
CONFERENCE ABSTRACT

The use of virtual meetings and a project platform bring researchers and clinicians together in Knowledge Translation (KT)

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Purpose: The Regional Center for Knowledge Translation (RKR) in Health Region of South Eastern Norway created and implemented a knowledge translation (KT) project that consists of synthesizing and adapting literature for use in the health region. To facilitate a geographically diverse collaboration among clinicians, scientists and educators, we implemented the use of virtual meetings, an online learning management system, and an online project platform. This technology fosters the development of evidence based summaries and recommendations for clinical practice. In the future, this technology will also support the implementation of recommended assessments and interventions in rehabilitation and improve patients' outcomes throughout the health region.

Context: RKR was established in 2013 with the mission of providing knowledge and competency for patients and health professionals in public and private rehabilitation institutions in Health Region of South Eastern Norway (2.8 million inhabitants). The center is focusing efforts on a KT project that aims to facilitate the rapid implementation of evidence into practice, standardize the delivery of assessments and interventions in rehabilitation, improve patient outcomes, and develop a network of mentors who are knowledgeable about research evidence. The project consists of two major components: the development of a database of Knowledge Translation Tools and an implementation model using Knowledge Ambassadors at each clinical site. The database includes the development and dissemination of summaries of evidence and recommendations for clinical practice. These summaries are developed by Knowledge Experts who are clinicians in the health region. The second component of the project is an implementation model that empowers Knowledge Ambassadors, who are peers at each clinical site, to facilitate practice changes at hospitals and clinics throughout the health region. The implementation process is based on the Knowledge-to-Action Framework.¹ The technology used in this project provides a platform for education, training, interactions between group members, development of KTTs, and implementation of practice recommendations.

Method: An online KT Project and E-learning resources have been developed. A network of clinician mentors who are knowledgeable about research evidence is being recruited. Norwegian clinicians attend bi-monthly virtual meetings (GoToMeeting) conducted by experts from USA and Norway. The groups also interact and share documents routinely through an online project platform (Project Place). Experts are educating, guiding and mentoring clinicians, as well as monitoring progress. The first group of knowledge experts (n=10) started in January, 2016. Four months after starting the project, individual interviews were conducted with each knowledge expert. Interviews were analyzed for themes, and strengths, weaknesses, opportunities and threats were identified.

Results: Preliminary results from interviews with project participants focused on the benefits and challenges of a project conducted using online technology. Benefits of working together in virtual meetings include routine in-person access to international and national rehabilitation researchers and a rehabilitation expert network. Challenges are related to foreign languages, sound and video quality during virtual meetings and strictly virtual interaction of the group.

Discussion: Focus group results indicate some initial benefits and challenges of conducting this project using internet-based technology. Solutions to overcome stated challenges are currently being implemented. These solutions include changing the format of the meetings to include both English and Norwegian languages, early engagement during online meetings, and a reduction of group size to 5-6 people. The online project platform will be used for social networking and encouragement of participants. Last, at least two in-person meetings will be conducted per year.

Conclusion: Project participants reported they valued the opportunity to participate in this internet-based project. Challenges to using online technology were identified early in the project and solutions are being implemented.

References:

Straus SE, Tetroe J, Graham ID. Knowledge Translation in Health Care. Wiley Blackwell. 2013.

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