

# KTDRR Webcast

# KT Planning to Implementation to Outcomes

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Hosted by AIR's Center on Knowledge Translation for  
Disability and Rehabilitation Research (KTDRR)



November 8, 2017

# Evaluating KT Plans: Case Consultations

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KTDRR Online Webinar  
November 8th 2017

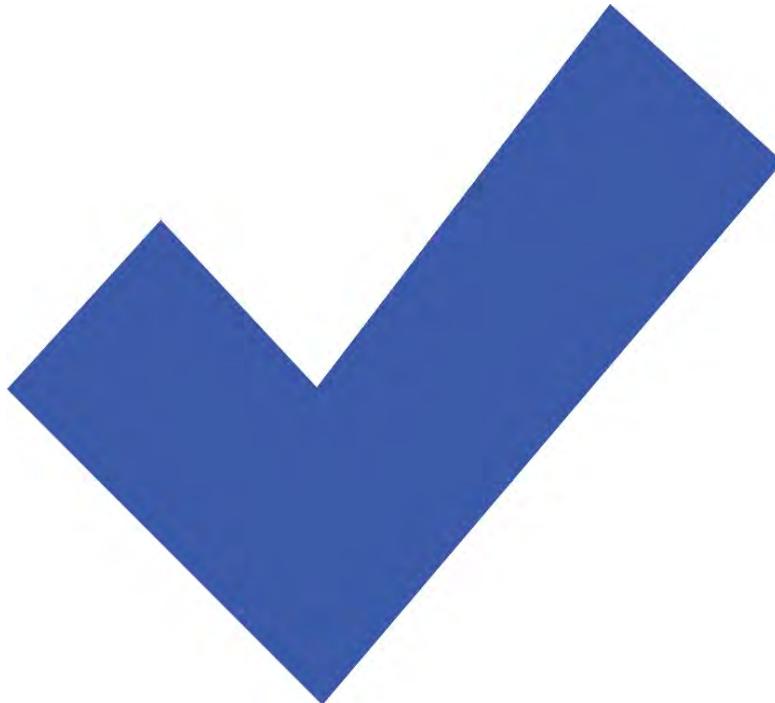


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# Objectives For This Session



- KT planning
- Evaluating your KT plan

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# Why Plan For KT?

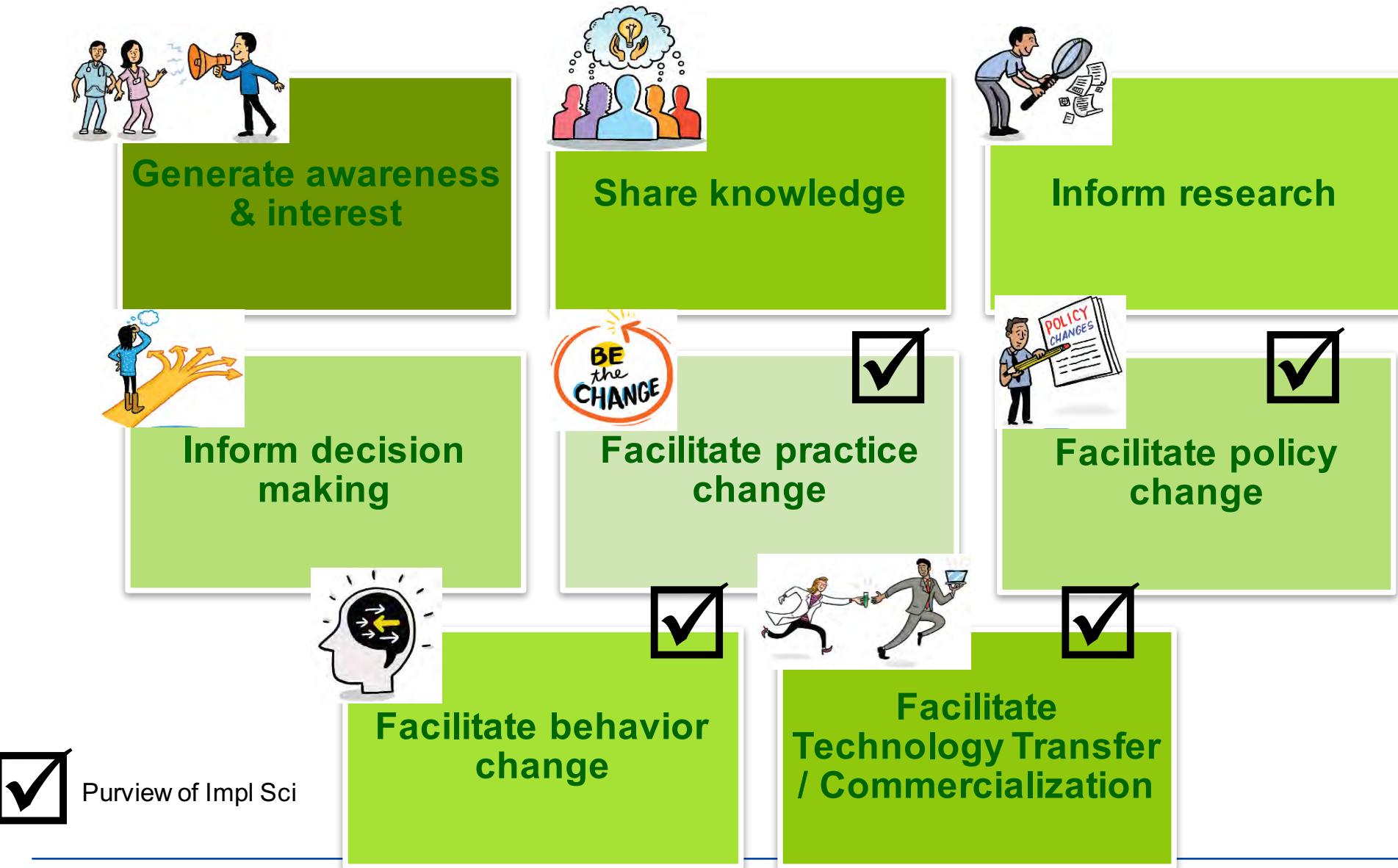
BECAUSE...

- 1) It's a requirement for many research funders (proposal, CV, final report)
- 2) To reach a broader group of knowledge users; not just scientists
- 3) Results will remain inactive with no impact; (sit unread in a journal)
- 4) Accountability for use of public funds; Funders want to demonstrate return on investment – and consequently, so do you and the organization for whom you work
- 5) We are increasingly being required to demonstrate the impact of our research
- 6) To advance science and practice
- 7) If we don't plan for it, it won't happen

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**IDEA → PLAN → ACTION**

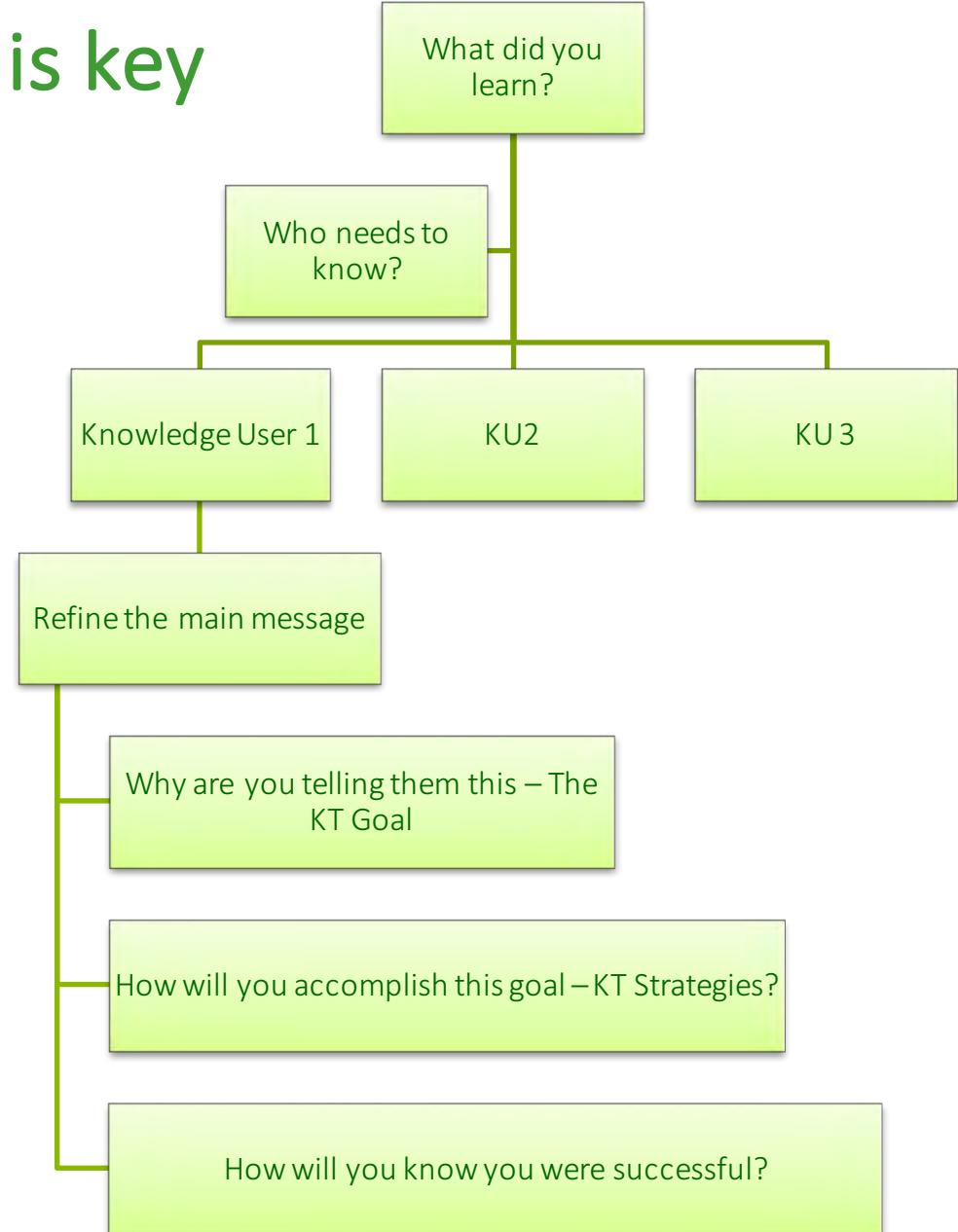
# KT Activities are guided by KT Goals



# KT Process – Alignment is key

Who are you involving

We what strategies are you using



# Evaluation Approaches

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

2) Learning outcomes

Kirkpatrick Model: Reaction / Learning / Behavior / Results

3) Implementation Effectiveness

*NIRN model*

*RE-AIM*

*Stages of Implementation Completion*

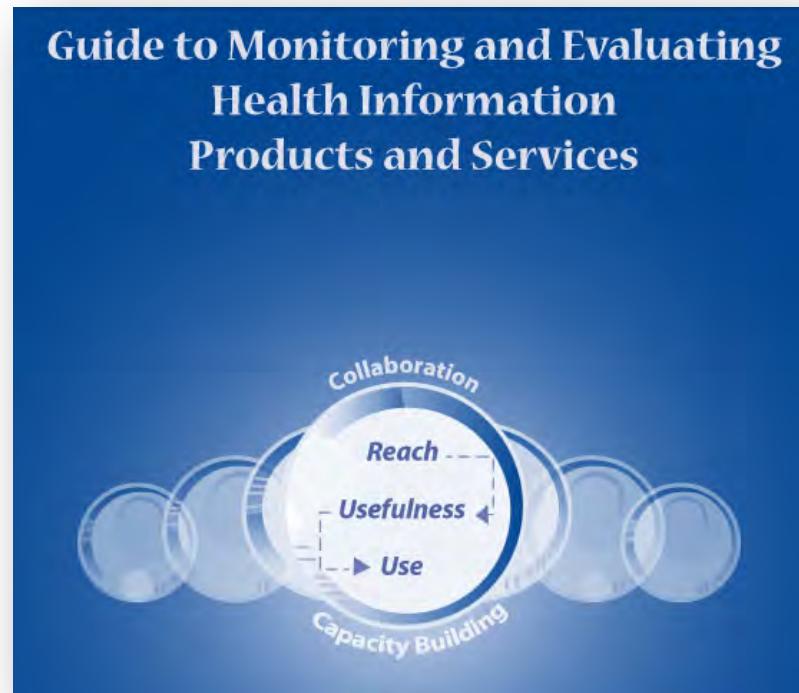
*CFIR – Consolidated Framework for Implementation Research*

*Proctor Implementation Outcome Typology*

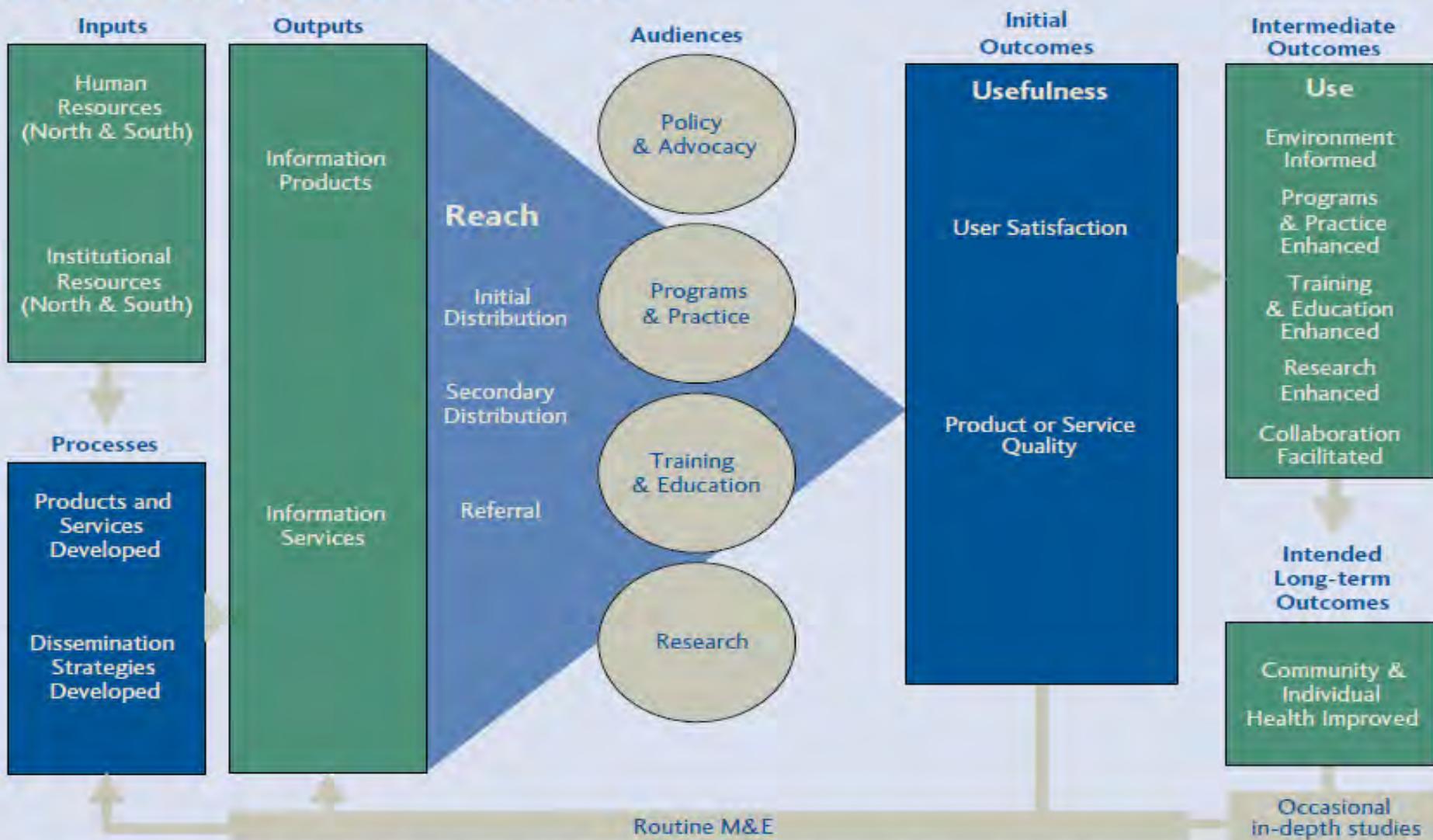


# Indicators for KT Evaluation

Sullivan, T.M., Strachan, M., and Timmons, B.K. Guide to Monitoring and Evaluating Health Information Products and Services. Baltimore, MD: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health; Washington, D.C.: Constella Futures; Cambridge, MA: Management Sciences for Health, 2007. <https://www.msh.org/sites/msh.org/files/MEGUIDE2007.pdf>



# Overview conceptual framework for monitoring and evaluating health information products and services



Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, 2006

Sullivan, T.M., Strachan, M., and Timmons, B.K. *Guide to Monitoring and Evaluating Health Information Products and Services*. p. 4, Overview conceptual framework for monitoring and evaluating health information products and services. Baltimore, MD: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health; Washington, D.C.: Constella Futures; Cambridge, MA: Management Sciences for Health, 2007. Reprinted with permission from publisher. Available from: <https://www.msh.org/sites/msh.org/files/MEGUIDE2007.pdf>

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# Reach Indicators

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## Area 1: Primary Distribution (Push)

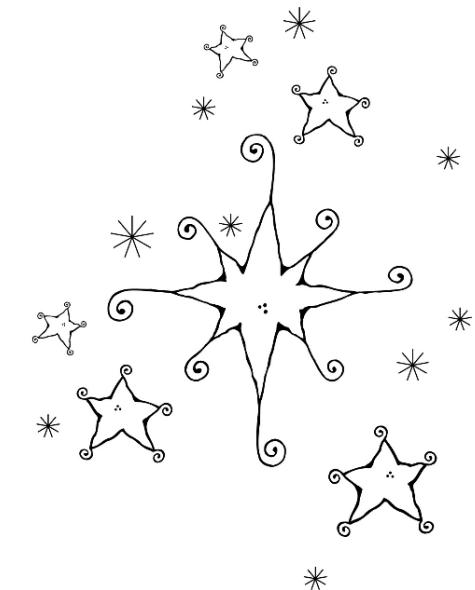
- Number of copies of a product initially distributed to existing lists
- Number of copies of a product distributed by a publisher through additional distribution

## 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



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Sullivan, T.M., Strachan, M., and Timmons, B.K. *Guide to Monitoring and Evaluating Health Information Products and Services*. p. 11, Reach Indicators. Baltimore, MD: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health; Washington, D.C.: Constella Futures; Cambridge, MA: Management Sciences for Health, 2007. Used with permission from publisher.  
Available from: <https://www.msh.org/sites/msh.org/files/MEGUIDE2007.pdf>

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# 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



**Aim for Success!**

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Sullivan, T.M., Strachan, M., and Timmons, B.K. *Guide to Monitoring and Evaluating Health Information Products and Services*. p. 27, Use Indicators. Baltimore, MD: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health; Washington, D.C.: Constella Futures; Cambridge, MA: Management Sciences for Health, 2007. Used with permission from publisher.  
Available from: <https://www.msh.org/sites/msh.org/files/MEGUIDE2007.pdf>

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# Collaboration & Capacity Building Indicators

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## Area 1: Collaboration

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

## Area 2: Capacity Building

- Number and type of capacity-building efforts
- 

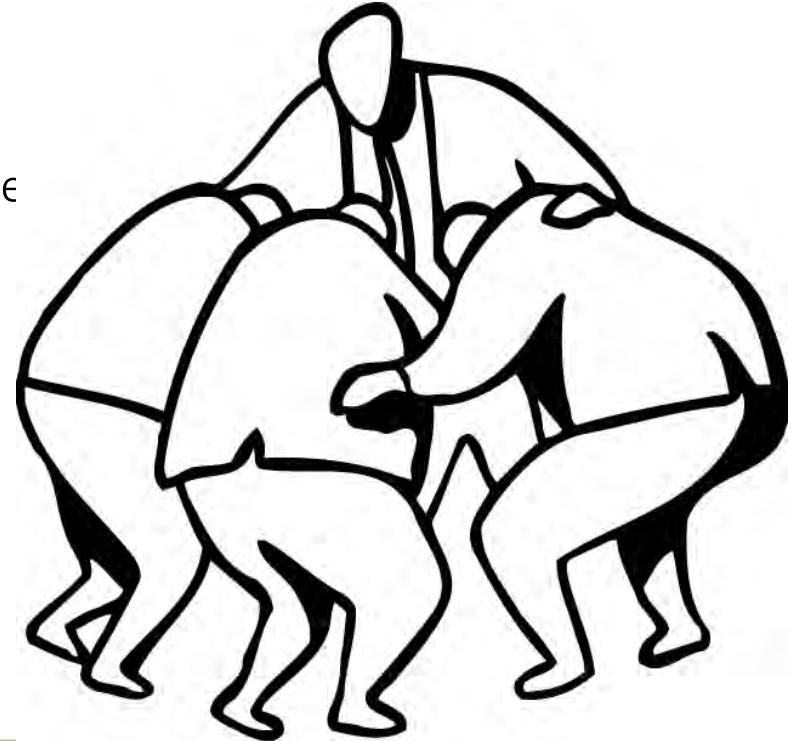


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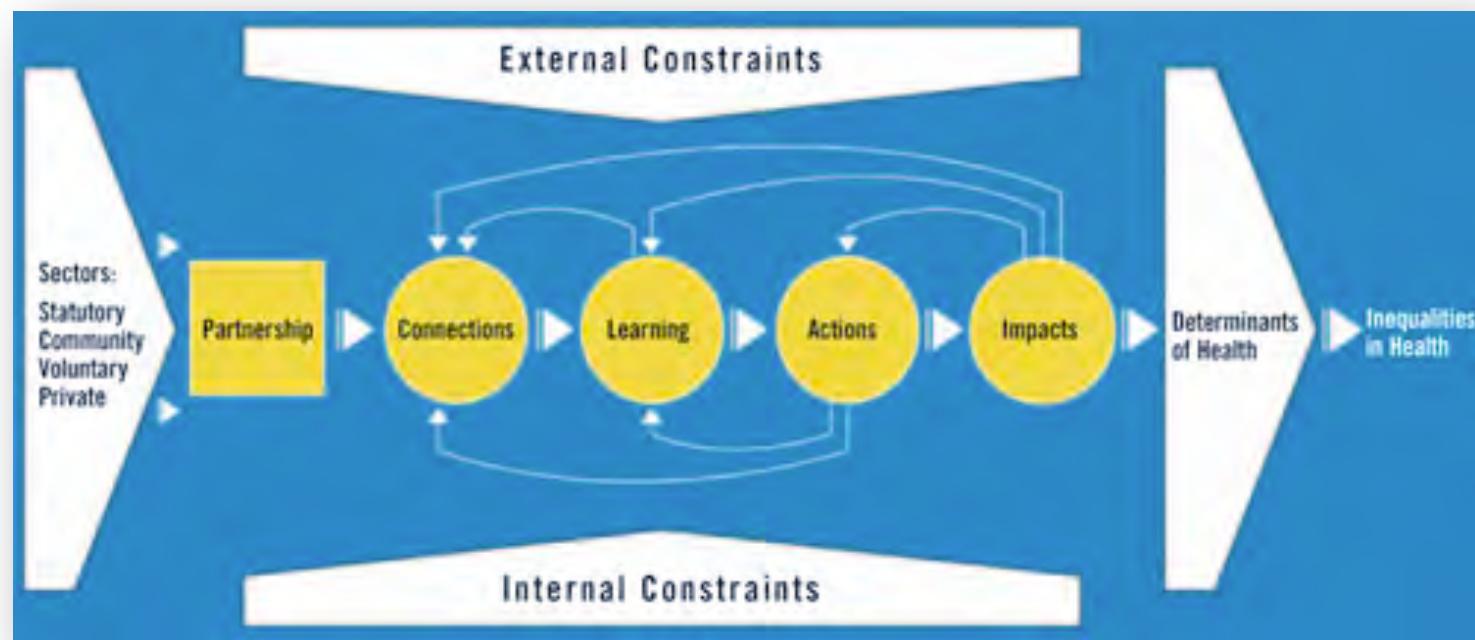
Source: Sullivan, T.M., Strachan, M., and Timmons, B.K. *Guide to Monitoring and Evaluating Health Information Products and Services*. p. 32, Collaboration & capacity building Indicators. Baltimore, MD: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health; Washington, D.C.: Constella Futures; Cambridge, MA: Management Sciences for Health, 2007. Used with permission from publisher. Available from: <https://www.msh.org/sites/msh.org/files/MEGUIDE2007.pdf>

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# Partnership Evaluation Tool

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

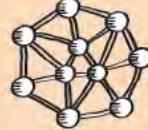
PET is based on research carried out by the Institute of Public Health from 2003 to 2006 as part of a research program on measuring impacts of multi-sectoral partnerships on inequalities in health.



# Knowledge Translation Planning Template

**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.

(1) Project Partners	(2) Degree of Partner Engagement	(3) Partner(s) Roles	(4) KT Expertise on Team
 <input type="checkbox"/> researchers <input type="checkbox"/> consumers - patients/families <input type="checkbox"/> the public <input type="checkbox"/> decision makers <input type="checkbox"/> private sector/industry <input type="checkbox"/> research funding body <input type="checkbox"/> volunteer health sector/NGO <input type="checkbox"/> practitioners <input type="checkbox"/> other  	 <input type="checkbox"/> from idea formulation straight through <input type="checkbox"/> after idea formulation & straight through <input type="checkbox"/> at point of dissemination & project end <input type="checkbox"/> 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) What do the partner(s) bring to the project?  (2) How will partner(s) assist with developing, implementing or evaluating the KT plan?  Action: Capture their specific roles in letters of support to funders, if requested. 	 <input type="checkbox"/> scientist(s) with KT expertise <input type="checkbox"/> consultant with KT expertise <input type="checkbox"/> knowledge broker/specialist <input type="checkbox"/> KT supports within the organization(s) <input type="checkbox"/> KT supports within partner organization(s) <input type="checkbox"/> KT supports hired for specific task(s)

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

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# Knowledge Translation Planning Template©



Scientist  
Knowledge  
Translation  
Training™



Knowledge  
Translation  
Professional  
Certificate

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.

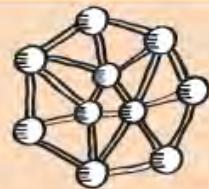
## (1) Project Partners



- researchers
- consumers - patients/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 & straight through
- at point of dissemination & project end
- 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 partner(s) 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



- scientist(s) with KT expertise
- consultant with KT expertise
- knowledge broker/specialist
- KT supports within the organization(s)
- KT supports within partner organization(s)
- KT supports hired for specific task(s)

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## (5) Knowledge Users (KUs)

- Which KUs or 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 capitalists
  - volunteer health sector/NGO
  - other: specify ► \_\_\_\_\_

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

↓ ↓ ↓

Generate...

awareness

interest

practice change

behaviour change

policy action

Impart...

knowledge

tools

Inform...

research

product

patent

other ► \_\_\_\_\_

Consider: KT is applicable to all research; even single studies are shared via journal articles. However, intent to change practice, behaviour 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

↓ ↓ ↓

Mostly Effective<sup>1</sup>

interactive small group

educational outreach

reminders

IT decision support

multi-prof collaboration

mass media campaign

financial incentive

combined interventions

Mixed Effects<sup>1</sup>

conferences (didactic)

opinion leaders

champions

educational materials

patient-mediated interview

performance feedback

substitution of tasks

peer reviewed publication

Limited Effects<sup>1</sup>

CQI - Continuous Quality Improvement

Effects Unsupported by Synthesis<sup>2</sup>

press release

patent license

arts-based KT

social media

networks

communities of practice

Café Scientifique

webinar

other ► \_\_\_\_\_

## (9) KT Process



## (10) KT Impact & Evaluation



### *When will KT occur?*

- integrated iKT<sup>3</sup> – 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<sup>3</sup> – KT undertaken at the completion of the research process
- both

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



### *(a) Where do you want to have an impact?*

- healthcare/well-being outcomes
- (clinical) practice
- policies/systems
- research & knowledge

### *(b) How will you know if you achieved your KT goal(s)? Consider:*

- reach indicators (# distributed, # requested, # downloads/hits, media exposure)<sup>4</sup>
- usefulness indicators (read/browsed, satisfied with, usefulness of, gained knowledge, changed views)<sup>4</sup>
- use indicators (# intend to use, # adapting the information, # using to inform policy/advocacy/enhance programs, training, education, or research, # using to improve practice or performance)<sup>4</sup>
- partnership/collaboration indicators (# products/services developed or disseminated with partners, # or type capacity building efforts, social network growth, influences, collaborativeness)<sup>4</sup>
- practice change indicators (intent or commitment to change, observed change, reported change)
- program or service indicators (outcome data, documentation, feedback, process measures)
- policy indicators (documentation, feedback, process measures)
- knowledge change (quantitative & qualitative measures)
- attitude change (quantitative & qualitative measures)
- systems change (quantitative & qualitative measures)

### *(c) Guiding Questions for Evaluation<sup>5</sup>*

- 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 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*)

### (11) Resources



### (12) Budget Items



### (13) Implementation



*What resources are required?*

- board
- financial
- human
- IT
- leadership
- management
- volunteer
- web
- worker
- other: (list)



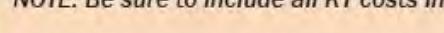
*What budget items are related to the KT plan?*

- 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 (e.g. blogs, podcasts, wikis)
- webinar services
- website development
- venue
- other: (list)

*Estimated costs for items listed*



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



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



# How you might write this up

**Goal 2 is to develop awareness of the Playbook and its benefits for all intended KU audiences.** KT strategies take into account audience preferences for knowledge exchange, feasibility, cost, comprehensiveness (# of KU audiences that can be impacted with the same KT strategy), and the evidence-base for the KT strategy. Each targeted KU audience is listed below, alongside KT strategies and, in brackets, indicators of impact that are both quantitative and qualitative.

**Implementation Researchers.** Webinars (# participants, spread, i.e., geographic representation, real time evaluation of knowledge gains and intent to use and/or share with others; gain in online registrations for the Playbook); Café Scientifique for blended audience (# participants, spread, real time evaluation of knowledge gains and intent to use and/or share with others; gain in online registrations for the Playbook, i.e., gain in online registrations for the Playbook; gain in social media hits), conference presentations (# papers presented, size and composition of audience, evaluation of presentation including intent to use and/or share with others; gain in online registrations hits on landing page for the Playbook; gain in social media hits), invited presentations (location, # participants, spread, real time evaluation of knowledge gains, intent to use and/or share with others, gain in online registrations and hits on landing page for the Playbook; gain in social media hits); manuscripts in open-access science journals (access analytics, # manuscripts produced, # manuscripts produced with KU co-authors; type of journal readership); social media promotion/engagement, via Twitter, and a Implementation Playbook Facebook page (shares, retweets, views, demographics, range, corresponding gain in online registrations hits on landing page for the Playbook, analysis of comments on Facebook and Twitter).

**Service Providers/Practitioners.** This KU group will be targeted by webinars, Café Scientifique, invited presentations, social media, and publications targeted to practitioners – (indicators for these strategies as above). We will develop a 4 minute informational video highlighting the Playbook, our findings, benefits, where and how to use it to be disseminated at presentations, meetings, conferences, via email, posting on networks via influential champions (i.e., EENet, KTECOP, SIRC), and on social media (Twitter, YouTube) – see Dr. Stinson's Pain Squad informational video as an example - <http://www.campaignpage.ca/sickkidsapp/>. Video impact indicators will include informal evaluation captured by a range of KUs via viewing focus groups (# viewings, # viewers, viewer demographics, evaluation of engagement, value, intent to share and intent to use), and social media indicators (shares, retweets, views, demographics, range, corresponding gain in online registrations hits on landing page for the Playbook, analysis of comments on Facebook and Twitter).

**Decision-makers & Policy Makers.** This KU group will be targeted by webinars, Café Scientifique, invited presentations, social media, and informational video as described above. In addition, we will seek out publications that are targeted to health system administrators. We will also broker conversations with decision-makers and government organizations (i.e., HQO, MOHTLC, MCYS, Accreditation Canada) about how the Playbook can leverage strategic directions and/or activities related to evidence implementation for organizations and government (# meetings, # participants, demographics, # and description of actionable recommendations, impressions of the Playbook's utility and relevance in-line with their objectives and needs).

# Rubric for Evaluation – under development

Barwick, M. (2017). SickKids

*(Presented for discussion purposes during the live webcast; under development and not available for circulation).*

# Download The KTPT

<http://melaniebarwick.com/>

The screenshot shows the homepage of [melaniebarwick.com](http://melaniebarwick.com/). At the top is a banner featuring a group of diverse children and a bridge over water, with the word "linkage" visible. Below the banner is a sidebar menu with the following items:

- Welcome
- Curriculum Vitae
- Publications
- Monographs
- Consulting Services
- Consulting Reports
- Knowledge Translation Training and Tools** (highlighted by a green arrow)
- Implementation Tools
- Social Media
- Links

The main content area features a blue circular logo and the title "Specialist in Child and Youth Mental Health Systems and Knowledge Translation". Below the title is a bio for Dr. Barwick, a portrait photo of her, and two columns of text.

**Dr. Barwick's Bio:**

Dr. Barwick is a Registered Psychologist with a primary role as Head and Senior Scientist in the Child and Youth Mental Health Research Unit (CYMHRU) within the Department of Psychiatry at SickKids Hospital in Toronto. She is Senior Scientist in the Child Health Evaluative Sciences program of SickKids' Research Institute, and holds appointments as Associate Professor in the Department of Psychiatry and the Dalla Lana School of Public Health at the University of Toronto.

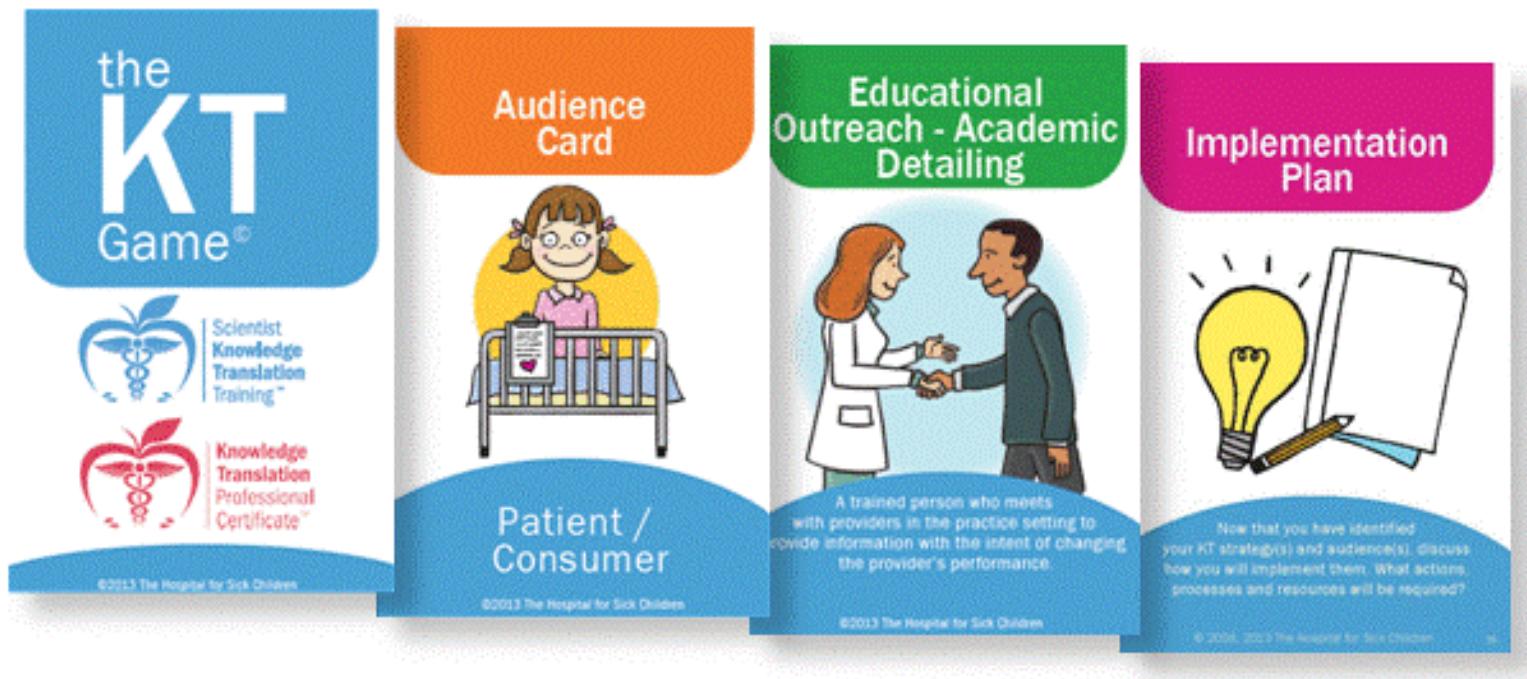
**Portrait of Dr. Barwick:**

**Text on the right:**

Since joining SickKids in 2001 she has led Ontario's outcome measurement initiative to implement an outcome measure in over 100 children's mental health service provider organizations across the province, requiring the reliability and clinical training of over 6,700 practitioners. Her team supported training, implementation, and data analysis for the province and service providers (2000-2015).

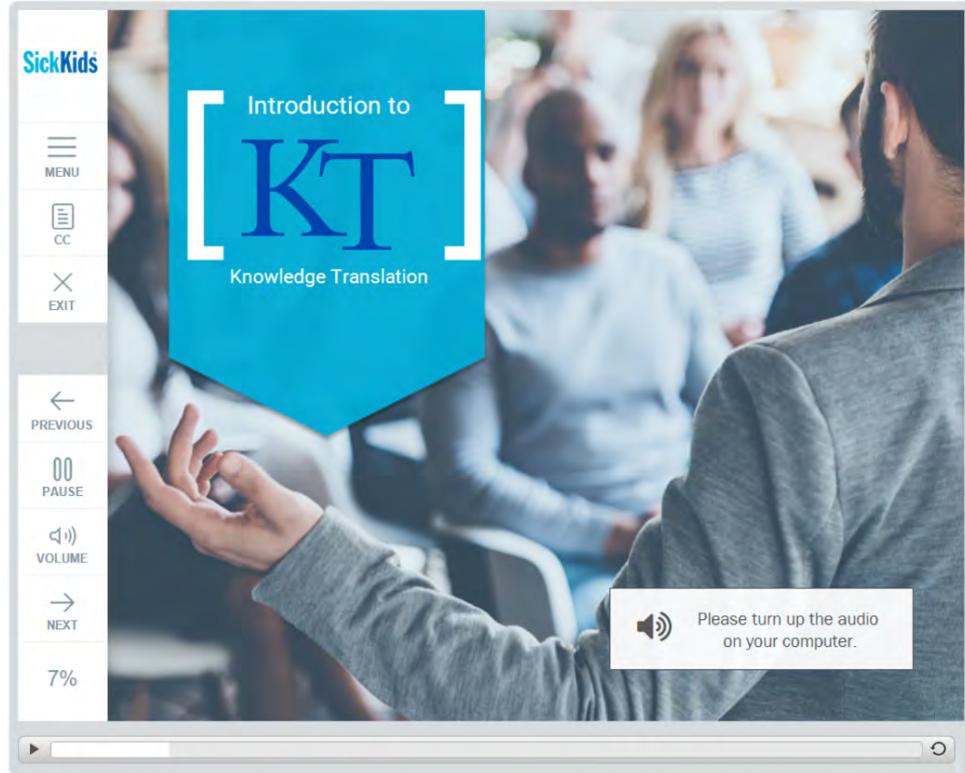
Her focus is in implementation science, studying innovative knowledge translation and implementation strategies to facilitate the efficacy and effectiveness of research evidence use in practice across various sectors, including health, mental health, global health, and education. Her program of research explores empirically supported approaches, measures and tools to support the implementation of evidence-based practices across these multiple contexts ([www.melaniebarwick.com](http://www.melaniebarwick.com)).

# The KT Game



To order your own KT Game  
<http://www.cvent.com/d/44qs3m>

# KT e-Learning Modules



[www.melaniebarwick.com/training.pjp](http://www.melaniebarwick.com/training.pjp)



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WordPress: melaniebarwick.wordpress.com

PH: 416-813-1085

Scientist Knowledge Translation Training course (SKTT) <http://tinyurl.com/3uaqob7>  
Knowledge Translation Professional Certificate (KTPC) <http://tinyurl.com/7zrvbq4>  
Knowledge Translation Planning Template (KTPT) [www.melaniebarwick/training.php](http://www.melaniebarwick/training.php)



## Disclaimer

The contents of this presentation were developed under grant number 90DP0027 from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). 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.