Developing and Exploring a Model of Knowledge Transfer & Exchange for Use in Palliative Care Settings

AllHPC Work Package 8

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Knowledge Transfer and Exchange

• KTE as

"an interactive interchange of knowledge between research users and researcher producers (Kiefer et al. 2005). [Purpose is] to increase the likelihood that research evidence will be used in policy and practice decisions and to enable researchers to identify practice and policy-relevant research questions”

(cited in Mitton et al., 2007, p.729)
**Existing Guidance**

- Over 60 different models relating to KTE are evident in health literature
- Typically more models of implementation with reference to KTE
  - Consolidated Framework for Implementation Research (CFIR, Damschroder, 2009)
  - Promoting Action on Research Implementation in Health Services (PARIHS, Kitson, 1998)
  - Ottawa Model of Research Use (Logan, Graham, 1998)

**Defining Palliative Care**

**WHO definition:**

An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual

(Sepulveda et al. 2002)
KTE in Palliative Care

Number of papers consider KTE in PC

- Quinn (1998) identified key concepts underpinning transfer from specialist PC to mainstream social work
- Oxford Textbook of Palliative Medicine (2015, p.7): “Future increases in the need for palliative care will place demands upon knowledge transfer across the whole workforce”

Overview of Work Package 8

- The lack of guidelines for implementation of research findings is one of the barriers in delivery of palliative care informed by research
- The aim of this collaborative project is to develop and implement a palliative care specific knowledge transfer and exchange (KTE) model
- Final outcome is a model to guide best practice in this area
Phase 1: Developing an Initial Model

Systematic Review: Search Findings

- 7,544 abstracts identified in the electronic search
- Abstract review: 4,288 abstracts screened, 92% agreement rate on selection criteria
- Full-text review: 298 full-texts screened, 75% agreement rate on selection criteria
- 23% retained for analysis, 60% removed after full-text screening, 17% for a third researcher review
- Final - N = 79
EMTReK – Evidence-based Model for the Transfer of Research Knowledge

Message (n = 60)
- Needs driven (46), Credible (29), Actionable (28), Accessible (26), Motivation (24), Multiple types (19), Multilingual (15)

Process (n = 61)
- Interactive exchange (25), Skilled facilitator (16), Targeted audience (16), Valued knowledge (14), Openness (11), Dissemination activities (9)

Stakeholders (n = 53)
- Multiple stakeholders (34), Knowledge users (22), Knowledge producers (18), Knowledge beneficiaries (17)

Local Context (n = 44)
- Organisational influence (36), Organisational culture (33), Resources available (26), Readiness for knowledge (19)

Social, Cultural & Economic Context (n = 14)

Evaluate Efficacy of IKT (n = 18)

The Message - Operational Elements

Needs Driven
Actionable
Accessible
Credible
Multiple types are valid
The Stakeholders - Operational Elements

Involves multiple stakeholders

Knowledge Beneficiaries

Producers of knowledge

Knowledge users

The Process - Operational Elements

Interactive Exchange

Opinion Leaders

Skilled Facilitation

Knowledge is marketed

Targeted, timely activities

Diverse activities
The Local Context - Operational Elements

Organisational influence

Resources for KTE

Organisational culture

Readiness for knowledge

Using EMTReK

- The model provides a framework to guide the process of KTE in health generally
- The review will also identify methods for transferring different types of knowledge to PC providers and stakeholders,
- Aim to inform practice as well as future research.

- Need to consider the relevance and suitability of the initial model in palliative care
- Case studies are central to the refinement of the model
- Implementation and evaluation of the model in a number of case studies in practice with focus on:
Phase 2: Initial Exploration of KTE

Qualitative interviews with convenience sample (n=9) of lead PIs within the AIIHPC Palliative Care Research Network

Aim: To explore any potential knowledge transfer activities and/or plans

Objectives:
• To explore potential plans for KTE among palliative care researchers
• To identify barriers and facilitators to effective KTE within palliative care research

Key Findings from PI Interviews

• All projects had some form of new knowledge to transfer
• Four projects had a KTE implementation plan in place
• All projects planned to pursue traditional KTE methods of dissemination
• Target audience for wider KTE included: healthcare professionals, policy makers, individuals involved in service development, advocacy groups, voluntary organisations, service users, government.
**Key Findings from Exploratory Interviews**

**Barriers**
- Inadequate time and funding
- Limited institutional capacity
- Competing priorities
- Weak communication channels
- Negative perceptions of palliative care

**Facilitators**
- Dedicated time and resourcing
- Aligned priorities
- Strong professional networks
- Multi-pronged approach
- Past experience
Phase 2: Implementing and Exploring the KTE model – Case study

Five case studies conducted with PIs within the AllHPC PCRN
Aim: To explore the EMTReK model within palliative care settings

Objectives:
• to explore the process of using an evidence based model in developing KTE plans
• to evaluate the process, including identification of any barriers or enablers to the use of the model, within these case studies
• to explore the role of facilitation of EMTReK in the context of palliative care research
• to determine any necessary revisions to EMTReK prior to further revision and piloting

Alignment of themes to the interpretation, operationalisation and impact of EMTReK
Experience using EMTReK

Yes there are other models out there but this is something that we can specifically consider for palliative care, a difficult area for research, an underfunded area in terms of research. This model may help the research process from the onset... there are other models out there, but this is a synthesis of the best parts of those models ... specifically applied to palliative care (CS6)

[facilitation using the model] assisted with the refining, the scaling down, the making [the KTE plan] more realistic ... more achievable. So it did kind of focus the mind, otherwise ... I could have gone off on a tangent because I wanted to do everything (CS3)

Using EMTReK: Case Studies

- Researchers provided with the model and a worksheet
- Team member met with the researchers to discuss the project, initial dissemination plans, and how the model could inform the development of a formal KTE plan (at least 2 meetings)
- Researchers developed and implemented a KTE Plan
- Engagement with a range of stakeholders at formal and informal events
- Development of targeted materials to disseminate to key stakeholders
  - Preparation of practice guidelines on USB keys to promote accessibility
  - Development of bookmarks and other marketing materials with key messages
One Example: APRIL Outputs

Media/Public events
- Findings booklet, bookmark & pop-up stand

Social Media
- Twitter, LinkedIn, Facebook

Academic outputs: posters, presentations and papers

Acknowledgements

Thanks to the members of the wider research team:
Dr Lucia Prihodova, Dr Mary Jane Brown, Dr Cathy Payne, Ms Geraldine Boland, Mr Conall Tunney

We are grateful to the funders for their support of the project
AllHPC supported by the Atlantic Philanthropies and The Health Research Board (EMTReK)

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