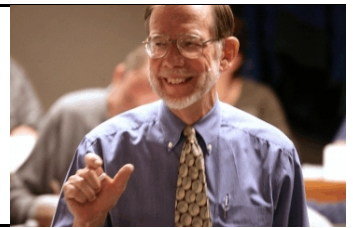


Bob

Behn's Performance Leadership Report

An occasional (and maybe even insightful) examination of the issues, dilemmas, challenges, and opportunities for improving performance and producing real results in public agencies.



On how public executives can contribute to

Vol. 8, No. 4, December 2009

Copyright © 2009 by Robert D. Behn

Closing the Knowledge-Practice Gap

Today, every profession seeks to be “evidence-based.” (What’s the alternative? To be superstition-based?)

This focus on evidence—on figuring out how to connect effects to their causes was created by the medical profession. Indeed, as the 1950s field trials for the Salk polio vaccine illustrate, medicine has some built-in advantages when looking for evidence about what treatments work and what ones don’t—evidence that will be broadly (though never universally) accepted.

The medical profession can design and implement the gold standard for comparing the results from a single, specific treatment with the results from a placebo. It can assign—on a purely random basis—some people to get the treatment and some people to get the placebo. It can deny the treatment to those who receive the placebo. It can limit the treatment, isolating it to a single factor. And it can prevent those who will get the treatment or the placebo—and everyone with whom they will come in contact—from knowing who got which.

Most other professions—and the public-management profession in particular—can rarely replicate all of these conditions. Still many professions are adopting the evidence-based language, if not necessarily the identical approach. We now have evidence-based education, evidence-based social work, evidence-based teaching, evidence-based design in architecture, evidence-based librarianship.

Even the popular culture cannot resist. As Gary Trudeau has one of his *Doonesbury* characters say: “It’s an evidence-based world now.” If you don’t already have your own evidence-based Web site and research institute, it’s probably too late.

What, however, makes something evidence-based? For medicine, David Sackett now at the University of Toronto and his colleagues developed the widely accepted definition:

Evidence based medicine is the conscientious, explicit, and judi-

cious use of current best evidence in making decisions about the care of individual patients . . . integrating individual clinical expertise with the best available external clinical evidence.

To Sackett “evidence based medicine is not ‘cookbook’ medicine,” nor is it “restricted to randomised trials and meta-analyses.” Rather, he and his colleagues emphasize, “good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough.”

The same would apply to evidence-based management. Indeed, **Jeffrey Pfeffer and Robert Sutton** of Stanford, two prominent advocates of evidence-based management, argue that evidence-based medicine is “a model for evidence-based management.”

Evidence-based management can help close the gap between knowledge and practice. Managers, however, must be willing to reject conventional wisdom and focus on what we know about the linkages between managerial causes and societal impacts.

Specifically, they write, evidence-based management requires “a mindset with two critical components.”

The first is a “willingness to put aside belief and conventional wisdom”—“instead hear and act on the facts.”

Their second component is “an unrelenting commitment to gather the facts and information necessary to make more informed and intelligent decisions, and to keep pace with new evidence and use the new facts to update practices.”

In her 2005 presidential address to the Academy of Management, **Denise Rousseau** of Carnegie Mellon explored the “promise” of evidence-based management. To Rousseau, “evidence-based practice is not one-size-fits-all; it’s the best current evidence coupled

with informed expert judgment” with six features:

- learning about *cause-effect* connections . . . ;
- isolating the variations that measurably affect desired outcomes;
- creating a culture of evidence-based decision making and research participation;
- using information-sharing communities to reduce overuse, underuse, and misuse of specific practices;
- building decision supports to promote practices the evidence validates . . . ; and
- having individual, organizational, and institutional factors promote access to knowledge and its use.

Rousseau argues that evidence-based management offers “a guide to closing the research-practice gap,” which she views as quite “large.”

In her address, Rousseau asked a question: “Is there such a thing as evidence-based management?” Her answer: “no—at least not yet.” Managers, she notes, “work in settings that make valid learning difficult.” “Sadly,” continues Rousseau “there is poor uptake on management practices of known effectiveness (e.g., goal setting and performance feedback).”

Yet, the **PerformanceStat** leadership strategy has, at its core, precisely this management practice: the setting of targets followed up with feedback on the level of performance.

Indeed, **PerformanceStat** has the potential (but only the potential) to give a public agency or governmental jurisdiction the opportunity to practice evidence-based management. **B**

Robert D. Behn is a lecturer at Harvard University's John F. Kennedy School of Government where he chairs the executive-education program “**Driving Government Performance: Leadership Strategies that Produce Results.**” His publications include: *Performance Leadership: 11 Better Practices That Can Ratchet Up Performance.*