## Summary of Group Discussions
## CPSI Research Workshops May 29-30 & June 5-6, 2006

# Building a team:

### Anxieties and concerns included:

Lack of clarity: goals, expectations of individual members

Research ownership: publishing, authorship, intellectual property

What to do if individuals change jobs

Timelines & deadlines

Commitment to project: is a project of this dollar value and duration a priority? What if it is not funded?

How do small organizations get involved?

Maintaining enthusiasm/momentum

Time horizons (knowledge transfer; longer term cultural change)

### Strategies for success included:

Project champion

Be aware of the VALUES each party brings

Think carefully about the size of the group

- Core group (PIs, CIs) provide intellectual direction & overall management (these people need to sign the form and go through ethics approval in their institutions)
- Partners (may or may not have individuals in the core group)
- Advisory group (may bring in representatives from partners and/or stakeholders)
- Staff (research assistants, project manager, consultants, etc.)

Clear agreement (do this early in the process) – "Working Together" document

- Authorship
- Roles & expectations (each CI has a particular and unique contribution)
- Delineate tasks
- Realistic deliverables
- What you will do if you don't get this grant

Involve the whole (core) team in setting the goals (Don't have this firm and then ask people to sign up to *your* project)

Hire a study coordinator/project manager

- Co-coordinating multi-site project

- Communication amongst team members (central contact; hub of network)
- Accountability (deadlines, deliverables, etc)
- Co-coordinating resources

Communication

- Planned, with set points for reporting/debriefing
- Interim results
- Honesty (report problems early)
- Make sure cross-institution communication is happening
- Consider difficulties posed by geography where partners are dispersed or in rural and remote communities

Consider having an advisory group involving stakeholders BUT make sure the mandate is clear

The partnership should be about more than just this specific project

# Knowledge Transfer

## Criteria for assessing strategies:

Credibility with users

Appropriateness and specificity: The Right tool for the Right knowledge and the Right group

Resources available: time, money, people

Political climate

Multi-pronged approach

Exciting and innovative (though don't overlook tried and tested methods)

## Try this:

Enlisting participation of patients as active carrier of information between practitioners (perhaps with link to secure central source of details)

Ripple effect from the team members – to policy makers, front line workers, etc.

Involving users: decision makers, clinicians, etc.

Using *existing* processes and mechanisms (e.g. newsletters, continuing education, in services, AGMs, board meetings, websites, intranet, etc.)

Practice cues or tools that can be easily incorporated in routine practice

Planned and consistent education to raise awareness (about practice or governance)

Evaluate the implementation/transfer strategies to ensure effectiveness and sustainability

Use early adopters or champions

- Involve them early
- Support them
- Identify them carefully (respected by peers, appropriate skills)

Create champions in other institutions

- Train the trainers
- When you deliver KT programs in partner institutions or more broadly leave behind a champion

Stay involved/mentoring (increase research literacy to ensure ongoing use of research evidence)

Go beyond transferring knowledge

## Be Careful About…

Public education

- Raise expectations
- Encourage advocacy
- Provide tools to express safety issues

BUT make sure you consider

- Positive messaging
- Education of front line workers
- Liability issues
- Appropriate knowledge translation

Policies to support change

BUT make sure you consider

- Active involvement of decision makers
- “walk the talk”

Media

BUT make sure you consider

- advance knowledge
- be prepared
- stick to your message

Doing knowledge transfer too early

- evaluate impact and stop if necessary
- be prudent in implementing early results