

Performing arts as new knowledge transfer strategy

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CONTEXT

Researcher experience great difficulty reaching their target audiences: the **general public** is generally put off by academic articles, **health care professionals** are overwhelmed by them and **decision makers** are mostly interested in the recommendations of a study.

The knowledge transfer challenge is augmented if the results of the study are important and relevant **to implement change for and by** these three groups of citizens.

Reflections about challenges in traditional knowledge transfer strategies brought to light **the universal language of the arts.**

What if scientific objects of knowledge transfer such as scientific articles, study reports, conferences or webinars **were turned into artistic experiences?**

OBJECTIVES

1-Create a stage adaptation (circus show) of a study report on rural emergency services in Québec, Canada using **circus arts, digital arts** and **participatory technologies.**

2-Evaluate its impact on
1) interest in the form of the KTS
2) understanding of its content,
3) change in behavior following the KTS.

3-Compare the results of the stage adaptation **with a study report** and **webinar.**



*KTS=knowledge transfer strategy

STUDY DESIGN + POPULATION

Study Design: Multi-phase **(3)** mixed study design.

Phase 1-Qualitative

Phase 2-Concurrent mixed quasi-experimental study

Phase 3-Explanatory qualitative

Setting: All phases are population-based in three different rural settings in the province of Québec.

Population studied:

Phase 1-All artists (n= 5) and members of the research team (n= 5).

Phase 2-Quota sampling of male and female citizens, health care professionals and decision makers (n=30 for 3 interventions x 3 rural areas. Total n= 270).

Phase 3-Mix participants from 3 interventions (2 groups total n=14).

INTERVENTIONS

Phase 1-Observational grid: **observe** and document the administrative, logistical and **creative process** of the stage adaptation.

Phase 2-Before-after surveys for the **three experimental groups:**

- 1) **show**
- 2) **webinar /powerpoint presentation **
- 3) **study report.**

Phase 3-Focus groups on data from phase 2.

ANTICIPATED RESULTS + OUTCOMES

Anticipated Results:

The show is predicted to have a **better impact** on the **interest** in the form of the KTS and in the **understanding** of its content leading to a **change in behavior.**

Anticipated outcomes:

- 1-Enhance health KTS using the arts.
- 2-empower rural population
- 3-Create change in behavior.
- 4-Raise interest for scientific research.

PARTNERS



REFERENCES

- Francourt, D., Saoirse,F (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. Health evidence network synthesis report 67, WHO, 2019. 133p.
- Boydell, K. M. et al. (2012) The Production and Dissemination of Knowledge: A Scoping Review of Arts-Based Health Research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 13(1).
- Rossiter, K., et al. (2008), Staging data : Theater as a tool for analysis and KT in health research, *Social Science & Medicine*, Vol. 66 (1): p.131.