

# Learning from doing: Reflecting on eight years of knowledge mobilisation

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with thanks to Professor Ruth Boaden

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Collaboration for Leadership in Applied Health  
Research and Care (CLAHRC) Greater Manchester



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[@CLAHRC\\_GM](#)

Not basic  
science or  
early stage  
innovation

University, NHS, third sector,  
industry, patients and the public

NIHR **Collaboration** for  
Leadership in  
**Applied** Health Research and  
Care (CLAHRC)  
**Greater Manchester**

~3m population, lots of health challenges,  
health budget to be devolved from 2016

*“NIHR CLAHRCs address the **evaluation** and **identification** of those **new interventions** that are effective and appropriate for everyday use in the NHS and the **process of their implementation** into routine clinical practice”*



# 2014-2019

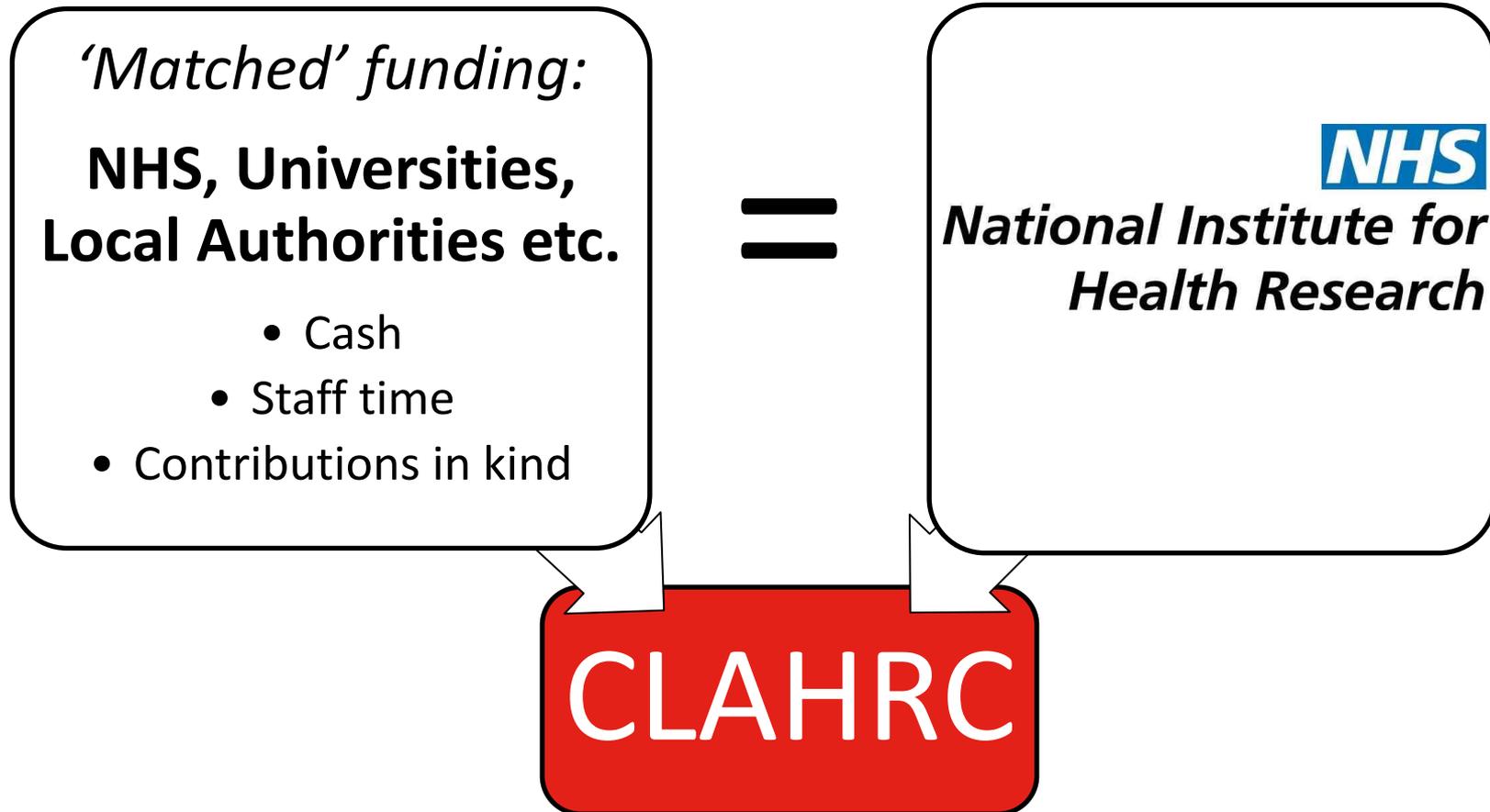
## 13 CLAHRCs



- NIHR CLAHRC North West London \*
- NIHR CLAHRC East of England \*
- NIHR CLAHRC East Midlands (was 2)
- NIHR CLAHRC Greater Manchester \*
- NIHR CLAHRC North Thames \***
- NIHR CLAHRC North West Coast**
- NIHR CLAHRC Oxford \***
- NIHR CLAHRC South London \***
- NIHR CLAHRC South West Peninsula
- NIHR CLAHRC Wessex**
- NIHR CLAHRC West**
- NIHR CLAHRC West Midlands
- NIHR CLAHRC Yorkshire and Humber (was 2)

**KEY:**      **New CLAHRC (not in previous funding round)**  
 \* Also has an Academic Health Science Centre (AHSC)

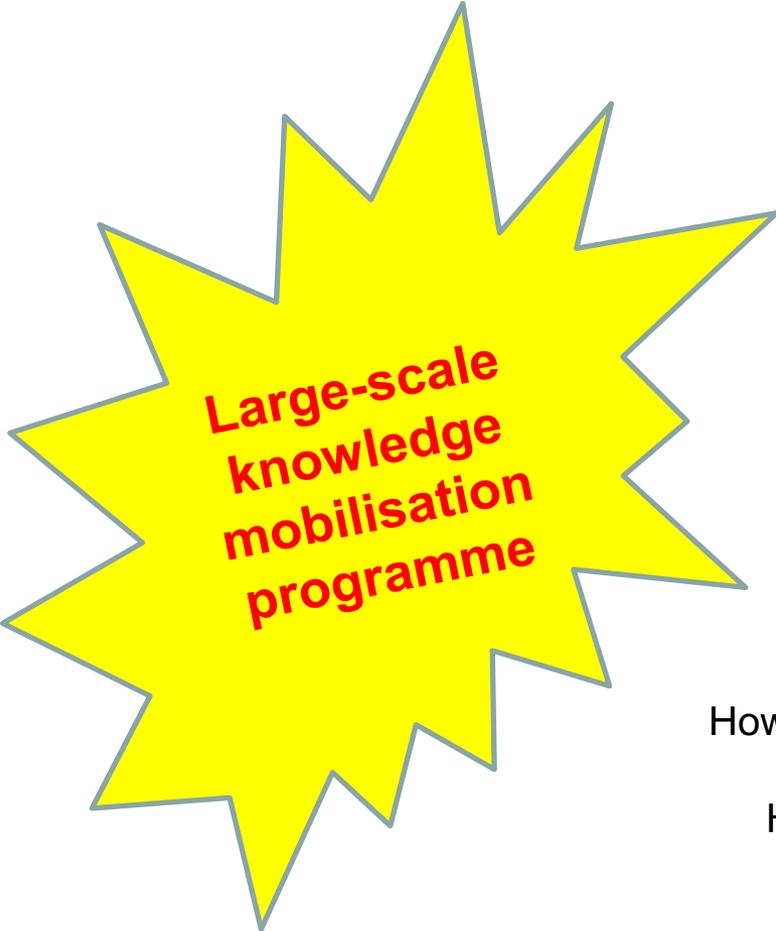
# The CLAHRC funding model



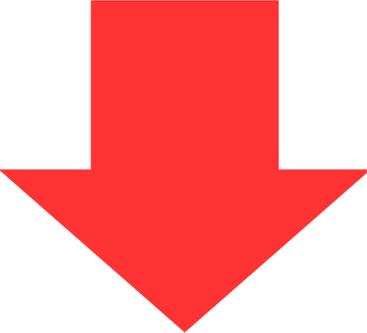
# Initial theoretical framework



# Designing a CLAHRC



Large-scale  
knowledge  
mobilisation  
programme

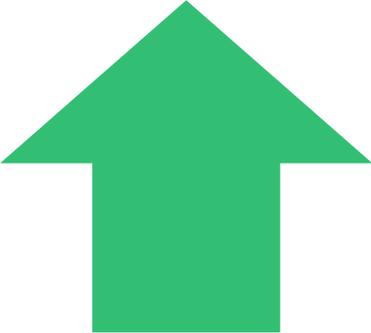


## The funders' requirements

- the expectation to have separate 'research' and 'implementation' strands
- the need to secure matched funding



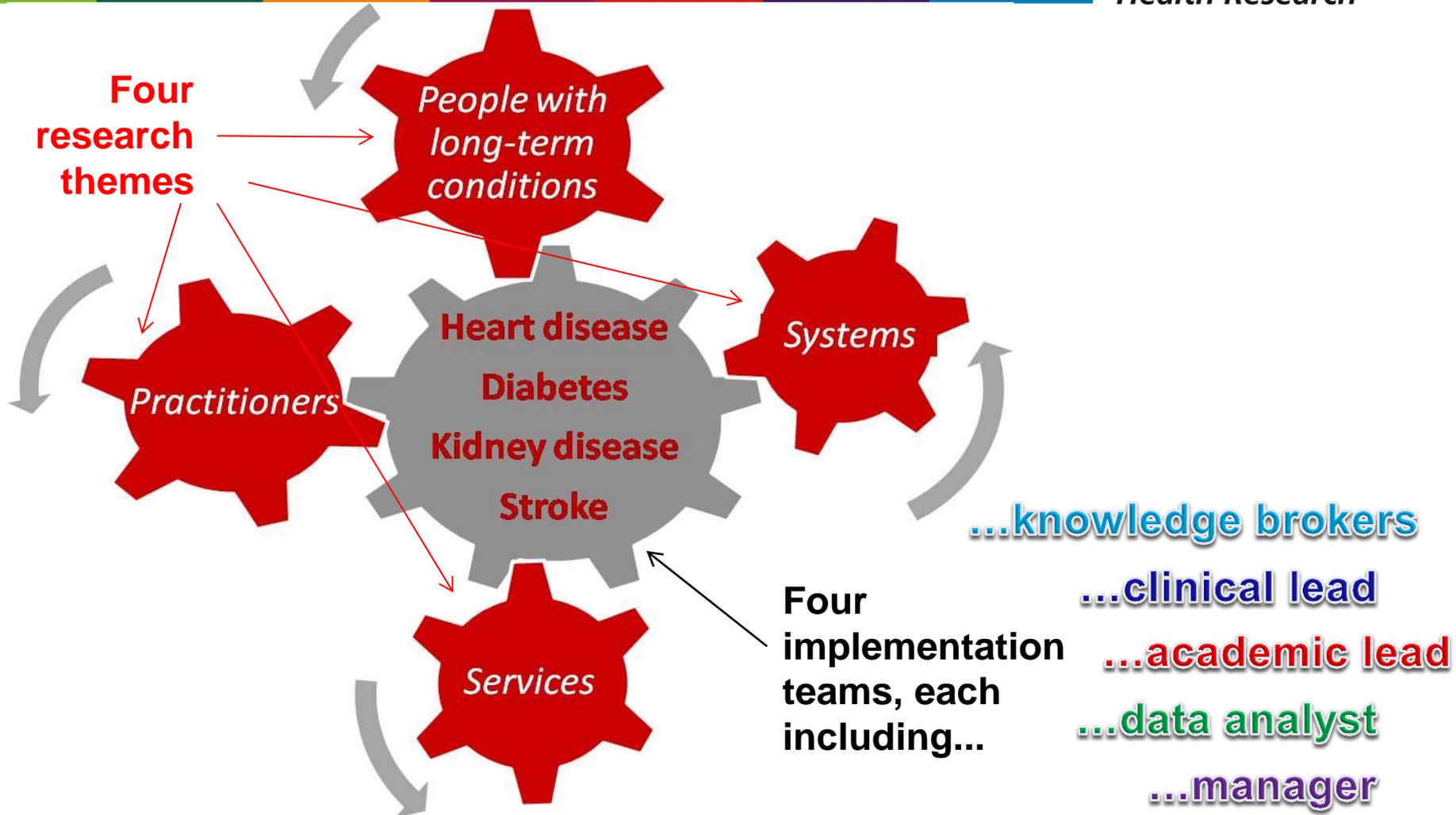
## Getting research into practice

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- How to structure the CLAHRC?
  - How to ensure that the whole is more than the sum of its parts?
  - How to fill the 'designated' roles in multiprofessional teams?

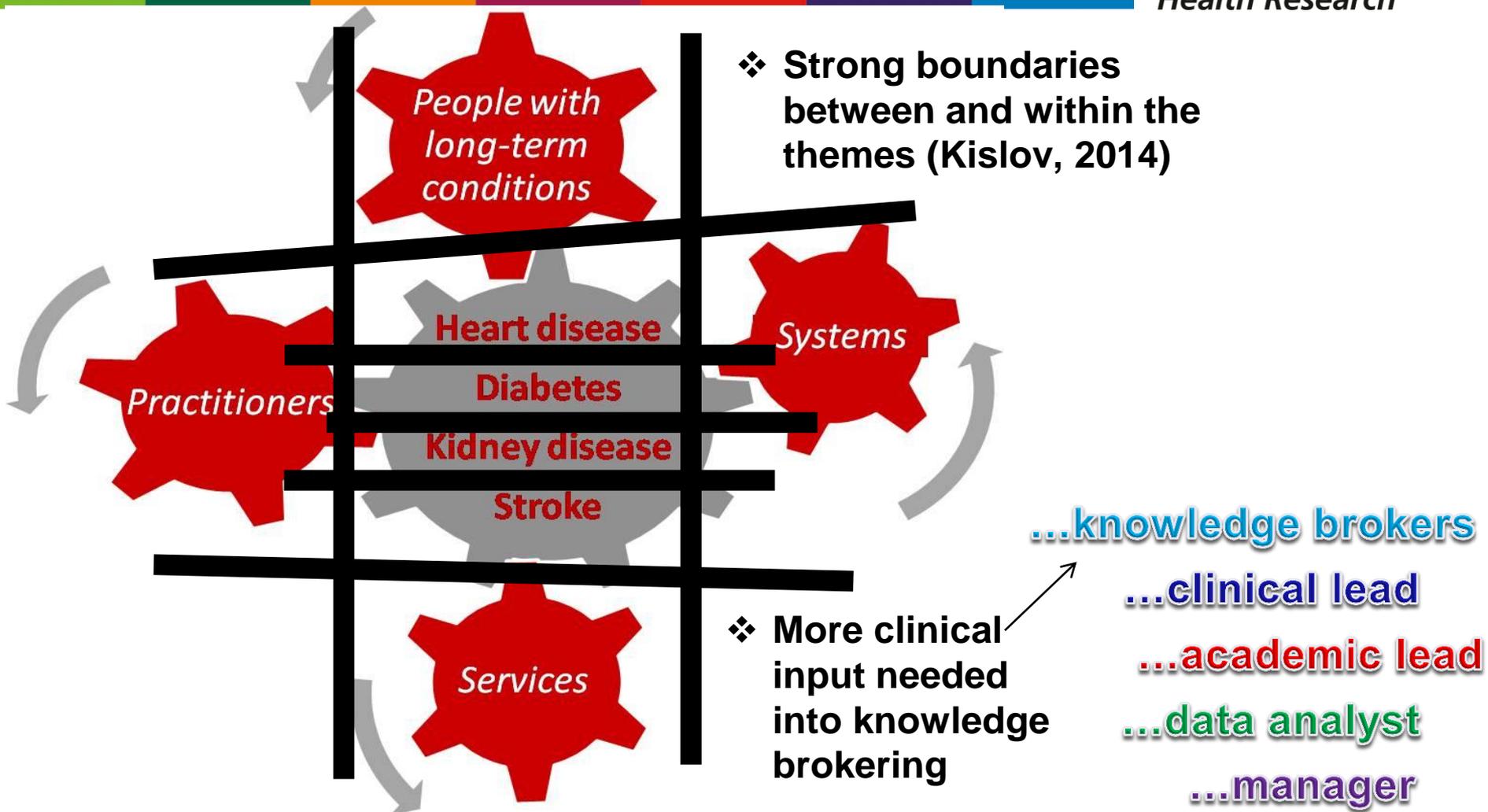
# CLAHRC structure (2008-2011)



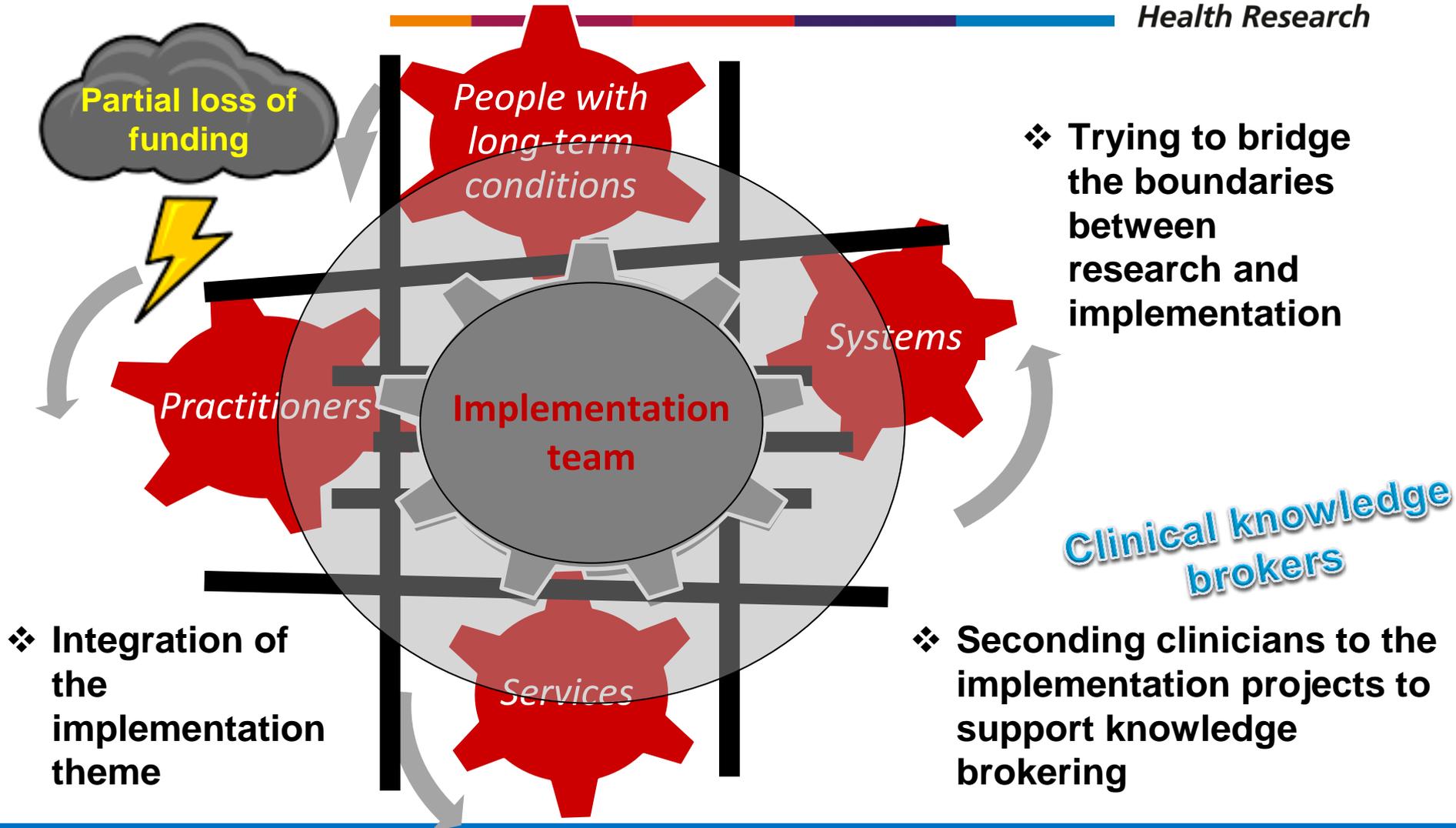
National Institute for Health Research



# Reflections on initial structure



# CLAHRC structure (2011-2013)



# CLAHRC structure (2014-2015)

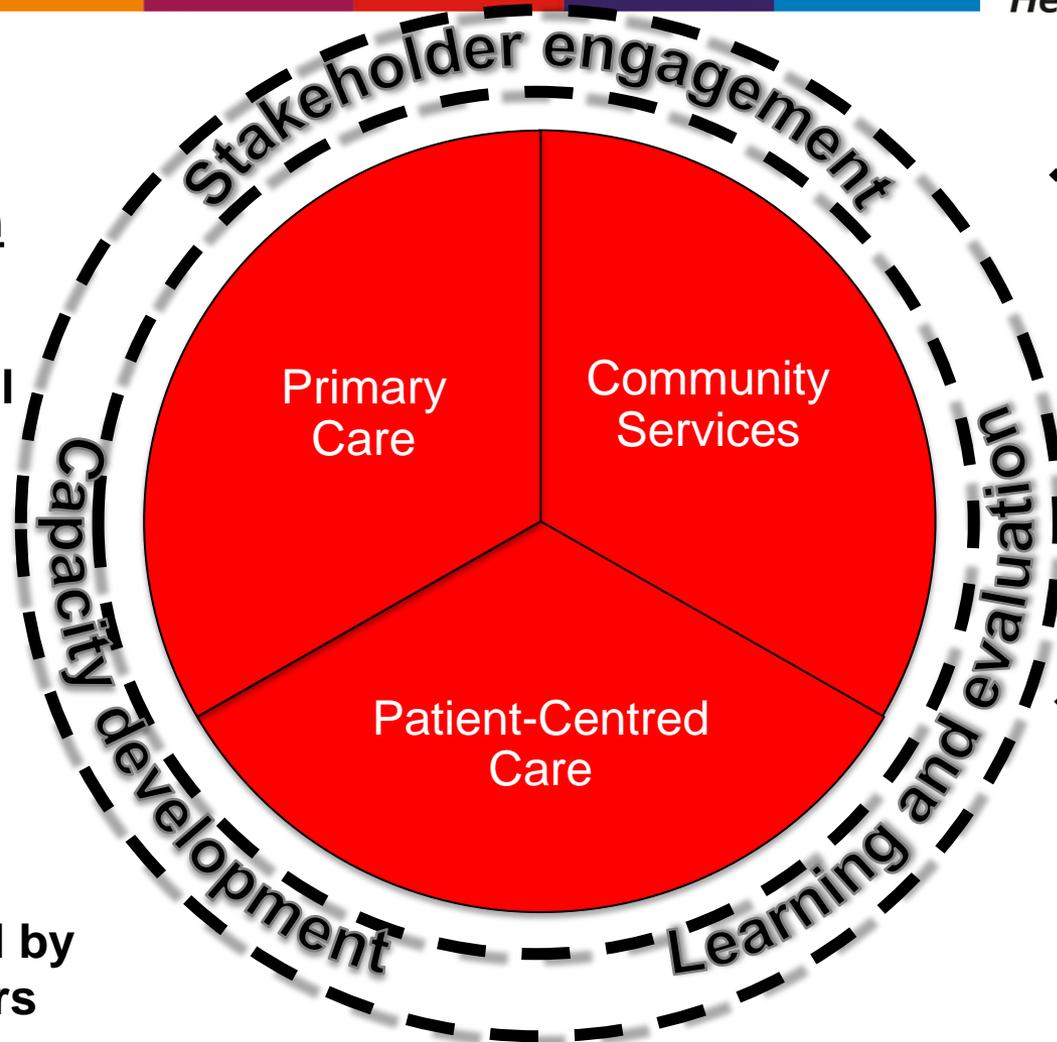


National Institute for  
Health Research

- ❖ Most projects combine research AND implementation

- ❖ Multiprofessional project teams including...
  - ...research staff
  - ...managers
  - ...facilitators

- ❖ Knowledge brokering shared by the team members



- ❖ Most staff works across several projects and networks

- ❖ Hybrid roles ('research-savvy implementers and implementation-savvy researchers')

## Advisory Panel Review

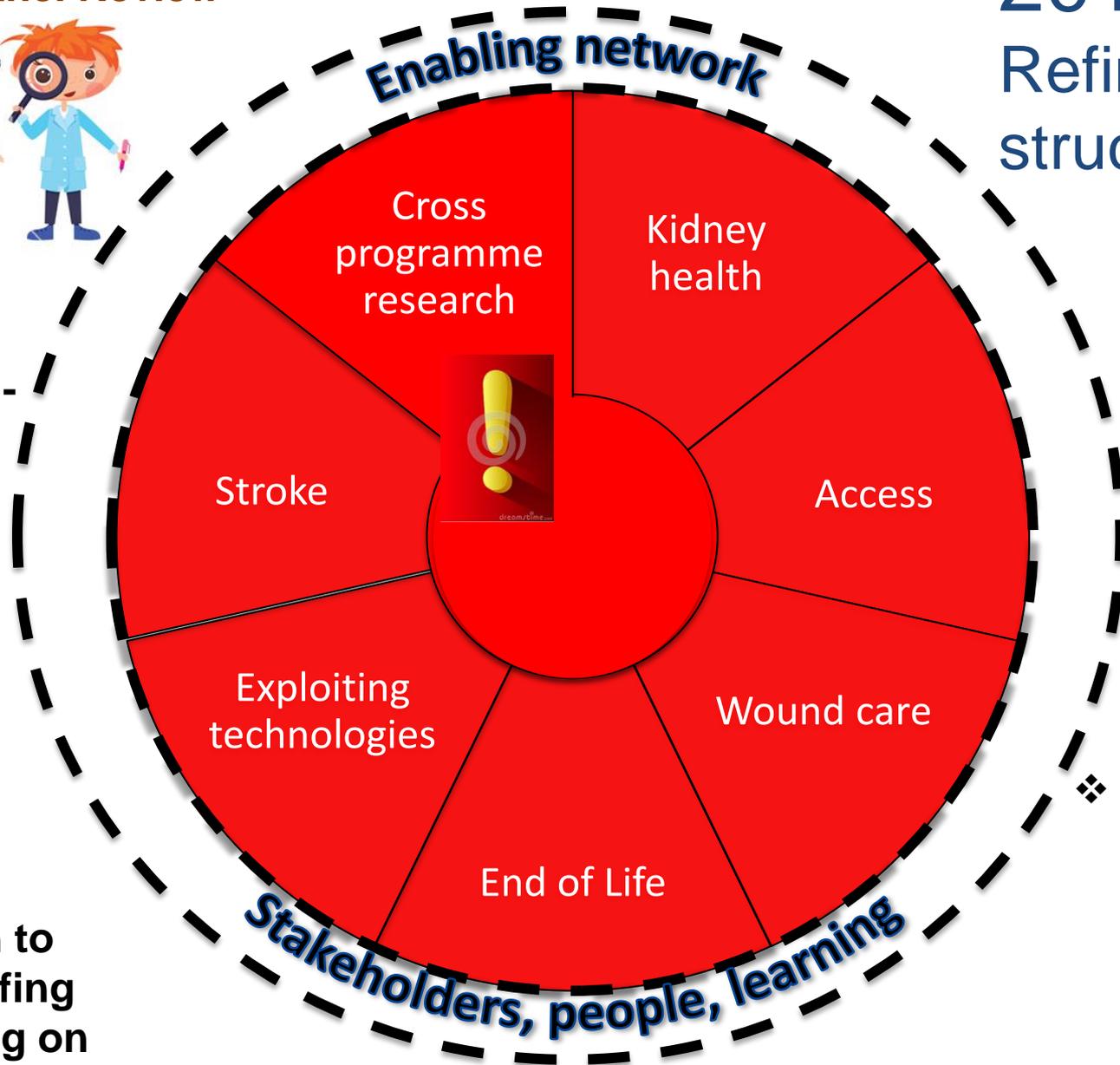


# 2016

## Refining the structure

❖ **Strengthening cross-project research**

❖ **Flexible approach to team staffing depending on project needs**



❖ **Recognition that there are different TYPES of knowledge mobilisation projects**

# Evolution of CLAHRC GM

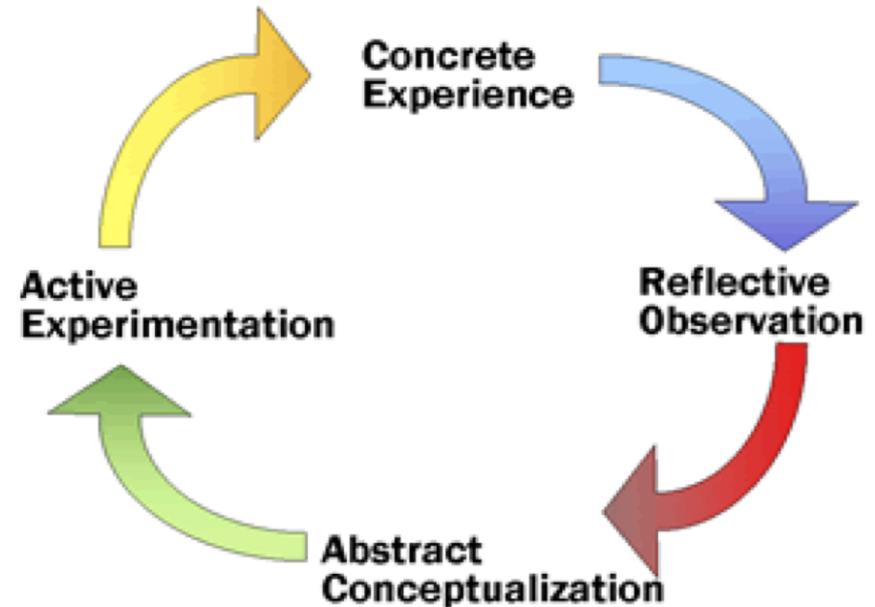


1. From the separation of 'research' and 'implementation' towards their **integration and co-production**
2. From a number of bounded silos towards enabling the **'cross-cutting' way of working**
3. From a relatively rigid structure towards a **flexible framework** that can be modified depending on the needs of specific projects
4. From individual knowledge brokering roles towards **collective brokering** performed by multiprofessional teams

# What enabled these changes?



- **Reflexivity** is a dynamic interaction between reflection and action with an intention to learn and to change (Anthonacopoulou, 2004)



- **Actionable knowledge**— implementable by the users whom it is intended to engage (Antonacopoulou, 2009)

# Sources of actionable knowledge

- ❖ Strategic meetings at different organisational levels

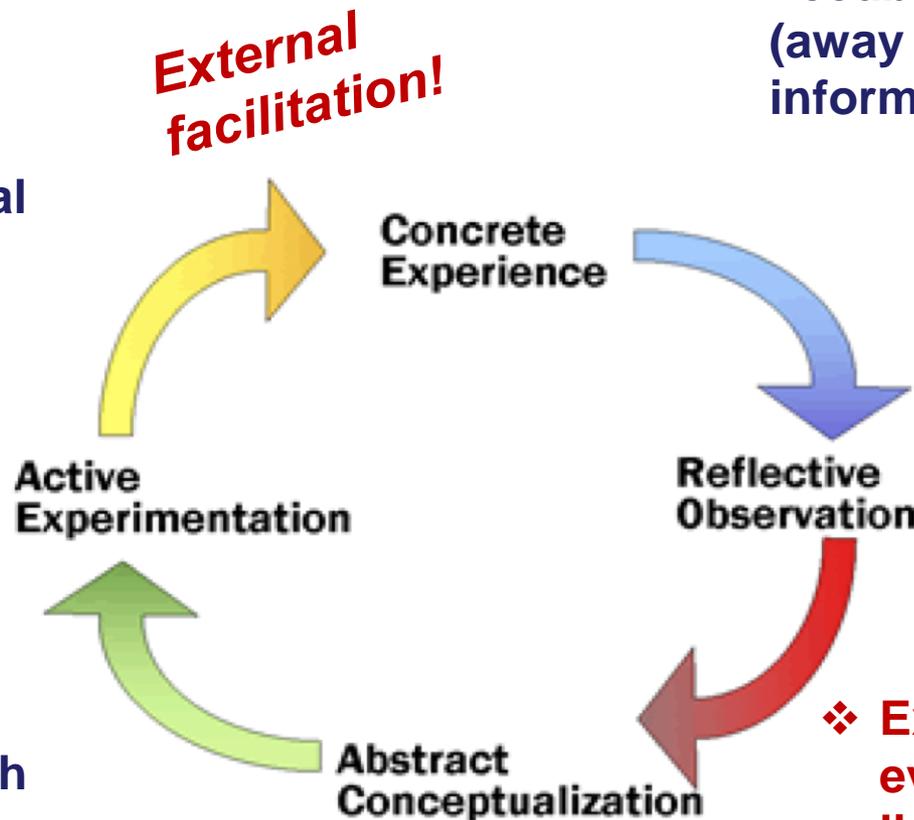
- ❖ Feedback from staff (away days, workshops, informal discussions)

- ❖ Systematic evaluation of CLAHRC projects

- ❖ Advisory Panel Review

- ❖ External CLAHRC evaluations (somewhat limited value in terms of 'actionable knowledge')

- ❖ Internal cross-project research into knowledge mobilisation



# Organisational reflexivity

## Enablers

- *Leadership and management:*
  - openness to critique, learning and change
  - investing time and resources into reflective activities
  - creating effective feedback mechanisms
  - giving staff an opportunity to shape things
- *Culture:*
  - ‘critique culture’—rather than ‘blame culture’
  - shared sense of belonging to the organisation



- *External stimuli* often help to trigger reflection and action

# Lessons learnt

- Reflexivity can be painful:
  - Realising some of the previous decisions were wrong
  - Critique can be taken by some individuals too personally
  - Individual reflexive abilities differ!



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- Taking into account multiple (and often competing) points of view
  - Professional and epistemic differences
  - Internal evaluation too 'rosy' while research too 'critical'
  - Finding the balance and making decisions!



# Lessons learnt

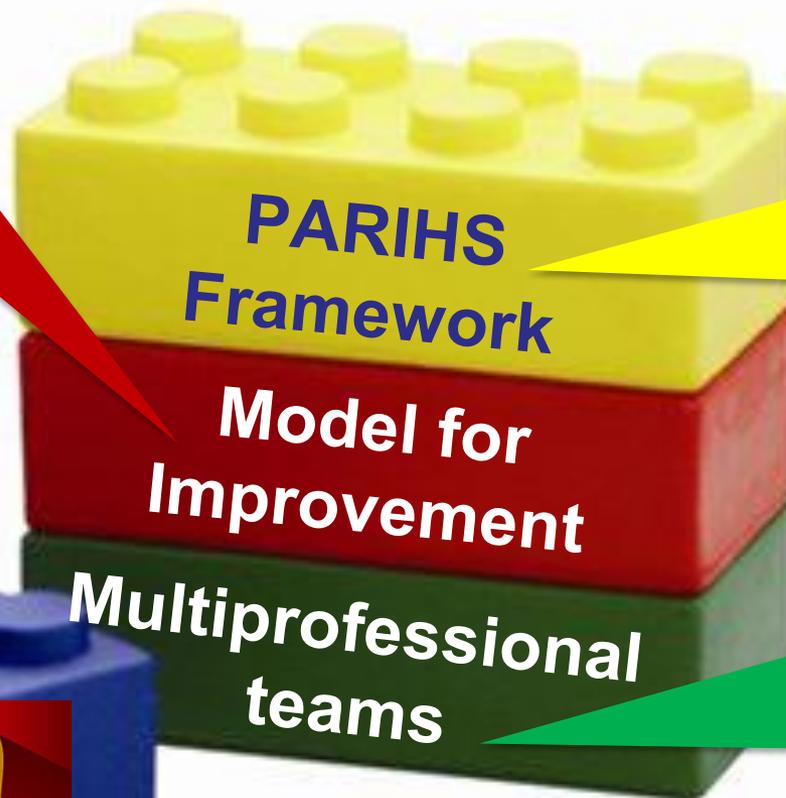
- Context can significantly constrain action
  - ...and it often changes quickly and unpredictably
- Cross-cutting structures do not always function as intended
- Structure should FOLLOW function
- Knowledge mobilisation approaches **evolve** in the process of their implementation:
  - **Adaptation**
  - **Distortion**



# Eight years later...

- Limited relevance for research co-production...
- ...But the PDSA logic is embedded in reflexivity

- Explanatory framework
- Its main premises inform our thinking



- Fundamental to our design
- Became more inclusive
- Grown in importance

# References

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