DCRC
Dementia Collaborative Research Centres

I2I-A

Innovation to
Implementation
- Australia

**A Practical Guide for Knowledge Translation in Health Care
(with examples from aged care and dementia)**

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CONTENTS

What is Knowledge Translation (KT)?

After new knowledge becomes available, there can be quite a time lag before it can be put into practice or inform policy.[1] The field of Knowledge Translation (KT) has emerged as part of the response to reducing this time gap.

KT involves relationships between the end users and producers of knowledge. In practical terms:

Knowledge translation describes the process of
changing what we do to match what we know –
it is fact-based decision making,
where the "facts" are *best available evidence.*

KT also includes the study of this process, because using new knowledge to change practice can itself create new knowledge. This includes learning about how to plan, disseminate and use evidence in certain contexts, and how to measure, monitor, and maintain changes.[2] [3]

KT and the I2I-A Guide

The I2I-A is a 7-step guide for planning, driving and documenting change in health settings using knowledge translation (KT) activities

The guide is an adaptation for the Australian setting of the I2I guide originally developed by the *Mental Health Commission of Canada.*[4] The I2I-A was developed by the Knowledge Translation Program for the *Dementia Collaborative Research Centres,* Australia, and includes specific examples from the aged care and dementia settings.

The I2I approach is built around the concept of innovation: products, actions, services or relationships that can potentially enhance health outcomes. The guide will help you work out how to move from innovation to implementation in a thoughtful manner to achieve the desired outcomes of a project or initiative best suited to your context and needs.

The I2I guide, and this Australian adaptation, was informed by research findings and practical experience which showed that a wider range of practices, participants, and knowledge types needed to be incorporated into KT activities.[5] [6] This guide is not intended to replace KT frameworks such as PARiHS or the Knowledge-to-Action Model. Rather, this guide can facilitate the application of these frameworks with an action-oriented planning tool.[7] [8] [9]

As a practical goal-oriented KT planner, the I2I-A highlights the importance of bringing a wide range of participants to the table. This is not an academic or theoretical document. It respects diversity and uniqueness, and emphasises the value, creation and contributions of different types of expertise (knowledge).

The Guide structure – and how to use it

There are 7 main steps in the I2I-A guide:

STEP 1	State the purpose of this KT plan
STEP 2	Select the innovation around which the KT plan will be built
STEP 3	Specify the people and actions: who needs to do what differently?
STEP 4	Identify the best agents of change: who should be delivering knowledge about this Innovation?
STEP 5	Design the KT plan
STEP 6	Implement the KT plan.
STEP 7	Evaluate the success

The I2I-A guide will explain the purpose of each step, and walk you through a series of guided questions to help you complete the step.

These steps are intended to be undertaken in the order listed – you will notice that designing the actual KT plan does not come until step 5! There is a lot of planning in successful KT initiatives, and this guide will provide helpful tips on things to avoid, and provide space for you to make notes about your own work. By the time the last step is completed, you will have implemented and evaluated a sophisticated KT plan, PLUS created and documented new knowledge!

In this Australian adaptation there is also an additional topics section which contains further information about:

A. Is this Innovation "KT ready"
B. Readiness for change
C. Disseminating new knowledge

STEP 1. State the purpose of this KT Plan

It is important to begin a KT planning process by describing the goal you would like to achieve. What is the main reason for doing KT … and what would success look like?

To start some clear goal-related thinking, consider these key questions:

KEY QUESTIONS

1.1. What is the main issue this KT plan is trying to address? (see Box 1)
1.2. What is the practice you are hoping to improve or introduce?
1.3. What will be different when this new knowledge is translated?

EXAMPLES

1A. General Practitioners will use cognitive impairment screening once a year in care of patients aged 75 years and older.
1B. Nursing staff in residential care will offer an additional afternoon drink to clients on days which are hotter than 25 degrees.
1C. Family members caring for a person with dementia at home will access respite care services at least once per month.

> **Box 1. Reasons and experts**
>
> Most KT plans in aged care and dementia will be prompted by
>
> - a problem
>   (i.e. an issue needs a fix)
> - an opportunity
>   (e.g. a new idea to try)
> - a requirement
>   (e.g. accreditation)
>
> New knowledge includes expertise and experiences shared by colleagues or clients. You will explore these more fully at **Step 2.**

HELPFUL TIPS

Defining the reason for the KT plan (and mind's eye for the end goal) is the first step – it focuses on the reason for change, not the method for enacting the change.

It's best to avoid leaping to a particular KT method (selection of KT methods occurs at a later step in this guide). Here are some examples of not-so-helpful purposes or goals for this step:

- A brochure for GPs will be created.
- A practice guideline will be distributed to nursing staff about hydration in dementia.
- A website will be created for families describing person-centred respite care

NOTES FOR STEP 1.   State the purpose of this KT Plan

Step 2. Select an innovation

The next step is selecting an Innovation. What is an Innovation?
An Innovation is a product, action, service or relationship that has the potential to enhance health outcomes.

KEY QUESTIONS

2.1. Is the Innovation specific enough?
By clearly stating the knowledge and actions that make up the Innovation, you're more likely to create an effective KT plan. It can be very difficult to achieve wide uptake of a vaguely explained practice change.

2.2. Is the Innovation feasible?
The Innovation should be one that can be realistically implemented, given available financial, human and organisational resources. There is little advantage in focusing KT efforts on the promotion of an Innovation so demanding of resources or so incompatible with current practice that few would actually implement it.

2.3. What is the knowledge base for this Innovation?
Innovations can be linked to several knowledge perspectives: scientific, experiential, pragmatic, and cultural (see Box 2)

EXAMPLES

An innovation is defined broadly and might involve:

2A. a new cognitive screening test,
2B. a change in medication for dementia
2C. a non-pharmacological therapy
2D. a different model of residential nursing care
2E. an alternative system for record keeping to support aged care accreditation,
2F. an education program for carers and clients about consumer directed care
2G. a leisure activity in an aged care hostel that appears to improve resident-staff engagement

Note that an Innovation might also involve reducing certain practices, such as reducing the number of medications taken by a person with dementia.

> ### Box 2. Knowledge types
>
> - **Scientific**
>   (learning through research):
>   Perhaps a systematic review points to a new care practice as better than current practices or a series of qualitative studies highlights the benefits of a policy change.
> - **Experiential**
>   (learning through experience):
>   A care practice may be endorsed by families based on their own positive experiences.
> - **Pragmatic**
>   (learning through action):
>   Aged care providers may identify a specific practice that stems from daily problem solving. For example, a group of nurses may identify a specific approach to managing challenging behaviours in dementia that has worked well.
> - **Cultural**
>   (learning through being/living):
>   In certain cultural contexts, KT takes the shape of stories or teachings - including case studies, and personal or organisational histories.[1] Notably, compelling stories are often used by policy makers to convey critical knowledge.

HELPFUL TIPS

Examine the proposed Innovation from several knowledge perspectives; e.g ….
- If the Innovation arose from international scientific research with dementia carers, consider also how it maps onto the lived experience of Australian families caring for a person with dementia.
- If the Innovation arose from the clinical experience of aged care providers, examine whether it is consistent with available research evidence.

Describing an Innovation from these different perspectives of knowledge and expertise can make it more meaningful to a wider range of audiences.

Some Innovations are more "KT ready" than others. For more information, please read Additional Topic A *"Is this Innovation KT Ready"* on page 20 at the end of this guide.

STEP 3. Specify key players and actions

If the Innovation is to be taken up by your organisation or community, then certain stakeholders (KT players or "actors") will need to adopt new behaviours (actions).

Step 3 helps you recognise the people who may need to change and the actions they need to adopt, after which you will be in a much stronger position to plan your KT activities: you will know to whom you are presenting the Innovation and what you want each person to do.

KEY QUESTIONS
    3.1. Who are the key people (players or "actors")?
    3.2. Which actions must these key people adopt?

Possible Key people
Box 3 shows people who are often involved in aged and dementia care KT.

> **Box 3. Possible Key People**
>
> - Person with dementia
> - Caregiver / family
> - Residential care provider
> - Community organisation
> - Professional service provider
> - Peak body in dementia/ageing
> - Government agency
> - Researcher
> - Policy maker
> - Accreditation/aged care consultant
> - Funder of the innovation
> - You

EXAMPLES

Innovation	Key players	Actions
3A. Dementia medication change	Medical specialist	Review/provide prescription
	Nursing staff	Supervise/document medication
	Caregiver	Monitor side effects / change
	Person with dementia	Adhere to medication
3B. New model of residential care	Facility Manager	Brief / support training of care staff
	Accreditation consultant	Approve care model
	Policy maker	Endorse / fund organisational requirement
	Residential facility staff	Implement model of care
3C. Family-delivered strategy for challenging behaviour	Trainer (or Researcher)	Deliver training (research planning)
	Community agency	Recommend candidates for program
	Family caregiver	Consent / participate / feedback

Note: The examples in this table are not necessarily inclusive of all the key people who could be engaged or action that could be taken in relation to the respective Innovation. It is meant as an informative sample to showcase how you might approach this step.

HELPFUL TIPS
- It is vital to include and consider the full range of key players for your KT activity.
- Include all key people – regardless of whether you believe they support the Innovation.
- Also consider the fact that many of these people are involved in conversations through which knowledge is exchanged. These conversations may involve only two people (implying a bidirectional flow of knowledge between them) or group of people (with multidirectional flows of knowledge – or fragments of knowledge - among the group).

NOTES FOR STEP 3.   Specify key players and actions

STEP 4. Identify agents of change

An agent of change is someone who motivates key players (Step 3) to adopt new actions. Agents of change include individuals who can effectively deliver knowledge and foster action. The effectiveness of an agent in creating change often depends upon the key people ("actors") who need to change.

KEY QUESTIONS

4.1. Which agents have the most credibility overall in relation to your Innovation?
4.2. Which agents have the most credibility for particular actors?
4.3. Which agents are most likely to persuade actors to adopt new actions?

EXAMPLES

4A. In Step 3, Example 3A was an innovation involving a medication change. If the key player is the prescribing medical specialist, and the action is to begin prescribing this medication for appropriate patients, then effective agents of change might include:
- Senior specialist (e.g. geriatric psychiatrist)
- Physician viewed to be an opinion leader by peers
- Researcher who has reviewed the evidence supporting the new treatment.

4B. In Step 3, Example 3B is an Innovation involving changing a model of residential care. If the key person (actor) is the policy maker – and this could be a decision-maker at a senior executive level in a care network – and the action is to reallocate funding and planning priorities to support collaborative care practices, then effective agents of change might include:
- Researcher who can summarise evidence on care models in policy-friendly form
- Decision-maker of equivalent seniority from another care network who has led or endorsed successful implementation of the model;
- Aged care consumer who has experienced the benefits of the care model.
- Expert on cost-effectiveness for the model (relative to current care)

HELPFUL TIPS

It may be most effective to ensure that all agents of change are involved in the KT process. KT agents will often include:

- *Peer leaders*
  It is powerful when a peer with high credibility models and supports the Innovation and associated action. The implicit message is that if someone in their role is able to embrace this Innovation, then you could do so as well. It will be more effective if this early-adopting peer is able to serve as a champion for ongoing uptake ("sustainability"). Supporting this champion will be important.

> **Box 4. Agents of Change**
>
> Who to look for:
>
> - Peer
> - Opinion-leader
> - Champion
> - Early-adopter
> - Advocate
> - (You?)

- *Organisational champions.*
  Innovations are more likely to be acted upon when they are supported or endorsed by an organisation of high credibility to a particular group of participants – such as a respected authority in aged care or dementia. Where possible, effective agents of change will establish a relationship of respect, engagement, and support with the key people (actors) they seek to influence. The best KT occurs in good conversations and the best conversations occur in the best relationships.

- *Consumer advocates.*
  The consumer voice is important. As aged and dementia care in Australia embraces consumer-directed care philosophies, a powerful change agent can be a representative for care recipients and their family caregivers.

NOTES FOR STEP 4.   Identify agents of change

NOTES FOR STEP 4.   Identify agents of change

STEP 5. Design the KT plan

You're here! Many people – especially the practical 'can do' types - want to start at this phase. KT will be most effective when it is carefully planned and has an active rather than passive quality, which is why the first four steps of the I2I-A are in place.

KEY QUESTIONS
5.1. Which KT methods are available to me?
5.2. Which methods are appropriate for people (targets) meant to adopt this Innovation?
5.3. Which methods are proven to be most effective with these kinds of key people
5.4. Will this KT project require ethics review and approval?

EXAMPLES
It is important to tailor (one or more) specific methods of KT to your setting and resources. The table below gives examples of KT methods that may be used in your plan via a range of key people (and maybe different timepoints) – i.e., the people you identified at Step 3:

KT Methods	Description
Meetings	Gathering/s of key people in an interactive context to build capacity • Explore: think-tank, stakeholder forum, webinar
Professional Educational Outreach	Brief engagement intended to change professional behaviour; • Optimal for simple behaviour, e.g. professional prescribing • Consider knowledge broker /academic detailing for senior experts
Educational Materials	Product to convey a key message • Pamphlet, poster, web-page, newsletter, "logo product"
Reminders / Prompts	Print, electronic, telephone or web-based messages to trigger action • Can include app-based/software prompts in electronic records
Social Marketing Campaign / Media	Using marketing techniques to create / sustain behaviour change • A marketing expert may be a useful consultation for this method • Consumers can often readily participate and respond
Audit and Feedback	Performance summary over a period of time to inspire/sustain change. • This can be suitable for group presentation in a staff meeting • Use de-identified summaries, unless consent to do otherwise
Peer-reviewed Journals	Print and web-based materials to address knowledge and skill gaps • Non-jargon summaries can be prepared for 'non-researchers'

HELPFUL TIPS
Organisations, systems or people may not be ready to implement certain Innovations, even if proven effective and feasible. Readiness to adopt innovations has received a great deal of attention in recent years.[10] [11] If readiness for change may be a factor in your KT plan, please read additional topic "B. Readiness for Change" on page 21 at the end of this Guide.

There are some features for KT methods that are most likely to be successful - see Box 5

Box 5. Features of KT method success

- **Interactive:** Person can share (expertise valued) / develop comfort with new behaviours
- **Tailored:** Content specifically directed to a person's needs, and flexible after feedback
- **Engaging:** Content delivery is concise, entertaining and persuasive.
- **Endorsed:** Innovation endorsed by high credibility individual /organisation /peer group
- **Championed:** Innovation embraced by a respected early-adopting peer
- **Action-oriented:** Content directly/practically translates to action, given real-life constraint
- **Persuasive:** convincing messages regarding importance / feasibility of implementation

STEP 6. Implement the KT Plan

You might choose to implement your KT plan all at once or in a gradual manner. Where there is low readiness to adopt the Innovation, it may prove best to use a phased approach to implementation, in which the Innovation is gradually introduced to different parts of the organisation, system or community.[12]

Also, as you implement your plan, it is useful to get feedback about its perceived relevance, acceptability and feasibility. You can do this by consulting representatives of each type of key person (see Step 3), e.g. by interview, survey, focus group. Each person will have a unique perspective on appropriate methods and can provide feedback valuable for potentially revising the implementation of the KT plan. When choosing the types of key people ("actors") to involve in this consultation and feedback process, consider:

> **"…. which experts possess technical knowledge about the subject, which decision makers can shed light on the issues related to the feasibility or acceptability of the policy, etc. The actors invited may come from the health sector, but they may also come from other sectors concerned by the issue; and they may represent public, private or community perspectives".[13]**

KEY QUESTIONS
6.1. Is the KT plan perceived as appropriate and acceptable by the relevant players?
6.2. Are there elements of the plan which are not seen as acceptable or appropriate?
6.3. Is the Innovation perceived to be effective and important?
6.4. Is the Innovation perceived to be feasible for an organisation, system or community?

EXAMPLES
A. In Step 3, Example 3A was an innovation for dementia medication changes. The KT plan may depend on medical specialists feeling comfortable with nursing colleagues having roles to monitor side effects and adjust dosage rates. If specialists are reluctant to participate, this feedback could be used to, e.g. develop an additional specialist-approved training model for nursing staff prior to program rollout.
B. In Step 3, Example 3C was a family-delivered strategy for challenging behaviours. A caregiver may not be able to attend a half-day coaching session if caring for a person with dementia who requires constant supervision or is intrusive. If feasibility feedback from consumers were obtained before program roll-out, then support resources could be added to the KT plan.

HELPFUL TIPS
Based on the feedback from consultations, the KT methods can be modified to increase the likelihood of success. You might allow for a few rounds of testing and refinement of the methods, then retesting.

This process of refinement (see Box 6) can be done fairly quickly and easily if you have existing relationships with key people who are willing to provide honest input.

When planning the KT project timeline, factor in the time and resources needed for these refinement phases.

Box 6. Refining KT method
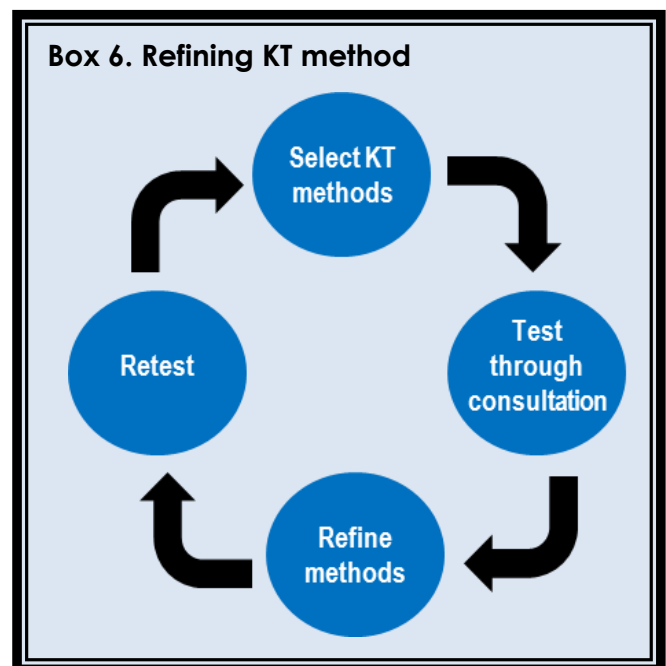
NOTES FOR STEP 6.   Implement the KT plan

STEP 7. Evaluate success of the implemented KT Plan

Many evaluation frameworks have been proposed. This guide applies the **RE-AIM** framework as it emphasises sustainable system-level changes (see Box 7).[14]

The components in Box 7 are discussed below, with key questions, examples of measurement, and helpful tips for each.

> **Box 7. RE-AIM framework**
>
> **Reach** ……………..…. target group received the intervention?
> **Effectiveness** …….…..……... intervention had intended effect?
> **Adoption**……………... intervention adopted by intended users?
> **Implementation….** intervention implemented with high fidelity?
> **Maintenance…….** practice change sustained over long-term?

Reach:
Question: To what extent has the KT activity engaged the key players ("actors")?
Example measures: attendance at training events, website traffic, number of caregivers receiving an information product from an aged care service provider.
> *Tip:* Establishing partnerships with organisational champions will greatly enhance reach.

Effectiveness:
Question: What has been the impact on the knowledge and skills of KT participants?
Example measures: test of nurses' knowledge/skill before and after a KT workshop; survey of public understanding before and after a dementia prevention education campaign.
> Tip: It is more informative to objectively measure increased knowledge or skill than to ask KT participants to self-evaluate perceived increase in knowledge or skill. Often, you don't know what you don't know.

Adoption:
Questions: Have key people ("actors") adopted actions relating to the Innovation?
Example measures: dementia patient adherence to a medication change; meeting accreditation standards; family caregivers increasing use of respite care
> Tip: It is easiest to gather data on knowledge acquisition and attitude change, but these are poor substitutes for measuring actual behaviour change.

Implementation:
Questions: 1. How well was KT carried out, including achieving specified targets and timelines?
2. Did key people implement the innovation faithfully and with high quality?
Example measures: participant surveys on perceived acceptability and quality of KT activities; interview nursing staff on how an Innovative care model has been implemented; chart audit in residential care to ascertain how well an Innovative practice was delivered.
> Tip: Provision of cues, such as handouts that briefly summarise the Innovation, may improve implementation by relevant key players.

Maintenance:
Question: Was this Innovation maintained over time, whether following a single KT intervention or in the context of ongoing support for the Innovation?
Example measures: interviews with aged care service providers to determine ongoing delivery of the Innovative practice; and review of GP medical records to ascertain whether an Innovative practice (e.g. screening) continues to be provided.
> Tip: Reminders about an Innovation, long after an initial KT intervention, are likely to enhance maintenance.

NOTES FOR STEP 7.   Evaluate success

NOTES FOR STEP 7.   Evaluate success

ADDITIONAL TOPICS

A. Is this Innovation "KT ready"

The decision about whether new knowledge is ready for translation will be necessarily specific for each KT plan and context. In part, the decision about "KT ready" will reflect:

- Quality of evidence (*what is the knowledge collection process for the Innovation?*)
- Balancing potential risk and benefit (*do the benefits outweigh the potential costs?*)

Evidence Quality

Quality of evidence can be measured in many ways. Some key concepts for KT planning are:

- Source – where does the new knowledge come from and is it credible?
- Design – in the case of research evidence, how good is the science and is there bias?
- Reproducibility – is the evidence a 'one off' or has it (or a component) been replicated?

The National Health & Medical Research Council (NHMRC) has a hierarchical guide to assessing evidence quality[15] (ref). Generally speaking, a KT plan based on evidence synthesis (i.e. a recent systematic review of many studies) and/or corroboration (e.g. scientific data plus expert recommendation or local record audit), is preferred to a "single study" Innovation. Roll-out of KT plans based on one study or case report should seriously consider risk and benefit issues.

Risk and Benefit

The field of innovation tends, by nature, to be connected with risk. Some major risk types are:

- risk of harm -
  an Innovation is implemented but
    (a) has adverse effects greater than expected or different to 'best evidence', or
    (b) desired outcomes are found be a poor fit with context

- risk of doing nothing -
  this type of risk is a focus of the "knowledge translation time lag"

- risk of poor implementation -
  the Innovation is sound but the application to a specific context is problematic. Insufficient resourcing can be a major culprit for this sort of risk type and underscores the value of rigorous KT planning.

- risk to the organisation -
  from a management perspective, an Innovation which provides modest clinical gain at substantial financial cost or negative staff impact (e.g. dissatisfaction, absenteeism, turnover) may not be a worthwhile return on investment. A KT plan which includes organisational risk may need to provide a business case to relevant management.

The importance of documentation

A key theme when judging KT readiness is documentation. Your KT plan and outcomes, if well-documented and shared, will be a potentially valuable contribution to knowledge. It will assist other people in their decision-making about KT readiness and designing a KT plan for other contexts. (see Additional Topic C "Disseminating your new knowledge")

ADDITIONAL TOPICS

B. Readiness for Change

Understanding whether the key players in your KT plan are ready for change is crucial to planning your KT project and its success. It is important to distinguish between organisational and individual readiness for change. More recent and rigorous research as targeted the latter.

Organisational readiness

Organisational characteristics that contribute to readiness include[16]:

- clear vision and strong leadership,
- workforce and skills development,
- ability to access research (library services),
- fiscal investments,
- acquisition and development of technological resources,
- a knowledge management strategy,
- effective communication,
- a receptive organisational culture, and
- a focus on change management.

Individual readiness

More recent research on "change readiness" has looked at the individuals involved with or affected by a change. In particular, factors that might predict which people may show some resistance to necessary changes in organisational structure, policy, processes or practices.

At one level, individual change readiness is influenced by constitutional factors, such as how a person deals with change of any sort. These sorts of constitutional factors may be out of scope for your KT plan, but will need to be identified, worked with or worked around.
Other individual readiness factors that have greater scope for modification within your KT plan include contextual factors, including:
- personal valence ("what's in it for me?"),
- self-efficacy ("can I do this?")
- appropriateness ("is this relevant or necessary for my organisation/me?").
- perception of contextual factors, particularly management support ("this won't work here - are management supporting it?")

Can you measure "change readiness"?

Yes – although the best quality measures address individual rather than organisational readiness variables. These scales tend to be comprehensive and could be considered for a KT plan supported by a researcher as a key player, and/or a rich multi-factor data collection design and write-up. Examples include measures of constitutional characteristics of people relating to change and individual responses to contextual factors surrounding a change. [17] [18]

Tips for overcoming a readiness barrier

- Obtain management support (at all levels) for the proposed change(s) and KT plan;
- Communicate the drivers for change in the KT plan as well as desired change outcomes;
- Work with managers to:
    (a) specify change behaviours for relevant key players; and
    (b) identify possible inappropriate responses to change; with
    (c) best strategies for dealing with issues early.

ADDITIONAL TOPICS

C. Disseminating your new knowledge

As a number one priority, feedback to the stakeholders and participants is both vital and courteous. It could also affect the likelihood of follow-up projects. This can be a purpose-specific communication, or could be a personal information provision of feedback prepared for another forum (e.g. a copy of a journal publication or newsletter article).

Some ideas -

Local outlets

- Newsletter:
  if the project has not set up a newsletter as part of the regular communications plan (this is possible for some types of projects), then consider drafting a piece for a relevant stakeholder bulletin
- Stakeholder or consumer forum to share results
- Popular media, including community newspapers
- Social Media

Peer-reviewed outlets

The concept of "peer-review" means that the write-up of your KT experience and outcomes has been assessed by experts and peers in the field. Typically this process is blind (i.e. you do not know the identity of the reviewers) and in some cases (e.g. a journal article) you will have an opportunity to consider the feedback and revise your manuscript accordingly.

- Conferences:
  These include scientific symposia (attended by researchers) and professional meetings for continuing education (attended by clinicians)
- Publications:
  Many journals will consider a well-written case study. For speed of turnaround consider an open access online journal.

HELPFUL TIPS:

- It is a good idea to discuss authorship of publications early in a KT plan. Obtain legal advice for matters relating to product patents an intellectual property
- Dissemination method is not an "either/or" choice – to reach different audiences the take-home message from your KT project may need to use several methods
- If planning a peer-reviewed publication, check whether there are rules about how much public dissemination of your results can occur before submitting your manuscript - e.g. some journals will consider access to the findings on a website as pre-publication of data
- Many journals will require a statement about the ethical review of a project. As a foresight to this issue, check EARLY in your KT planning what the possible ethical issues may be and which organ of governance provides oversight and approval.

In disseminating the results and experience of your KT activity, remember that hindsight is an exact science and you've learnt a lot on this journey: think about what you would have liked to know before commencing this or a similar plan!

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