

## Capacity development for knowledge translation : evaluation of an experiential approach through secondment opportunities

GERRISH, Kate and PIERCY, Hilary

Available from Sheffield Hallam University Research Archive (SHURA) at:

<http://shura.shu.ac.uk/8780/>

---

This document is the author deposited version. You are advised to consult the publisher's version if you wish to cite from it.

### Published version

GERRISH, Kate and PIERCY, Hilary (2014). Capacity development for knowledge translation : evaluation of an experiential approach through secondment opportunities. *Worldviews on Evidence-Based Nursing*, 11 (3), 209-216.

---

### Repository use policy

Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in SHURA to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain.

# **CAPACITY DEVELOPMENT FOR KNOWLEDGE TRANSLATION: EVALUATION OF AN EXPERIENTIAL APPROACH THROUGH SECONDMENT OPPORTUNITIES**

## **ABSTRACT**

### **Background**

Experiential approaches to skills development using a secondment model have been shown to be beneficial to healthcare organisations more generally, but little is known about the potential of this approach to develop capacity for knowledge translation (KT).

### **Aim**

To evaluate the success of KT capacity development secondments from the perspective of multiple stakeholders.

### **Methods**

A pluralistic evaluation design was used. Data were collected during 2011-12 using focus group and individual interviews with 14 clinical and academic secondees, and five managers from host and seconding organisations to gain insight into participants' perceptions of the success of secondments and the criteria by which they judged success. Six After Action Reviews were subsequently undertaken with KT project teams to explore participants' perceptions of the contribution secondees made to KT projects. Semi-structured interviews were undertaken with three healthcare managers on completion of projects to explore the impact of secondments on the organisation, staff and patients. Qualitative content analysis was used to identify criteria for success. The criteria provided a framework through which the overall success of secondments could be judged.

### **Results**

Six criteria for judging the success of KT capacity development secondments at individual, team and organisation level were identified: KT skills development, effective workload management, team

working, enabling KT objectives to be achieved, enhanced care delivery, enhanced education delivery. Benefits to the individual, the KT team, seconding and host organisations were identified.

### **Implications for practice**

Hosting teams need to provide mentorship support to secondees, and be flexible to accommodate the needs of secondees as team members. On-going support from managers in seconding organisations is needed to maximise the benefits to the individual secondee and to the organisation.

### **Conclusions**

Experiential approaches to KT capacity development using secondments can benefit individual secondees, project teams, seconding and host organisations.

**Key words:** capacity development, knowledge translation, experiential, secondment, pluralistic evaluation

## **INTRODUCTION**

In 2008, the National Institute for Health Research (NIHR) established nine Collaborations for Leadership in Applied Health Research and Care (CLAHRC) in England. CLAHRCs represents a collaborative partnership between healthcare organisations and universities tasked with addressing local population health needs by undertaking applied health research, implementing research findings into practice and increasing capacity to engage in research and knowledge translation (KT). This paper reports on the evaluation of initiative undertaken by NIHR CLAHRC for South Yorkshire to increase capacity in KT among clinical and academic nursing staff from partner organisations through applying a secondment model.

## **BACKGROUND**

The Canadian Institutes for Health Research (CIHR) is attributed with first using the term knowledge translation to denote 'the exchange, synthesis, and ethically sound application of knowledge within a complex system of interactions among researcher and users' (CIHR 2005, para 2). Unlike passive dissemination e.g. distributing research summaries, KT involves activities leading to behavioural change to improve practice. The skills required to facilitate KT extend beyond those of evidence appraisal to include knowledge brokering (Ward et al 2009), boundary spanning (Williams 2010), change management (Sudsawad 2007) and implementing, monitoring and sustaining KT strategies (Straus et al 2011). There is a need to develop capacity to undertake KT research and KT activity. To date, the main focus has been on developing expertise among researchers with less emphasis on developing capacity to undertake KT among nurses and other healthcare professionals.

Initiatives to develop research capacity can occur at different levels: individual, team, organisational and supra-organisational (Cooke 2005). At an individual level capacity development generally takes the form of educational programmes, on-the-job training and mentoring. At team level it involves sharing knowledge and skills among team members and collaboration within the team. At an organisational level it requires infrastructure support to reduce barriers and facilitate change,

including mentorship schemes, networking and training. At a supra-organisational level a whole systems approach is needed to promote change through policies, systems and networks.

Many initiatives to build KT capacity take an educational approach. For example, a strategic Canadian initiative to develop capacity in the science and practice of KT produced educational courses and materials (Straus et al 2011). O'Bryne and Smith (2010) identify two further approaches; facilitative and experiential learning models. The facilitative model focuses on a specific role, unit or networks which provide support to individuals in addition to education strategies targeting the wider workforce, whereas the experiential model utilises secondments, collaborative projects and mentoring to support capacity development.

Although receiving little attention in the KT literature, secondments have been employed in other areas of healthcare as a means of bringing complementary expertise to a team and providing the opportunity for secondees to broaden their experience and develop knowledge and skills (Greig 1994; Stern et al 1997; Hamilton & Wilkie 2001). Whereas secondment models may vary in structure, the main attributes are generally consistent, namely a secondment is where an employee changes job roles within the same organisation or transfers to another organisation for an agreed period of time on a full-time or part-time basis. As Hamilton and Wilkie (2001) point out, secondments have the potential to benefit all parties involved. Secondees benefit from developing expertise in a specific area. The seconding organisation can benefit in that secondees acquire transferable skills that they can apply once they return to their substantive post. These skills can then be communicated across teams/departments within the organisation to improve the skills of other staff. The host organisation also benefits through assistance with projects and gaining an external perspective to inform projects.

Providing secondment opportunities for clinical and academic nursing staff from CLAHRC partner organisations formed part of a broader strategy to develop KT capacity which included educational, facilitative as well as experiential learning. Secondees were provided with opportunities to work

alongside experienced team members who were leading KT initiatives. Secondments were created to enhance the expertise of the KT team, especially in relation to clinical and evaluation skills and to provide KT capacity development opportunities in anticipation that this would benefit CLAHRC partner organisations in the longer term.

## **THE STUDY**

### **Aim**

To evaluate the success of the KT capacity development secondments from the perspective of multiple stakeholders.

### **Design**

A pluralistic evaluation design (Smith & Cantley 1988) was used. The model is based on the premise that criteria for judging success of an initiative are situational and may be interpreted differently by various stakeholders. Moreover, the unintended as well as intended consequences are important to judging overall success. The evaluator, therefore, needs to identify major stakeholders and elicit and compare their views of the aims and outcomes of the initiative and use their subjective perceptions as the major determinant of 'success'.

In the current study this entailed identifying the various meanings of success as defined by different stakeholders and then using these criteria as a framework for evaluating the overall success of the KT secondments.

### **Sample**

The sampling frame incorporated three perspectives; secondees, the seconding organisation and host CLAHRC teams. Fourteen clinical and academic secondees who undertook secondments during 2009-2012 were included. Ten secondees were registered nurses, and four were from a dietetics background and worked collaboratively with nurses on a nutrition KT project. Representatives from three stakeholder groups; healthcare managers, higher education managers and CLAHRC KT teams

were purposively sampled to include participants who could provide strategic and operational perspectives.

### **Data collection**

Data collection comprised two phases. Phase 1 focused specifically on the secondments in order to determine the criteria for judging their success and gain secondees' and stakeholders' perspectives of success. Phase 2 sought further data on the success of secondments as part of a wider review of KT projects on which secondees worked. Data were collected between 2011 and 2012.

#### ***Phase 1***

Two focus groups were conducted, one with academic secondees (n=5) and one with clinical secondees (n=5). Semi-structured interviews were conducted with four secondees who were unable to attend the focus groups. Individual semi-structured interviews were conducted with managers from the health service (n=2), university (n=2) and CLAHRC programmes (n=3). Individual and focus group interview schedules covered the same broad topics but were adapted to reflect the different roles of respondents. Topics covered included; participants' views of the aims of the secondments, the perceived degree of 'success' of secondments and the basis on which these judgements were made, reasons for supporting or undertaking secondments, the experiences of undertaking or supporting secondees, and factors perceived to have influenced the success of secondments.

#### ***Phase 2***

Six After Action Review (AAR) group discussions (Darling et al 2005) with KT teams were undertaken. Each group included secondees, CLAHRC members, clinicians and managers from healthcare organisations in which KT projects were based. The AARs covered all aspects of project progress, including the contribution of secondees to projects, their KT skills development and the wider impact they had on organisations involved. Semi-structured interviews with a further three healthcare managers were undertaken upon completion of KT projects. The interviews reviewed the

impact of the KT project on the organisation, staff and patients and included exploration of the secondment model as a capacity development initiative.

### **Data analysis**

All focus groups, AARs and interviews were audio-recorded and transcribed. Data analysis followed a two stage process using NVIVO 8. The transcripts from Phase 1 were initially scrutinised to identify criteria of success. These were subsequently grouped in terms of success at individual, team, and organisational levels. Six criteria were identified and these provided a framework within which the success of secondments could be assessed. A more detailed analysis was then undertaken whereby data from Phase 1 and Phase 2 were coded in order to map the different dimensions of success in relation to each criterion.

### **Ethical approval**

Ethical approval was obtained from the ethics committees of relevant organisations. Informed verbal consent was obtained from participants.

## **FINDINGS**

An overview of the secondments is provided in Table 1. The majority were part-time and ranged from nine months to two years. Eleven secondees were funded by CLAHRC to enable backfill of posts and three were university funded as staff development opportunities. Secondees were appointed on the basis of expertise they could contribute to KT teams and their potential to benefit from the experience. The seven clinical secondees were from organisations where KT projects were undertaken and contributed clinical expertise and contextual knowledge about the organisation. The seven academic secondees were from CLAHRC partner universities and contributed evaluation skills although none had previous experience in KT. Table 2 provides examples of KT initiatives that secondees worked on.



## **Criteria for success**

Six criteria were identified which reflected the success of KT secondments at individual, team and organisational levels (see Table 3). Each criterion will be discussed in turn.

### **KT skills development**

The extent to which secondees were enabled to develop skills to facilitate and evaluate KT was considered by many to be important to judging the success of the secondments. Clinical secondees were appointed primarily to facilitate change although they contributed to evaluation. Academic secondees were involved primarily in evaluating KT projects although some acted as KT facilitators.

KT development was most pronounced in clinical secondees where learning far exceeded expectations. One described the experience as *'learning continually every day, there's so many opportunities'*.

Working alongside experienced KT team members enabled secondees to develop KT skills.

Secondees had no prior experience of using KT frameworks and gained insight in utilising them to guide KT projects, e.g. Knowledge to Action cycle (Graham et al 2005), Consolidated Framework for Implementation Research (Damschroeder et al 2009). Clinical secondees also benefited from developing skills in accessing, appraising and applying evidence, whereas academic secondees were more confident in these skills from the outset.

Secondees who facilitated change in practice settings spoke positively about developing a repertoire of KT skills including knowledge brokering, change management, boundary spanning and problem solving. Secondees also benefited from broadening their interpersonal skills, e.g. negotiation skills *'working effectively with other people and not always wanting everything my own way'*. In addition, secondees gained experience of strategies to facilitate change such as acting as best practice champions, education outreach facilitators, undertaking rapid audit and feedback cycles and developing education resources to support KT.

Several academic secondees valued the opportunity to further develop research skills.

*I've extended my research. I've learnt about KT theory and using research skills to evaluate KT projects. I've seen how evaluation and feedback form part of KT processes. (secondee)*

Most academic secondees assumed responsibility for a discrete part of a larger KT initiative, undertaking data collection, analysis and report writing while at the same time developing team-working skills.

*It's not easy after a PhD to get funding for research so this (secondment) has given me the opportunity to hone my skills. Being responsible for part of a bigger project means I've worked as part of a team, something I didn't do in my PhD. (secondee)*

Clinical secondees gained understanding of systematic approaches to designing and undertaking KT projects and developed evaluation skills.

*I didn't know how to do evaluation before the secondment. Now I've a good understanding of what data I need to collect, how to collect it and what I need to do to make sense of it. These skills are important for the project and for my clinical nursing role. (secondee)*

Secondees' skill acquisition was evident to both seconding and project managers. A nurse manager considered that secondees had acquired a better understanding of evaluation and a KT project lead identified clinical secondees who had developed '*a whole new skill set, especially around change management and facilitation, and an understanding of how to evaluate what they're doing on the ward.*'

### **Effective workload management**

As most secondments were part-time, secondees undertook two roles concurrently. Managing two workloads successfully by reconciling competing demands and expectations was considered important to the secondment's success. All secondees experienced difficulties ensuring that

sufficient priority was given to both roles although problems were greater for academic than clinical secondees.

Clinical secondees who were ward-based experienced few problems because the secondment removed them from their workplace for a proportion of the week. Those who worked across several clinical areas experienced more difficulties. Although their working practice offered greater flexibility in responding to the demands of the secondment or the workplace, it required them to ring-fence secondment time, something which was not always easy in the face of competing clinical demands.

Workload management was more challenging for academic secondees. Several experienced difficulty adjusting workloads to accommodate the secondment and had therefore increased their total workload. Three factors contributed to this situation. Firstly, the complexity of the academic role with activities distributed variably over the academic year made it difficult to ensure a regular commitment to the secondment, secondly the annual workload management system allowed little flexibility, and thirdly the limited availability of colleagues to whom workload could be re-allocated. The extent to which workload had been satisfactorily adjusted was variable. Where it had been achieved, it contributed to a positive secondment experience. Where it had not been achieved, it placed secondees under substantial pressure.

*It was really difficult to ensure that (the project) was getting its money's worth out of me. I was under terrific pressure at times, balancing so many competing priorities, trying to support students, do all my teaching, etc.(secondee)*

Managerial support in negotiating workload adjustment was considered crucial to ensuring the success of secondments, as was identifying a specific aspect of the secondee's workload which could be allocated to another and identifying someone to take up the re-allocated work.

## **Team working**

Stakeholders agreed that integration of secondees into KT teams was essential to the success of secondments: it impacted on the individual's experience and affected their contribution to the project. The support from KT project leads was a major determinant of effective integration.

The mentorship from KT project leads was an important source of support. Regular meetings to agree objectives, identify learning needs and review progress were extremely valuable. Meetings with the wider KT team provided an additional form of support. Sharing office accommodation with KT team members facilitated integration: in addition to providing mechanisms for informal support and information sharing, it fostered a sense of belonging.

Team integration was influenced by the extent to which core team members understood the pressures that secondees were working under and sought to accommodate their needs. Several secondees spoke of individual adjustments that had been made to enable them to engage fully.

*[the project lead] was incredibly supportive and understanding about the fact that I wasn't always available and the difficulties we had setting up meetings because of my availability. I couldn't have succeeded without her support. (secondee)*

Where a project team was not so accommodating, secondees had limited opportunity to discuss progress or seek assistance in dealing with difficulties: this was a source of dissatisfaction and frustration.

### ***Enabling KT objectives to be achieved***

Secondees were appointed on the assumption that they would contribute expertise to KT teams.

The extent to which they were enabled to contribute towards achieving the objectives of KT projects was therefore important in judging the success of secondments.

Clinical secondees were recruited because of their clinical expertise and organisational 'know how'. As they worked in the organisation where KT projects were undertaken, their understanding of the organisation, personnel and existing networks was hugely beneficial.

*[the secondee] knows the context much better than anybody else [on the project team]. The networks she has and can make for us are really important. (KT project lead)*

The fact that clinical secondees were engaged in care delivery concurrently and therefore clinically credible was valuable to their KT role.

*I've a foot in each camp, because I'm part-time [on the secondment]. I think this is crucial, you need to have that clinical contact to appreciate what pressures [ward staff] are under, so you can marry the two [project and clinical work] together.(secondee)*

It also offered secondees valuable insights into the work environment in which they were instigating change. By drawing on their experience they were able to engage staff and offer realistic solutions to the problems they were facing.

*I felt in a much better position to explain [a practical solution to a clinical problem] than somebody who doesn't work in a clinical area. (secondee)*

Academic secondees were appointed to contribute to the evaluation of KT projects. This was valued highly by project teams:

*Evaluation's so important to KT. The secondments have meant we've been able to build a team with the right skill set. (KT team member)*

### **Enhanced healthcare delivery**

Several stakeholders stressed that successful secondments should benefit the healthcare organisation from which clinical secondees were drawn.

*Secondments are important to us. It's not just what the individual gains from the experience; it's what they bring back to the organisation. We benefit in several ways. We'd hope the*

*individual increases their knowledge and skills and so is a better practitioner and can pass that knowledge onto colleagues, they'll have developed better networks, and learnt more about how our organisation functions. (nurse manager)*

Clinical secondees were ideally placed to ensure that knowledge gained had a direct impact on care.

*(secondee) knew quite a lot about VTE from the outset, but her knowledge has really increased. She's able to use it in her clinical role as well as the project. She's made sure other staff are up-to-date and giving the right care to patients. It's been a spin off that her colleagues have benefited from. (nurse manager)*

Clinical secondees operated within healthcare settings in ways that had not previously been available in their clinical roles. Secondments required them to work across the organisation with a broad range of personnel. This enabled them to gain a more comprehensive understanding of the organisation of care and associated structures and processes *'to see the big perspective, to understand how every department works and how important it is'* (secondee).

Benefits were evident in terms of the substantial increase in confidence that occurred. Clinical secondees spoke of increased empowerment in relation to their professional role; a realisation that they could influence care and that they had the capability through which to do so. Managers identified the substantial professional development that they had witnessed. One manager described how a nurse secondee had become much more confident and effective as a result of the secondment with increased ability to operate in different arenas at different organisational levels and interact with senior managers.

Clinical secondees identified how their increased understanding of care delivery had improved their own practice: they were more aware of *'everything to do with the whole aspect of care, from admission to discharge, and things that get missed or things that are important to other people'*. They identified a greater likelihood that they would detect problems and a greater willingness to respond to those problems, because of their increased sense of empowerment.

*(the secondment) made me more aware of other things that I could be doing. If I notice there's a problem with nutrition, I think maybe I could act on it now. (secondee)*

Managers also spoke of tangible benefits. One manager explained how a secondee continually brought ideas back to the workplace with audit results showing that nutritional referrals in the clinical area where the secondee worked had improved and were higher than those on comparable wards.

### ***Enhanced education delivery***

Education managers and academic secondees highlighted the benefits of secondments in terms of the impact on education delivery. From the manager's perspective, the value lay in innovation and embedding new knowledge in the nursing curriculum. There were several aspects to achieving this.

Being involved in KT at the clinical interface enabled academic secondees to become more engaged with practice; to update their clinical knowledge, extend their understanding of practice and enhance working relationships with clinicians. For example, involvement in evaluating a nursing quality assurance tool provided one secondee with an opportunity to improve her understanding of healthcare management whilst another had enhanced her insight into nursing care delivery.

Academic secondees identified how their improved knowledge exerted a positive impact on their teaching. They capitalised on opportunities to bring knowledge gained '*back into the curriculum*' in a variety of ways. One identified the value to her teaching of having personal accounts readily available to her; the way that her own involvement and enthusiasm '*draws students in, in a way that nothing else will, it makes it real.*' Another explained how she had capitalised on her involvement in KT to facilitate greater student engagement, for example by signposting them to resources and encouraging interactions between students and KT teams.

There was also evidence of how knowledge gained on secondments had led to curriculum change. For example, a secondee involved in evaluating the impact of an e-learning programme on the

management of patients with dysphagia, had introduced the programme into the undergraduate nursing curriculum whereas another had introduced specific teaching on KT.

The benefit to academic secondees of academic outputs arising from secondments was also relevant to assessing the success of secondments.

*It's been important to have some outputs from the secondment. I've presented at international conferences and published in an academic journal. This strengthens my CV and it's good for the department. (secondee)*

## **DISCUSSION**

This study has identified a range of criteria that different stakeholders use to judge the success of a secondment model to develop capacity in KT. The strength of the pluralistic evaluation approach used is its ability to articulate the different ways in which success is given meaning by various stakeholders. Its potential weakness is that criteria may lack generalizability because they are specific to the context in which the initiative was undertaken. Although there is limited research examining secondment models as a means of developing capacity in KT, the findings from the current study reflect the broader literature on the benefits of secondment models to individuals, teams, host and seconding organisations (Hamilton & Wilkie 2001) and research capacity building more generally (Cooke 2005). This lends credibility to the findings although further research is needed to examine the relevance of the criteria for success in other contexts where KT capacity development is undertaken using experiential approaches. The evaluation relied solely on self-reported accounts of success. The inclusion of objective measures, e.g. knowledge and skills development, would have given a stronger indication of success.

There is limited evidence of the merits of different models of KT capacity development. The findings from the current study lend support to the benefits of an experiential approach using secondments. Active engagement in KT initiatives, under the mentorship of those experienced in KT methods provided a rich learning environment; an observation supported by the wider literature on research



capacity building (O'Bryne & Smith 2010). Benefits of this approach at an individual level were clearly evident in terms of the wide range of KT skills acquired by clinical secondees. However, building expertise in KT is a protracted process (Grimshaw et al 2012). It is highly likely that secondees would benefit from on-going support to further develop KT skills but this would require managerial support and an enabling organisational infrastructure (Hamilton & Wilkie 2001).

Academic secondees benefited by developing evaluation skills and extending their understanding of healthcare contexts. Cooke and Green (2000) and Frontera et al (2006) identify the benefits of focused support to fast-track research active individuals in order to build capacity. Although academic secondees reported considerable personal development there was no evidence from the current study at close of data collection that secondments had led to further involvement in research. This aspect merits consideration in assessing the longer term benefits of secondments.

The findings of the current study concur with Fitzgerald et al (2003) and Priest et al (2007) that lack of protected time represents a significant barrier to secondees maximising the potential of an experiential model. Support from managers in seconding organisations and the host KT team was important in helping secondees balance the demands of two roles. These findings indicate the need for dialogue between managers from host and seconding organisations and secondees in setting up secondments and on-going review.

The secondments undertaken varied in length and format in order to meet the needs of host and seconding organisations. No attempt was made to examine the optimal length of a secondment for developing KT capacity. Moreover, the relative merits of full-time versus part-time secondments were not considered. However, the findings suggest that clinical secondees benefited from on-going clinical engagement through part-time secondments in order to maintain their credibility with staff whose practice they were seeking to influence and avoided the difficulty full-time secondees may experience in readjusting to their substantive clinical role (Hamilton & Wilkie 20001). In contrast, the difficulties academic secondees experienced in managing dual workloads suggest that full-time

secondments might be beneficial although they may require support when returning to an academic role. Whereas part-time secondments may carry benefits in terms of increasing the skill set of project teams and enabling staff who could not be released full-time to undertake a secondment, the level of support secondees require should not be underestimated. KT project teams should balance the needs of the KT initiative with the needs of the KT team, including secondees.

The secondments served a dual purpose of capacity development and ensuring an appropriate skill set within KT teams. Mentorship and support to secondees was important in enabling them to maximise their contribution to KT initiatives. Cooke (2005) draws attention to the benefits at team level of capacity building initiatives which support collaboration and partnership working.

Participants in the current study likewise identified the importance of team membership. Reciprocal benefits for secondees and KT team members were evident through sharing skills and knowledge within the team. Purposeful recruitment of secondees in the current study maximised the complementarity of expertise within teams. However, teams needed to be flexible and adapt to the needs of secondees to overcome barriers to effective team engagement.

There were clear benefits of the secondment model to both host and seconding organisations. As host organisation, CLAHRC increased the breadth of expertise of KT teams. Seconding healthcare organisations benefited from enhanced care delivery arising directly from the actions of secondees and their influence on work colleagues. Likewise, seconding universities benefited from improved quality of teaching, and curriculum development as well as the professional development of staff. Benefits to seconding organisations were reported in the short-term and further evaluation is required to demonstrate longer term impact.

## **CONCLUSION**

The criteria for success identified in this study demonstrate the benefits of an experiential model of KT capacity development through secondment at individual, team and organisational levels. The findings indicate that secondment opportunities for clinical and academic nursing staff to work

within KT teams provide a valuable learning environment in which to develop a broad repertoire of KT skills. In addition to extending the expertise of hosting KT teams, the approach creates opportunities for secondees to transfer learning to seconding organisations. However, the challenges to securing a successful secondment should not be underestimated. Hosting teams need to provide mentorship support to secondees, and be flexible to accommodate the needs of secondees as team members. On-going support from managers in seconding organisations is needed to maximise the benefits to the individual secondee and to the organisation.

## REFERENCES

Canadian Institutes of Health Research (2005) *About Knowledge Translation*. Ottawa, Canadian Institutes of Health Research

Cooke A, Green B (2000) Developing the research capacity of departments of nursing and midwifery based in higher education: a review of the literature. *Journal of Advanced Nursing* 32:1 57-65

Cooke J (2005) A framework to evaluate research capacity building in health care. *BMC Family Practice* 6:44

Damschroder L, Aron D, Keith R, Kirsh S, Alexander J, Lowery J (2009) Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4:50

Darling M, Parry C, Moore J (2005) Learning in the thick of it. *Harvard Business Review* 83:7 2-9

Fitzgerald M, Milberger P, Tomlinson-Short P, Peden-McAlpine C, Meires S, Sherman S (2003) Clinical nurse specialist participation on a collaborative research project: barriers and benefits. *Clinical Nurse Specialist*, 17 44-49

Frontera W, Fuhrer A, Jette L, Chan R, Cooper P, Duncan J, Kemp K, Ottenbacher P, Peckham E, Roth E, Tate D (2006) Technical notes. Rehabilitation Medicine Summit: Building Research Capacity: executive summary. *OTJR: Occupation, Participation and Health* 26:1 33-38

Graham I, Logan J, Harrison M, Strauss S, Tetroe J, Caswell W, Robinson N (2006) Lost in knowledge translation: Time for a map. *Journal of Continuing Education in the Health Professions* 26:1 13-24

Greig J (1994) Secondments in health care quality assurance. *International Journal of Health Care Quarterly Assurance*, 7:5 12-13

Grimshaw J, Eccles M, Lavis J, Hill S, Squires J (2012) Knowledge translation of research findings. *Implementation Science* 7:50

Hamilton J, Wilkie C (2001) An appraisal of the use of secondment within a large teaching hospital. *Journal of Nursing Management*, 9, 315-320

O'Bryne L, Smith S (2010) Models to enhance research capacity and capability in clinical nurses: a narrative review. *Journal of Clinical Nursing*, 20, 1365-1371

Priest H, Segrott J, Green B, Rout A (2007) Harnessing collaboration to build nursing research capacity: a research team journey. *Nurse Education Today* 27, 577-587

Smith G, Cantley C (1988) Pluralistic Evaluation. In J. Lishman (Ed) *Evaluation*. (2nd ed) London: Jessica Kingsley p118-136

Stern R, Bashford J, Fraser S (1997) Skill swap: a solution in search of a problem. *British Journal of Health Care Management* 3:7 378-379

Straus S, Brouwers M, Johnson D, Lavis J, Legare F, Majumdar S, McKibbin A, Sales A, Klein G, Grimshaw J (2011) Core competencies in the science and practice of knowledge translation: description of a Canadian strategic training initiative. *Implementation Science* 6:127

Sudsawad P (2007) *Knowledge translation: introduction to models, strategies and measures*. Winsconsin, National Centre for the Dissemination of Disability Research

Ward V, House A, Hamer S (2009) Knowledge brokering: exploring the process of transferring knowledge into action. *BMC Health Services Research* 9:12

Williams P (2010) *Special agent: the nature and role of boundary spanners*. ESRC Seminar series: Collaborative Future: New Insights from Intra and Inter-Sectorial Collaborations. Birmingham, University of Birmingham.

## **ACKNOWLEDGEMENTS**

This paper presents independent research by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care for South Yorkshire (NIHR CLAHRC SY). The views and opinions expressed are those of the authors, and not necessarily those of the NHS, the NIHR or the Department of Health.

CLAHRC SY would also like to acknowledge the participation and resources of our partner organisations. Further details can be found at [www.clahrc-sy.nihr.ac.uk](http://www.clahrc-sy.nihr.ac.uk).

**Table 1: Overview of secondments**

Type	Substantive post	Highest academic qualification	Duration of secondment (months)	Full time equivalent	Funding source
Academic	Nurse Lecturer	PhD	9	0.2	University
	Nurse Lecturer	Master	9	0.2	University
	Nurse Lecturer	PhD	12	0.2	CLAHRC
	Nurse Lecturer	PhD	12	0.2	CLAHRC
	Nurse Lecturer	PhD	12	0.2	CLAHRC
	Nurse Lecturer	PhD	12	0.4	CLAHRC
	Nurse Lecturer	Master	12	0.2	University
Clinical	Nurse	Diploma	12	1.0	CLAHRC
	Nurse	Master	18	0.6	CLAHRC
	Nurse	Diploma	24	0.5	CLAHRC
	Dietician	Degree	12	0.2	CLAHRC
	Dietician	Degree	12	0.2	CLAHRC
	Dietetic assistant	Certificate	12	0.2	CLAHRC
	Dietician	Master	24	0.2	CLAHRC

**Table 2: Examples of KT projects**

---

Implementation of NICE national quality standards for the prevention of hospital acquired venous thromboembolism using a best practice champion as a KT strategy

Implementation of a malnutrition screening tool and associated care guidelines using ward-based nutrition champions as a KT strategy

Improving oral nutrition support through a multi-disciplinary KT intervention led by dietitians

Implementation of a blended e-learning programme to improve the management of stroke patients with dysphagia.

Evaluation of a clinical assurance tool for assessing the quality of patient care in acute care settings

---



**Table 3: Criteria for judging the success of KT secondments**

Level	Criterion	
Individual	KT skills development	The extent to which secondees were enabled to develop KT facilitation and evaluation skills
	Effective management of workload	The extent to which secondees were enabled to undertake their dual roles and meet the demands of both workloads
Team	Team working	The extent to which secondees were integrated into KT teams
Organisation	Achievement of objectives of KT project by host organisation	The extent to which secondees with requisite skills were recruited and enabled to contribute their knowledge and expertise to the project
	Enhanced healthcare delivery	The extent to which the secondments impacted on care delivery and the development of working practices in the seconding healthcare organisation
	Enhanced education delivery	The extent to which the secondments impacted on teaching, curriculum development and contributed to scholarly outputs in the seconding higher education organisation