Call for Abstracts

Knowledge Utilization (KU) Colloquium 2020

July 1st to 3rd, 2020 at Solstrand, Bergen, Norway

On behalf of the International Organizing Committee, you are invited to submit an abstract for the 20th KU Colloquium for researchers, practitioners and students working in KU and knowledge translation. Please use the template below to format your abstract.

The presentation format will be a 3-minute single slide e-poster. Presenters will be divided into three groups according to their thematic approaches. Reflecting on the presentations, senior researchers will facilitate plenary discussions between the presenters and the audience of issues and take-home messages.

Submissions are due: March 1st , 2020 to helene.oestreich@hvl.no

Abstract Submission Template

Please complete the following template when submitting your abstract. Please note that tables and figures will not be accepted.

Contact information of individual submitting the abstract

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Abstract Information

Title: The IMPAKT study in nursing homes (IMPlementation and Action for Knowledge Translation)

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Abstract

(250 word maximum)

Purpose:

An integrated knowledge translation (i-KT) approach and a mixed methods study design was used to address the knowledge-to-action (K2A) gap in nursing homes.

Methods:

The Division of Nursing homes in a large municipality was involved in the design and conduct of the study, with bi-weekly meetings over the study period. Interviews, participant observation and survey was used to understand roles, challenges, context and needs related to the K2A gap. Findings informed the development of an intervention, consisting of one educational component and a facilitation-on-implementation component. The clinical area of implementation was decided upon with nurses in a workshop, followed by a consensus meeting with physicians.

The intervention was tested in a cluster RCT of two arms with a nested process evaluation (ends 31.03.2020).

Results:

We identified Practice Development Nurses as a key target group for the intervention. They were involved in the development of the educational component andalso identified other active participants from their work. The topic for implementation was the "National Early Warning Score". PDNs were required during the educational component, to write an action plan for implementation with a team of stakeholders from each workplace. This workplan served as point of departure for the facilitation component.

Conclusions:

An integrated KT approach to complex implementation efforts have likely increase perceived relevance and commitment by the healthcare providers involved in IMPAKT. Moreover, recruitment of participants to the study has probably gone smoother because of the mutual commitment. Integrated KT is resource intensive and the results are difficult to foresee in advance.