

**The  
Strategy  
Unit.**

# Knowledge sharing



**Midlands and Lancashire**  
Commissioning Support Unit

# Introduction: Why share?

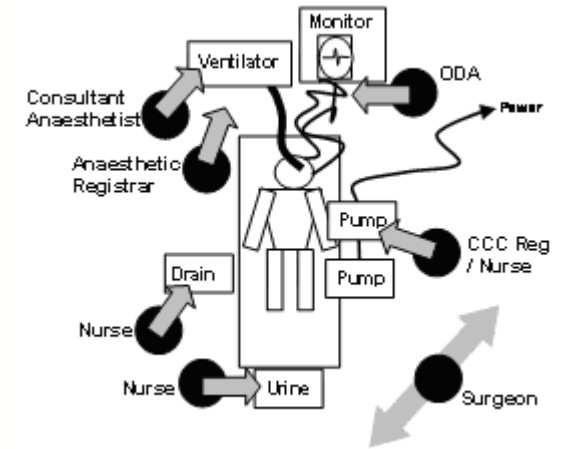
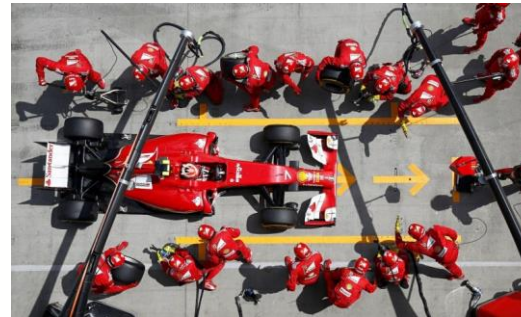
- **Knowledge sharing is vital for sharing good practice, enabling adoption and spread of innovations, and preventing people from making the same mistakes again.**
- Health professionals have a wealth of knowledge and information to draw upon when trying to solve problems and come up with innovative ideas.
- However, there is a common mistake that people make when it comes to knowledge sharing....
- **They leave it until the end!**

This guide will introduce you to different types of knowledge, some principles and techniques for knowledge sharing.

# Knowledge sharing in practice

Great Ormond Street Hospital Clinicians learned from F1 pit stops to improve surgical handovers.

<http://asq.org/healthcare-use/why-quality/great-ormond-street-hospital.html>



## Navigating the maze

a story about knowledge sharing in a community health & social care team

by Vicky Ward with illustrations by James McKay

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This poster tells a story about how members of a community health and social care team share knowledge. Read the story in a clockwise direction, starting at the top. In Italics you will see some questions which could be used to help the team share knowledge during the story.

Often it will only be one person in the team that has a connection to a service that Joan needs. If they're not around it's difficult for the team to work out who else could help.

**Who else might know something about this situation? Who do you need to talk to?**

When the Ashgrove team get to the stage of trying to get Joan the support that she needs, they often run into problems. Sometimes they don't know which label to use, and so end up using the wrong label for Joan or the difficulties that she is having. This means that she gets handed back to them pretty quickly and the team don't manage to get her the help that she needs.

**How do you capture what you know? How do you share what you know?**

New people who join the discussion soon realise that they have to be careful about what they say and the kinds of questions they ask because there are all these minefields to step on. Sometimes this makes people reluctant to share their knowledge and ideas about how to help Joan until they know that the time is right.

**What do you know or think about the situation you are discussing? Do you all know or think the same?**

The world that the Ashgrove team work in seems pretty chaotic. Knowledge and information about the kinds of help and support that is available for the people they look after is all around them. Everything that they could possibly need is probably there somewhere, but things are so busy that there isn't much headspace for the team to think about what they really need or how to access it.

**What is the issue you need to address? What do you need to know?**

Even if they did know what they needed, there are so many layers and options that finding the right person to open the door to a service would probably be a bit of a lottery. It can all seem a bit confusing and oppressive, especially if you're new to it all.

Into that chaotic world comes Joan. Joan is being looked after by the Ashgrove team and once a week they get together to think and talk about the kind of help and support that she needs. To newcomers it can sometimes seem as though Joan is being treated as if she is a parcel.

Some of the ideas and suggestions that people throw into the pot aren't very welcome or seem impossible to achieve. It sometimes looks as if people are holding up shields to protect themselves from these ideas. These shields are made up of rules about the way that things are done, who has permission to do what or the kinds of things that are OK to say or suggest.

The Ashgrove team package her up and put a label on her and the difficulties she is having. This makes her a bit more abstract but means that they can throw ideas and suggestions into the pot about who to pass her on to and how to get her the help that she needs.

**Have you dealt with a situation like this before? What do you know about how to address this situation?**

**Who do you need to listen to? What might influence your ability to use knowledge?**

The story and questions are based on observations made during an independent research project funded by the National Institute for Health Research. The team is real, but the characters named in the story are fictional and not based on any one individual. For more stories and further information about the knowledge sharing questions visit <http://medhealth.leeds.ac.uk/mobilisinghealthandsocialcareknowledge> | <https://issuu.com/vlward2012>



Vicky Ward demonstrates the benefits of knowledge sharing in a **Community Health and Social Care Team:**

[https://issuu.com/vlward2012/docs/job\\_34205\\_vicky\\_ward\\_poster](https://issuu.com/vlward2012/docs/job_34205_vicky_ward_poster)

# Sources of knowledge



*(Diagram adapted from Dez Holmes, Research in Practice)*

There are a number of different sources of knowledge in healthcare: academic research, national policy, lived experience and professional practice and experience.

**Knowledge sharing is the interaction between these.**

# When to share?

(Ward et al, 2012)

- 1) To help you **understand the problem** you are trying to address.
  
- 1) When you are **identifying the knowledge available or needed** to address the problem.
  
- 2) To help you **understand the context** in which you are working.
  
- 3) When you are identifying, sharing and accessing relevant knowledge **to help solve a problem.**
  
- 4) When you are **considering how to use the knowledge you have.**

# How to share: Principles



(Unilever's 5 levers for change)

**Unilever's 5 levers for change** were developed as an approach to motivate people to shift (and stick with) to more sustainable behaviours.

The principles are helpful when thinking about how to **share knowledge and implement a change.**

# How to share: Principles

Vicky Ward (2017) developed framework and set of principles that can help facilitate knowledge sharing in a multidisciplinary team:

1. Have a **shared aim**
2. Admit and **explore uncertainties.**
3. **Ask questions** about the situation, how and why decisions have been made or actions taken.
4. **Make connections** between the current situation and previous similar situations that have been overcome – how can the learning be applied to this situation?
5. **Be open and willing to learn from others.**
6. **Take time to think**, reflect and tell stories about the situation and past experiences.
7. **Make it personal!**

# How to share: Techniques

Knowledge for Healthcare have also developed a toolkit which provides some techniques for sharing learning, such as:

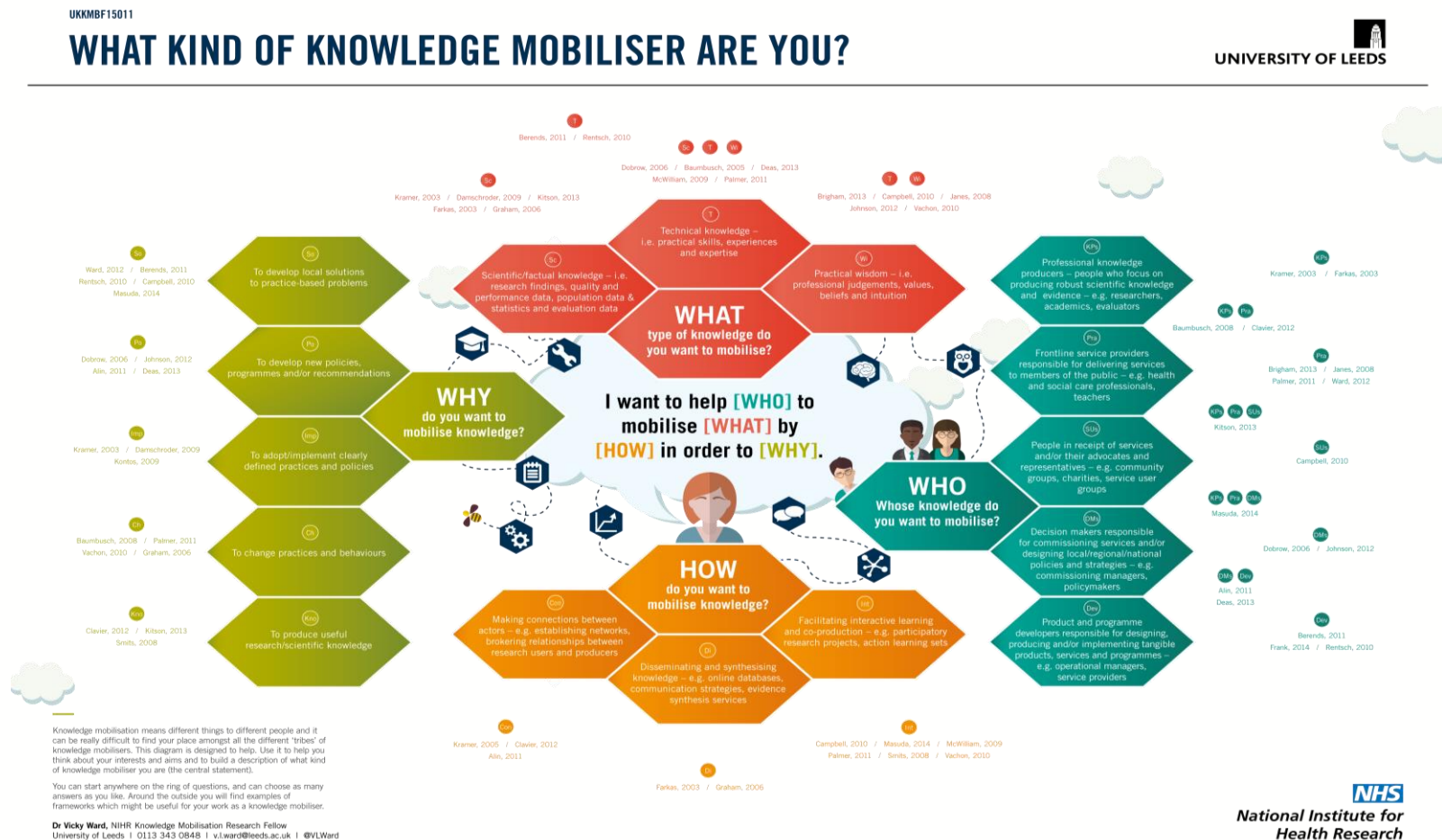
- After action reviews
- Post project appraisal
- Story telling
- Elicitation interviews
- Knowledge harvesting

These can be accessed here: <https://kfh.libraryservices.nhs.uk/knowledge-management/km-goals-tools-and-techniques/>



# How to share: Techniques

Vicky Ward (2017) also provides a guide to help you identify your interests and aims in knowledge sharing, as well as some useful frameworks to support you in your work.



[https://issuu.com/vlward2012/docs/a1\\_poster](https://issuu.com/vlward2012/docs/a1_poster)

# Knowledge-to-action in a complex system

**Turning knowledge into action in a complex system like the NHS can be a challenge.** When planning an innovation project or change programme, and considering how to disseminate learning and build buy-in, Holmes et al (2017) provide the following for consideration:

- 1. Co-produce knowledge**, ensuring that the right people are involved
- 2. Establish shared goals and shared measurements**, to deliver the big picture
- 3. Enable and support leadership, at all levels**
- 4. Ensure adequate resourcing**, to produce change over and above business as usual
- Contribute to the science of knowledge into action, through **monitoring and evaluation of initiatives**
- 6. Be strategic with communication**, consider who needs to do, think, feel and believe for an initiative to be successful

# References

- Holmes et al, (2017) Mobilising knowledge in complex health systems: a call to action, *Evidence & Policy*, 13 (3), pp. 539-60.
- Sower E, Duffy J and Kohers G (2007) Great Ormond Street Hospital for Children: Ferrari's Formula One Handovers and Handovers from Surgery to Intensive Care, in *Benchmarking for Hospitals: Achieving Best-in-Class Performance Without Having to Reinvent the Wheel*, ch.10.
- Unilever, (2011) 5 levers for change, [https://www.unilever.com/Images/slp\\_5-levers-for-change\\_tcm244-414399\\_en.pdf](https://www.unilever.com/Images/slp_5-levers-for-change_tcm244-414399_en.pdf)
- Ward, (2017) Knowledge sharing in inter-professional teams: a toolkit <http://mobilisinghealthandsocialcareknowledge.wp.st-andrews.ac.uk/files/2018/06/Toolkit.pdf>
- Ward et al, (2012) Exploring knowledge exchange: a useful framework for practice and policy. *Social Science and Medicine*, 74 (3):297-304