This handout contains selected slides from a workshop conducted by Belinda Goodenough as part of the DTSC Knowledge Transfer Program, 2014.

The original presentation contained a range of graphics and pictures (yeah, the fun bits!) which have been removed to respect copyright.

This handout has been prepared as part of the materials supporting the I2I-A KT planning tool:

www.dementiaresearch.org.au/I2I-A

New Ideas and No Idea

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Workshop Overview

1. PAST
   "KT background and greatest hits"

2. PRESENT
   "The *I* in Ideas meets the *C* word"

3. FUTURE
   "Seeing I2I – a tool to help"
To cover all modifier bases, could strive for:

Best possible evidence-based practice for quality innovative consumer-directed person-centred care

Dr Belinda Goodenough
Which Practice / Care should you be aiming for?

BEST is “good” isn’t it?...

At least “She’ll-be-right” is an achievable standard...

Office for Aboriginal and Torres Strait Islander Health (OATSIH) Accreditation Manual

1.5 Good Practice and Best Practice

“Good practice is often used to describe the requirements of accreditation or standards frameworks and can be thought of as minimum requirements.”

“Best practice is an ideal that can never be achieved as there is always room for improvement.”

“GP Australia notes that, even with good performance, as our knowledge changes, so does what constitutes best practice.”

12 Best Based on Self-Best Right 3/5 for Australia, Commonwealth Government Canberra p. 486
So - What is Knowledge Translation (KT)?

In practical terms:

KT describes the process of changing what we do to match what we know – "fact-based decision making" … where the facts are best evidence

KT also includes the study of this process.

The Shapes of KT (and kt): Lines and Circles

- Appropriate model for e.g. drugs, animal/translational science
- But what about e.g. quality of care, systems, diagnosis?...

Key midwife observations for the traditional knowledge birth
Tradition – how new knowledge is born and delivered ....

- Reductionist scientific thinking
- Research processes have linear ideals
- Change is to be controlled/manipulated
- Context is nuisance variable
- Knowledge moves from unknown to known
- Researcher (academic) is expert
- Majority of evidence doesn’t package a KT plan

The Shapes of KT (and kt): Lines and Circles

Strengths and/or Challenges

Scientific precision/integrity: Malleable / context responsive methods
Consumer/user not in researcher comfort zone?: Non-scientific champions
Jostling experts - competitive: Collaborative – better/open networks
'Scientific funding': Different funding / in kind supports
Sometimes quicker, with a clear end (and write up): Write-up messier – e.g. ‘living’ open access
**Strengths and/or Challenges**

**Research Translation**

Scientific precision/integrity

Malleable / context responsive methods

Consumer/user not in researcher comfort zone?

Non-scientific champions

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‘Scientific funding’

Different funding / in-kind supports

Sometimes quicker, with a clear end (and write up)

Write-up messier – e.g. ‘living’ open access

**A powerful combination …..**

Before

After

**Knowledge Exchange**

Research Translation

Implementation Science

Research Lead

**Knowledge Translation - a mongrel blend of many areas, e.g.**

- Science / research (multiple sources preferred)
- Mediation & brokering
- Leadership & change management
- Communications & marketing (e.g. knowledge transfer)
- Project management

**Research Translation**

**Implementation Science**

**Idea/Grant**

**Science/Study**

**Findings/Output**

**Replicate/Refine**

**Apply/Disseminate**
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I846, William Morton (dentist, Boston) demonstrated anaesthesia for the first time
- Within 1 year: tested in hospitals / published in medical community
- Within 7 years, anaesthesia standard in almost every hospital across US/Europe
- Published research (including The Lancet)
- Its adoption would take decades

1867, Joseph Lister (surgeon, Edinburgh) antiseptic to prevent lethal surgical infections
- Published research (including The Lancet)
- Its adoption would take decades

Getting it into practice: Anaesthesia < 17 years < Handwashing.

WHY?
Innovations – some catch on, others don’t

The “I” in idea
e.g. Anesthesia vs antiseptic*

Anesthesia:
Perceived to make job easier
(patient remains still)

Antiseptic:
Perceived to make job harder
(from butcher to scientist)

*Source: Atul Gawande (The New Yorker)

Diffusion

- Good ideas don’t always spread on their own.
  - “slow” ideas ≠ bad
  - “need a lot of love” (champion) to catch on

- Diffusion is essentially a social process
  - people follow the lead of known/trusted others

- Every change requires effort
  - decision to make that effort is a social process.


Most people are in favour of progress, it’s the change they don’t like.

Anonymous

#1 C-word: CHANGE

“50 ways to Leave your Lover”

“50 Shades of Grey”

Did you know?...

Response to change has been likened to grief?

Emotional response to Change
Emotional response to Change

Grief like response:
- Naive confidence / Denial
- Depression / Pessimism
- Informed Hopefulness
- Acceptance / move on

3 dominant negative emotions to ‘change’
- fear
- isolation
- stress

Discussion
1. What is being ‘grieved’?
2. How would you manage ‘usual’ bereavement
3. Do managers and non-managers experience the same emotions?

Do you know your own EI style?

Readiness versus Resistance

GREAT IDEAS ALTER THE POWER BALANCE IN RELATIONSHIPS. THAT’S WHY GREAT IDEAS ARE INITIALLY RESISTED.
#2 C-word: CULTURE

"Culture eats strategy for breakfast"
- Peter Drucker


What if instead of seeing organisations as problems to be solved, we saw them as miracles to be appreciated?

David Cooperider, Case Western Reserve University

#3 C-word: CONFLICT

10% conflicts due to difference of opinion.
90% due to tone of voice.
#4 C-word (antidotes): COMMUNICATION, COLLABORATION, CREDIT

**Grammar is the difference between feeling your nuts and feeling you’re nuts.**

**4:1 RATIO**

I’m so glad the hole isn’t in our end.

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**Eleanor Roosevelt, 1884-1962**
(social worker, mother of 6, First Lady 1933-45)

“It takes as much energy to wish as it does to plan”
Box 1. Reasons and experts
Most KT plans in aged care and dementia will be prompted by:
- a problem (i.e., issue needs a fix)
- an opportunity (e.g., new idea to try)
- a requirement (e.g., accreditation)

“A problem is nothing more than an opportunity in work clothes.”

Michael Michalik

Box 2. Knowledge types
- Scientific - learning through research
- Experiential - learning through experience
- Pragmatic - learning through action
- Cultural - learning through being/living
Depends on Target Audience

- other researchers or funders (i.e. need to know primary research results)
- consumers, healthcare professionals, policy-makers

Why? ...
- insufficient evidence for practice and policy changes.
- may mislead due to bias in conduct or random variation (e.g. Proteus)
- (possible exception: VERY large randomised trials with local application)

Translation with Low Credibility (e.g. a single study)

(p.4) "A seemingly effective intervention with low credibility may still be worth adopting, if it is safe—and affordable" cancer
- evidence-informed roll-out, e.g. Play Up / Humour Foundation
- low risk
- GAPS: document and share implementation outcomes

or 'cannot afford not to'?
**Box 3. Possible Key People**
- Person with dementia
- Caregiver / family
- Residential care provider
- Community organisation
- Professional service provider
- Peak body in dementia/ageing
- Government agency
- Researcher
- Policy maker
- Accreditation/aged care consultant
- Funder of the innovation
- You

**Box 4. Agents of Change**
Who to look for:
- Peer
- Opinion-leader
- Champion
- Early-adopter
- Advocate
- (You?)

**Box 5. Features of KT method success**
- Interactive
- Tailored
- Engaging
- Endorsed
- Championed
- Action-oriented
- Persuasive
Box 6. Refining KT method

- Select KT methods
- Test through consultation
- Refine methods
- Repeat

Box 7. RE-AIM framework

Reach: Did target group receive the intervention?
Effectiveness: Did intervention have intended effect?
Adoption: Did intervention be adopted by intended users?
Implementation: Was intervention implemented with high fidelity?
Maintenance: Did practice change sustain over long-term?

Three ‘learning’ topics

A. Is this innovation “KT ready”?
B. Readiness for Change
C. Disseminating your new knowledge
Sometimes what we call "failure" is really just that necessary struggle called learning.