

Integrating Knowledge and Practice through a Provincial Knowledge Network:

The Seniors Health Research Transfer Network (SHRTN) Collaborative

Who we are

Knowledge-to action processes in SHRTN Collaborative Communities of Practice	
James Conklin, PhD	Assistant Professor, Applied Human Sciences, Concordia
Lead PI	University
	Associate Scientist, Élisabeth Bruyère Research Institute
	jconklin@alcor.concordia.ca
Jill Wylie, PhD	Élisabeth Bruyère Research Institute
Research	jwylie@ripnet.com
Coordinator	
Paul Stolee, PhD	Associate Professor, Health Studies and Gerontology,
Co-PI	University of Waterloo
	stolee@uwaterloo.ca
Anita Kothari, PhD	Associate Professor, School of Health Studies, University of
Co-PI	Western Ontario
	akothari@uwo.ca



Session Agenda

- What we are trying to achieve
- From evaluation to research: 2005-2013
- Multiple case study methods
- Knowledge to action in situ



What we are trying to achieve

Increase our understanding of the ways that innovations and best practices move into frontline practices through communities of practice working to improve the health of Ontario seniors.



SHRTN Collaborative Communities of Practice

- A group of people who exchange information on a topic related to seniors' health
- They undertake interactive education, raise awareness, and create relationships
- Members are available to each other, share learning, and develop new knowledge.
 - Continence Care
 - Diabetes
 - Mental Health
 - Falls Prevention
 - Oral Health

- Medication Safety
- Design & Dementia
- Psychogeriatric resource consultants
- Ontario Dementia Network



From evaluation to research: 2005-2013

- Mixed-methods developmental evaluation program from 2005 until 2009 (under an evaluation contract with SHRTN)
- Multiple case study research project from 2010 to 2013 (funded by CIHR)



Multiple case study methods

- Case studies allow us to closely observe specific, contextual examples of knowledge exchange
- Data gathering methods structured and semistructured interviews, focus groups, ethnographic observation, and document review
- By immersing ourselves in the details of nine cases over three years, we hope to reveal similarities, differences, and lessons that are potentially transferable to other communities of practice



Knowledge to action in situ

- Studying knowledge exchange "in the wild" is challenging
 - Virtual interactions
 - Rapid exchanges, before the researcher is ready
 - The logistical and resourcing challenges of observing human interaction
 - Time lost by following false trails
 - Making sense out of the "mess" of social dynamics



Knowledge to action

- An storehouse of data-gathering methods that can be quickly deployed
- Flexibility among members of a team who are on the same page
- A shared commitment to (even passion about) uncovering the dynamics of knowledge exchange
- Stakeholders and collaborators who are supportive and flexible, and who want to contribute
- Strong project management that brings stability and coherence to the enterprise
- A designated "ethics advisor" who is consulted often



Knowledge to action

- Promoting Action on Research Implementation in Health Services (PARIHS) is a useful framework
 - Evidence
 - Context
 - Facilitation
- CoPs "fit" and enliven the framework
 - They access and generate and translate various sorts of knowledge
 - They reach into a variety of social contexts
 - They facilitate exchange in a variety of ways
 - They are learning about KE, and their learning is visible and available for study



Knowledge to action

- Bringing knowledge into use involves a social learning process
 - visible through interactions
 - Influenced by organizations and systems
 - Influenced by leadership processes that take shape at all levels
- Multiple case studies allow us to explore
 - how CoPs mobilize around specific KTA phenomena
 - how various KTA outcomes are seen as meaningful and feasible
 - how structure and agency influence the social construction of knowledge





www.concordia.ca