RCN Research Conference
3-5 September 2019
Sheffield

Conquering research impact: reaching the summit, making a difference and surviving

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Overview

• Research impact: definitions and interpretations.
• Achieving impact: strategies and mechanisms.
• Examples
• Key messages
Impact

REF Definition

• “For the purposes of the REF, impact is defined as an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia.” (REF 2019) Guidance on submissions

OR

• To make a difference and improve lives in healthcare.

“Research impact is the good that researchers can do in the world” (Reed 2018, P15)
Achieving impact is about:

- Values and principles
- Being inclusive
- Equality
- Relationships: two-way over the long term
- Partnerships
- Trust
- Empathy
- Understanding
Strategies

• Challenge assumptions
• Mixed methods
• Knowledge translation – not knowledge transfer
• Mode 2 vs Mode 1 knowledge.
• (Creative) Co-production
• Actionable tools
True?  False?
Methods

Quantitative - how much?

Qualitative - why?

Mixed Methods
• **Knowledge mobilisation**

• **Knowledge transfer** “treats new knowledge like a ‘gift’ that can be transmitted unchanged from one person to another”. (Reed, 2018)

• **Knowledge translation:** Process that moves knowledge created to knowledge used for benefit.
‘Collective making’ as knowledge mobilisation: the contribution of participatory design in the co-creation of knowledge in healthcare

Joe Langley,1,2,3 Daniel Wolstenholme1,2 and Jo Cooke1,2

Abstract

The discourse in healthcare Knowledge Mobilisation (KMb) literature has shifted from simple, linear models of research knowledge production and action to more iterative and complex models. These aim to blend multiple stakeholders’ knowledge with research knowledge to address the research-practice gap. It has been suggested there is no ‘magic bullet’, but that a promising approach to take is knowledge co-creation in healthcare, particularly if a number of principles are applied. These include systems thinking, positioning research as a creative enterprise with human experience at its core, and paying attention to process within the partnership. This discussion paper builds on this proposition and extends it beyond knowledge co-creation to co-designing evidenced based interventions and implementing them. Within a co-design model, we offer a specific approach to share, mobilise and activate knowledge, that we have termed ‘collective making’. We draw on KMb, design, wider literature, and our experiences to describe how this framework supports and extends the principles of co-creation offered by Geenhalgh et al. [1] in the context of the state of the art of knowledge mobilisation. We describe how collective making creates the right ‘conditions’ for knowledge to be mobilised particularly addressing issues relating to stakeholder relationships, helps to discover, share and blend different forms of knowledge from different stakeholders, and puts this blended knowledge to practical use allowing stakeholders to learn about the practical implications of knowledge use and to collectively create actionable products. We suggest this collective making for activation of this knowledge.

Background

The discourse in healthcare Knowledge Mobilisation (KMb) literature has shifted from simple, linear models of research knowledge production and action to more iterative and complex models. These aim to blend multiple stakeholders’ knowledge with research knowledge to address the research-practice gap. It has been suggested there is no ‘magic bullet’, but that a promising approach to take is knowledge co-creation in healthcare, particularly if a number of principles are applied. These include systems thinking, positioning research as a creative enterprise with human experience at its core, and paying attention to process within the partnership. This discussion paper builds on this proposition and extends it beyond knowledge co-creation to co-designing evidenced based interventions and implementing them. Within a co-design model, we offer a specific approach to share, mobilise and activate knowledge, that we have termed ‘collective making’. We draw on KMb, design, wider literature, and our experiences to describe how this framework supports and extends the principles of co-creation offered by Geenhalgh et al. [1] in the context of the state of the art of knowledge mobilisation. We describe how collective making creates the right ‘conditions’ for knowledge to be mobilised particularly addressing issues relating to stakeholder relationships, helps to discover, share and blend different forms of knowledge from different stakeholders, and puts this blended knowledge to practical use allowing stakeholders to learn about the practical implications of knowledge use and to collectively create actionable products. We suggest this collective making for activation of this knowledge.

http://clahrc-yh.nihr.ac.uk/our-themes/translating-knowledge-into-action/home
Knowledge Translation is the study of why this gap exists and how it can be reduced.
• Co-creation-collaborative knowledge generation
• Academics working alongside other stakeholders
• Knowledge production is between universities and society.
• Co-creation is widely believed to increase research impact. (Greenhalgh et al 2016)
Co-production is suggested as the best way to do Mode 2
In strategic alliance with

Community and society

Healthcare system

Good health for all
In strategic alliance with...

What?
Co-production relies on ‘authentic’ collaboration as a context for action. We suggest that ‘authentic’ co-production involves processes where participants can ‘see’ the difference that they have made within the project and beyond. (Cooke et al. 2016)

How?
• Workshop based activities
• Sharing knowledge
• Creative methods e.g. Making, drawing, filming, experiencing
• Designer integral to activity
• Developing consensus regarding potential solutions
• Testing/prototyping
• Developing ‘actionable tools’ to be implemented for impact of co-production
Co-production

- Power
- Voice
- Trust
- Time
Actionable tools
A research derived actionable tool is a product informed by research study findings that is intended to:

- change the way of thinking,
- promote decision making or
- instigate action around an issue.
Examples

• My Malignant Pleural Effusion Journey

• Neutropenic sepsis: Spreading the news and promoting self monitoring

   – Translating Knowledge into Action (TK2A) NIHR CLAHRC Yorkshire and Humber
My Malignant Pleural Effusion Journey
Mesothelioma
Malignant Pleural Effusion
In strategic alliance with Clinical Research Evidence

Focus group

Decision aid

Patient led

What?

Local Workshops

Patients

Family

Staff

Warm-up

Patient journey mapping

Timelines

Storyboarding

Interim design and development

Feedback from project leads

Challenges identified

What?

National Workshop

Visual imaging

Personae

Pros and Cons of treatment options

Ideation

Prototype

23/09/2019

Home Situation:
He lives in a house he built himself in the Peak District

Sources of Support:
He lives with his wife who is a retired nurse & has grown up family living nearby

Name:

.........................

Attitude towards Own Health:
He isn’t used to be unwell & wants to carry on as normal. He’s normally very active doing DIY or enjoying the countryside

Age:

.........................
Findings

• Managing the MPE was a greater priority for patients than overall cancer treatment.
• Consistent information from specialists.
• Information in a variety of formats, but visual images helped.
• Influences on treatment options were personal aspects of life e.g. how active they are, what support is available, health perceptions.
Outputs

- **Prototype**
- **Mypleuraleffusionjourney**
- **Mobile/tablet**

**Learning**

This has been the best learning experience of my training to date

*Student Nurse*
Neutropenic sepsis: Translating complex findings into patient care
Background

• Neutropenic sepsis  
  – life-threatening complication of chemotherapy.
• Patients require urgent assessment and treatment (NICE 2012).
• A challenge  
  – for most patients neutropenia occurs while they are at home.
• Patients (and those close to them) need to be able to recognise signs and act
Practice development

• The service had developed to implement NICE Guidance and reduce delay in patient presentation.
  – locally agreed guidelines
  – risk stratified treatment pathway
  – telephone advice service
    • 650 to 800 calls every month (high variability)
  – staff training
  – standardised written patient information
  – neutropenic sepsis alert card
  – one-to-one pre-chemotherapy information consultations

• Good stuff but was it working?
Body temperature is not a consistently reliable diagnostic or prognostic indicator for outcomes in patients with neutropenia and symptoms of infection.

It can assist with early presentation and recognition of infection in many neutropenic patients.

Over-reliance on temperature risks missing the opportunity for early detection and treatment.
“If it went above 37.5, I would leave it for 4 to 6 hours, monitor it every hour and then ring as at least you would have a bit of information behind you when you rang. If I was feeling alright I would do this if I wasn’t I would ring”

“(husband) said, I'm just going to test it (temperature) again...and he said I'm going to ring and I was like, oh can we ring in the morning because I just want to go to sleep, and he was saying no because it says ring and I think its important that we don’t leave it. So he rang”

“I think they told me to take it every day but I don’t because if I feel alright I don’t bother”

“I just wanted to lie down and go to sleep, I waited a whole day because I thought it was just a natural occurrence after chemo”

“My daughter and niece; I don’t take it in so they come to my appointments, they remember everything”
• Body temperature is not a consistently reliable diagnostic or prognostic indicator.
• Over-reliance on temperature risks missing the opportunity for early detection and treatment.
• Patients delay in reporting signs of NS.
• Many complex reasons and variations.
Aims and activities

Aims:

– Understand and promote self-management
– Resources tailored to different patients
– Identify ways to help staff communicate and advise.
GOALs

- Reframe patient information messages
- Positive focus on “living well on chemotherapy”
- Emphasise the patient’s role e.g. self-monitoring is part of the treatment
- Sepsis is serious – use the word!
Tailoring information

1. Know what they are meant to be doing - but do too much;
2. Know - but doesn’t do;
3. Know - but can’t do;
4. Doesn’t know and doesn’t do.
Advice in your Pocket

Nausea (feeling sick) or vomiting (being sick)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Be aware</th>
<th>Be alert</th>
<th>Call now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling a little sick but managing to eat</td>
<td>Being sick 2 to 5 times a day.</td>
<td>Being sick 6 or more times a day.</td>
<td></td>
</tr>
<tr>
<td>managing to eat almost as normal.</td>
<td>Feeling or being sick and eating a lot less</td>
<td>Feeling or being sick and not able to eat</td>
<td></td>
</tr>
<tr>
<td>Vomiting once a day.</td>
<td>than normal</td>
<td>or drink.</td>
<td></td>
</tr>
</tbody>
</table>

| What to do                                   | Take your anti-sickness tablets as advised.   | Ring 0114 226 8345 or 0114 271 2733 and ask | Ring immediately and ask for the Weston Park |
|                                               | Drink plenty of water.                        | for the Weston Park nurse practitioner.       | nurse practitioner.                           |
|                                               | Eat little and often.                         | Follow the advice on the back of this card.   | 0114 226 8345 or 0114 271 2733               |
|                                               | Follow the advice on the back of this card.   |                                               |                                               |

Sometimes anti-cancer therapy can make people feel or be sick. If this stops you from eating or drinking or you are very sick you can become dehydrated. There are lots of different types of anti-sickness medicines. It is important to tell us if you are feeling or being sick after your treatment so we can find the anti-sickness tablets that work for you.
In strategic alliance with

The University Of Sheffield.

Help us improve the patient experience at Weston Park Hospital

beyond the treatment

Help us to raise £500,000

Your support will help provide:

RoYal College of Nursing
Key messages

- Intrinsic motivations and values
- Long term process – build in sufficient time
- Start planning for impact at the beginning
- Based on relationships across all stakeholders nurtured over time
- Resources are required
- Creativity and skilled facilitation / expertise pays off
- Aim for tangible, actionable outputs

“Research impact is the good that researchers can do in the world” (Reed 2018, P15)
• Enjoy achieving impact and making a difference
Thanks

• Clare Warnock and team
• Dan Wolstenholme and team
• Joe Langley and Jo Cooke
• Chris Redford
References


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• Langley J, Wolstenholme D, Cooke J. (2018) ‘Collective making’ as knowledge mobilisation: the contribution of participatory design in the co-creation of knowledge in healthcare BMC Health Services Research 18: 585
• REF (2019) Guidance on submissions https://www.ref.ac.uk/guidance/
Any questions?

The TK2A research was funded by the NIHR CLAHRC Yorkshire and Humber (NIHR CLAHRC YH). [www.clahrc-yh.nihr.ac.uk](http://www.clahrc-yh.nihr.ac.uk). The views expressed are those of the author(s), and not necessarily those of the NIHR or the Department of Health and Social Care.