Knowledge Translation Planning Template ©

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Text version of presentation for 2015 KT Conference: KT Solutions for Overcoming Barriers to Research Use

Conference information: http://ktdrr.org/conference2015

Slide template: Red Bar at top and bottom. On the top right: An Online Conference for NIDILRR Grantees. Green bar in middle: Knowledge Translation Conference KT Solutions for Overcoming Barriers to Research Use
Hosted by SEDL's Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR) October 26-28-30, 2015

Slide 1: Knowledge Translation Planning Template ©
Screenshot of Knowledge Translation Planning Template©
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October 28, 2015

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Slide 2: Why Plan for Knowledge Translation?
1) Because it is a requirement for many research funders
2) Because if we don't plan for it, it won't happen
3) Because if it doesn't happen, it will sit on the shelf or in a journal
4) Because we owe it to tax payers to show what we accomplish with public funds
5) Because funders want to demonstrate return on investment – and consequently, so do you and the organization for whom you work
6) Because we need to demonstrate the impact of our research
7) Because we want to advance science and practice

Arrow pointing to "Best Practices"

Slide 3:
And that means, getting what we know works to improve health and well-being into the hands of people who can apply it.
Image of blue cartoon person pushing boxes on a dolly.

Slide 4: Key Components of a KT plan
1) What are your **KT goals**?
2) Who are your **target audiences / knowledge users**?
3) **How** will you engage them?
4) **When** will you **engage** them?
5) What are your **main messages**?
6) What **KT strategies** will you use?
7) How will you **implement** your strategies?
8) **With what impact (evaluation strategy to determine success of KT plan and impact on health)?**
9) What **resources** are required (budget, staffing, etc)

Slide 5: Effective KT starts with identifying your KT Goals:
What is your purpose in sharing what you learned?
− Generate awareness and interest
− Share knowledge
− Inform future research
− Generate practice change (practitioners) or behavior change (people)
− Inform future research
− Generate practice change (practitioners) or behavior change (people)
− Generate policy action
− Mobilize public action
− Commercialization or patent

Slide 6: Who is your audience?
Who needs to hear your message?
HOW well do you know them?
ACT how prepared are they to act?
Blocks that might impede you?

Large colorful letters on the right read, "Who are you"

Slide 7: Who are your Knowledge Users?
❑ Consumers
❑ Health Practitioners
❑ Managers (hospitals, workplaces)

- ❑ Policy makers
- ❑ General Public
- ❑ Patients
- ❑ Media
- ❑ Private industry
- ❑ Advocacy groups
- ❑ Research funders
- ❑ Decision makers
- ❑ Research scientists
- ❑ Other?

Image of multi-colored cartoon people.

Slide 8: KT and Evaluation

Failing to evaluate whether your KT activities achieved the intended KT goal(s) leads to:

> Sub-optimal knowledge translation
> Sub-optimal return on investment
> Unrealized contribution to KT science

Image of cartoon man placing a checkmark on a list of boxes labeled Evaluation:

- ❑ OUTSTANDING
- ❑ Excellent
- ❑ Very Good
- ❑ Average
- ❑ Below Average

Slide 9: KT Planning Cycle & Common Failures

Circular flow chart starting at the top going clockwise:

KT Goal(s) – Red check mark

KT Plan – Red check mark

Implement (do it) – Red check mark and red arrow leading to a ?

Evaluate – Red X'ed

Validate – Red X'ed

Inform – Red X'ed

Slide 10: Evaluation Approaches

1) Indicators – e.g., reach, usefulness, use, collaboration
2) Learning outcomes

Kirkpatrick Model: Reaction / Learning / Behavior / Results

3) Evaluation of Implementation Effectiveness
   NIRN model
   RE-AIM

Stages of Implementation Completion
CFIR – Consolidated Framework for Implementation Research
Proctor Implementation Outcome Typology
4) Evaluation of Research Impact
Canadian Academy of Health Sciences
Research Councils United Kingdom
Australia's Research Excellence Framework

Six multi-colored circles surround a white circle with the text: Goals of Evaluation
Starting at the top circle going clockwise labels include:
Clarify program objectives
Assess program appropriateness / effectiveness
Advocate for your efforts
Solidify support for financial investment
Address cost
Make program improvements

Slide 11: Impact
Academic impact
The demonstrable contribution that excellent research makes to academic advances, across and within disciplines, including significant advances in understanding, methods, theory and application.
Source: http://www.rcuk.ac.uk/kei/impacts/Pages/meanbyimpact.aspx
KT impact
The demonstrable contribution that KT activities make to achieving stated KT goals based on research outcomes.
Image with the words Impact over multi-colored vertical bars

Slide 12: Research Impact vs. KT Impact
A piece of research, if it's worth funding and doing at all, must not only be published, but used, applied and built-upon by others (e.g., researchers, practitioners, decision makers)
'Research impact' is typically measured as the number of times an article is cited by other articles ('citation impact' or H index).
# of journal articles published is not a good indicator of research impact, (captures productivity), nor of KT impact
We need other metrics.

Image of a bar graph with the label: Data from the Science Citation Index Impact Factor.
Image of a circular graph with color labels and the number 26 in the middle:
Light blue: Tweeted by 14

Yellow: Blogged by 1
Dark Blue: On 7 Facebook pages
Red: 1 reader on Mendeley
Purple: 2 readers on CiteUlike

Slide 13: Outcomes and Impact
Outcome: stands alone
Impact: on something
Impact has to tell you / show you that people knew what to do with the knowledge you shared.
Image of a Jacobs Cradle

Slide 14: KT Impact
Image of Pyramid with 4 levels.
The base of the pyramid is Level 1: Impact on Healthcare Research Base and Future research.
Level 2: Impact on Health Policies and services.
Level 3: Impact on Clinical Practice
Level 4: Impact on Health Outcomes (at the top of the pyramid).

Source: Stryer, Tunis, Hubbard & Clancy (2000) Health Services Research 35:5 Part 1

Slide 15: Indicators for Use in Evaluation
Image of a cartoon head with hair that turns into a light bulb over the next three images.
Reflection – Where am I now? Image of a light bulb with a question mark.

Slide 16: Indicators of Impact for Services and Products
Sullivan, T.M., Strachan, M., and Timmons, B.K.
Guide to Monitoring and Evaluating Health Information Products and Services.
https://www.k4health.org/sites/default/files/guide-to-monitoring-and-evaluating-health-information.pdf

Image of the previously linked guide.

Slide 17: Reach Indicators
Area 1: Primary Distribution (Push)
- Number of copies of a product initially distributed to existing lists
- Number of copies of a product distributed by a publisher through additional distribution
Area 2: Secondary Distribution (Pull)

- Numbers of products distributed in response to orders
- Number of file downloads in a time period
- Number of people reached by media coverage of the material or generated by it

Area 3: Referrals
- Number of instances that products indexed or archived in bibliographic databases
- Number of postings by other Web sites or links to products from other Web sites

Image of a line graph with a blue (Visits) and yellow (Page views) line.

x-axis is labeled with 4 points: Thu 01/09, Sun 11/09, Wed 21/09, Fri 30/09.

y-axis is labeled in visits from 0 to 10,000 in blue and 0 to 60,000 in yellow.

Below the graph is a map of the world labeled: Geo Map Overlay

Slide 18: Quality Indicators

Area 1: User Satisfaction
- Percentage of those receiving a product or service that read or browsed it
- Percentage of users who are satisfied with a product or service
- Percentage of users who rate the format/presentation of a product as usable
- Percentage of users who rate the content of a product or service as useful
- Number/percentage of users who report knowledge gained from product/service
- Number/percentage of users who report product or service changed their views

Area 2: Product or Service Quality
- Number and quality assessment of reviews of a product in periodicals
- Number and significance of awards given to a product or service
- Number of citations of a journal article or other information product
- Journal impact factor
- Number/percentage of users who pay for a product or service

Image of a magnifying glass with the words: Focus on Quality

Slide 19: Use Indicators
- Number/percentage of users intending to use an information product or service
- Number/percentage of users adapting information products or services
- Number/percentage of users using an information product or service to inform policy and advocacy or to enhance programs, training, education, or research
- Number/percentage of users using an information product or service to improve their own practice or performance

Image of a cartoon person holding/using a large screwdriver.

Slide 20: Collaboration and Capacity Building Indicators

Area 1: Collaboration

- Number of instances of products or services developed or disseminated with partners
- Number of instances of South-to-South or South-to-North information sharing

Area 2: Capacity Building

- Number and type of capacity-building efforts

Image of three cartoon people holding up or standing on a red arrow.

Slide 21: Partnership Evaluation Tool

Developed to help multi-sectoral partnerships to monitor their development, to assess emerging benefits and to identify areas for further development.

PET is based on research carried out by the Institute of Public Health from 2003 to 2006 as part of a research program on measuring impacts of multi-sectoral partnerships on inequalities in health.

Image of a flow chart: External and Internal Constraints impact the left to right transitions:
Sectors: Statutory, Community, Voluntary, Private
Lead to a series of yellow boxes from left to right:
Partnership
Connections
Learning
Actions
Impacts
The chart ends with Determinants of Health → Inequalities in Health

http://www.publichealth.ie/press-release/helping-evaluate-partnerships-iph-partnership-tool

Slide 22: Knowledge Translation Planning Template

Screenshot of Knowledge Translation Planning Template©

There are four columns: (1) Project Partners, (2) Degree of Partner Engagements, (3) Partner(s) roles, and (4) KT Expertise on Team. Further description available on slide 23.
Assistance in formulating a KT Plan.
Available as free download: www.melaniebarwick.com/training.php
Barwick, M. (2008). Knowledge Translation Planning Template. Ontario: The Hospital for Sick Children
© 2008, 2013 The Hospital for Sick Children

Slide 23: Screenshot of Knowledge Translation Planning Template©

Instructions: This template was designed to assist with the development of Knowledge Translation (KT) plans for research but can be used to plan for non-research projects. The Knowledge Translation Planning Template is universally applicable to areas beyond health. Begin with Box#1 and work through to box #13 to address the essential components of the KT planning process.

There are four columns: (1) Project Partners, (2) Degree of Partner Engagements, (3) Partner(s) roles, and (4) KT Expertise on Team.

1. Project Partners
   - ☐ Researchers
   - ☐ Consumers – patients and their families
   - ☐ The public
   - ☐ Decision-makers
   - ☐ Private sector/industry
   - ☐ Research funding body
   - ☐ Volunteer health sector / NGO
   - ☐ Practitioners
   - ☐ Other

2. Degree of partner engagement
   - ☐ From idea formulation straight through
   - ☐ After idea formulation and straight through
   - ☐ At point of dissemination and project end only
   - ☐ Beyond the project

   Consider: Not all partners will be engaged at the same point in time. Some will be collaborators, end users or audiences, or people hired to do specific activities.

3. Partner(s) Roles
   1. What do the partner(s) bring to the project?
   2. How will partners assist with developing, implementing or evaluating the KT Plan?

   Action: Capture their specific roles in letters of support to funders, if requested.

4. KT expertise on team
   - ☐ Scientists with KT expertise
   - ☐ Consultant with KT expertise
   - ☐ Knowledge broker/specialist
   - ☐ KT supports within the organizations
   - ☐ KT supports within partner organizations
   - ☐ KT supports hired for specific task(s)

Slide 24: Continuation of Screenshot of KT Planning Template.

There are four more columns: (5) Knowledge Users (KUs), (6) Main Messages, (7) KT Goals, and (8) KT Strategy(s)

5. Knowledge Users (KUs)

Which KUs audiences will you target?

☐ Researchers
☐ Health practitioners or service providers
☐ Public
☐ Media
☐ Patients-consumers
☐ Decision-makers
  o In organization
  o In community
☐ Policy makers
☐ Private sector/industry
☐ Research funders
☐ Venture capital
☐ Volunteer health sector / NGO
☐ Other - Specify below _____

Consider: Have you included any of your audiences on your research team? If so, who and why (be strategic)?

6. Main messages

What did you learn, or what do you anticipate learning?

What messages do you anticipate sharing (up to 3 KU audiences can be included on this form)?

Audience 1:

Audience 2:

Audience 3:

OR

❑ No idea yet; messages will emerge during research through collaboration with partners.

Consider: What can you feasibly do within this project given time and resources? Aim for defining your Single Most Important Thing (SMIT) or bottom line actionable message (BLAM).

7. KT Goals

What are your KT Goals for each KU/audience?

Audiences 1, 2, 3 (three columns are provided to check if goal applies to each audience)

<u>Generate</u>
  ☐ Awareness
  ☐ Interest
  ☐ Practice change

- ☐ Behaviour change
- ☐ Policy action

<u>Impart</u>
- ☐ Knowledge
- ☐ Tools

<u>Inform</u>
- ☐ Research
- ☐ Product
- ☐ Patent

<u>Other</u> (specify):

Consider: KT is applicable to all research; even single studies are shared via journal articles. However, intent to change practice, or behavioral or policy must be supported by a body of high quality research evidence (synthesis). Always consider legal and ethical principles in your KT efforts.

8. KT Strategy(s)
What KT strategy(s) will you use?
Audiences 1, 2, 3 (three columns are provided to check if method applies to each audience)

<u>Mostly Effective</u>[1]
- ☐ Interactive small group
- ☐ Educational outreach
- ☐ Reminders
- ☐ IT decision support
- ☐ Multi-professional collaboration
- ☐ Mass media campaign
- ☐ Financial intervention/incentive
- ☐ Combined interventions

<u>Mixed Effects</u>[1]
- ☐ Conferences (didactic)
- ☐ Opinions leaders
- ☐ Educational materials
- ☐ Patient-mediated intervention
- ☐ Performance feedback
- ☐ Educational strategies
- ☐ Substitution of tasks
- ☐ Peer reviewed publication

<u>Limited Effects</u>[1]

☐ Continuous quality improvement

Effects Unsupported by Synthesis[2]
- ☐ Press release
- ☐ Patent license
- ☐ Arts based KT
- ☐ Social media
- ☐ Networks
- ☐ Communities of practice
- ☐ Café Scientifique
- ☐ Webinar
- ☐ Other _____

Slide 25: Further continuation of KT Planning template.

There are two more columns (9) KT Process and (10) KT Impact and Evaluation.

9. When will KT occur?

☐ Integrated iKT[3] - Researchers and research users will collaborate to shape the research process, e.g., setting the research questions, deciding the methodology, involvement in data collection and tools development, interpretation of findings and dissemination of research results.

☐ End of grant KT - KT undertaken at the completion of the research process.
☐ Both

Comment on the specifics of your KT procedures; describe how you are using iKT:

10. KT Impact and Evaluation

a. Where do you want to have an impact?
- ☐ Healthcare/well-being outcomes
- ☐ (Clinical) practice
- ☐ Policies/systems
- ☐ Research and knowledge

b. How will you know if you achieved your KT goal(s)? Consider
- ☐ Reach indicators (# distributed, # requested, # downloads/hits, media exposure)[4]
- ☐ Usefulness indicators (read/browsed, satisfied with, usefulness of, gained knowledge, changed views) [4]
- ☐ Use indicators (# intend to use, # adapting the information, # using to inform policy and advocacy or enhance programs, training, education, or research, # using to improve their practice or performance) [4]
- ☐ Partnership indicators (# products/services developed or disseminated with partners, # or type capacity building efforts) [4]
- ☐ Practice change indicators (intent or commitment to change, observed change,

reported change)
- ☐ Programs or service indicators (outcome data, documentation, feedback, process measures)
- ☐ Policy indicators (documentation, feedback, process measures)
- ☐ Knowledge change (quantitative and qualitative measures)
- ☐ Attitude change (quantitative and qualitative measures)
- ☐ Systems change (quantitative and qualitative measures)

c. Guiding question for Evaluation[5]

1. What internal/external factors do you need to consider? Where is the energy for this work? How have similar initiatives been evaluated in the past? (link this to partners, KUs)

2. Who values the evaluation of this initiative? What are they saying they need from this evaluation? (link this to partners, KUs)

3. Why are you evaluating? For program growth or improvement; accountability? Sustainability? Knowledge generation? (e.g., to know if the KT strategy met the objectives)

4. How will literature or existing theories inform how you evaluate the initiative?

5. Which questions/objectives are critical? (link this to KT goals, process, impact)

6. Will you focus on process or outcome information? What are your pre-determined outcomes? How will you capture emergent outcomes? Does this information already exist in your system? (link to methods process, impact)

7. Will your methods be quantitative, qualitative, or mixed? Do tools exist or will you need to create your own? (link to KT methods)

8. What perspective or skill set do you need to help you reach your evaluation objectives (link to partners., KUs)

9. How do your stakeholders wish to receive this information so that it will be valuable and useful to them? How will you engage them throughout? (link to partners, KUs_)

Slide 26: **Further continuation of KT Planning Template.**
There are three columns (11) Resources, (12) Budget Items, and (13) Implementation.

      11. Resources
     What resources are required?
- ☐ board
- ☐ Financial
- ☐ Human
- ☐ IT
- ☐ Leadership
- ☐ Management
- ☐ Volunteer
- ☐ Web
- ☐ Worker
- ☐ Other (list):

12. Budget Items

What budget items are related to KT plan?

- ☐ Accommodation
- ☐ Art installation
- ☐ Evaluation specialist
- ☐ Graphics/imagery
- ☐ Knowledge broker
- ☐ KT specialist
- ☐ Mailing
- ☐ Media release
- ☐ Media product (e.g. video)
- ☐ Networking functions
- ☐ Open access journal
- ☐ Plain text writer
- ☐ Production/printing
- ☐ Programming
- ☐ Public relations
- ☐ Reimbursements for partners (e.g. time, parking, travel)
- ☐ Tech transfer/commercialization
- ☐ Teleconferencing
- ☐ Travel: conferences
- ☐ Travel: meetings/educational purposes
- ☐ Web 2.0
- ☐ Webinar services
- ☐ Website development
- ☐ Venue
- ☐ Other (list): _____

NOTE: Be sure to include all KT costs in your budget for funders

13. Implementation

Describe how you will implement your KT strategy(s). What processes/procedures are involved? If practice or behavior change is the focus, how will you ensure the knowledge (intervention) you are transferring retains quality, fidelity, sustainability?

Slide 27:
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Scientist Knowledge Translation Training course (SKTT) http://tinyurl.com/3uaqob7
Knowledge Translation Professional Certificate (KTPC) http://tinyurl.com/7zrvbq4

Drawn image of Melanie Barwick.
Logos for: University of Toronto, SickKids Research Institute, Knowledge Translation Professional Certificate[TM], Scientist Knowledge Translation Training[TM].

Slide 28: Disclaimer:
The contents of this presentation were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0027). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.