

Knowledge Translation 101

Kelly Warmington, BEd MEd PMP

Knowledge Translation and Exchange Specialist

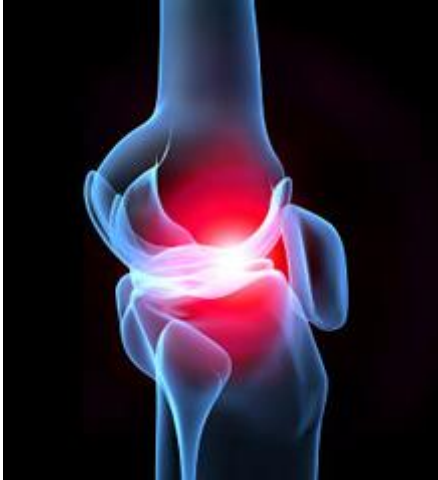
Education Resource Group | Learning Institute

July 4, 2014



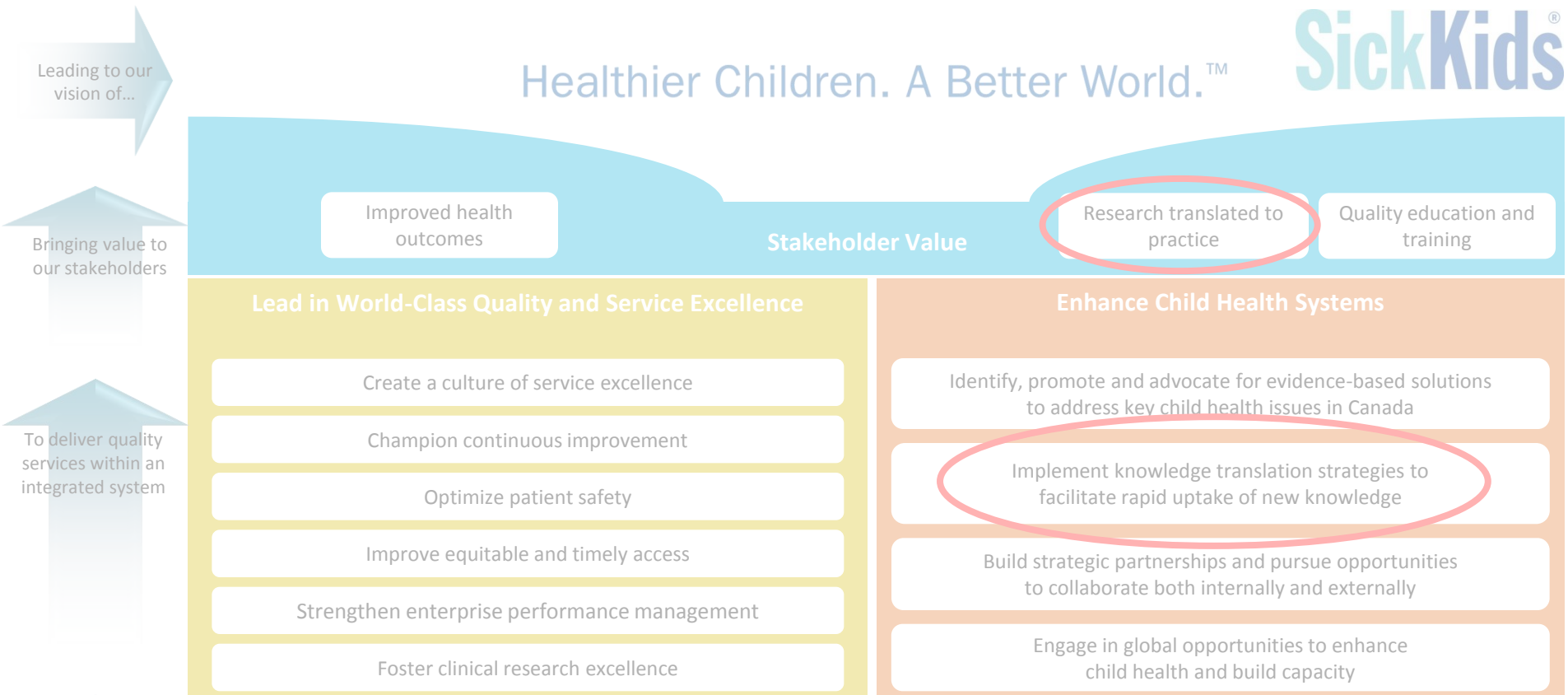
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About me...



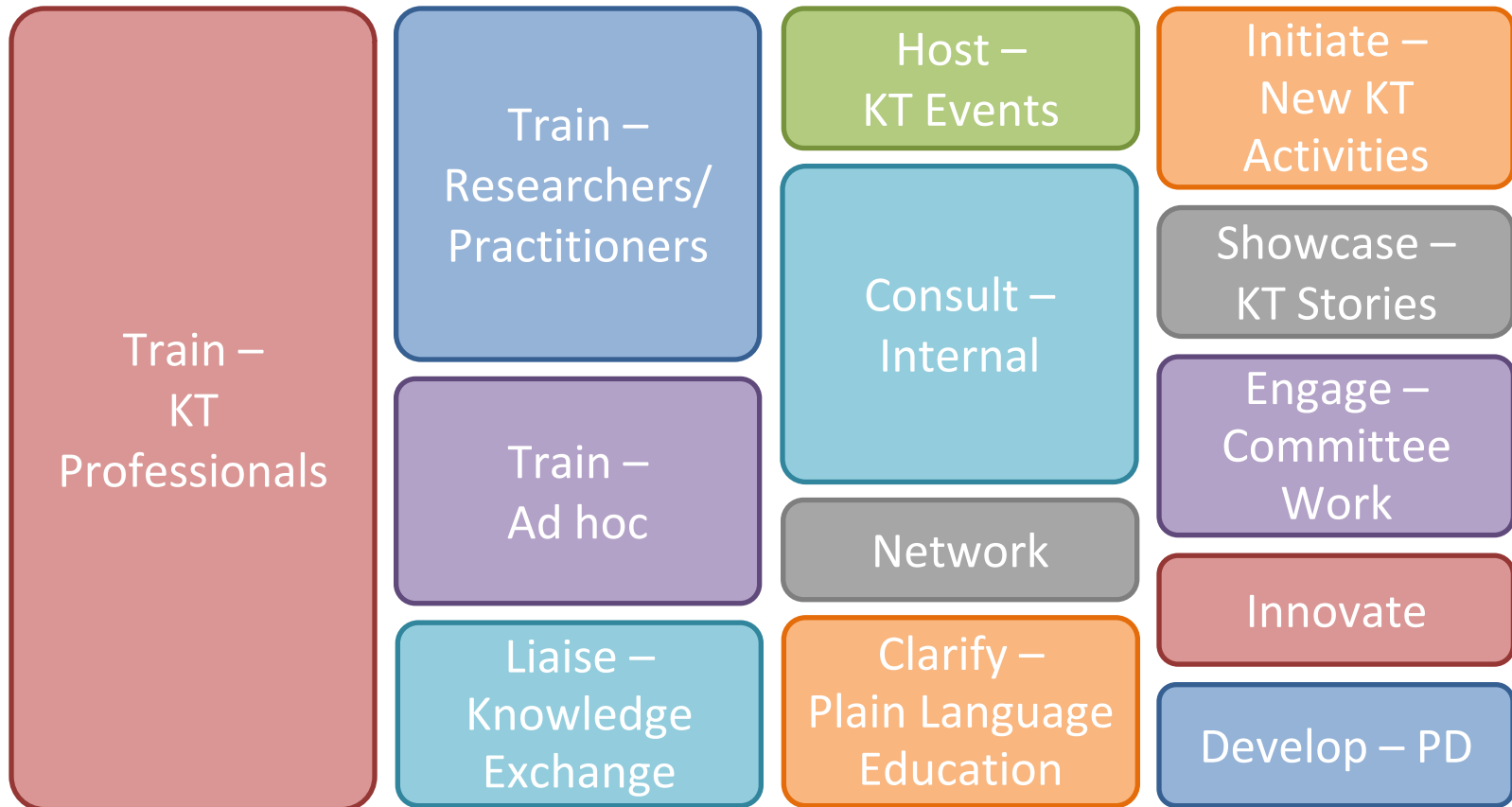
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**The Knowledge Translation Program
develops partnerships, resources, and training
to strengthen KT capacity within
the hospital and beyond.**

KT Specialist Role



Learning Objectives

Participants will be able to:

1. Define knowledge translation (KT) and related terms.
2. Summarize the components of a KT plan.
3. Discuss evidence-based and emerging KT strategies.
4. Identify KT planning resources.



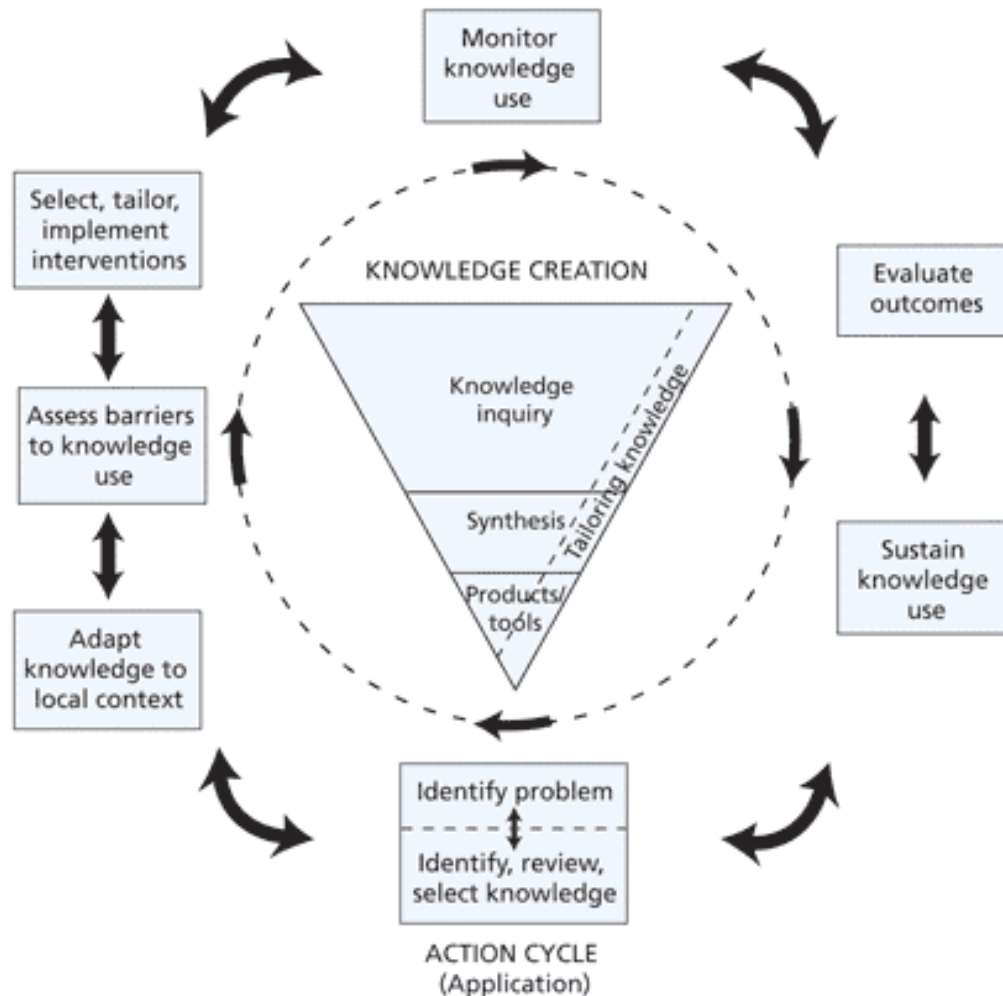
Do you have a background in...

- **Quality Improvement?**
- **Project Management?**
- **Research?**
- **Behavioural Science?**
- **Communications?**
- **Education?**



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Knowledge to Action Cycle



OR...

- **Consolidated Framework for Implementation Research (Laura Damschroder et al.)**
- **Theory of Planned Behaviour (Icek Ajzen)**
- **Stages of Change (Prochaska and DiClemente)**
- **Diffusion of Innovation (Everett Rogers)**
- ...

Vasco da Gama

<http://vimeo.com/45757954>

<http://eenet.ca/about-us/>



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A
T R E A T I S E
ON THE
S C U R V Y.
IN THREE PARTS.

CONTAINING

An Inquiry into the Nature, Causes,
and Cure, of that Disease.

Together with

A Critical and Chronological View of what
has been published on the Subject.

By JAMES LIND, M. D.

Fellow of the Royal College of Physicians in Edinburgh.

The SECOND EDITION corrected, with Additions
and Improvements.

L O N D O N :

Printed for A. MILLAR in the Strand,
MDCCLVII.



104

- **1497** Vasco da Gama and crew of 160, of which 100 die of scurvy; citrus suspected as cure

146

- **1601** Capt. James Lancaster sails with four ships; one given 3 tsp lemon juice daily: 0% mortality compared to 40% mortality on other 3 ships

48

- **1747** British Navy doctor James Lind conducts randomized trial of 6 treatments for scurvy; again citrus proves effective

70

- **1795** British Navy declares citrus a part of diet on all navy ships

368

- **1865** British Board of Trade adopts 'innovation' at the policy level due to ground-up adherence

The 368 year gap is down to 17...

- **17 years to translate evidence** from discovery into health care practice¹
- But, only **14 % of it is believed to enter day-to-day clinical practice**²
- For every **\$1 spent on new discoveries** ➔ **\$0.01 is spent on disseminating** information³

1. Balas EA, Boren SA. 2000

2. Westfall JM, Mold J, Fagan L. 2007

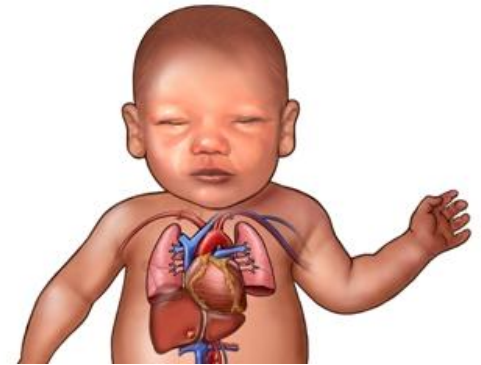
3. Woolf. 2006



Translated to Practice!

Issue:

In the mid 90s SickKids was performing 16-20 infant heart transplants/year.



Innovation:

ABO-incompatible heart transplantation for infants. West et al. (2001) published results of ABO-incompatible heart transplants in 10 infants.

Implementation:

After the institution of ABO-incompatible heart transplants, mortality rates among infants awaiting a transplant fell from 58% to 7%. The post-transplant 1-year survival rate was 80% (comparable to those who receive ABO-compatible hearts).



KT Pop Quiz

How many journal articles would you have to read each day to stay up to date in your field?

- i. 5
- ii. 10
- iii. 15
- iv. 20
- v. 25



(Shaneyfelt, JAMA 2001, anecdotal)



TERMINOLOGY



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Knowledge Translation

Knowledge translation is the exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system.

CIHR



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Knowledge translation is about the application and use of the best available evidence to benefit health and well-being

Evidence?



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GOLD STANDARD?

Hazardous journeys

Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

Gordon C S Smith, Jill P Pell

Evidence

Academic research

Practitioner expertise and experience

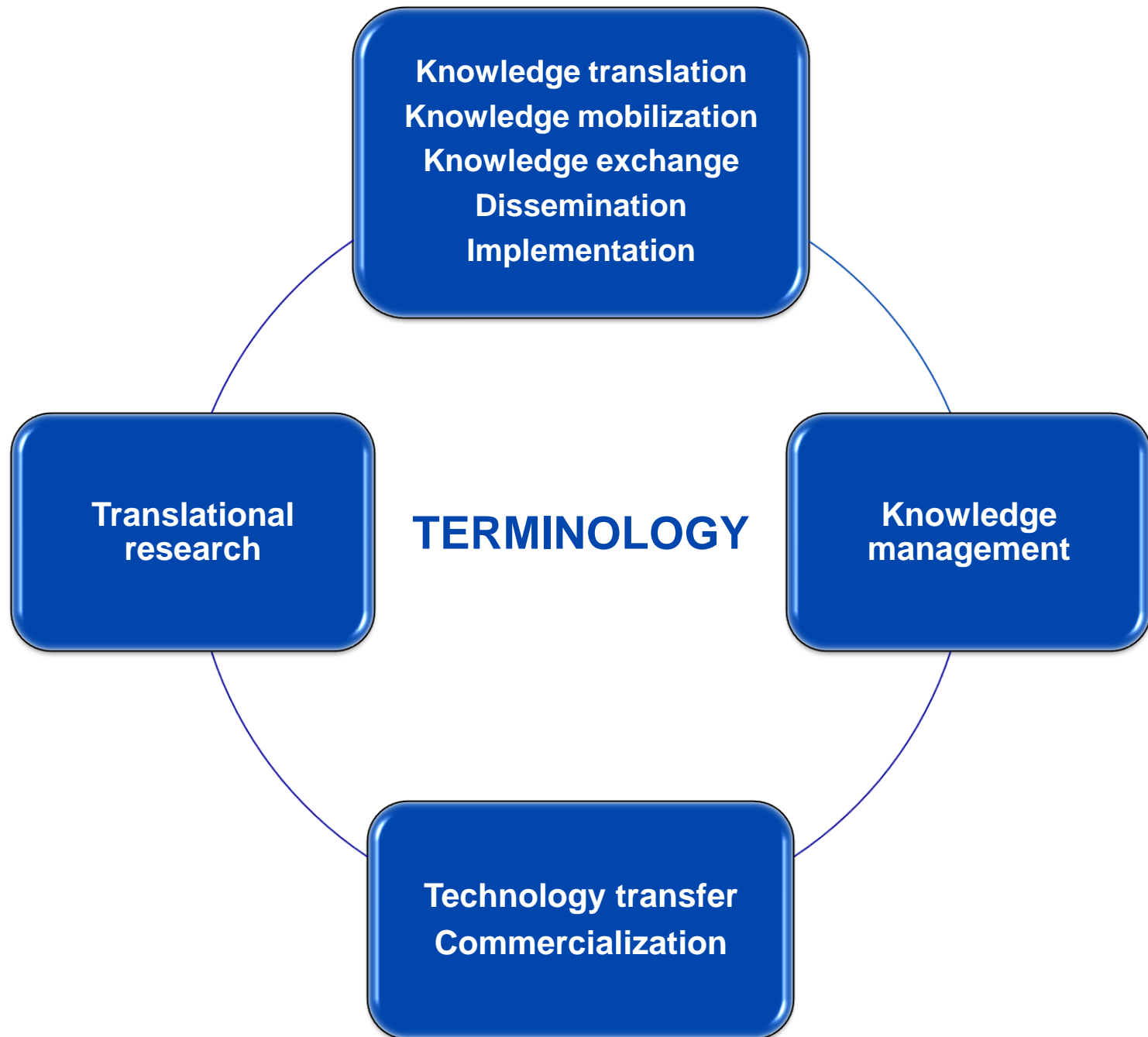
Intended population/Local context

(Adapted from the PARiHS model)



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Knowledge Mobilization

Getting the right information to the right people in the right format at the right time, so as to influence decision-making.

Social Sciences and Humanities Research Council of Canada.
From the French conceptualization – mobilisation – making ready for service or action – Peter Levesque.

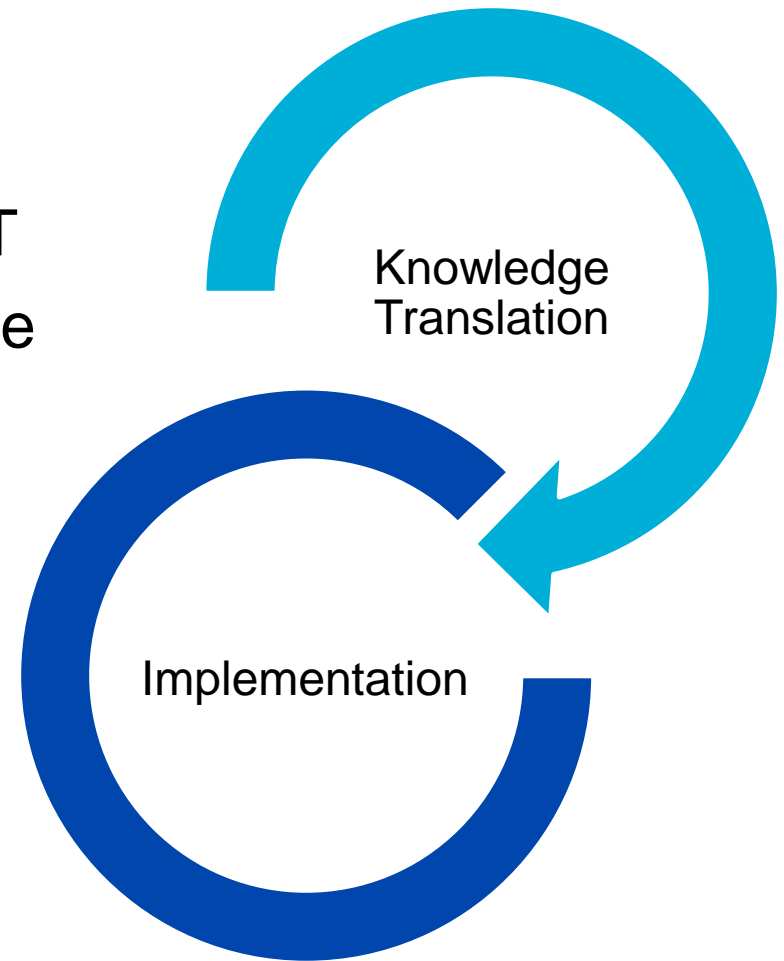


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Implementation

Implementation is the use of KT strategies to adopt and integrate evidence-based interventions and change practice patterns within specific settings.



Community Engagement Program, Clinical &
Translational Science Institute, University of California

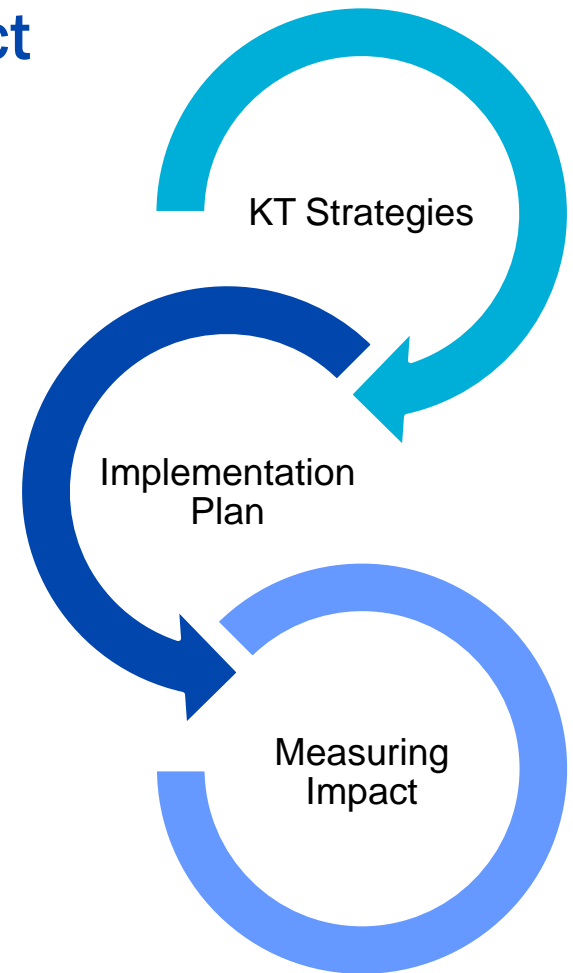


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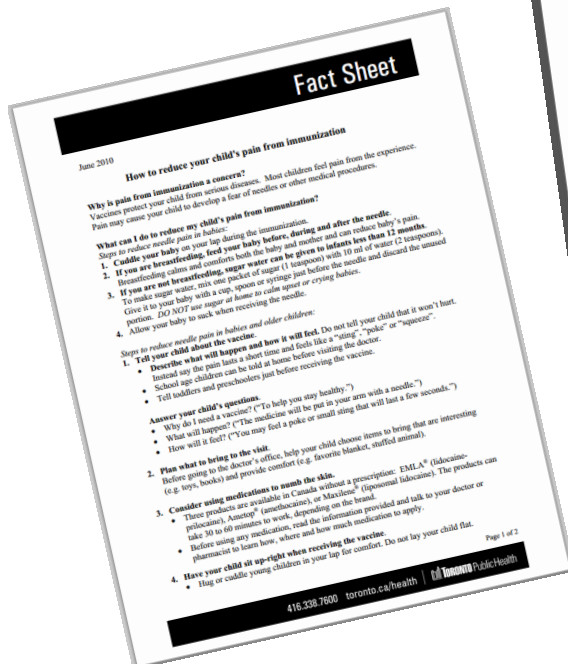
Strategies, Implementation and Impact

- What **KT strategies** will you use and why?
 - What...
- How will you **implement** your strategies?
 - Who, when, where, how...
- With what **impact**?
 - How will you know...



Reducing Pain During Immunization

Dr. Anna Taddio



The 4 P's of Pain Management during Vaccine Injections A Clinician's Guide: Babies up to 1 year old



Plan ahead

Vaccine injections can be painful and stressful for babies, parents and clinicians, but you can really make a difference.

For your next vaccine injection, plan with parents to make it less painful and stressful.

Ask parents to:

- 1) Apply topical anaesthetics to numb the skin – these can be purchased at a pharmacy without a prescription.
- 2) Give the baby sugar water for comfort – make sugar water at home or at the clinic by mixing 1 teaspoon of sugar with 2 teaspoons of water.
- 3) Distract the baby – use an age-appropriate item.

Read the 4 P's of vaccination pain management below and combine these evidence-based strategies to improve pain relief.

For more information and a video, visit the SickKids (The Hospital for Sick Children, Toronto, Canada) website: www.aboutkidshealth.ca/pain-free-injections

STEP 1: PHARMACOLOGICAL (PAIN MEDICINE)



TOPICAL ANAESTHETICS

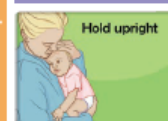
- Available products: lidocaine (Maxilene™), tetracaine (Ametop™), lidocaine-prilocaine (EMLA™).
- Apply to injection site 30 to 60 minutes before injection.
- Two doses may be needed (one for each arm or leg) if 2 or more injections are being given.
- May cause temporary reddening or whitening of skin – this is normal. If a rash appears it could be an allergic reaction – be aware of this.



• Have parents give the baby sugar water to drink right before the injection.

• Instruct parents to avoid acetaminophen, ibuprofen, ice or cold sprays before injection – these have not been proven to reduce injection pain. After injection, acetaminophen or ibuprofen may be used to relieve fever or discomfort.

STEP 2: PHYSICAL (BODY POSITION AND ACTIVITY)



HOLD

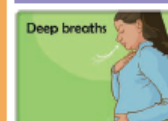
- Have parents hold the baby on their lap or hug them during injection. This helps the baby stay still and feel secure.
- Advise parents not to hold their baby too tightly – this can increase pain and distress.

BREASTFEED

- Encourage mothers to breastfeed their baby before injection, and continue during and after injection.
- If 1 injection is planned, have the parent position the baby to expose 1 leg; expose both legs for 2 or more injections.
- If the baby cannot be breastfed, have parents offer a bottle or pacifier before injection and continue during and after injection.



STEP 3: PSYCHOLOGICAL (THOUGHTS AND BEHAVIOURS)



BREATHE DEEPLY

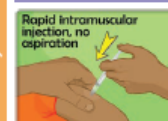
- Direct parents to stay calm and use a normal speaking voice. This will help the baby stay calm.
- If they are nervous, prompt parents to take slow, deep breaths before and during injection, while holding the baby. They should breathe so their stomach expands, not their chest.

DISTRACT

- Distract the baby. Some distractions that can be used: rocking, cuddling, singing, talking, sucking (breastfeeding or pacifier). Distract with toys or objects (bubbles, pop-up books, rattles) only when the baby is calm enough to do so; otherwise, distress may be increased.



STEP 4: PROCEDURAL (INJECTION TECHNIQUE)



NO ASPIRATION

- Perform all intramuscular injections quickly without prior aspiration. Aspiration is unnecessary because the sites used for vaccination are devoid of large blood vessels.

ORDER OF INJECTION

- When multiple injections are to be given, inject the most painful one last.
- There is insufficient evidence for or against simultaneous injections.



These are scientifically proven ways of reducing pain in babies during vaccine injections. Talk with the parent about what worked and plan ahead to make the next vaccination less painful.

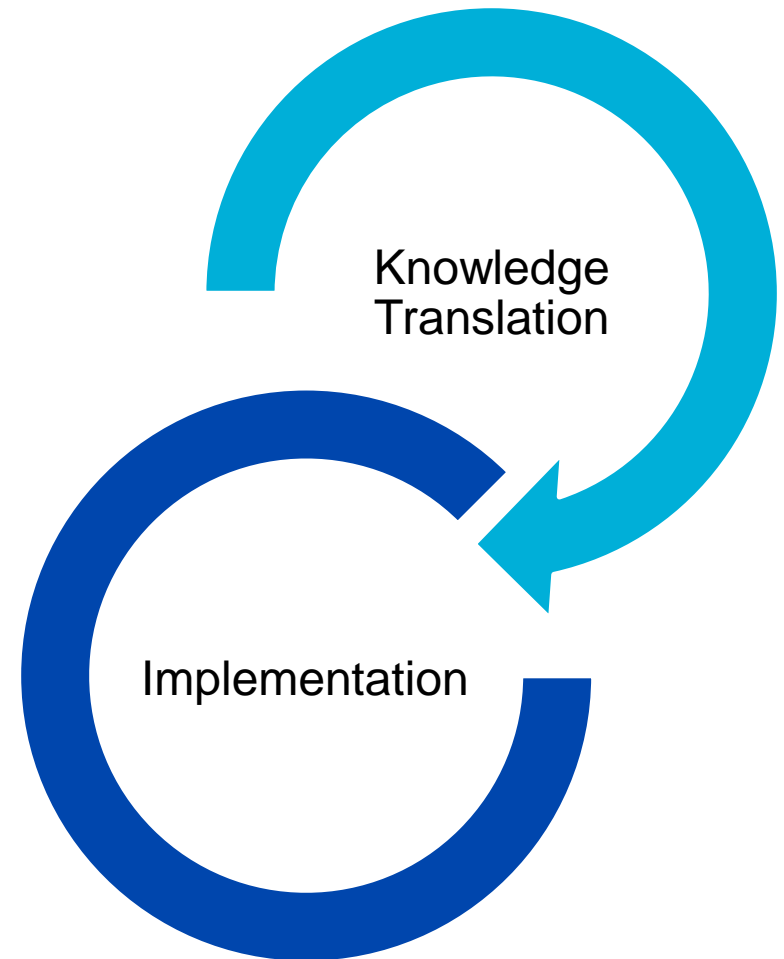


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See over for children over 1 year old

Implementation

Is it being done with **fidelity**,
to **scale**,
and is it **sustainable**?



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Fidelity

<http://www.youtube.com/watch?v=dMAS2S51bM8>



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Why is KT important?

- Estimates from research in the US and Netherlands:
 - 30-45% of patients are not receiving care according to scientific evidence
 - 20-25% of care provided is not needed or potentially harmful

Grol, 2001; McGlynn et al., 2003; Shuster et al., 1998.

- In a study of eight health policy-making processes in Canada, only one process had citable health services research used in all stages of the policy-making process

Lavis, 2002.



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KT Strategies Work

- The probability of providing the right care can be increased by up to:
 - **68%** through **educational outreach and social marketing**
 - **250%** by offering **feedback to clinicians** about their performance
- Office reminders for cholesterol treatments prevented 7 times more deaths than the cholesterol reducing drugs

Woolf & Johnson, 2006.



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Obstacles to KT

- ✗ High **costs** of translating
- ✗ Don't know **who** to involve
- ✗ Lack of **skills and expertise**
- ✗ Fear of **compromising excellence** for relevance
- ✗ Lack of academic **incentives**



AND

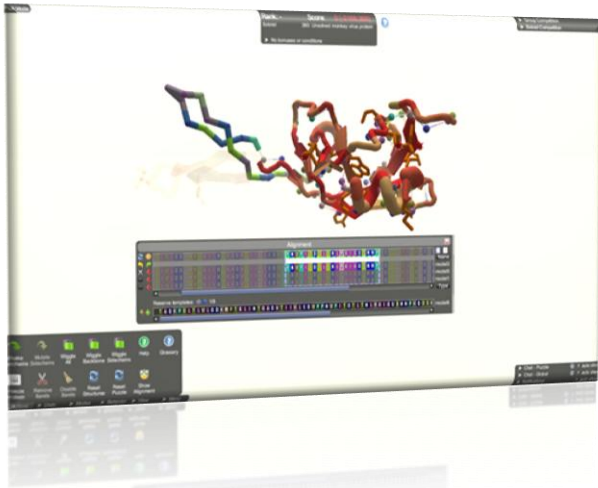
SickKids Survey, 2003

- ✗ Lack of **autonomy/decision-making power**
- ✗ Lack of **organizational culture** for KT
- ✗ Volume of **evidence**



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The Power of Collaboration



Online gamers have solved a molecular biology puzzle that may lead to new drugs to fight HIV...

Foldit is a game in which players compete and co-operate to find the best ways to **fold a protein** into a 3D structure based on the laws of physics.

The problem solved by *Foldit* players recently involved a protein from the virus that causes **AIDS in rhesus monkeys**.

Researchers have been trying to figure out its shape for 15 years. *Foldit* players managed to solve the puzzle in just a few days.

CBC News Sept 19, 2011



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Peer-reviewed Video Publication

www.jove.com/video/51318/the-multiple-sclerosis-performance-test-mspt-an-ipad-based-disability

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CTM The Multiple Sclerosis Performance Test (MSPT): An iPad-Based Disability Assessment Tool

Richard A. Rudick¹, Deborah Miller¹, Francois Bethoux¹, Stephen M. Rao², Jar-Chi Lee³, Darlene Stough¹, Christine Reece², David Schindler⁴, Bernadett Mamone¹, Jay Alberts⁴

¹Mellen Center for Multiple Sclerosis Treatment and Research, **Cleveland Clinic Foundation**, ²Center for Brain Health, **Cleveland Clinic Foundation**, ³Quantitative Health Sciences, **Cleveland Clinic Foundation**, ⁴Department of Biomedical Engineering, Lerner Research Institute, **Cleveland Clinic Foundation**

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0:05 Title

1:40 Preparation for Multiple Sclerosis Performance Test and Conducting the Walking Speed Test

3:10 Conducting the Balance Test

3:56 Conducting the Manual Dexterity Test

5:23 Conducting the Visual Function Test

6:03 Conducting the Cognitive Processing Speed Test


9:02 Results: Multiple Sclerosis Performance Test


10:37 Conclusion


This article is **Open Access**.


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MRI



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MaRhhhhh I



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Q & A

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KT PLANNING



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Knowledge Translation Planning Template©



Scientist
Knowledge
Translation
Training™



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Translation
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INSTRUCTIONS: This template was designed to assist with the development of Knowledge Translation (KT) plans for research but can be used to plan for non-research projects. The Knowledge Translation Planning Template is universally applicable to areas beyond health. Begin with box #1 and work through to box #13 to address the essential components of the KT planning process.

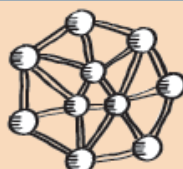
(1) Project Partners



- ☐ researchers
- ☐ consumers - patients/families
- ☐ the public
- ☐ decision makers
- ☐ private sector/industry
- ☐ research funding body
- ☐ volunteer health sector/NGO
- ☐ practitioners
- ☐ other



(2) Degree of Partner Engagement



- ☐ from idea formulation straight through
- ☐ after idea formulation & straight through
- ☐ at point of dissemination & project end
- ☐ beyond the project

Consider: Not all partners will be engaged at the same point in time. Some will be collaborators, end users or audiences, or people hired to do specific activities.

(3) Partner(s) Roles



(1) What do the partner(s) bring to the project?

(2) How will partner(s) assist with developing, implementing or evaluating the KT plan?

Action: Capture their specific roles in letters of support to funders, if requested.



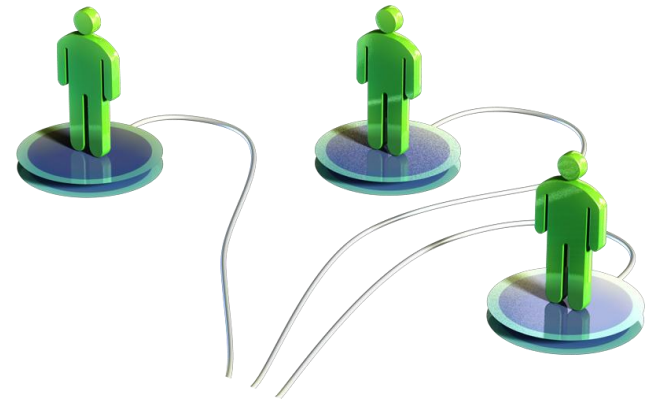
(4) KT Expertise on Team



- ☐ scientist(s) with KT expertise
- ☐ consultant with KT expertise
- ☐ knowledge broker/specialist
- ☐ KT supports within the organization(s)
- ☐ KT supports within partner organization(s)
- ☐ KT supports hired for specific task(s)

Key Components of a KT plan

- 1) Who are your **partners** and **knowledge users**?
- 2) How and when will you **engage** them?
- 3) What are your **main messages**?
- 4) What are your **KT goals**?
- 5) What **KT strategies** will you use?
- 6) How will you **implement** your strategies?
- 7) With what **impact**? ...and how will you **know**?
- 8) What **resources** are required (budget, staffing, skills, etc.)



Getting Started with Implementation

Answer the following questions for each local setting (real or virtual).


1. What should be transferred?
2. To whom should the knowledge be transferred?
3. By whom should the knowledge be transferred?
4. How should the knowledge be transferred?
5. With what effect should the knowledge be transferred?

Adapted from Lavis et al. 2003





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KT vs. Implementation



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Developmental Disabilities Primary Care Initiative

Adults with developmental disabilities have poorer health and greater difficulty accessing primary care than the general population. The "Primary Care of Adults with Developmental Disabilities – Canadian Consensus Guidelines", published in the Canadian Family Physician in 2011, make recommendations on how to provide appropriate, effective and ethical care to adults with developmental disabilities in regard to physical, behavioural, and mental health issues. To access the new Canadian Consensus Guidelines [click here](#).

Most adults with Developmental Disabilities reside in and receive primary health care in the community. Following the recommendations in the "Primary Care of Adults with Developmental Disabilities – Canadian Consensus Guidelines", a number of tools were developed to assist primary care providers such as general practitioners, family physicians, nurses and nurse practitioners in caring for adults with developmental disabilities. To access the tools [click here](#).

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**Tools for primary
care providers**



**Outils à l'intention
des professionnels
de soins primaires**

**Tools for
caregivers**



**Outils à
l'intention des
dispensateurs
de soins**

KT Strategies

(e.g., products)

Network

Website

Guidelines

Tools

Clinical Review

Primary care of adults with developmental disabilities

Canadian consensus guidelines

William F. Sullivan MD CCFP PhD Joseph M. Berg MBBCh MSc FRCPsych FCCMG Elspeth Bradley PhD MBBS FRCP FRCPsych
Tom Cheetham MD CCFP Richard Denton MD CCFP FCFP FRMMS John Heng MA Brian Hennen MA MD CCFP
David Joyce MD CCFP Maureen Kelly RN MPA Marika Korossy Yona Lunskey PhD CPsych Shirley McMillan RN MN CCRN

Abstract

Objective To update the 2006 Canadian guidelines for primary care of adults with developmental disabilities (DD) and to make practical recommendations based on current knowledge to address the particular health issues of adults with DD.

Quality of evidence Knowledgeable health care providers participating in a colloquium and a subsequent working group discussed and agreed on revisions to the 2006 guidelines based on a comprehensive review of publications, feedback gained from users of the guidelines, and personal clinical experiences. Most of the available evidence in this area of care is from expert opinion or published consensus statements (level III).

Main message Adults with DD have complex health issues, many of them differing from those of the general population. Good primary care identifies the particular health issues faced by adults with DD to improve their quality of life, to improve their access to health care, and to prevent suffering, morbidity, and premature death. These guidelines synthesize general, physical, behavioural, and mental health issues of adults with DD that primary care providers should be aware of, and they present recommendations for screening and management based on current knowledge that practitioners can apply. Because of interacting biologic, psychoaffective, and social factors that contribute to the health and well-being of adults with DD, these guidelines emphasize involving caregivers, adapting procedures when appropriate, and seeking input from a range of health professionals when available. Ethical care is also emphasized. The guidelines are formulated within an ethical framework that pays attention to issues such as informed consent and the assessment of health benefits in relation to risks of harm.

Conclusion Implementation of the guidelines proposed here would improve the health of adults with DD and would minimize disparities in health and health care between adults with DD and those in the general population.

Résumé

Objectif Mettre à jour les lignes directrices canadiennes de 2006 sur les soins primaires aux adultes ayant une déficience développementale (DD) et présenter des recommandations pratiques fondées sur les connaissances actuelles pour traiter des problèmes de santé particuliers chez des adultes ayant une DD.

KEY POINTS As a group, adults with developmental disabilities (DD) have poorer health and greater difficulty accessing primary care than does the general population. They have different patterns of illness and complex interactions among comorbidities. These guidelines update the general, physical, behavioural, and mental health recommendations for adults with DD, especially for those conditions not screened for by routine health assessments of the general population. Ethical issues, such as informed consent and assessment of benefits in relation to risks, are addressed. Among the most important updates are consideration of atypical manifestations of pain and distress in adults with DD and a strong recommendation to avoid inappropriate long-term use of antipsychotic medications to address behavioural issues.

POINTS DE REPÈRE Collectivement, les adultes ayant des déficiences développementales (DD) sont en moins bonne santé et ont plus de difficultés à avoir accès aux soins primaires en comparaison de l'ensemble de la population. Les maladies évoluent différemment et présentent entre elles des interactions complexes chez ces personnes. Les lignes directrices font la mise en jour des recommandations pour la santé générale, physique, comportementale et mentale des adultes ayant une DD, en particulier pour les problèmes qui ne sont pas dépistés dans les évaluations systématiques de la santé dans la population en général. Elles traitent des questions d'ordre éthique, comme le consentement éclairé et l'évaluation des bénéfices par rapport aux risques. Parmi les mises à jour les plus importantes, on peut mentionner les manifestations atypiques de la douleur

Implementation

(e.g., rolling out of a specific tool in a specific setting)

- To whom? By whom? How?
- With what effect?

SECTION I: Tools for General Issues in Primary Care

Psych

SECTION I: Tools for General Issues in Primary Care

What are the indicators of adolescents with a developmental disability be considered? When a psychological assessment is important?

SECTION I: Tools for General Issues in Primary Care

What is the main health problem the patient with DD or caregivers are concerned about?

When did it start? List any new symptoms.

Circle or list other needs – e.g., prescription renewals, test results, forms to be filled out, appointment for annual exam

Any Recent Changes or Stressors? (e.g., staff changes, family illness or stress, changes in living or social environment)

Any recent visit to the dentist or other doctor? (include antibiotics, creams or herbal medicines)

Caregiver Needs – Write down or tell doctor or nurse whether there are issues regarding caregiver fatigue or burnout

Name/Position: Contact #: Signature:

PHYSICIAN / NURSE TO COMPLETE, KEEP COPY FOR CHART, AND GIVE COPY TO THE PATIENT / CAREGIVER

Assessment:

Who are your knowledge users?

- Who needs to hear your message?
 - Who impacts or is impacted by your work?
- How well do you know them?
 - Readiness for change?
 - Barriers?
- What existing knowledge channels can you capitalize on?

Institute for Work & Health, Knowledge Transfer & Exchange Workbook



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Knowledge Users: Improving Knowledge Utilization

- Involve your audience(s)
- Message(s) and KT activities should be audience-specific
- Face-to-face interaction works best
- **Communicate for your audience, not for yourself**
(Give people the information they need, not what you think they need)



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Trusted answers from The Hospital for Sick Children

➤

$\Delta m^{\text{e}}_c \approx 0.6$ MeV/c²

The Guide



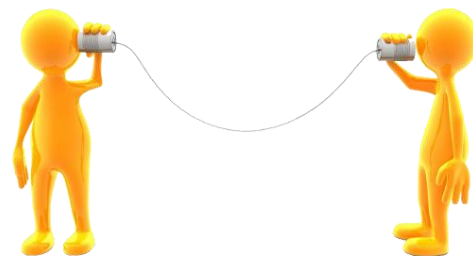
KT Goals

- Raise awareness
- Generate interest
- Promote practice change
- Promote behaviour change
- Encourage policy change
- Encourage public action
- Share knowledge
- Inform decision-making
- Inform research
- Commercialization
- Patent
- Other



The Message: What are main messages?

- Messages are the **lessons** others can take from your work, e.g. decision-makers
- They are not just findings. They explain:
 - what the findings **mean**,
 - why they are **important**,
 - what **action** should be taken as a result
- A clear, concise, targeted set of statements



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What is the Main Message?

Dr. Schwebel's research found that distractions such as texting and talking on the phone impaired participants' ability to cross the street safely, but listening to music posed the greatest risk.

(AboutKidsHealth)

SMIT: Single Most Important Thing?

BLAM: Bottom Line Actionable Message?



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Unplug your iPod before crossing the street

What Kids Should Do

Dr. Schwebel says kids should:

- Unplug their iPods while crossing the street
- Avoid texting or talking on the phone
- **Pay full attention to the road and other surroundings**

The Evidence

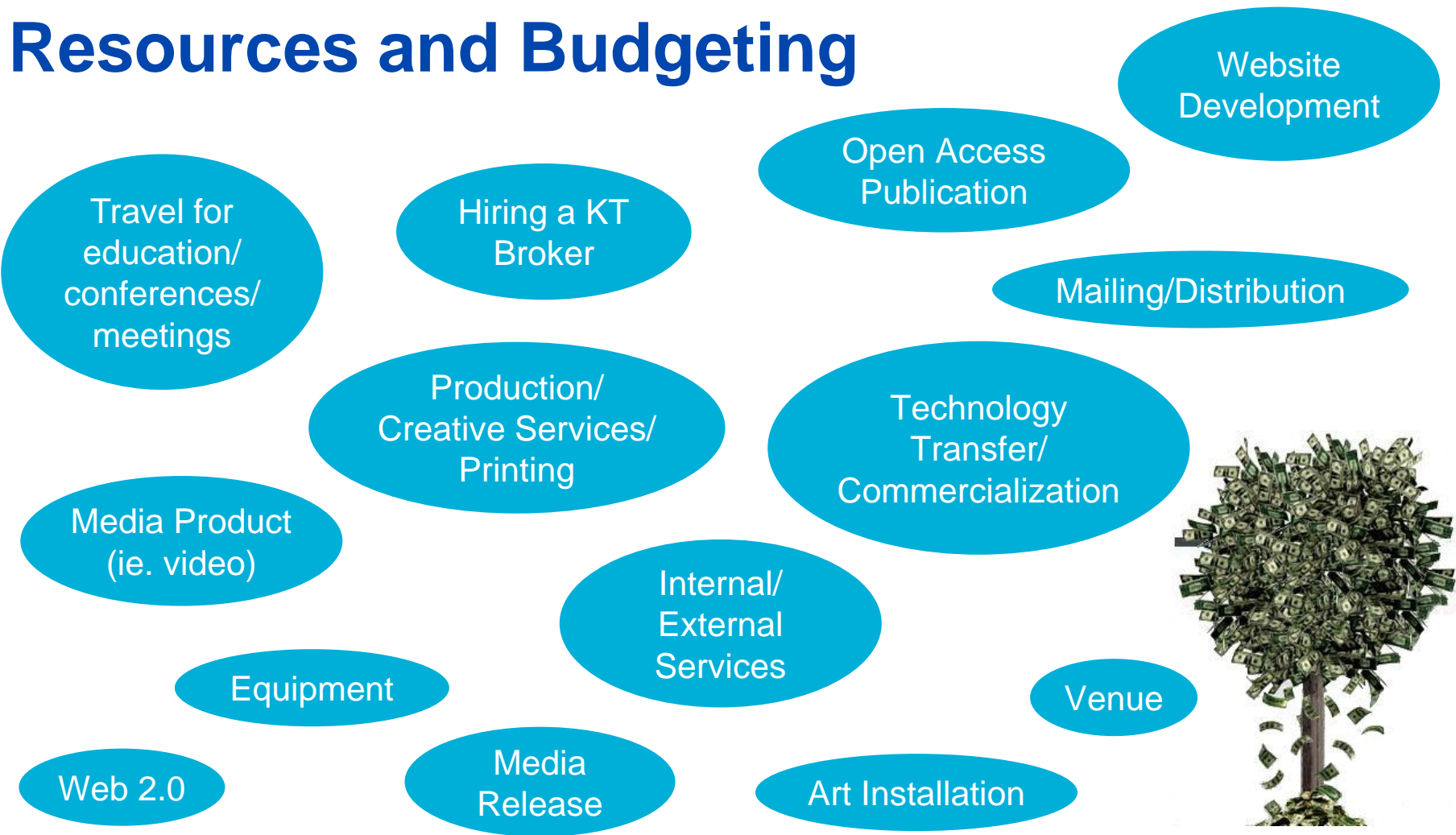
Distractions that impaired children's ability to cross the street safely included:

- Listening to music
- Texting
- Talking on the phone



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Resources and Budgeting



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KT STRATEGIES



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State of the Evidence for KT Strategies



Participatory research
Interactive small groups
Educational outreach
Reminders
Computerized decision support
Multi-disciplinary collaboration
Mass media campaign
Financial intervention / incentive
Academic Detailing

Mostly



Conferences, courses
Opinion leaders/ Champions
Educational materials
Patient-mediated interventions
Performance feedback
Educational strategies
Audit & Feedback
Substitutions of tasks

Mixed



Continuous quality improvement
Didactic meetings

Limited



KT Brokers
Communities of Practice
Patent license
Social media
Arts-based KT

Unknown

✓ Multifaceted interventions are more likely to improve practice than single interventions

Boaz et al., 2011

Grol R & Grimshaw J, 2003.

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What are 'Tailored Interventions?'

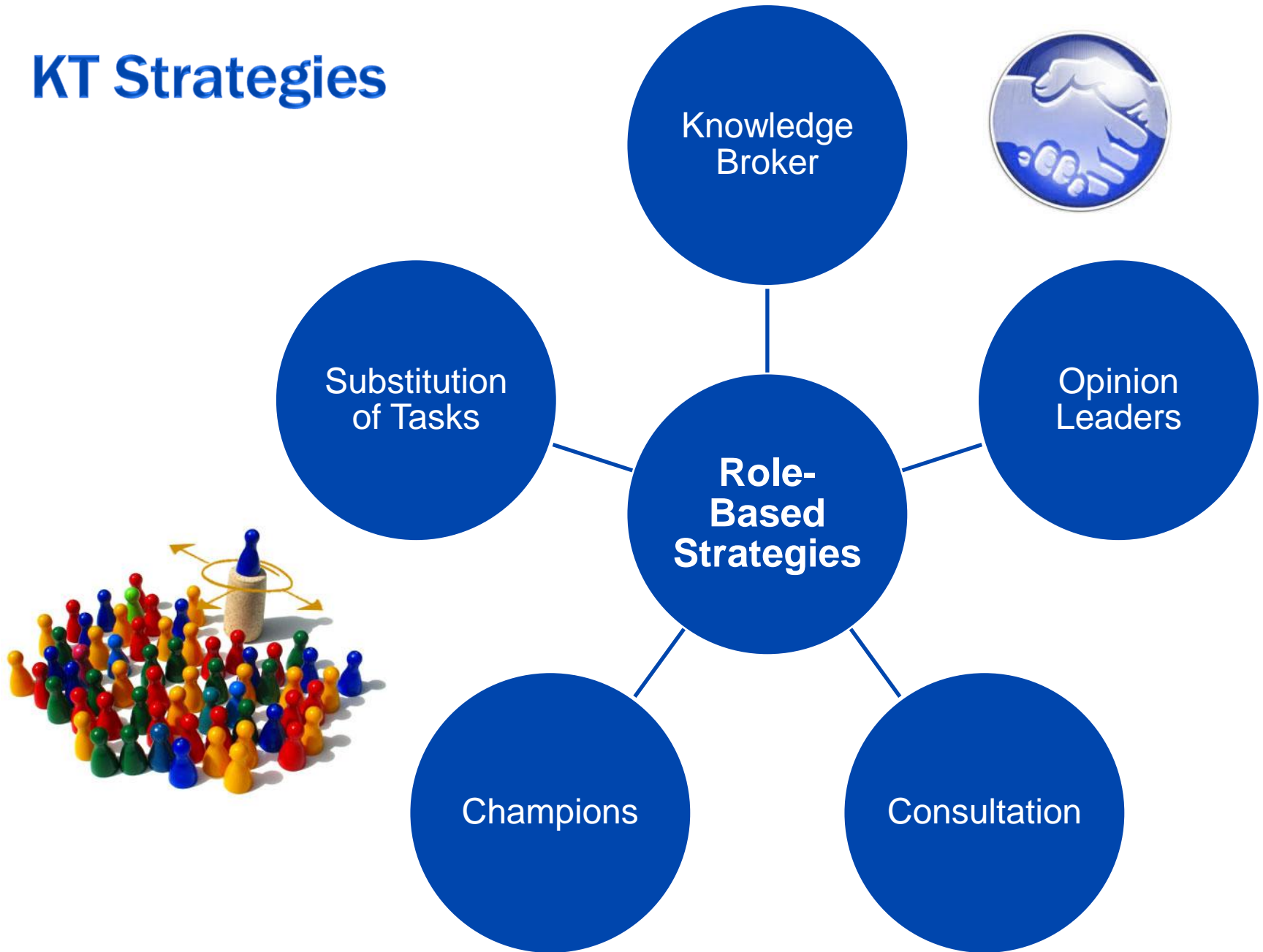
Tailored interventions are 'strategies to improve professional practice that are planned taking account of prospectively identified barriers to change'.

(Baker et al. 2010)



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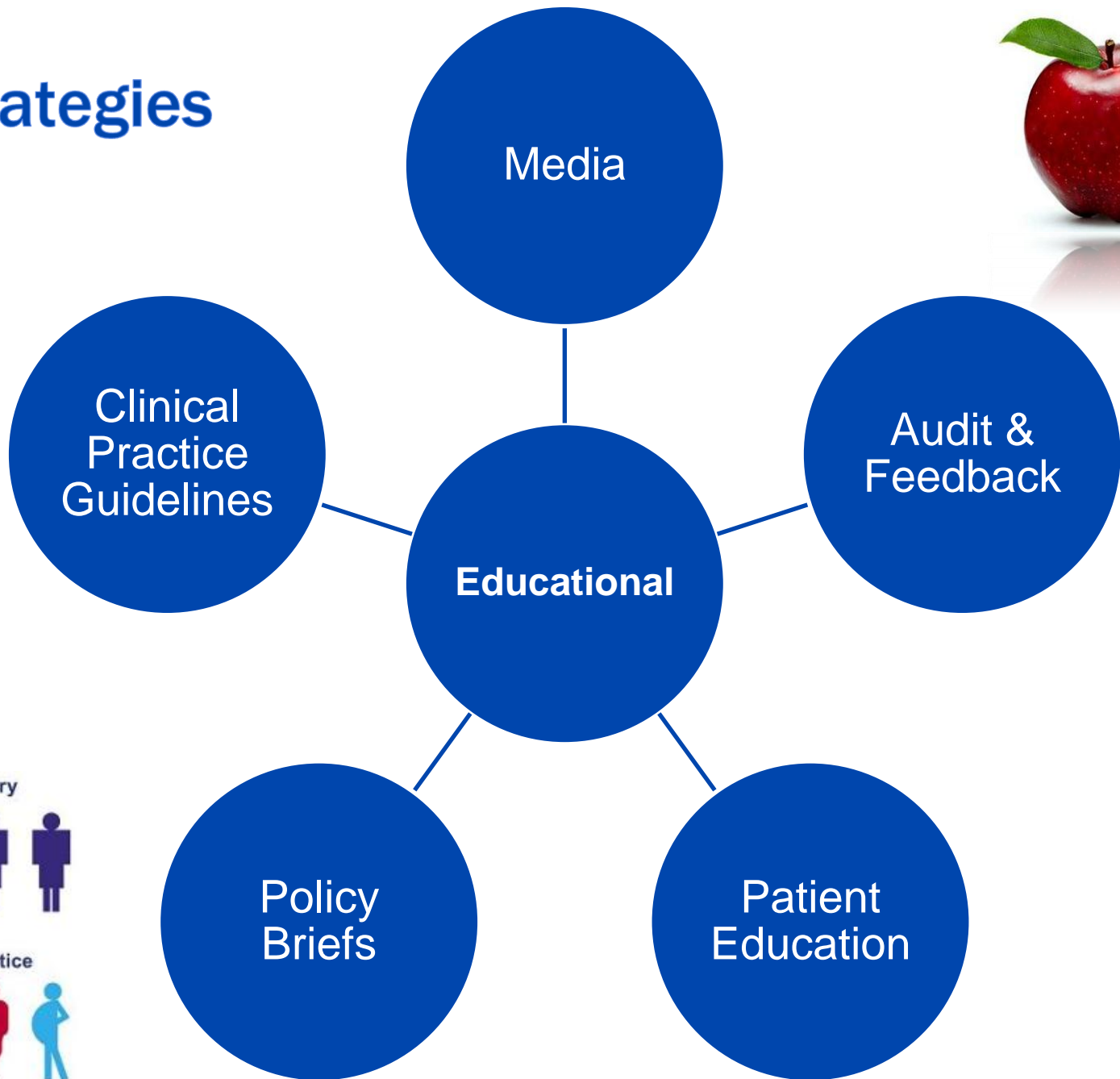
KT Strategies



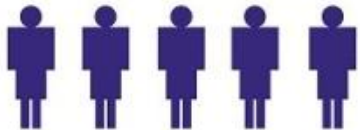
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Patients in theory



Patients in practice



Something Different - Infographics



THE MAGIC BEAN SHOP

A single cup of Starbucks coffee can depend upon as many as 19 different countries. Between the coffee beans, the milk, the sugar, and the paper cup, Starbucks coffee is a global hub that connects some of the poorest countries in the world with some of the wealthiest.



THE FRIES THAT BIND US

Probably the single most visible symbol of American influence worldwide, McDonald's has over 31,000 restaurants in 118 countries, employing more than 1.5 million people. Despite its 13,000 restaurants in the USA, McDonald's is slipping at home. Its customer satisfaction is worse than any other fast food chain, and ranks lower than all major airlines and the IRS.



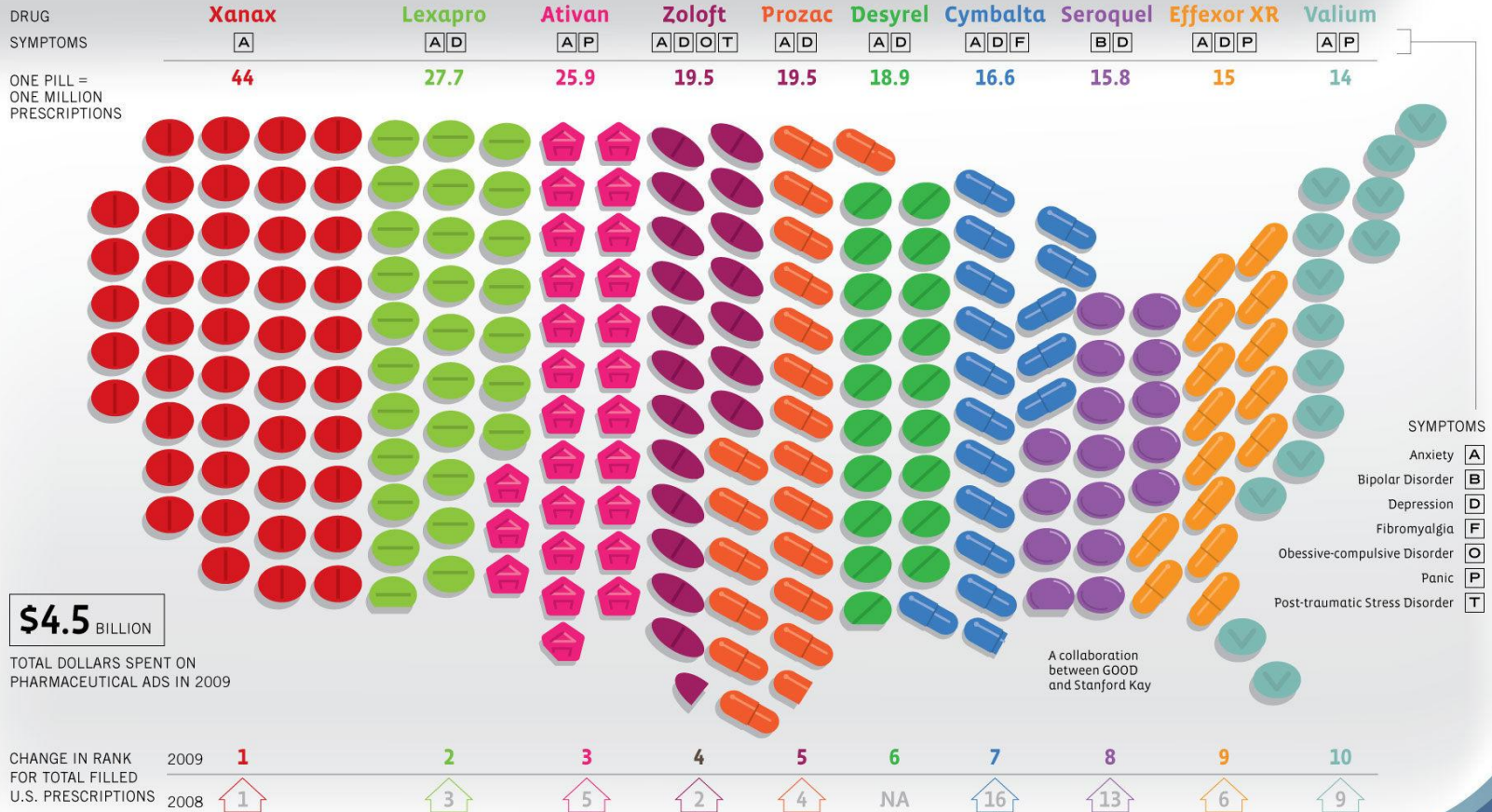
Something Different - Infographics

DRUGGED CULTURE

The pharmaceutical industry spends a lot of money marketing their newest psychiatric drugs to Americans. And we take a lot of them. In fact, in 2009 alone, U.S. doctors wrote more psychiatric prescriptions than there are people in this country. This is a look at 2009's 10 most prescribed psychiatric drugs. Don't worry, there's a pill for that.

AMERICA'S MOST PRESCRIBED PSYCHIATRIC DRUGS

In both their brand-name and generic forms



KT Strategies



Social
Media



Technology-
Based

Decision
Support

Reminders

Just-in-Time



This changed my practice UBC
<http://thischangedmypractice.com/>

#socialmedia_funfact

- > 1 billion unique users visit YouTube each month
- > 6 billion hours of video are watched each month (that's almost an hour for every person on Earth)



- 100 hours of video are uploaded every minute
- 80% of YouTube traffic comes from outside the US

(<https://www.youtube.com/yt/press/statistics.html>)



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#socialmedia_funfact

- 300 million people use LinkedIn
- 2 new users join LinkedIn every second



(Smith, Digital Marketing Ramblings 2014)



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Healthcare: A Slow Adopter of Social Media

Healthcare Values	Web 2.0 Values
Risk Adverse	Risk Taking
Information comes from authoritative sources	Anyone can create an account
Long lead times for development	Quick deployment
Controlling data	Information contributed by and distributed to all
Intellectual property closely guarded	Use licenses with as few restrictions as possible

Sharp J. (2007), eHealth, The Cleveland Clinic, slide adapted from S. Bovaird

- Considerations: ethics, best practices, practicality, ROI

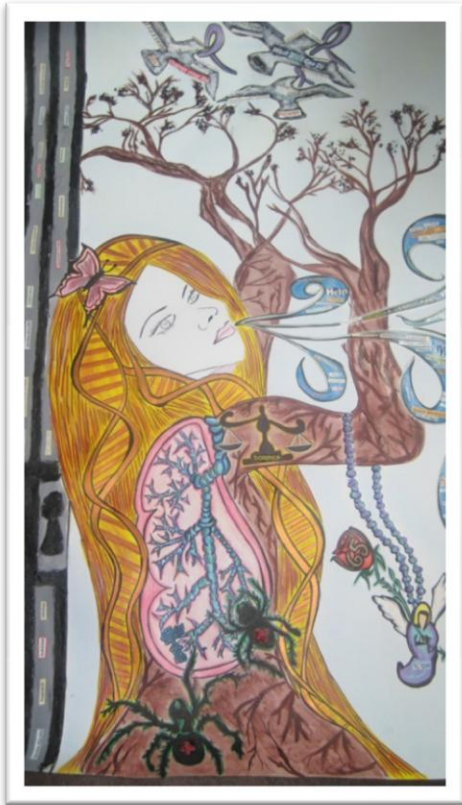


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KT Strategies



KT Strategies



N. Walji
Cystic Fibrosis

K. Boydell
First Episode Psychosis

Arts-Based Strategies



McIntyre and Cole
The Alzheimer's Project
(http://www.oise.utoronto.ca/legacy/research/mappingcare/history_alz.shtml)



RESOURCES



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PLAN...KT Planning Template

Knowledge Translation Planning Template©



Scientist
Knowledge
Translation
Training™



Knowledge
Translation
Professional
Certificate™

INSTRUCTIONS: This template was designed to assist with the development of Knowledge Translation (KT) plans for research but can be used to plan for non-research projects. The Knowledge Translation Planning Template is universally applicable to areas beyond health. Begin with box #1 and work through to box #13 to address the essential components of the KT planning process.

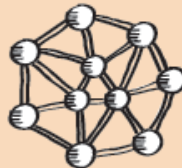
(1) Project Partners



- ☐ researchers
- ☐ consumers - patients/families
- ☐ the public
- ☐ decision makers
- ☐ private sector/industry
- ☐ research funding body
- ☐ volunteer health sector/NGO
- ☐ practioners
- ☐ other



(2) Degree of Partner Engagement



- ☐ from idea formulation straight through
- ☐ after idea formulation & straight through
- ☐ at point of dissemination & project end
- ☐ beyond the project

Consider: Not all partners will be engaged at the same point in time. Some will be collaborators, end users or audiences, or people hired to do specific activities.

(3) Partner(s) Roles



(1) What do the partner(s) bring to the project?

(2) How will partner(s) assist with developing, implementing or evaluating the KT plan?

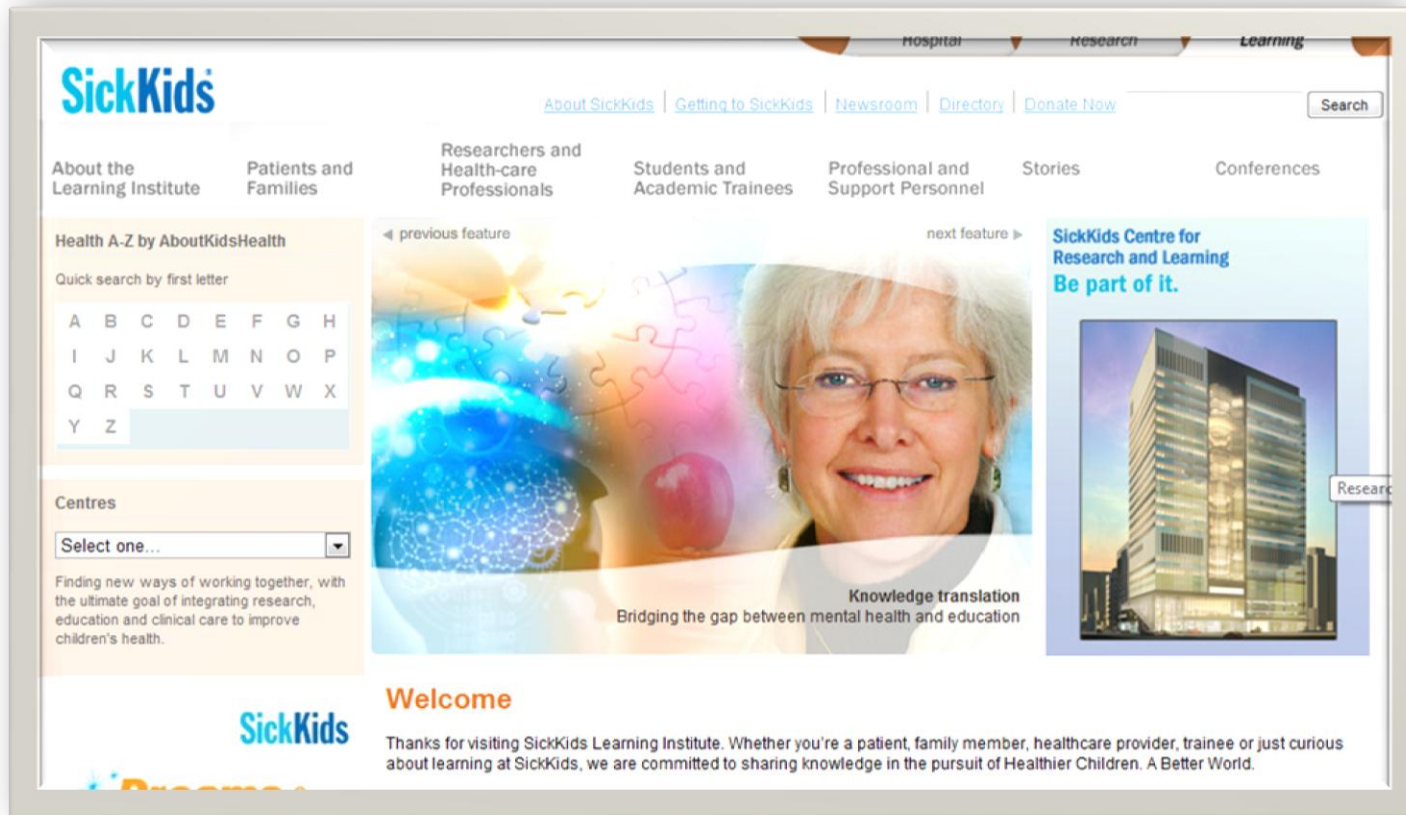
Action: Capture their specific roles in letters of support to funders, if requested.

(4) KT Expertise on Team



- ☐ scientist(s) with KT expertise
- ☐ consultant with KT expertise
- ☐ knowledge broker/specialist
- ☐ KT supports within the organization(s)
- ☐ KT supports within partner organization(s)
- ☐ KT supports hired for specific task(s)

READ...KT Stories

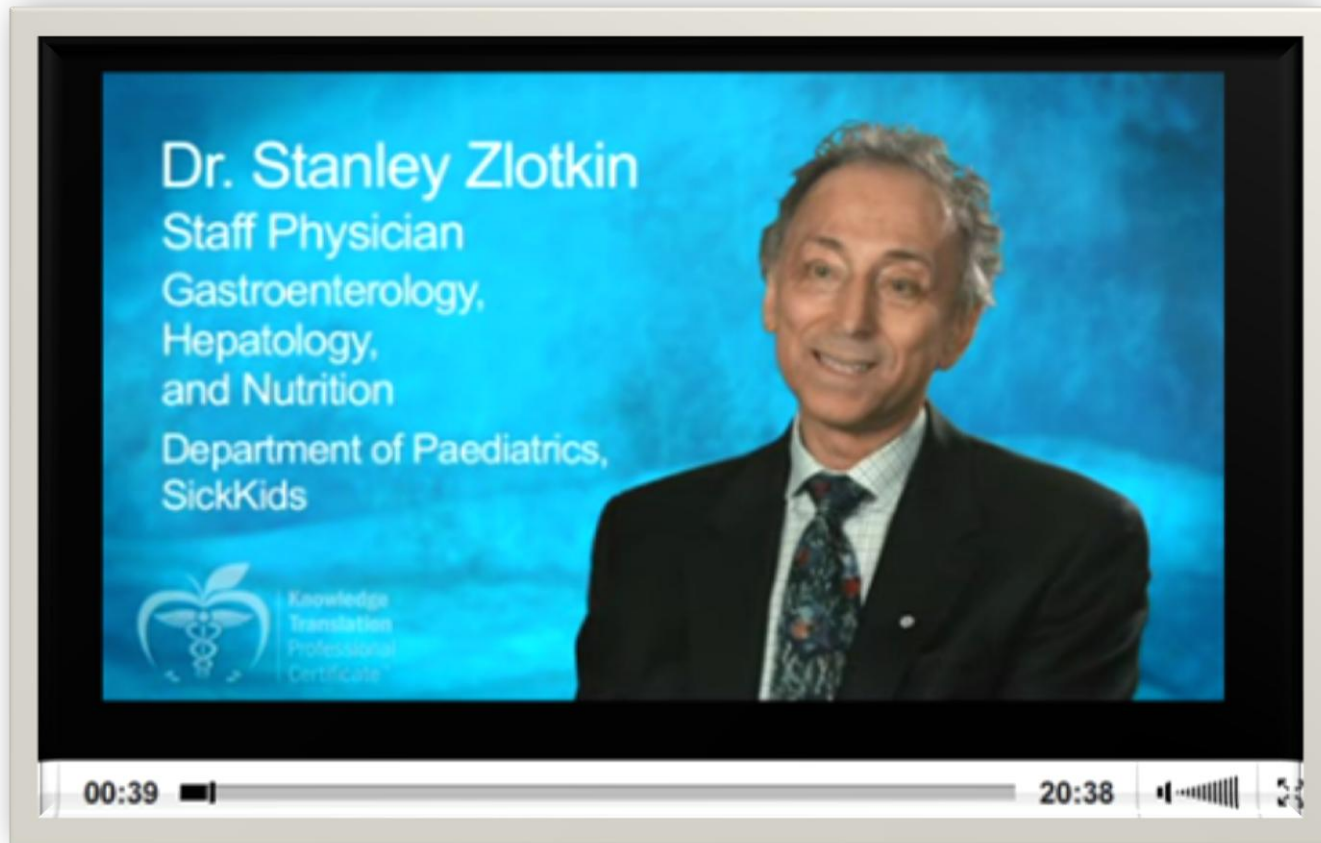


(<http://www.sickkids.ca/Learning/Stories/Knowledge-Translation/Knowledge-Translation-Stories.html>)

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WATCH...KT Video Vignettes



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ENGAGE...SKTT, KTPC KT Training



**Knowledge
Translation
Professional
Certification™**




**Scientist
Knowledge
Translation
Training™**



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LINK TO LEARN...KT Community of Practice



Closing the Loop
Between Theory and Practice

CANADIAN KNOWLEDGE TRANSFER *and* EXCHANGE COMMUNITY *of* PRACTICE

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See All Features

**New Guide to Knowledge Translation Planning at CIHR:
Integrated and End-of-Grant Approaches**

Canadian Knowledge Transfer and Exchange Community of Practice

NEWS AND EVENTS

Project Coordinator

WELCOME TO KTECOP

The Canadian Knowledge Transfer and Exchange Community of Practice (KTECOP) is a network of KTE practitioners and researchers who share KTE practices and experience, build peer relationships for information exchange and support, build KTE capacity, advance knowledge of KTE effectiveness, and share KTE events, job opportunities and other related KTE activities. [More »](#)

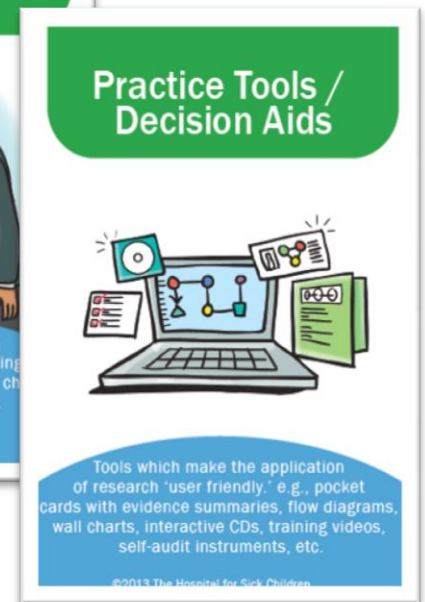
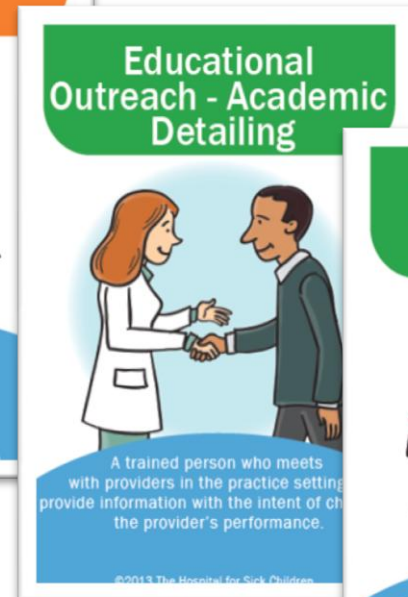
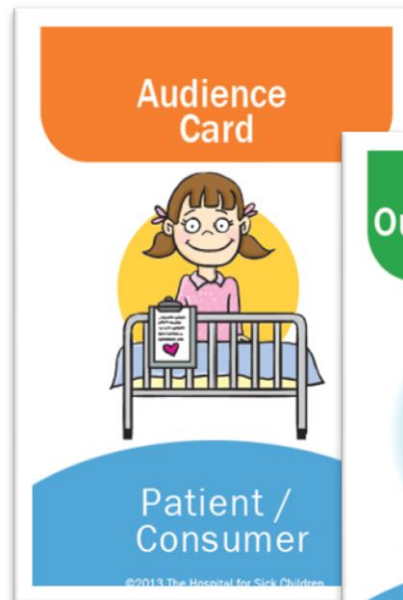
LOGIN STATUS

You are not currently logged in.

Username

Password

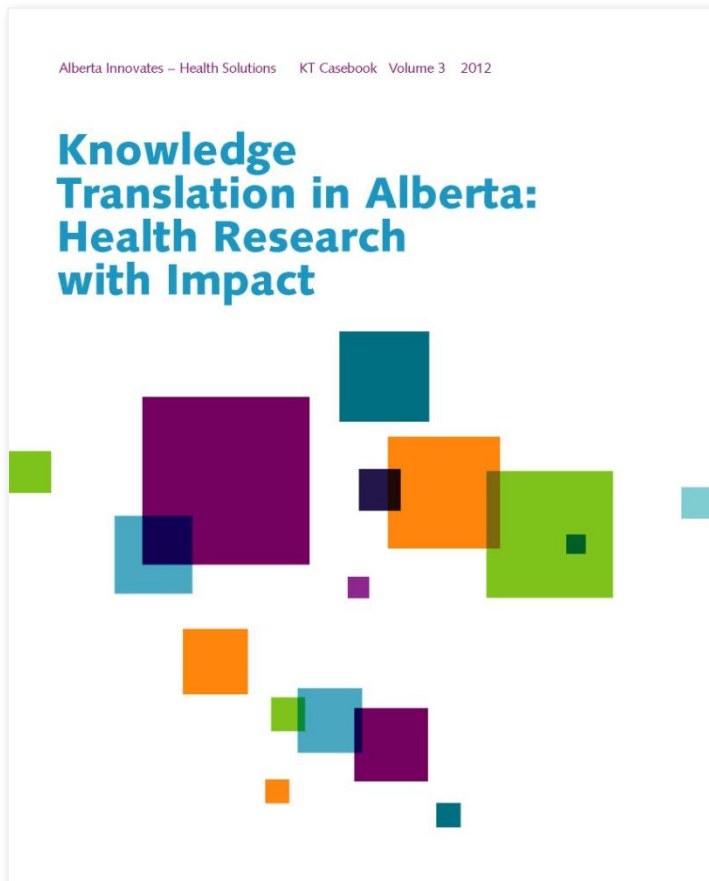
PLAY TO LEARN...KT Game™



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EMULATE...KT Casebooks



- **Alberta Innovates (3):**
<http://www.aihealthsolutions.ca/rtna/ktcasebook.php>
- **CIHR:** <http://www.cihr-irsc.gc.ca/e/30744.html>
- **Interior Health:**
<http://www.inspirenet.ca/resources/interior-health-kt-casebook-sharing-stories-evidence-informed-practice>
- **SPHERU:**
<http://www.spheru.ca/news/items/spherus-casebook-looks-at-the-great-knowledge-translation-work-from-across-canada.php>



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Main Messages

- Evidence is a broad term.
- KT is about relationships; it's ongoing and collaborative.
- Consider, engage and respect partners and knowledge users; it's worth it.
- KT plans should be flexible, inclusive, feasible and appropriate (to the evidence). FIFA!
- There are many KT strategies and planning resources available to you.



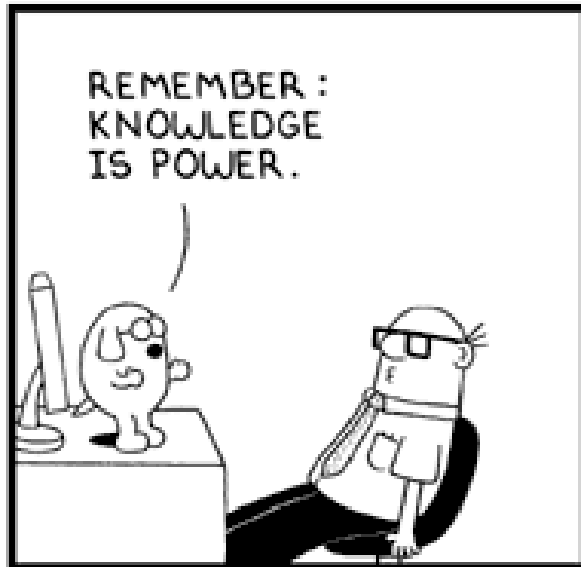
Learning Objectives

Participants will be able to:

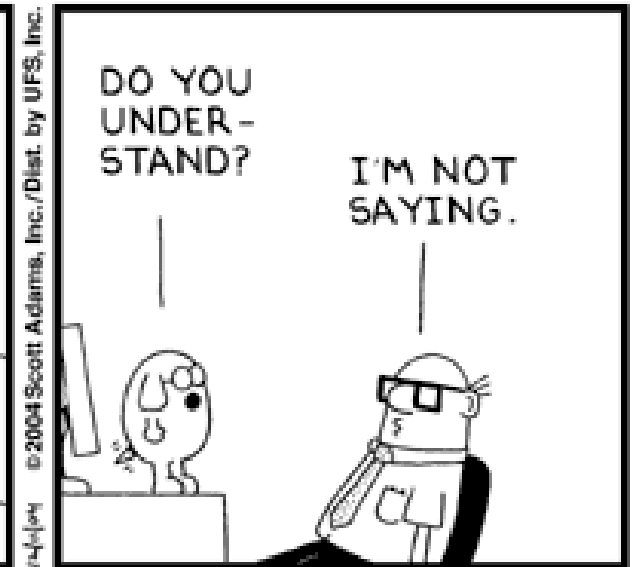
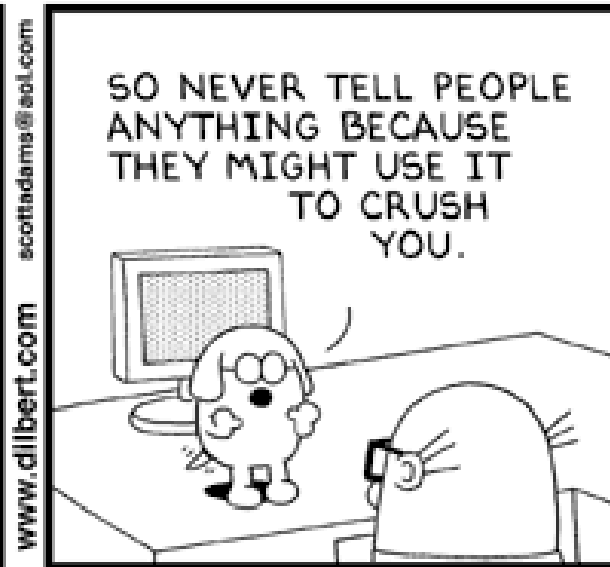
1. Define knowledge translation (KT) and related terms.
2. Summarize the components of a KT plan.
3. Discuss evidence-based and emerging KT strategies.
4. Identify KT planning resources.



Thank you.



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Questions?

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