



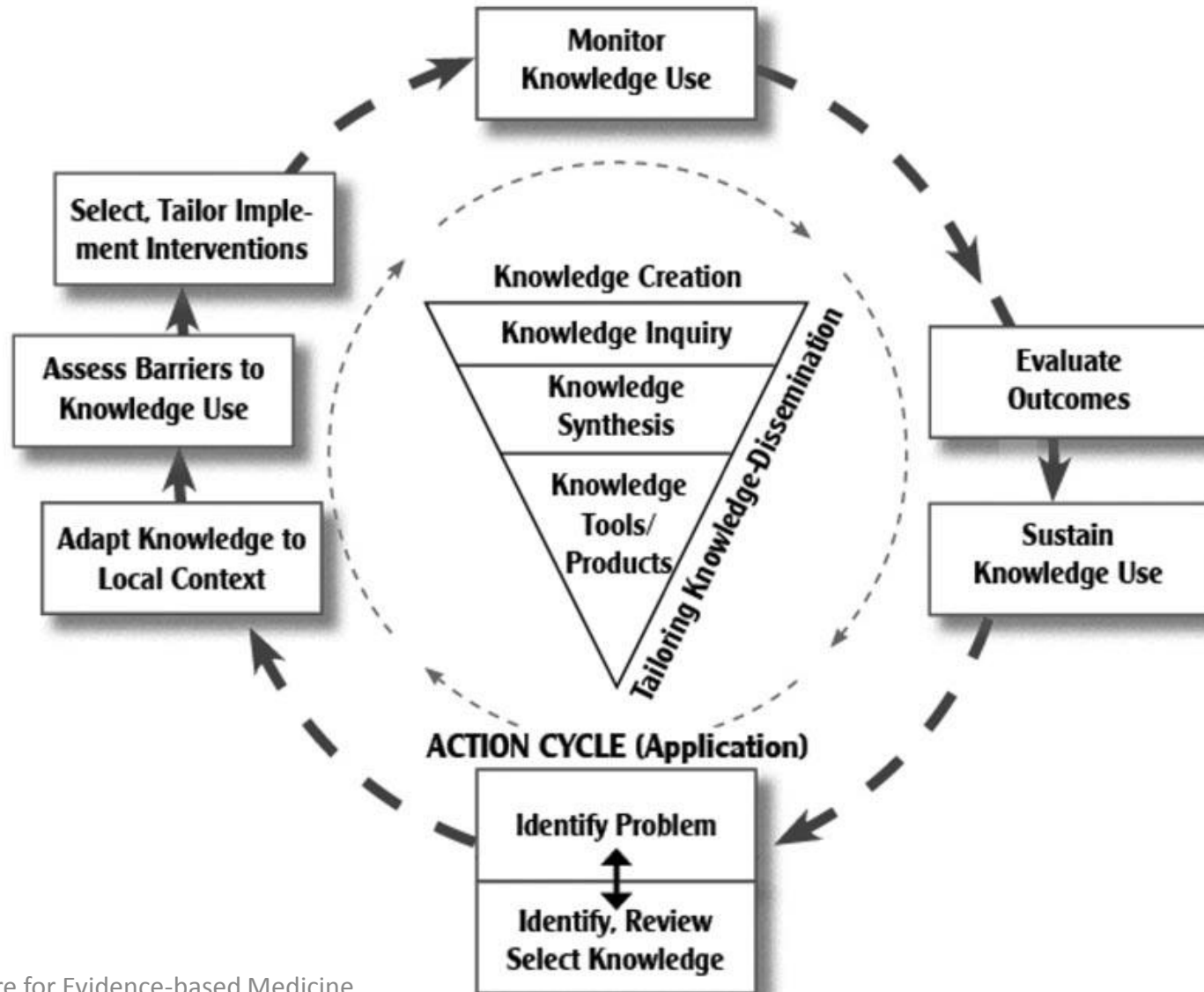
Adapting *Knowledge to* Local Context

2014

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The Knowledge to Action Cycle



Define GAP - between knowledge & action

Describe, measure what is happening

- *clinical care provided by clinicians to patients, and families*
- *organisational setting in which clinical care is delivered*
- *national policy for clinical care delivery*



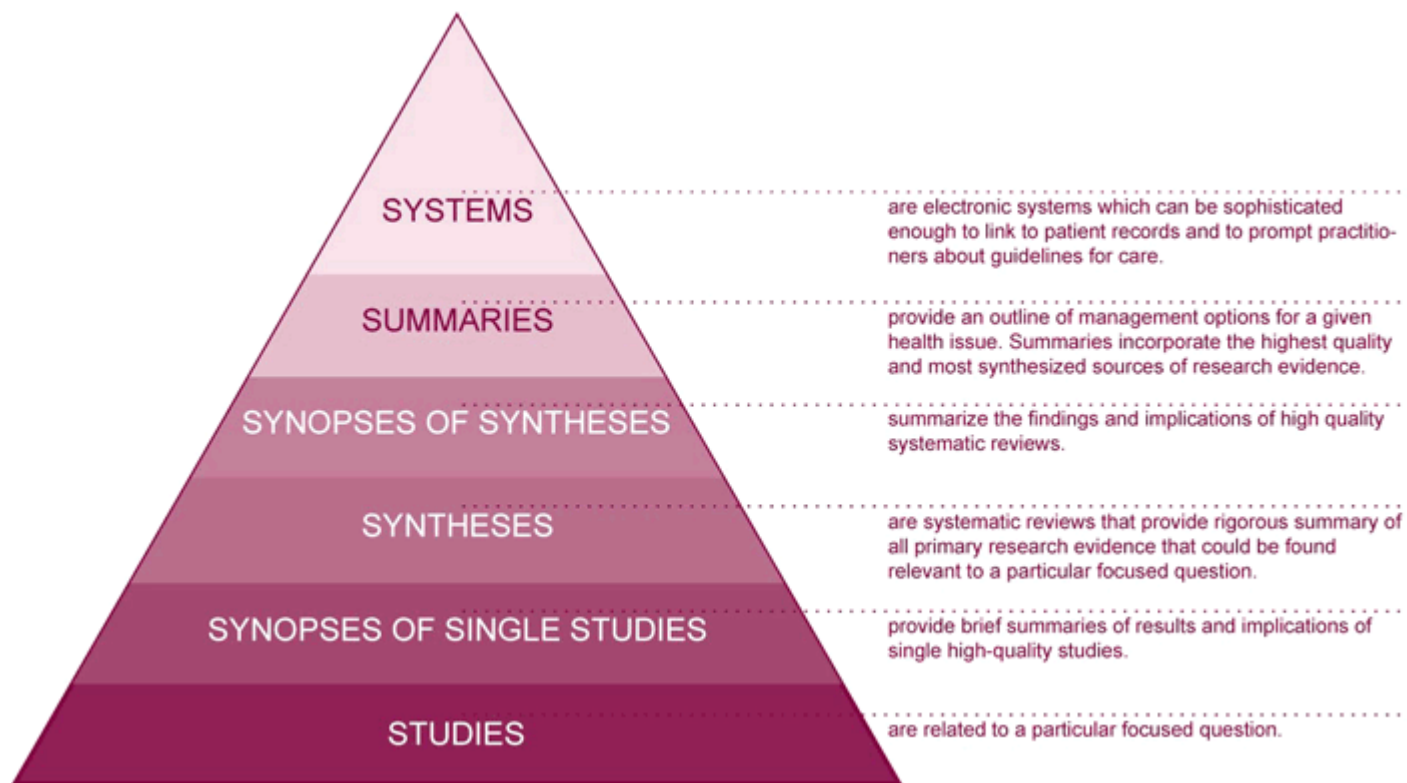
Describe what should be happening

- *research evidence*
- *clinical experience*
- *patient experience*

What knowledge is required?

- Empirical knowledge
 - Where is the best quality research evidence
- Theoretical knowledge
 - Do psychology, sociology theories explain why
- Experiential knowledge
 - What has been done in the past
- Tacit knowledge
 - What is done around here
- *Critical reasoning*
 - ***Why, when, how to act...***

Identify quality research evidence



6S Pyramid

<http://www.nccmt.ca/eiph/search-eng.html>

Using research evidence

The strength of evidence is

- interpreted by opinion leaders
- compared with experience and other factors
- reliant on professional networks for debate and translation

Implementation is not uniform, predictable

- need to create local context for healthcare that is receptive to complex and dynamic change

Adapt knowledge to local context

Critical Appraisal

- Relevance
- Validity
- Results
- Clinical significance

Is there high quality research evidence applicable to your

- **P**opulation?
- **I**ntervention and/or **C**omparators?
- **O**utcome/s?

What is context?

Context is everything

- Why, what, when of the environment that **supports** the intervention
 - from individual to policy
 - depends on the intervention, but not part of it
- Usually excluded from controlled experimental studies
 - treatment effect is caused by intervention

Recognise local context

1. *clarify what is happening*

- use existing database information, chart audits, questionnaires, observation, interviews

2. *consider why this is happening*

- stakeholder identification and analysis
- appropriate contextual analyses

3. *collaboratively plan what should be happening*

- local interpretation of the evidence
- use of KT tools and strategies

Measure what is happening

- identify key outcomes from research evidence
- need to establish clear baseline measures
 - population
 - organisation
 - health care provider



Analyse local context

Engage key stakeholders

- People with interest in and power to make change
- People who will experience change
- Managers, staff, patients, public

Describe and Measure Context

- Root cause analysis
- Stakeholder analysis
- SWOT analysis

Summary

- Evidence alone is insufficient for its implementation
- Local application and understanding of context is crucial
- Enhance future implementation by assessment of barriers and facilitators
- Engage key stakeholders in assessing the problem and planning the solution
 - implementation is not uniform, predictable
 - skills and experience required to transfer knowledge