

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

Name: Dr Ingrid Hickman

Title: Principal Research Fellow

Email: i.hickman@uq.edu.au

Phone number: +61 7 3176 5588

Address: Dept Nutrition and Dietetics, Princess Alexandra Hospital, Ipswich Rd, Woolloongabba, Qld, 4102, AUSTRALIA

Abstract Information

Title: Allied Health – Translating Research into Practice (AH-TRIP): a multidisciplinary initiative to improve clinician-led knowledge translation.

Author(s)

Ashley E Cameron^{1,2}, Katrina L Campbell^{3,4}, Sally E Barrimore^{3,5}, Shelley A Wilkinson^{6,7}, Rhiannon Barnes⁸, Liza-Jane McBride⁹, Adrienne M Young¹⁰, Ingrid J Hickman^{7,11}

Affiliation(s)

¹Clinical Support Services, Metro South Hospital and Health Service, Brisbane, QLD, Australia

²Department of Speech Pathology, Princess Alexandra Hospital, Brisbane, QLD, Australia

³Allied Health Services, Metro North Hospital and Health Service, Brisbane, QLD, Australia

⁴Centre for Applied Health Economics, Menzies Health Institute, Griffith University, Nathan Qld, Australia

⁵Department of Nutrition and Dietetics, The Prince Charles Hospital, Brisbane, QLD, Australia

⁶Department of Dietetics and Foodservices, Mater Health, South Brisbane, QLD, Australia

⁷Mater Research Institute - University of Queensland, South Brisbane, QLD, Australia

⁸Royal Brisbane and Women's Hospital, Brisbane, QLD, Australia

⁹Allied Health Professions' Office of Queensland, Department of Health, Brisbane, QLD Australia

¹⁰Department of Nutrition and Dietetics, Royal Brisbane and Women's Hospital, Brisbane, QLD, Australia

Abstract

(250 word maximum)

Purpose:

Knowledge production, adoption, and building research capacity is central to the healthcare workforce; however, there is a paucity of evidence around how best to support health professionals (knowledge end-users) to undertake knowledge translation (KT). The Allied Health – Translating Research into Practice (AH-TRIP) initiative aims to embed KT within the usual business of hospital health services through capacity building of frontline AH workforce using education, support and recognition. This abstract aims to describe the development of the AH-TRIP initiative and presents evaluation data from the first year of the program.

Methods:

The AH-TRIP initiative was designed by clinician-researchers in Queensland, Australia based on evidence from the literature, local research and KT capacity building experience, and a needs assessment with end-users (AH professionals working in hospitals across practice settings). This needs assessment informed AH-TRIP methodologies and highlighted low confidence in KT, high interest in gaining knowledge and support, and a need for a multi-modal program to meet diverse needs across a large geographical area. The AH-TRIP initiative was trialled in 2019 and consisted of four pillars: (1) KT education (including online accessible resources); (2) KT project support; (3) AH-TRIP clinician champions; (4) showcase and recognition. The RE-AIM framework underpins the program evaluation, with early evaluation data available for reach, adoption and implementation.

Results:

We developed a low-cost, multi-modal initiative, with the following outputs: (1) online training program of 27 webinars and 13 case studies across the KT action process (foundation/introductory content; identify a clinical problem; evidence to support change; planning for change; implementation; evaluating the change; and sustainability) in collaboration with multidisciplinary, multiagency, international contributors. The website has achieved over 15,000 unique page views between March to December; (2) a group telementoring strategy with KT experts was established to engage four clinical teams (n= 9 AH professionals) in diverse geographical locations, with participants reporting improvement in confidence and skills to plan and deliver projects; (3) clinician champions (n=190) enlisted across 14 hospitals to facilitate capacity building and sustainability of AH-TRIP within local teams; (4) showcase and recognition of 12 KT projects at a statewide forum, reaching >295 AH professionals from >50 sites. Eighty-one percent of audience members reported it stimulated critical reflection of their current practice, and 71 % reported increased understanding of KT. Success factors included significant stakeholder engagement, visionary leadership and dynamic teams to support the delivery of this innovative initiative.

Conclusions:

The AH-TRIP initiative addresses clinicians' demand for KT training and offers a unique opportunity to improve health systems and facilitate organisational capacity building. As AH-TRIP evolves, the challenge will be to upscale sustainably in a way that maintains robust competencies while addressing local needs in the context of diverse and complex health systems.
