**How Do You Plan KT with Measurement in Mind?**

Melanie Barwick

October, 31, 2013

Text version of PowerPoint™ presentation for SEDL’s Center on Knowledge Translation for Disability and Rehabilitation Research online conference Knowledge Translation Measurement: Concepts, Strategies and Tools. Conference information: [www.ktdrr.org/conference](http://www.ktdrr.org/conference)

Slide template: Blue bar at top with the words on the left side: Knowledge Translation Measurement: Concepts, Strategies, and Tools. Hosted by SEDL’s Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR).  On the right side, the words: An online conference for NIDRR Grantees.

Slide 1: (Title)

How Do You Plan KT With Measurement in Mind?

*Melanie Barwick*

October 31, 2013

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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

And that means, getting what we know works to improve health and well-being into the hands of people who can apply it.

Slide 3: 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 4: 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 5: Who is your audience?

* Who? Who needs to hear your message?
* How? How well do you know their preferences, needs?
* Act? How receptive are they to hear your message? How prepared are they to make decisions?
* Blocks? What are the barriers to action?

Slide 6: 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: Several rows of multi-colored stick figures

Slide 7: 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

Slide 8: KT Planning Cycle & Common Failures

Circular flow chart starting at the top:

KT Goal(s) – Red check mark

KT Plan – Red check mark

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

Evaluate – Red X’ed

Validate – Red X’ed

Inform – Red X’ed

Slide 9: Evaluation Approaches

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

Kirkpatrick Model: Reaction / Learning / Behavior / Results

1. Evaluation of Implementation Effectiveness

NIRN model

RE-AIM Framework

CFIR – Consolidated Framework for Implementation Research

Proctor Implementation Outcome Typology

1. Evaluation of Research Impact

 Canadian Academy of Health Sciences

 Research Councils United Kingdom

 Australia’s Research Excellence Framework

Slide 10: 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.

Slide 11: 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 other researchers.
* ‘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, nor of KT impact
* We need other metrics.

**Slide 12: 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.*

Slide 13: 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).

Slide 14: Indicators for Use in Evaluation

Slide 15: 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.*

http://www.infoforhealth.org/hipnet/MEGuide/MEGUIDE2007.pdf

Slide 16: 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 b 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 bibliographical databases
* Number of postings by other websites or links to products from other websites

Slide 17: Quality Indicators

Area

Slide 18: Use Indicators

Slide 19: Collaboration and Capacity Building Indicators

Slide 20: 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.

Slide 21: Example - PET

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.

Assistance in formulating a KT Plan.

Available as free download: [www.melaniebarwick.com/training.php](http://www.melaniebarwick.com/training.php)

Barwick, M. (2008, 2013). 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.

1. 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.

1. 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)

1. Knowledge Users (KU)

What audiences will you target?

* Researchers
* Health practitioners or service providers
* Public
* Media
* Patients-consumers
* Decision-makers
	+ In organization
	+ 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)?

1. Main messages

Briefly, your research seeks to:

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

Audience 1:

Audience 2:

Audience 3:

OR

\_\_\_\_ No idea yet; messages will emerge during research

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).

1. KT Goals

Identify KT goal(s) for each identified audience:

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

Generate

* Awareness
* Interest
* Practice change
* Behaviour change
* Policy action

Impart

* Knowledge
* Tools

Inform

* Research
* Product
* Patent

Other (specify):

NOTE: 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.

1. KT Method(s)

What methods will you use:

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

Mostly Effective

* Interactive small group
* Educational outreach
* Reminders
* IT decision support
* Multi-professional collaboration
* Mass media campaign
* Financial intervention/incentive
* Combined interventions

Mixed Effects

* Conferences (didactic)
* Opinions leaders
* Educational materials
* Patient-mediated intervention
* Performance feedback
* Educational strategies
* Substitution of tasks
* Peer reviewed publication

Limited Effects

* Continuous quality improvement

Effects Unsupported by Synthesis

* 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.

1. When will KT occur?
* Integrated KT

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 KT:

1. 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 (copies distributed, copies requested, # downloads/hits, media exposure)
* Usefulness indicators (read/browsed, satisfied with, usefulness of, gained knowledge, changed views)
* Use indicators (# intend to use information, # adapting the information, # using to inform policy and advocacy or enhance programs, training, education, or research, # using to improve their practice or performance)
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* Practice change indicators (intent or commitment to change, observed change, reported change)
* Programs or service indicators (outome 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

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.

1. Resources

 What resources are required?

* Human
* Financial
* IT
* Web
* Leadership
* Management
* Worker
* Board
* Volunteer
* Other (list):
1. Related 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 (eg video)
* networking functions
* open access journal
* plain text writer
* production/printing
* programming
* public relations
* reimbursements for partners (eg time, parking, travel)
* tech transfer/commercialization
* teleconferencing
* travel: conferences
* travel: meetings/educational purposes
* web 2.0
* webinar services
* website development
* venue
* Other (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated cost for items listed:

1. 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: Case Examples

Slide 28: Research and Technical Assistance Center (RTAC) on Vocational Rehabilitation Program Management

[www.vr-rtac.org](http://www.vr-rtac.org)

Julisa Cully

Knowledge Translation Program Director

Julisa.cully@umb.edu

Institute for Community Inclusion at the University of Massachusetts Boston

Slide 29: The **Research and Technical Assistance Center (RTAC) on Vocational Rehabilitation Program Management** is identifying evidence-based management practices in Vocational Rehabilitation that effectively respond to the legislative mandates of the Rehabilitation Act.

The RTAC is using a three-stage process to develop and test the VR Program Management Model: Model development stage, Model verification and transfer and Management practices laboratory. Tools developed by the RTAC will promote effective and efficient VR management practices that ultimately lead to improved organizational performance and high quality employment outcomes for people with disabilities. The VR Management Model will provide a base for modernizing the public VR program by starting to integrate consistency into the management of the program at the national level

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Limited Effects

* Continuous quality improvement

Effects Unsupported by Synthesis

* Press release
* Patent license
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* Communities of practice
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Slide 34: Rehabilitation Research & Training Center: Evidence-Based Practice in Vocational Rehabilitation (RRTC-EBP-VR)

[www.research2vrpractice.com](http://www.research2vrpractice.com)

Cayte Anderson

Assistant Director

RRTC-EBP-VR

andersoncay@uwstout.edu

Slide 35: The **Rehabilitation Research & Training Center: Evidence-Based Practice in Vocational Rehabilitation (RRTC-EBP-VR)** is designed to generate knowledge and evidenced based vocational rehabilitation practices that improve employment rates, and quality of employment for persons with disabilities.

Through collaboration with key stakeholders (VR, community partners, rehabilitation researchers, families and individuals with disabilities), this RRTC will engage in a comprehensive, participatory action research process to identify, study and exchange essential elements that contribute to successful outcomes.

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KT undertaken at the completion of the research process.

* Both

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

1. 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 (copies distributed, copies requested, # downloads/hits, media exposure)
* Usefulness indicators (read/browsed, satisfied with, usefulness of, gained knowledge, changed views)
* Use indicators (# intend to use information, # adapting the information, # using to inform policy and advocacy or enhance programs, training, education, or research, # using to improve their practice or performance)
* Partnership indicators (# products/services developed or disseminated with partners, # or type capacity building efforts)
* Practice change indicators (intent or commitment to change, observed change, reported change)
* Programs or service indicators (outome 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

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 39: Further continuation of KT Planning Template.

There are three columns (11) Resources, (12) Budget Items, and (13) Implementation.

1. Resources

 What resources are required?

* Human
* Financial
* IT
* Web
* Leadership
* Management
* Worker
* Board
* Volunteer
* Other (list):
1. Related 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 (eg video)
* networking functions
* open access journal
* plain text writer
* production/printing
* programming
* public relations
* reimbursements for partners (eg time, parking, travel)
* tech transfer/commercialization
* teleconferencing
* travel: conferences
* travel: meetings/educational purposes
* web 2.0
* webinar services
* website development
* venue
* Other (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated cost for items listed:

1. 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 40: Thank you!

Melanie Barwick, PhD, CPsych

Email- melanie.barwick@sickkids.ca

Twitter- @MelanieBarwick

Website- www.melaniebarwick.com