Innovation into Practice:
There’s nothing as practical as a good theory

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Key Concepts

- Consistent innovation into practice remains elusive
- Outside of NHS / HE there are theories being developed and tested
- We need to engage with researchers to mobilise knowledge
# KNOWLEDGE MOBILIZATION (KM) Multiple Definitions By Sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>GETTING THE RIGHT INFORMATION TO THE RIGHT PEOPLE IN THE RIGHT FORMAT AT THE RIGHT TIME SO AS TO INFLUENCE DECISION-MAKING</strong></td>
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<td><strong>MOVING KNOWLEDGE INTO ACTIVE SERVICE FOR THE BROADEST POSSIBLE COMMON GOOD (SSHRC)</strong></td>
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<td><strong>THE PROCESS FROM THE CREATION OF EVIDENCE TO ITS ULTIMATE IMPACT (Knowledge Translation, CIHR)</strong></td>
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<td><strong>COLLABORATIVE PROBLEM-SOLVING BETWEEN RESEARCHERS AND DECISION MAKERS THAT HAPPENS THROUGH LINKAGE AND EXCHANGE (Knowledge Exchange, CHSRF)</strong></td>
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A real example

- University of Manchester researchers and UHSM educators are working together to create evidence that will:
  - Make an intervention in Gulu, Uganda, more effective in changing the practice of clinical staff
  - Advance our understanding of what makes staff in Uganda change practice
  - This evidence can then be used in other interventions
What is different?

- Theory theory theory
- Theory based evaluation
- Advancing theory
- Theory based intervention

Designing and evaluating complex interventions to improve health care

Can a theory-based educational intervention change nurses' knowledge and attitudes concerning cancer pain management? A quasi-experimental design

Marius Gustafsson and Gunilla Borglin

Abstract

Background: Registered Nurses (RNs) play an important role in caring for patients suffering from cancer pain. A lack of knowledge regarding pain management and the RN's own perception of cancer pain could act as barriers to effective pain management. Educational interventions that target RN knowledge and attitudes have been shown to have potential impact. However, an intervention consisting of evidence-based practice is a multifaceted process and demands behavioral and cognitive changes to sustain the effects of the intervention. Therefore, our study aimed to investigate if a theory-based educational intervention could change RN knowledge and attitudes to cancer pain and pain management, both four and 12 weeks after the start of the intervention.

Methods: A quasi-experimental design with non-equivalent control groups was used. The primary outcome was measured using a modified version of the Instrument for Measuring Knowledge and Attitudes about Cancer Pain (INAC) at baseline, four weeks and 12 weeks after the start of the intervention to evaluate its persistence. The Neuman's educational paradigm was based on the principles of Ayer's Theory of Planned Behavior and consists of interactive learning activities. The RNs' experiences from cancer pain management were used in the learning process.

Results: The theory-based educational intervention aimed at changing RNs' knowledge and attitudes regarding cancer pain management, measured by primary outcome INAC, resulted in a statistically significant (p < 0.05) improvement of total mean score from baseline to four weeks at the intervention end.

Conclusions: The findings of this study suggest that a theory-based educational intervention focused at RNs can be effective in changing RN knowledge and attitudes regarding cancer pain management. However, the high number of dropouts between baseline and four weeks needs to be taken into account when evaluating our findings. Finally, this kind of theory-based educational intervention with interactive learning activities has been generally well received and needs to be evaluated further in larger projects.

Trial registration: Clinical Trials.gov NCT01981204

Keywords: Attitude, Cancer pain, Enfance-based practice, Education, Experimental study, Implementation, Intervention, Knowledge, Nurses, Quasi-experimental design

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- Researchers have a responsibility (and a contractual obligation, often) to have IMPACT but have two problems:
  - Their datasets are often small
  - They don’t make policy / practical decisions about implementation

- Policy makers / implementers want to affect change but
  - They are not experts in theory based interventions

- Working together to co-create knowledge and apply it is good for both
For discussion

• What in your opinion are the keys to unlocking innovation into practice with examples?
• Who are the key stakeholders?
• What enablers do we need?
• What are the next steps?