

# **Research Transfer Network of Alberta**

## **Evaluation Report**

**Submitted to the  
RTNA Evaluation Working Group**

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**Prepared by**



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Thanks are extended to all members of the RTNA Evaluation Working Group for their feedback throughout the evaluation process, including input regarding methods, key findings, and interpretation of results.

Members of the Evaluation Working Group included, in alphabetical order:

- **Donna Angus** Alberta Heritage Foundation for Medical Research
- **Judy Birdsell** On Management Health Group
- **Sandy Doze** David Thompson Health Region
- **Christa Harstall** Institute for Health Economics
- **Murray McKay** Alberta Health and Wellness
- **Richard Thornley** Alberta Heritage Foundation for Medical Research
- **Brenda Waye-Perry** Alberta Mental Health Board

In addition, the current chairs of the three other RTNA working groups: **Donna Angus** (Communication and Membership); **Kelly Deis** (Water Cooler); and **Brenda Waye-Perry** (Dissemination Working Group) provided input regarding priority questions for the evaluation.

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Finally, a broad range of individuals connected with the RTNA provided feedback to the online membership survey (n=115) and/or participated in key informant interviews (n=19). [Interview participant names are not provided here to protect the anonymity of respondents.] This feedback, in addition to review of relevant background documents and previous evaluations of RTNA activities, formed the basis of the evaluation report. It is intended that the findings from the evaluation will be used by the RTNA Evaluation Working Group and Strategic Planning Committee to make important decisions about the future direction of the RTNA.

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## Executive Summary

### Background of the RTNA

The Research Transfer Network of Alberta (RTNA) was established in 2002 as a province-wide network that undertakes activities to strengthen the application of research to health practices in Alberta. The RTNA is supported financially and administratively by the Alberta Heritage Foundation for Medical Research (AHFMR). The RTNA is governed by a Steering Committee representing a variety of organizations including the Alberta Family Practice Research Network, Health Canada, Alberta Health and Wellness, University of Alberta, University of Calgary, and Alberta's health regions.

In 2005, the RTNA commissioned an independent consultant (J Birdsell) to prepare an Evaluation and Planning Blueprint to help guide the overall evaluation and to facilitate future network planning. In January 2006, an independent consultant (L McCaffrey) was engaged to conduct the evaluation according to the questions and methods outlined in the Blueprint.

### Purpose of the Evaluation

The purpose of the evaluation was to assess the extent to which the RTNA had met its stated goals (“looking back”) and to help shape future strategic directions (“looking forward”).

### Evaluation Questions

The evaluation was designed to address the following general questions:

1. Looking back, to what extent has the RTNA achieved its stated goals?
2. Looking forward, what should be the future goals, target audience, leadership structure, and core activities of the RTNA?
3. What is the RTNA uniquely positioned to contribute?

### Data Collection Methods

The following data collection methods were used in the evaluation:

- Document review (i.e., secondary review of relevant background documents including previous evaluation reports and a recent environmental scan of research transfer initiatives in Western Canada);
- Online participant survey; and
- Key stakeholder telephone interviews.

## Key Findings

### Looking back, to what extent has the RTNA achieved its stated goals?

The evaluation findings illustrated several ways in which the RTNA was making progress to achieve its stated goals. Key examples are provided below. Overall, while progress was being made, stakeholders consulted for the evaluation agreed that much work remained to be done to strengthen the network, increase participation in activities, and more broadly market the services currently available.

**To enhance the skills and knowledge of health professionals to do research transfer or to use research:** Important steps were made toward increasing the skills and knowledge among health professionals to do research transfer through creating a shared awareness regarding “*what is knowledge transfer*”. The most commonly reported impact on skills or knowledge to do research transfer or to use research related to increased knowledge regarding terms, definitions, and concepts (e.g., increased understanding of the meaning of research transfer).

Skills and knowledge were reported to have increased most significantly among members of the Steering Committee and Working Groups. Those most closely involved with the RTNA reported direct application of knowledge and skills gained from their participation. The extent to which skills and knowledge have been used in practice by the broader network of RTNA participants (beyond sharing definitions and materials such as PowerPoint presentations) is not fully understood.

**To foster relationships or partnerships that contribute to health research transfer or knowledge about health research transfer:** Throughout its many activities, the RTNA has fostered relationships and partnerships among health professionals interested in research transfer in Alberta. Survey respondents cited increased networking as one of the key outcomes of their involvement in the RTNA.

**To create opportunities for the exchange of knowledge and expertise between Alberta health professionals and organizations in the province or elsewhere in Canada:** The RTNA provided several opportunities (such as conferences, workshops and water cooler sessions) for the exchange of knowledge and expertise related to research transfer.

**To create a network of people interested and engaged in health research transfer in Alberta:** The network itself has grown from 150 individuals on the initial e-mail list in 1999 to almost 400 participants (including 289 member and 105 non-members) as of May 2006.

The response rate to member surveys (2003 and 2006) has been approximately 30%, suggesting that there is at least a core group of individuals who are interested and engaged in health research transfer in Alberta through the RTNA. It is likely that this number could grow even larger with increased emphasis on marketing and recruitment.

The continued growth in membership and the sustained interest of the core group of RTNA members was perceived by key stakeholders as very encouraging. However, it was also observed that the linkages within the network are not as strong as they could be given that RTNA members often do not know “who else” is a member of the network. A shared membership list may help to increase connections between members of the network.

### Looking forward, what should be the future goals, target audience, leadership structure, and core activities of the RTNA?

**Future Goals:** Overall, evaluation findings affirmed the current goals of the RTNA. In addition, an over-arching goal at the forefront of planning next steps should be “to increase awareness of the RTNA”.

**Target Audience:** The evaluation revealed that the RTNA is reaching a range of stakeholders including managers, researchers, and front-line health professionals. To ensure that the RTNA continues to attract a range of participants, ongoing efforts should be made to address the specific needs and interests of each target audience.

**Leadership Structure:** The current leadership structure of the RTNA appeared to be working well. Steering Committee and Working Group members reported satisfaction with the overall structure, and appreciation for the leadership and support provided by AHFMR. One issue that surfaced pertained to the need for human resources to carry out the functions of the Working Groups. Members were described as a passionate, committed core group of individuals, acting primarily on a volunteer basis to sustain the RTNA. Without the dedicated commitment of this core group of individuals, it was noted that the activities of the RTNA might not occur. To maximize the sustainability of the RTNA and to minimize the potential for volunteer burn-out, it may be helpful to address succession planning with the current Steering Committee and Working Group leadership.

**Core Activities:** Three activities emerged as **current core activities** for the RTNA: the water cooler sessions, sponsorship opportunities (i.e., funding to attend conferences), and the RTNA website. In addition to current activities, the following suggestions emerged as **future core activities** for the RTNA: an annual or bi-annual research transfer conference; annual courses on research transfer methods (possibly in collaboration with the annual Research Methods Course offered at the University of Calgary); and possibly the development of pilot pilots for “how-to” do research transfer.

### What is the RTNA uniquely positioned to contribute?

The main uniqueness of the RTNA is its primary focus on research **transfer** versus a broader mandate filled by other organizations/initiatives. Thus, one of the niches for the RTNA may be to maintain its focus on the transfer aspect of research transfer. The RTNA is also well situated to contribute on a provincial basis to the growing interest in health research transfer in Alberta.

### **Next Steps**

This report will be reviewed by the RTNA Evaluation Working Group as well as the recently created Strategic Planning Committee coordinated by the Manager, Research Transfer Initiatives.

A meeting will be held in October 2006 to develop a strategic plan for the future of the RTNA. The development of the strategic plan will be based on the evaluation report and environmental scan findings as well as the experience and expertise of Working Group and Committee members.

## 1.0 Introduction

The Research Transfer Network of Alberta (RTNA) was established in 2002 as a province-wide network that undertakes activities to strengthen the application of research to health practices in Alberta. The RTNA is supported financially and administratively by the Alberta Heritage Foundation for Medical Research (AHFMR).

The RTNA is governed by a Steering Committee representing a variety of organizations including the Alberta Family Practice Research Network, Health Canada, Alberta Health and Wellness, University of Alberta, University of Calgary, and Alberta's health regions. In addition, various working groups are responsible for specific functions of the RTNA. Currently, there are three core working groups: (1) Watercooler, (2) Dissemination, and (3) Communications and Membership. Each working group is chaired by a member of the Steering Committee. A fourth, ad-hoc working group was created in January 2006 to provide input into the RTNA evaluation.

Various evaluation activities have been conducted since the inception of the RTNA, including watercooler evaluations (ongoing participant feedback regarding videoconference sessions) and a member survey (January 2004). However, this was the first comprehensive evaluation of the RTNA since its inception.

Thus, in 2005, the RTNA commissioned an independent consultant (J Birdsell) to prepare an Evaluation and Planning Blueprint to help guide the overall evaluation and to facilitate future network planning. In January 2006, an independent consultant (L McCaffrey) was engaged to conduct the evaluation<sup>1</sup> according to the questions and methods outlined in the Blueprint.

### 1.1 Purpose of the Evaluation

The purpose of the evaluation was to assess the extent to which the RTNA had met its stated goals ("looking back") and to help shape future strategic directions ("looking forward").

### 1.2 Goals of the RTNA

The stated goals of the RTNA include the following:

- to enhance the skills and knowledge of health professionals to do research transfer or to use research;
- to foster relationships or partnerships that contribute to health research transfer or knowledge about health research transfer;
- to create opportunities for the exchange of knowledge and expertise between Alberta health professionals and organizations in the province or elsewhere in Canada; and
- to create a network of people interested and engaged in health research transfer in Alberta.

<sup>1</sup> Note: Concurrent with the evaluation, an environmental scan (*Research Transfer Capacity Building in Western Canada: An Environmental Scan; On Management Health Group, May 2006*) was underway. The results from the environmental scan were considered during the analysis phase of the evaluation. Judy Birdsell provided input regarding the implications from the Environmental Scan with respect to the evaluation and future directions of the RTNA.

### 1.3 Evaluation Questions

- Looking back, to what extent has the RTNA achieved its stated goals?
- Looking forward, what should be the future goals, target audience, leadership structure, and core activities of the RTNA?
- What is the RTNA uniquely positioned to contribute?

### 1.4 Data Collection Methods

#### 1.4.1 Online Participant Survey

An online survey was developed to solicit feedback from RTNA participants (defined as individuals that had participated in one or more RTNA-sponsored activities). This definition included both “members” (individuals who had formally registered as members of the RTNA) and “non-members” (individuals who had participated in an RTNA activity such as a Water Cooler session but had not formally registered as members).

The survey was launched on April 24 and closed on May 5, 2006. In total, 115 of 320 individuals responded to the survey (91 members, 22 non-members, and 2 individuals whose membership status was not known). The overall response rate was 35% (115 of 320). The RTNA “member” response rate was 35% (91 of 262) and the “non-member” response rate 38% (22 of 58). Detailed findings from the member survey are presented in Appendices A and B.

#### 1.4.2 Key Stakeholder Telephone Interviews

Twenty-one individuals from three stakeholder groups were invited to participate in individual telephone interviews. Stakeholder groups included Steering Committee and Working Group Members (all Steering Committee members not on the Evaluation Working Group and two randomly selected members from each Working Group); CHSRF Demonstration Site Primary Investigators; and colleagues not involved with the RTNA.

Nineteen individuals agreed to participate during the data collection period. All interviews were conducted between April 3 and May 24, 2006. Detailed findings from the stakeholder interviews are presented in Appendix C.

#### 1.4.3 Document Review

To build context for the evaluation and to summarize data regarding past accomplishments of the RTNA, a series of background documents were reviewed including previous evaluation reports and the 2006 environmental scan of research transfer initiatives in Western Canada.

See Appendix D for the reference list and summary of key findings from the document review.



## 1.5 Data Analysis and Interpretation

Findings from the survey, interviews, and document review were shared with the RTNA Evaluation Working Group upon completion of the data collection phase (see Appendices A, C, and D). The environmental scan report<sup>2</sup> was also circulated to the Evaluation Working Group members for their review.

A meeting was held in May 2006 to discuss and review the findings from the evaluation and the environmental scan. Evaluation Working Group members were asked to provide feedback regarding the summary documents, and to consider the implications of findings with respect to the future of the RTNA.

In general, Evaluation Working Group members expressed satisfaction regarding the nature of feedback obtained from RTNA participants and stakeholders. For example, *“the comments and activity over the last few years were very encouraging.”* Many of the findings were perceived to affirm the current direction of the RTNA.

Feedback from the meeting was incorporated into additional analyses and review of the data (e.g., cross tabulations of survey responses by professional role category). The data within each of the summary documents were also used to answer the three main evaluation questions.

## 1.6 Presentation of Key Findings

The remainder of this report is organized according to each of the three evaluation questions. Key findings – based on the data collected or reviewed throughout the evaluation – are summarized as they pertain to each question.

The questions are further categorized into the following two sections:

- Section 2: Looking Back
- Section 3: Looking Forward

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<sup>2</sup> *Research Transfer Capacity Building in Western Canada: An Environmental Scan*. On Management Health Group (May 2006)

## 2.0 Looking Back: Assessing Past Accomplishments

The following section includes a summary of key findings pertaining to each of the RTNA's four stated goals.

### 2.1 Goal #1: To enhance the skills and knowledge of health professionals to do research transfer or to use research

#### 2.1.1 Progress toward achieving goal #1

The RTNA has undertaken a number of activities intended to enhance the skills and knowledge of health professionals to do research transfer or to use research. To what extent have these activities resulted in enhanced skills and knowledge of health professionals to do research transfer or to use research? Results from the evaluation are summarized in Table 1 below.

**Table 1. Activities to enhance skills and knowledge**

Activity	Reported impact on skills and knowledge of health professionals to do research transfer or to use research
<b>Water Cooler Video Conferences</b> (17 sessions delivered between 2003 – 2005; average of 55 attendees per session)	<ul style="list-style-type: none"> <li>▪ Water cooler participants, on average, have rated sessions as helpful, relevant, and delivered by knowledgeable presenters<sup>3</sup>.</li> <li>▪ 38% of survey respondents reported that they had applied what they'd learned from an RTNA activity (such as a water cooler session) in practice. Examples of how knowledge or skills had been applied included sharing specific information obtained from water coolers with colleagues, explaining "<i>what research transfer is</i>" to others, and applying concepts from water coolers into the development of programs or policies. The remaining respondents reported that they did not know (26%) or had not applied what they'd learned in practice (36%)<sup>4</sup>.</li> </ul>
<b>Research Transfer Conference</b> (135 attendees, October 2002).	<ul style="list-style-type: none"> <li>▪ 90% of conference attendees (122 of 135) reported that their understanding of research transfer increased as a result of the conference. 41% indicated that they would share what they had learned after the conference.<sup>5</sup></li> </ul>

<sup>3</sup> Water Cooler Working Group Annual Report (2005)

<sup>4</sup> RTNA Participant Online Survey Report (2006)

<sup>5</sup> Research Transfer in Health: Evaluation of Conference (October 2004)

Activity	Reported impact on skills and knowledge of health professionals to do research transfer or to use research
<b>Milward &amp; Proven workshop</b> (25 attendees, June 2004)	<ul style="list-style-type: none"> <li>▪ Workshop participants reported that the event was helpful by providing networking opportunities and relevant information about networks.<sup>6</sup></li> </ul>
<b>Sponsorship/funding</b> to attend conferences and workshops (provided to 19 members)	<ul style="list-style-type: none"> <li>▪ Some of the key stakeholders interviewed expressed appreciation for the opportunity to attend conferences or workshops, and indicated that their attendance would not have been possible without financial support from the RTNA.<sup>7</sup></li> <li>▪ Some of the survey respondents further expressed appreciation and reported that funding for conferences was a unique aspect of the RTNA and should be continued.<sup>8</sup></li> </ul>
<b>Writer's workshop</b> (attended by 8 members)	<ul style="list-style-type: none"> <li>▪ Three survey respondents attributed improved writing skills and/or submission of an article for publication to the RTNA writer's workshop.<sup>9</sup> [It is not known how many of the eight attendees responded to the survey.]</li> </ul>
<b>RTNA website</b> updated and maintained, including resources from RTNA activities	<ul style="list-style-type: none"> <li>▪ Survey respondents indicated that they had accessed resources on the RTNA website (such as PowerPoint presentations from previous water cooler sessions) to support their work and/or to share with colleagues. Information obtained from the website was often used to promote a shared understanding of research transfer (e.g., use of definitions such as "<i>what is research transfer?</i>").<sup>10</sup></li> <li>▪ Web statistics confirm that the website is being used (including 7,133 downloads of 53 documents in the last reporting period).<sup>11</sup></li> </ul>
<b>Knowledge Transfer Research Update</b> (KTRU) bulletin published and disseminated through AHFMR contact lists	<ul style="list-style-type: none"> <li>▪ The majority of survey respondents reported that the KTRU bulletin was either somewhat useful (65%) or useful (28%).<sup>12</sup></li> </ul>
<b>Steering Committee &amp; Working Group</b> structures	<ul style="list-style-type: none"> <li>▪ Skills and knowledge were reported to have increased most significantly among members of the Steering Committee and Working Groups</li> </ul>

<sup>6</sup> Milward & Proven Network Workshop Report (2005)

<sup>7</sup> RTNA Key Stakeholder Interview Report (2006)

<sup>8</sup> RTNA Participant Online Survey Report (2006)

<sup>9</sup> RTNA Participant Online Survey report (2006)

<sup>10</sup> RTNA Participant Online Survey Report (2006)

<sup>11</sup> Website utilization statistics (report generated by AHFMR, 2006)

<sup>12</sup> RTNA Participant Online Survey Report (2006)

Activity	Reported impact on skills and knowledge of health professionals to do research transfer or to use research
	<p>(those most closely involved with the RTNA).</p> <ul style="list-style-type: none"> <li>▪ Key stakeholders interviewed for the evaluation (including members of the RTNA Steering Committee and Working Groups) reported that being part of these committees had helped to improve their own understanding of research transfer.<sup>13</sup></li> <li>▪ In addition, stakeholders reported strengthened professional networks as a result of face-to-face meeting time with other health professionals interested in research transfer.</li> <li>▪ Almost all interview participants (Steering Committee and Working Group members) reported direct application of knowledge and skills gained from their participation in the RTNA. Examples included: how to disseminate information; how to write reports and communicate findings; teaching others how to critically appraise information; using website resources (e.g., water cooler materials); and general application of knowledge to inform thinking about evidence-based practice.</li> </ul>

In summary, the most commonly reported impact on skills or knowledge to do research transfer or to use research related to **increased knowledge regarding terms, definitions, and concepts** (e.g., increased understanding of the meaning of “research transfer”).

Skills and knowledge were reported to have increased most significantly among members of the Steering Committee and Working Groups. Those most closely involved with the RTNA reported direct application of knowledge and skills gained from their participation.

The extent to which skills and knowledge have been used in practice by the broader network of RTNA participants (beyond sharing definitions and materials such as PowerPoint presentations) is not fully understood. The majority of RTNA participant online survey respondents reported that they had not applied knowledge or skills gained from the RTNA in practice (36%) or “did not know” whether or not they had applied knowledge or skills in practice (26%).

<sup>13</sup> RTNA Key Stakeholder Interview Report (2006)

### 2.1.2 Stakeholder suggestions to further achieve goal #1

Stakeholders consulted for the evaluation were asked to consider what else the RTNA could be doing to increase knowledge and skills to do research transfer or to use research.

Many stakeholders reported satisfaction with what the RTNA was already doing or did not have additional suggestions regarding activities to increase knowledge and skills to do research transfer or to use research. Those that offered comments provided the following suggestions:

- Increase the reach and membership base of the RTNA (e.g., through increased marketing);
- Increase the visibility of the RTNA to increase participation among health professionals (to in turn enhance their skills and knowledge);
- Connect with a broader range of stakeholders across health disciplines;
- Provide funding to attend educational sessions, conferences, and skill building workshops;
- Provide consultation, facilitation, and support services to members;
- Provide more training and skill building opportunities (in addition to the water coolers);
- Host an annual or bi-annual conference; and
- Provide mentorship opportunities.

Stakeholder suggestions were considered in the development of recommendations for future strategic directions (as presented in the “looking forward” section of this report).

## 2.2 Goal #2: To foster relationships or partnerships that contribute to health research transfer or knowledge about health research transfer

### 2.2.1 Progress toward achieving goal #2

Throughout its many activities, the RTNA has fostered relationships and partnerships among health professionals interested in research transfer in Alberta. Survey respondents cited **increased networking** as one of the key outcomes of their involvement in the RTNA. Some examples of how relationship building has been achieved are presented in Table 2.

**Table 2. Activities to foster relationships or partnerships**

Activity	Example of Relationship or Partnership Building
<b>Water Cooler Video Conferences</b>	<ul style="list-style-type: none"> <li>Relationship building was reported to occur most frequently within the individual videoconference sites (among individuals participating together face-to-face).</li> </ul>
<b>Milward &amp; Proven workshop</b>	<ul style="list-style-type: none"> <li>Attendees reported that their participation resulted in networking opportunities.</li> </ul>
<b>Sponsorship/funding</b> to attend conferences and workshops	<ul style="list-style-type: none"> <li>Survey respondents reported that attending national conferences helped to increase the scope and reach of their network.</li> </ul>
<b>Steering Committee &amp; Working Group structures</b>	<ul style="list-style-type: none"> <li>The Steering Committee and Working Group structures represented one of the strongest examples of relationship and partnership building facilitated by the RTNA. Members reported strengthened networks between members both individually and within their organizations.</li> </ul>

### 2.2.2 Stakeholder suggestions to further achieve goal #2

Stakeholders provided the following suggestions to further foster relationships or partnerships that contribute to health research transfer or knowledge about health research transfer:

- Provide more opportunities to network (both face-to-face and online);
- Provide a shared RTNA membership list;
- Link members by interests or topic areas;
- Increase marketing and recruitment (visibility of the RTNA) to increase the number of people engaged with the network;
- Foster relationships across sites;
- Provide more opportunities for informal networking; and
- Provide other types of networking, educational, and skill building opportunities (in addition to the water cooler sessions).

## 2.3 Goal #3: To create opportunities for the exchange of knowledge and expertise between Alberta health professionals and organizations in the province or elsewhere in Canada

### 2.3.1 Progress toward achieving goal #3

Opportunities provided by the RTNA for the exchange of knowledge and expertise between Alberta health professionals and organizations in the province or elsewhere in Canada are presented in Table 3.

**Table 3. Opportunities for the exchange of knowledge and expertise**

<b>Opportunity</b>	<b>Example</b>
<b>Water Cooler Video Conferences</b>	<ul style="list-style-type: none"> <li>▪ The Water Coolers have provided ongoing opportunities for the exchange of knowledge and expertise, although some stakeholders reported that improvements could be made to facilitate more two-way interaction (versus lecture style presentations).</li> <li>▪ The Water Cooler Working Group has been exploring methods to increase interaction (e.g., online water cooler pilot, keeping the videoconference line open after regular water coolers to encourage informal discussion, etc.).</li> </ul>
<b>Research Transfer Conference</b>	<ul style="list-style-type: none"> <li>▪ The Research Transfer Conference provided an opportunity to exchange knowledge and expertise among conference participants. Attendees reported that the material presented during the conference was relevant.</li> </ul>
<b>Milward &amp; Proven workshop</b>	<ul style="list-style-type: none"> <li>▪ Similarly, the Milward and Proven workshop provided an opportunity to exchange knowledge and expertise. Participants reported that the information presented during the workshop was relevant.</li> </ul>
<b>Sponsorship/funding</b>	<ul style="list-style-type: none"> <li>▪ RTNA members were exposed to research transfer concepts outside of the province through attendance at national and international conferences.</li> </ul>
<b>Writer's workshop</b>	<ul style="list-style-type: none"> <li>▪ It was hoped that the writer's workshop would result in more peer-reviewed journal publications. To date, reported impact has been limited to improved writing skills with the potential to increase the exchange of knowledge through future publications. However, this outcome has not yet been realized.</li> </ul>
<b>RTNA website</b>	<ul style="list-style-type: none"> <li>▪ The RTNA website was accessed by a range of users outside Canada including 38% of hits originating from the U.S.</li> </ul>

Opportunity	Example
	<ul style="list-style-type: none"> <li>▪ There may be untapped potential in the website as a vehicle for sharing and exchanging information (e.g., online forum or discussion group as recommended by survey respondents).</li> </ul>
<b>Knowledge Transfer Research Update</b>	<ul style="list-style-type: none"> <li>▪ The KTRU bulletin was used a mechanism for sharing information about knowledge transfer. The majority of survey respondents reported that the KTRU bulletin was either somewhat useful (65%) or useful (28%).</li> </ul>

### 2.3.2 Stakeholder suggestions to further achieve goal #3

Survey respondents provided the following suggestions regarding what else the RTNA could do to create opportunities for the exchange of knowledge:

- Provide more and/or continued opportunities for face-to-face networking;
- Increase stakeholder involvement;
- Increase collaboration and partnerships with other organizations and initiatives with an interest in research transfer;
- Advocate and build awareness regarding the importance of research transfer (e.g., advocate for funding to support research transfer personnel);
- Continue to increase interaction during and following water coolers (versus one way provision of information);
- Continue to explore methods to increase dialogue and knowledge exchange; and
- Increase the visibility of the RTNA (repeating theme).



## 2.4 Goal #4: To create a network of people interested and engaged in health research transfer in Alberta

### 2.4.1 Progress toward achieving goal #4

There was considerable overlap in responses relating to Goal #2 and Goal #4, and thus specific activities designed to build relationships, partnerships, or to create a network of people interested and engaged in health research transfer in Alberta are not reproduced here.

The network itself (as opposed to relationships within the network) has grown from 150 individuals on the initial e-mail list in 1999 to almost 400 participants (including 289 member and 105 non-members) as of May 2006.

The response rate to member surveys (2003 and 2006) has been approximately 30%, suggesting that there is at least a core group of individuals who are interested and engaged in health research transfer in Alberta through the RTNA. It is likely that this number could grow even larger with increased emphasis on marketing and recruitment.

The continued growth in membership and the sustained interest of the core group of RTNA members was perceived by key stakeholders as very encouraging. However, it was also observed that the linkages within the network are not as strong as they could be given that RTNA members often do not know “who else” is a member of the network. Some respondents recommended a shared membership list or other methods to increase connections between members of the network.

### 2.4.2 Stakeholder suggestions to further achieve goal #4

Survey respondents provided the following suggestions regarding what else the RTNA could do to strengthen the network of people interested and engaged in health research transfer in Alberta:

- Host a research transfer conference or annual meeting;
- Provide more and/or continued opportunities for face-to-face networking;
- Increase opportunities for interaction and participant engagement;
- Engage other organizations and health regions;
- Increase marketing and recruitment activities;
- Share successes, stories, and examples of successful research transfer activities;
- Share the RTNA membership list (need more understanding of “who” the network members include);
- Increase stakeholder involvement; and
- Address human resource needs (e.g., “Advocate for the building of capacity through dedicated resources. Dedicated people will have time to devote to a network.”; “Have coordinator to help increase interest within each health region.”; “Promote internships in health research transfer.”)

## 3.0 Looking Forward: Planning for the Future of the RTNA

The next section of the report was prepared based on consideration of all data and information sources used in the evaluation, including the environmental scan and other documents, interview and survey findings, stakeholder suggestions for improvement, and discussions during Evaluation Working Group meetings.

### 3.1 What should be the future goals, target audience, leadership structure, and core activities of the RTNA?

#### 3.1.1 Future Goals

The extent to which the current goals of the RTNA were being met was considered to help determine the most appropriate future goals of the RTNA.

Overall, evaluation findings affirmed the current goals of the RTNA. However, while progress was being made with respect to each of the goals, much work remained to be done.

Given the recurring stakeholder comments regarding lack of awareness of the RTNA (among colleagues and those not directly involved in the network’s activities) and the perception that the RTNA may not currently be utilized to its full potential, an over-arching goal at the forefront of planning next steps should be **“to increase awareness of the RTNA”**. Steps to help increase the visibility of the RTNA may include, for example, displaying posters at health centres and hospitals and through targeted e-mail communication to regional directors for distribution to all interested staff members. In addition, a system of volunteer recognition (e.g., for those who contribute a great deal to the network) would be helpful not only to recognize and thank volunteers but to help increase awareness of the RTNA through public recognition of their efforts.

Other suggestions regarding future goals and/or modifications to current goal statements are presented in Table 4.

Note: several different goal statements (with different wordings) were identified during the planning phase of the evaluation. The statements selected were those identified in the Evaluation and Planning Blueprint. Some of the current goal statements may warrant further discussion, rewording, or clarification.

**Table 4. Suggestions regarding future goals for the RTNA**

Current Goal	Suggestions Regarding Future Goals / Modifications to the Current Goal
<ul style="list-style-type: none"> <li>▪ To enhance the skills and knowledge of health professionals to do research transfer or to use research</li> </ul>	<ul style="list-style-type: none"> <li>▪ Define “health professionals” (assumption that health professionals broadly refers to all professionals with an interest in health research transfer)</li> <li>▪ Develop clear list of strategies to achieve the goal, expected outcomes and outcome measurements (e.g., host x# of skill building</li> </ul>

Current Goal	Suggestions Regarding Future Goals / Modifications to the Current Goal
	<p>workshops; x# of health professionals obtain new skills to do research transfer; and follow-up with workshop participants to assess application of skills in practice).</p> <ul style="list-style-type: none"> <li>▪ Offer skill building opportunities that emphasize practical, hands-on applications, tools, techniques and examples of how to do research transfer.</li> </ul>
<ul style="list-style-type: none"> <li>▪ To foster relationships or partnerships that contribute to health research transfer or knowledge about health research transfer</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue face-to-face interaction wherever possible (e.g., conferences, workshops).</li> <li>▪ Consider strengthening/increasing opportunities for face-to-face interaction through focused Working Group or project-based activities.</li> </ul>
<ul style="list-style-type: none"> <li>▪ To create opportunities for the exchange of knowledge and expertise between Alberta health professionals and organizations in the province or elsewhere in Canada</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clarify wording of the goal statement (e.g., is the sharing between health professionals and organizations; within organizations; between health professionals; or all of the above?)</li> <li>▪ Continue to provide opportunities for face-to-face interaction.</li> <li>▪ Continue to investigate ways to more actively engage members (to facilitate two-way exchange of information).</li> </ul>
<ul style="list-style-type: none"> <li>▪ To create a network of people interested and engaged in health research transfer in Alberta</li> </ul>	<ul style="list-style-type: none"> <li>▪ A network of people has been created. Future goals may address how to strengthen or continually build the network.</li> <li>▪ One option may be to further explore the Working Group model as a mechanism to strengthen the networks between individuals and organizations.</li> <li>▪ Explore options for sharing the RTNA membership list / member profiles to encourage greater dialogue between members (with consent of individuals).</li> </ul>

In addition to the current goals, **six recommendations to facilitate progress in using research** emerged from the environmental scan. Future goals for the RTNA may build upon these recommendations as illustrated in Table 5.

**Table 5. Facilitating progress in using research and the role of the RTNA**

Recommendations (Emerging from the Environmental Scan) to Facilitate Progress in Using Research	Potential Role of the RTNA
<ul style="list-style-type: none"> <li>▪ Focus at the system level</li> </ul>	<ul style="list-style-type: none"> <li>▪ Facilitate linkages and opportunities for discussion among members to identify system level gaps and opportunities for key organizations.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Build on existing strengths</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize that there is a great deal of health research in Alberta. Showcase examples of successful research transfer initiatives within the RTNA and provide opportunities for research transfer specific research.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Focus on a new type of personnel (e.g., knowledge brokers, hybrid positions)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Advocate for or provide funding for human resources to do research transfer. Provide resources (or links to existing resources) to support professionals in using research in practice.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Fund research transfer across the system</li> </ul>	<ul style="list-style-type: none"> <li>▪ Work with other organizations, funding agencies, etc., to promote increase funding for research transfer activities (research about research transfer, funding to implement findings from research, etc.).</li> </ul>
<ul style="list-style-type: none"> <li>▪ Provincial governments should function as role models and core partners</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to work with provincial government partners to build on existing strengths and promote increased use of research in practice.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Make the case that research transfer results in improvements in the system “crystal clear”.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collect and share examples of successful research transfer initiatives.</li> </ul>

### 3.1.2 Target Audience

The online participant survey revealed that the RTNA is reaching a range of stakeholders including managers, researchers, and front-line health professionals. To ensure that the RTNA continues to attract a range of participants, ongoing efforts should be made to address the specific needs and interests of each target audience.

The question of whether the RTNA should offer topic-specific educational opportunities for smaller target audiences (e.g., knowledge transfer in acute care, or knowledge transfer in health promotion) was not fully resolved by the evaluation. Preferences were expressed for both topic-specific opportunities as well as more general discussions. The common thread of the discussion was the RTNA's unique focus on research transfer regardless of the topic area.

Forty-three percent of respondents to the online survey identified “interdisciplinary teams” as one of their areas of focus. This was the highest percentage reported out of all identified areas, suggesting that “interdisciplinary team” may be a specific topic of relevance to the greatest number of RTNA participants.

In addition to interdisciplinary teams, participants reported a range of focus areas including health promotion (30%), health policy (28%), chronic disease (25%), mental health (24%), seniors care (23%), rehabilitation (23%), public health (23%), acute care (21%), primary health care (20%), child health (17%), home care (17%), continuing care (15%), addictions (12%), injury control (8%), emergency medical services (3%). Many participants reported more than one focus area.

The most commonly reported disciplines (e.g., health professionals working in health promotion, healthy policy, and chronic disease) may be an appropriate starting place to recruit new members and to ultimately expand the target audience of the RTNA. For example, the RTNA could create opportunities for individuals across the province interested in specific topics to connect (e.g., issue focused discussion groups).

### 3.1.3 Leadership Structure

Based on feedback from key stakeholders, the current leadership structure of the RTNA appeared to be working well. Steering Committee and Working Group members reported satisfaction with the overall structure and appreciation for the leadership and support provided by AHFMR, including financial, staff, and administrative support. A somewhat lateral structure was described between the Steering Committee and Working Groups and this was perceived to be beneficial.

One issue that surfaced pertained to the need for human resources to carry out the functions of the Working Groups. Members were described as a passionate, committed core group of individuals, acting primarily on a volunteer basis to sustain the RTNA. Without the dedicated commitment of this core group of individuals, it was noted that the activities of the RTNA might not occur.

To maximize the sustainability of the RTNA and to minimize the potential for volunteer burn-out, it may be helpful to address succession planning with the current Steering Committee and Working Group leadership.

### 3.1.4 Core Activities

Stakeholders consulted for the evaluation provided generally positive feedback about each of the RTNA’s activities including the water cooler videoconferences, various workshops and sponsorship opportunities, the RTNA website, and the KTRU bulletin.

In particular, three activities emerged as **current core activities** for the RTNA: the water cooler sessions, sponsorship opportunities (i.e., funding to attend conferences), and the RTNA website.

In addition to current activities, the following suggestions emerged as **future core activities** for the RTNA: an annual or bi-annual research transfer conference; annual courses on research transfer methods (possibly in collaboration with the annual Research Methods Course offered at the University of Calgary); and possibly the development of pilot pilots for “how-to” do research transfer.

No clear preference emerged regarding the role of the RTNA in **disseminating health research** versus **disseminating information about research transfer**. A middle ground may be for the RTNA to maintain research transfer as its primary focus, but to use more practical examples of recent health research to illustrate how research can be transferred. It was noted that the dissemination of health research is a large mandate, potentially too large for a primarily volunteer-supported network to manage. Another option may be to strengthen linkages with other organizations and agencies with direct mandates for the dissemination of health research.

### 3.2 What is the RTNA uniquely positioned to contribute?

Some duplication was reported between the RTNA and the efforts of other organizations such as CHSRF, EXTRA, health regions, iCARE, IHE, MSF, SEARCH Canada, and universities. In addition, general overlap was reported between the RTNA and any organization involved in health research, as well as overlap between the RTNA and the activities offered by specific interest groups or topic specific networks.

The main uniqueness of the RTNA is its primary focus on research **transfer** versus a broader mandate filled by other organizations/initiatives. Thus, one of the niches for the RTNA may be to maintain its focus on the transfer aspect of research transfer. The RTNA is also well situated to contribute on a provincial basis to the growing interest in health research transfer in Alberta.

Other areas in which the RTNA may have a unique role or opportunity to fill an identified gap include the following:

- To facilitate and establish linkages between “knowledge generating” (primarily universities) and “knowledge using” organizations. An entity that is not primarily affiliated with one or the other may be in a good position to influence what happens in the “white space” in between (as described in the environmental scan);
- To create more opportunities for “real” (rather than token) relationships between researchers and research users (e.g., the RTNA may have a role to facilitate meaningful connections between researchers and research users through pilot projects or other opportunities for face-to-face interactions in addition to the water cooler videoconferences);
- To share evidence that research transfer is effective (e.g., ensure people know about the CIHR casebooks);
- To maintain clear knowledge base (or act as a gateway to existing resources) about “what research transfer is” and what it involves;
- To focus on the “how to’s” of research transfer practical knowledge, skills and tools to do research transfer;
- To provide educational opportunities relevant to a broad range of topics and crossing of disciplines;
- To help strengthen capacity building philosophies within organizations (through RTNA members, focus on user friendly documents, incorporating research knowledge into processes inherent in electronic health records, etc.); and
- To advocate for and/or provide funding for human resources to do research transfer.

## 4.0 Next Steps

This report will be reviewed by the RTNA Evaluation Working Group as well as the recently created Strategic Planning Committee coordinated by the Manager, Research Transfer Initiatives.

A meeting will be held in October 2006 to develop a strategic plan for the future of the RTNA. The development of the strategic plan will be based on the evaluation report and environmental scan findings as well as the experience and expertise of Working Group and Committee members.

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## Appendices

### Appendix A: Survey Findings

- *Research Transfer Network of Alberta: Participant Survey Results*
  - Document prepared for discussion with the RTNA Evaluation Working Group (first draft May 2006, finalized August 2006)

### Appendix B: Survey Cross Tabs

- *Cross tabulations of participant “role” category (e.g., researcher, manager, health professional) by all survey questions*
  - SPSS output file created August 2006

### Appendix C: Interview Findings

- *Research Transfer Network of Alberta: Key Stakeholder Interview Findings*
  - Document prepared for discussion with the RTNA Evaluation Working Group (first draft May 2006, finalized August 2006)

### Appendix D: Document Review Findings

- *RTNA Evaluation: Key Findings from Document Review*
  - Document prepared for discussion with the RTNA Evaluation Working Group (May 2006, updated with reference list August 2006)