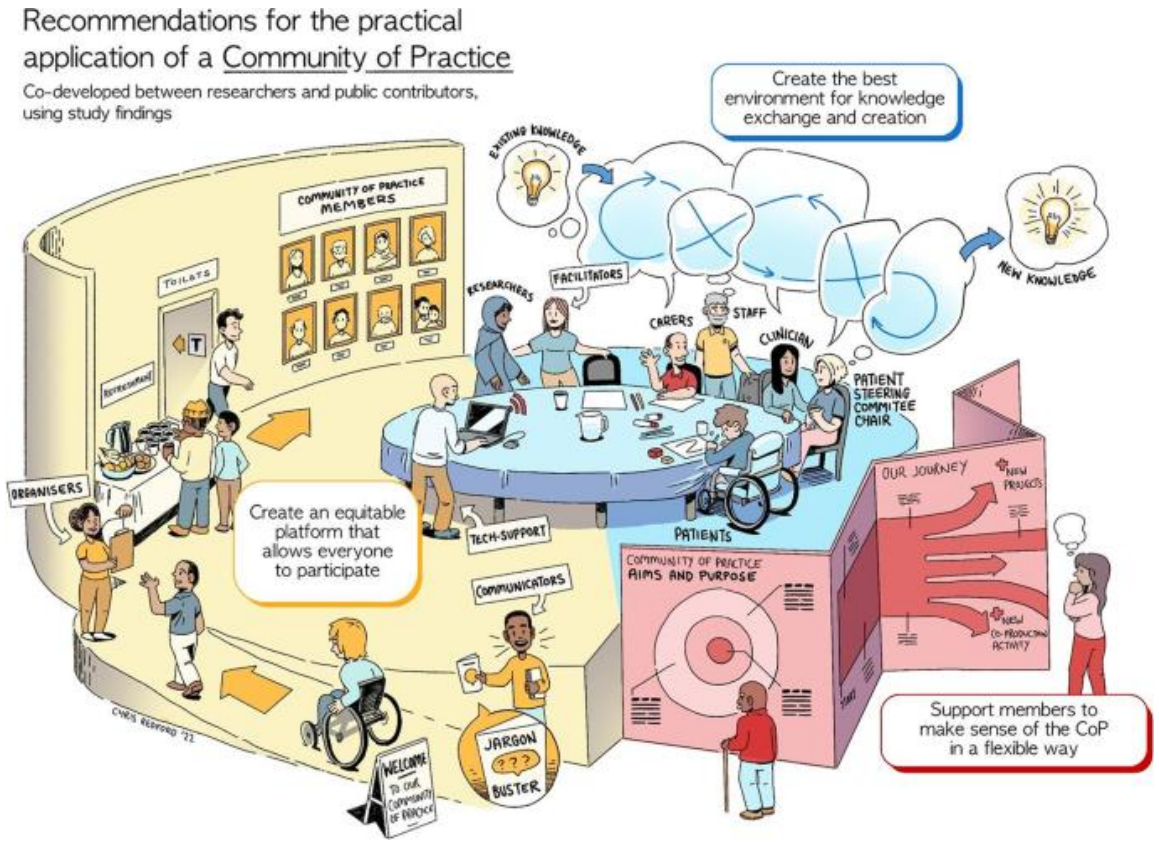


Image source: https://implementationsciencecomms.biomedcentral.com/articles/10.1186/s43058-022-00384-1

Proposed underlying principles

- KM is about **turning research evidence info useful knowledge**.
- KM is about **deployment of (research) evidence to make a change (impact).**

- KM requires a **dynamic, collaborative partnership** [cycle / process / loop / relationship]**.**
- It is a **joint, shared endeavour & a collective responsibility.**

- KM is a **journey**; each piece of evidence is a **vehicle**.
- **Each vehicle may have a different journey** – but all have **the same goal** of making an impact to services.

KM is

- Everyone's responsibility
- Collective teamwork
- KM needs a shared vision & goal but requires individual responsibilities

- Highly complex, messy, non-linear and inherently tricky regardless of what the "thing" is.
- A zone of complexity – a bit like a maze.
- KM needs technical and adaptive skills to survive (thrive) learnt from stakeholders and change champions, communities and brokers …but even then, it's never straight forward or the same every time.

KM needs

- Knowledge: different types from different sources
  - Research evidence
  - Experiential
  - Local
  - Soft skills
  - Guidelines
  - Institutional / organisational culture
  - ……
- Resourcing: **people, budget, time**
- KM is **transformative**; it creates **actionable insights** from research / evidence – without something being actionable, it is just knowledge sharing.

KM: the research to practice process

- the processes or efforts by which the evidence is put into practice with those it affects (stakeholders)
- involves a **change in processes or behaviours**
- recognised as the dynamics of agency (**doing something different**) under conditions of constraint (**context**).
- its not only the intervention that is important but also related practices, beliefs and behaviours, **interconnected bundles of stuff** that are all crucial to understand.

Doing KM to make a change

- 4 key components of ‘doing’ KM:
  - **WHO** is the audience/customer?
  - **WHAT** we want them to do differently?
  - **WHY** do we want them to make this change?
  - **HOW** we are going to make this change?

- As a social process, KM needs to:
  - Define the WHAT, the WHO and the HOW (+ WHEN)
  - Assess barriers and facilitators to the WHAT
  - Select change strategies (the HOW)
  - Deliver the WHAT to the HOW to the WHO and by the WHEN

- In order to achieve significant outcomes, we need to create:
  - An evidence-based WHAT
  - An enabling context of WHO, WHEN and WHERE
  - Effective KM strategies for HOW

6 main questions to ask when doing KM

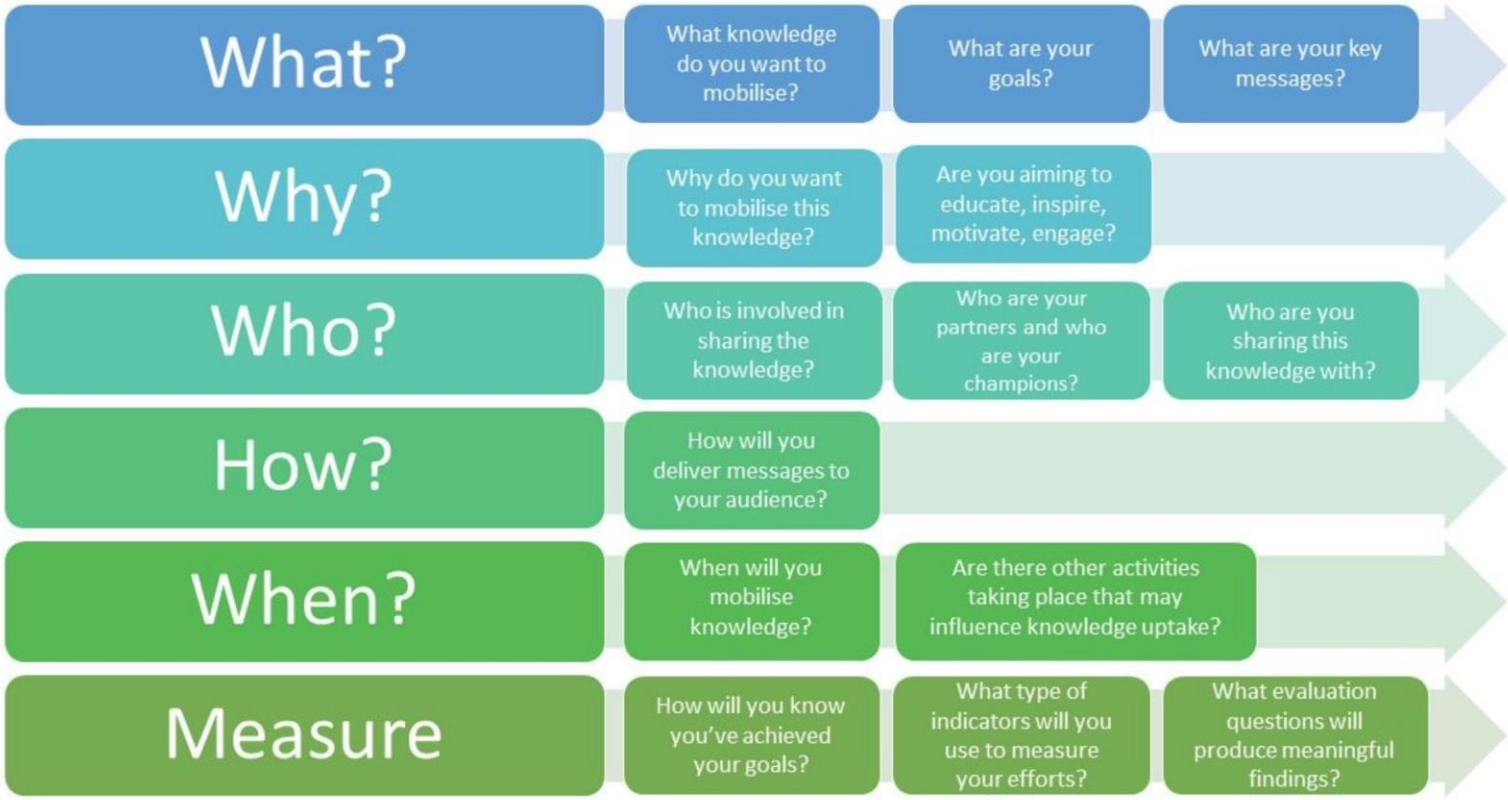


Image source:
https://blogs.bmj.com/ebn/2022/10/02/how-can-we-use-knowledge-mobilisation-to-improve-care/

Part 2: Interactive KM case studies

Interactive Case Study A: Using the Plan-Do-Study-Act (PDSA) Model in Implementing PERFECT-ER

The Problem

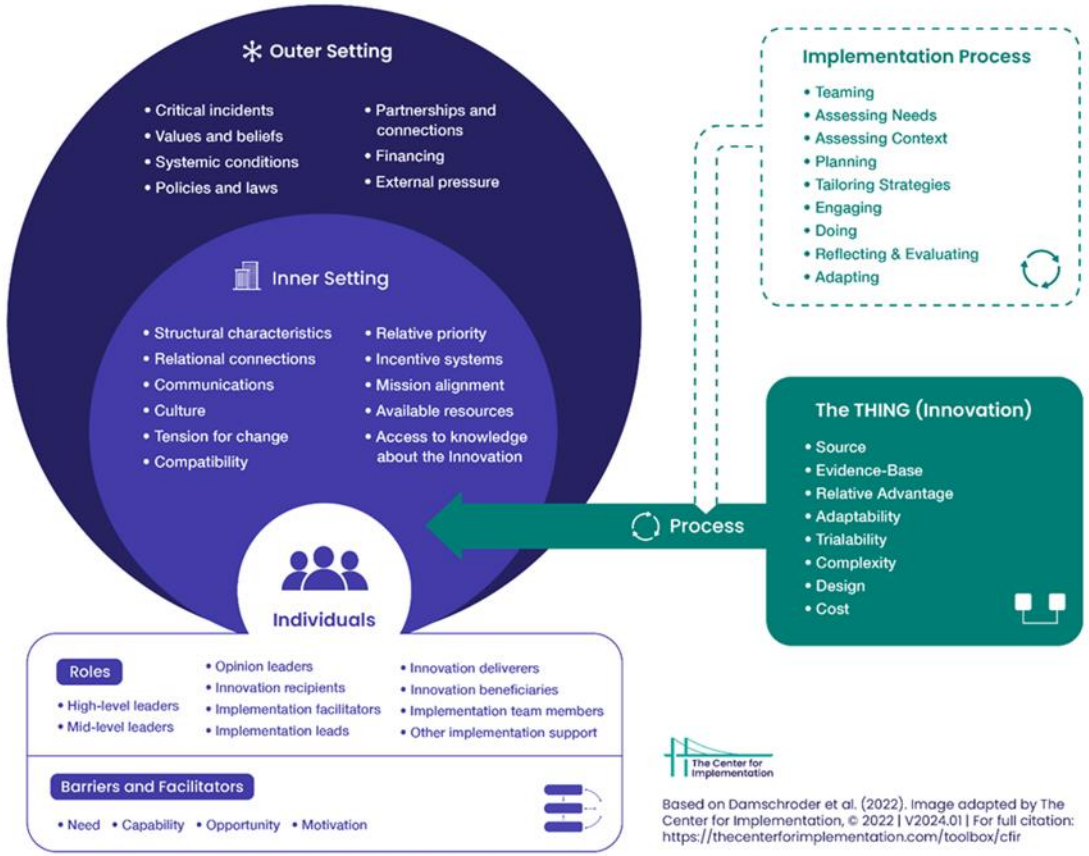
- Care systems are often designed to treat patients within discrete health conditions.
- Older people experiencing cognitive impairment (including dementia and/or delirium) and hip fracture.

The PERFECT-ER Intervention

- A checklist synthesising best practice for hospital-based dementia care with current best practice for hip fracture care.
- A Service Improvement Lead used the PDSA model to lead implementation.

Consider potential barriers/drivers in implementing PERFECT-ER using the Plan-Do-Study-Act (PDSA) Model

Interactive Case Study B: Using CFIR to Implement and Spread the Falls Management Exercise (FaME) Programme



The Problem

- 1 in 3 people aged 65 years or older fall each year.
- There is considerable evidence that falls can be prevented using evidence-based strength and balance interventions, but they are not consistently provided.

The FaME Programme

- FaME is an exercise programme shown to improve strength, balance and stability. It is delivered by specialist qualified instructors in small groups in the community.
- A toolkit provides a suite of resources that commissioners can use to plan and implement the FaME programme.

Consider potential barriers/drivers in implementing FaME using the Consolidated Framework for Implementation Research (CFIR)

Interactive Case Study C: Using the RE-AIM Framework in the Implementation of a Virtual Emergency Department

The Problem

- Virtual care uptake remains significantly underused in urgent care.

Virtual Emergency Department (VED)

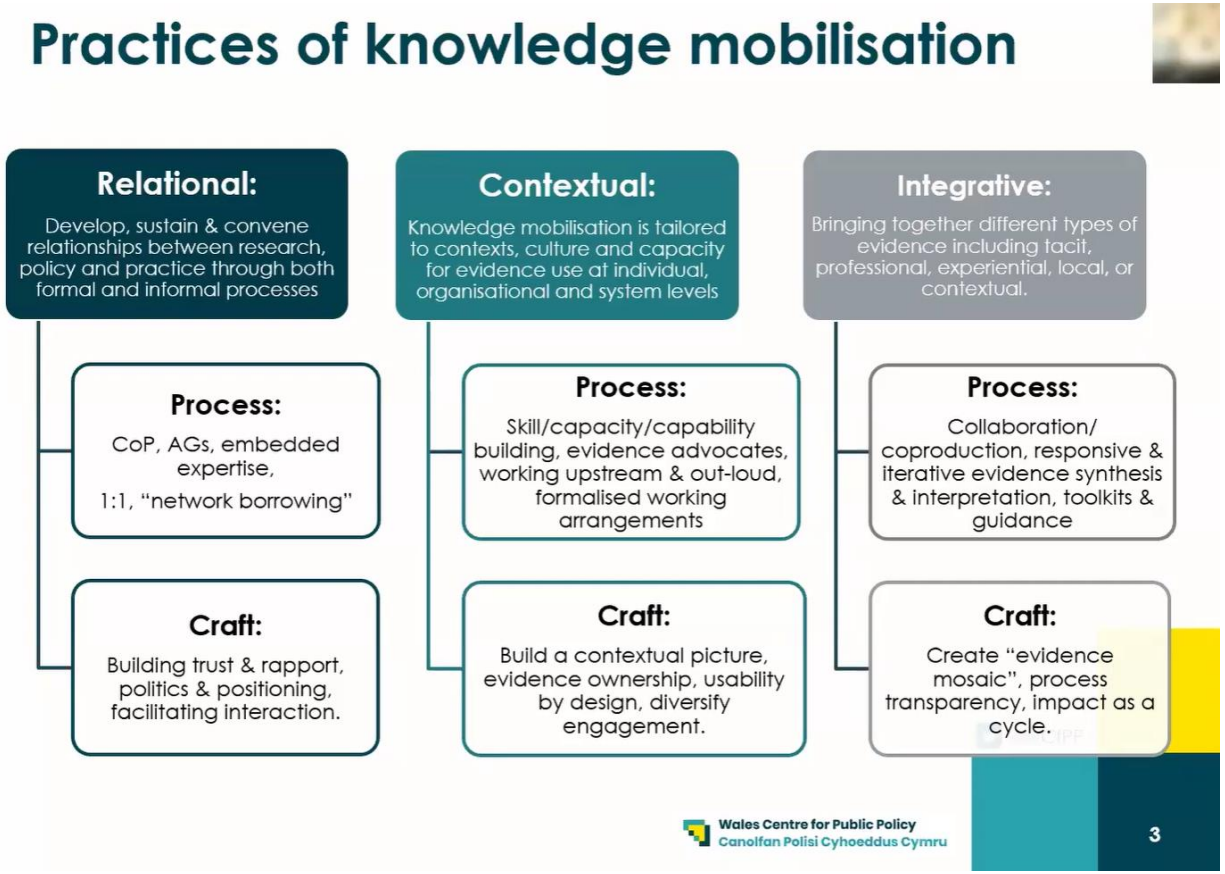
- A pilot VED at a hospital that connected patients to emergency physicians through a web-based portal.

Consider potential barriers/drivers in implementing a VED using the Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) Framework

Part 3: Summary

KM as a social process

- Research / evidence does not speak for itself, or 'do' anything without assistance.
- As a **social process**, KM needs people, acting as ***knowledge brokers***, **connecting** people, organisations, knowledge etc.
- KM can be **transformative**, but it is also:
  - **Relational**
  - **Contextual**
  - **Integrative**
- KM is not just dissemination / communication, it is about making evidence ready to use (shaping) and finding its pathways / routes.



How we do KM

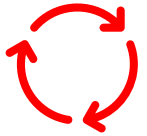
- Involves a complex cocktail of skills, including:
  - communications,
  - relationship building,
  - facilitation,
  - convening,
  - networking,
  - brokering,
  - critical appraisal, gap analysis…..
- Critical infrastructure for delivery of benefit from research evidence
  - But often hidden and invisible, as “just” talking to people…
- KM requires:
  - Resource: budget & people
  - Time
  - Effort
  - Skillset

KM as ‘robust critical conversations’: (Gabbay & le May)

Evidence / nature of the evidence (what is there? Is it robust / appropriate?

Delivery (use) context

People (who will ‘do’ the KM; who will ‘use’ the KM?)



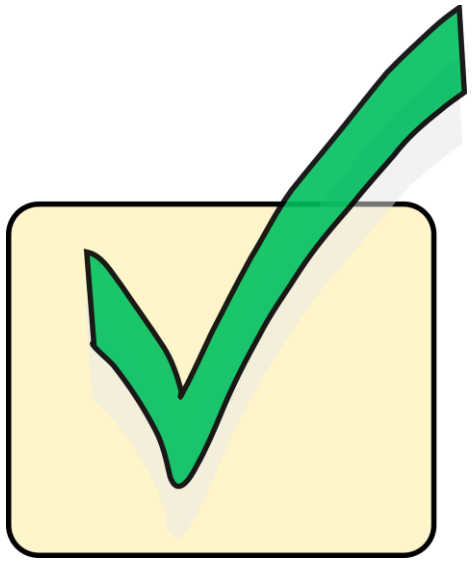
Change method (how will the KM delivery happen?)

7 conditions for success spread and scale (NHSE)

1. understand the pathway and explore the reality for the people and organisations involved in that delivery chain.
2. use a framework to help the thinking to be systematic.
3. build the coalition for implementation.
4. create system 'pull' as a vital complement to central 'push'.
5. anticipate and reduce barriers to implementation;
6. radical change and innovation can happen quickly when policy creates clarity of focus, removes barriers, and creates permission to act (as the pandemic showed).
7. keep talking about it; don't just move onto the next thing.

Kotter’s 8 steps to change

(from: https://www.kotterinc.com/8-steps-process-for-leading-change/)



- CREATE a sense of urgency: a bold statement on the **need for change**
- BUILD a guiding coalition of people: **stakeholders and champions** to guide, coordinate and communicate
- FORM a strategic vision and initiatives: **clarify how this thing differs from the past, and what the future will be**
- ENLIST a **volunteer army**: large scale change involves people all moving in the same direction (shared ownership & consensus)
- ENABLE action by **removing barriers**
- GENERATE **short term wins: remember to communicate these**, as they energize and enable
- SUSTAIN acceleration: **keep going!**
- INSTITUTE change: **Articulate the connections between the new behaviours and organizational success**, making sure they continue until they become strong enough to replace old habits.

Your KM checklist. Can you identify….

1. the **problem** (the why)?
2. the **who** (audience / stakeholders)?
3. the **goal** (the solution to your problem statement)?
4. the **what**? > your **outputs** (tangible products)?
5. the **outcomes** (direct consequences of the innovation / change implementation)?
6. the **threshold for change** being established (when will you know if its done?)
7. how the **impacts** of (4) will be achieved?
8. **activities** needed to achieve (4) and (5)?
9. any **causal assumptions** made? (does the problem and your change really provide a solution, or is a bit more complicated / indirect than that?)
10. the **conditions** needed for success?
11. the **resources** needed?

MISSPENT


1
MULTI-TASKING
Multi-directional and complexity-attuned approaches where knowledge is produced and becomes meaningful through social processes.
2
INFLUENCERS
Individuals with authority or informal influence on behaviours.
3
SPONSORS
People who support knowledge mobilisation or implementation.
4
SOURCES
Information comes in many forms and varying degrees of quality and volume.
5
PERSISTENCE
Sustained efforts are needed, including building relationships, adapting strategies and addressing barriers.
6
EVIDENCE
Knowledge supporting an innovation's effectiveness.
7
NETWORKS
Partnerships and connections with external entities.
8
TEAMS
Utilising co-production, co-creation and co-design in KM strategies.

Feedback

- What aspects of the workshop did you find most useful or engaging and why?
- What could be improved for future workshops (e.g. content/format)?
- How confident do you feel in applying what you learned today in your work or studies? (on a scale of 1-5: 1 = Not confident and 5 = Very confident)