

# KNOWLEDGE TRANSLATION PLANNING GUIDE



**A GUIDE TO DESIGNING, EXECUTING  
AND EVALUATING YOUR KNOWLEDGE  
TRANSLATION.**

**THE CANADIAN DEMENTIA KNOWLEDGE TRANSLATION NETWORK**



The Canadian Dementia Knowledge Translation Network (CDKTN) is a national network for knowledge translation (KT) and exchange (KE) of research in Alzheimer's disease and dementia. KT is the adaptation of research findings into effective treatments, services and products. KE is collaborative information sharing and problem solving between researchers, caregivers and policy makers. CDKTN was funded as part of a five year grant from the Canadian Institutes for Health Research (CIHR). Its National Office is centered at Geriatric Medicine Research (Dalhousie University/Capital Health) in Halifax Nova Scotia.

This KT Planning Guide is intended for use by researchers or research teams. While covering KT from planning to evaluation, this is intended as a general guide. Additional reading, training or assistance from outside KT experts may be required to supplement this guide.

To learn more about the CDKTN, visit our website [www.lifeandminds.ca](http://www.lifeandminds.ca)

© CDKTN 2012

Please do not reproduce without permission.

Last updated January 2013

**Table of Contents**

SECTION 1: THE KNOWLEDGE TO BE TRANSLATED ..... 3

    What Knowledge are you planning to translate? ..... 3

    What, if any, supplemental knowledge will you use?..... 3

SECTION 2: YOUR TARGET AUDIENCE(S) ..... 4

    Who are you trying to reach? ..... 4

SECTION 3: MESSAGE DELIVERY – WHO?..... 6

    Who is delivering your message? ..... 6

SECTION 4: MESSAGE DELIVERY – HOW?..... 7

    Choosing your methods ..... 7

SECTION 5: What effect? ..... 9

Further information and references..... 10

## SECTION 1: THE KNOWLEDGE TO BE TRANSLATED.

What Knowledge are you planning to translate?

For example:

The results from one study/project .

The results from a body of research (e.g. systematic review).

Explain briefly:

---

---

---

---

What, if any, supplemental knowledge will you use?

- Knowledge from health care practitioners
- Knowledge from patients, client and/or carers
- Knowledge from audit/performance data
- Knowledge from other stakeholder groups - e.g. policy makers, organizational management, the public
- Other (explain below)

You may wish to revisit  
this checklist after  
finishing Section 2 on  
Target Audiences

**NOTES**

## SECTION 2: YOUR TARGET AUDIENCE(S)

### Who are you trying to reach?

The target audience(s) for your translation (sometimes referred to as Knowledge Users) are the people who will be affected by the change you want to make/knowledge you want to share, and/or who will use it. They are the group(s) you want to consider when thinking about how best to disseminate your knowledge to achieve your goals.

- Other Researchers
- Policy makers
- Practitioners
- Educators
- Private Sector
- General Public
- Voluntary groups
- Media
- Private Sector

Other (explain below)

---

---

---

---

### **Q. How can you be sure that you understand the needs of your target audience?**

#### **A. Include them.**

Include members from your target audiences in your research project design. The Canadian Institutes for Health Research encourages “Integrated Knowledge Translation” which involves the end-users in the research process from start to finish.

When considering who to invite to participate with you, take into account two different levels of participants:

- Those who are in a position to make the decisions or affect the decisions that will help your desired change happen. E.g. policy makers, management/administration
- Those who may not be in a position to make high level decisions about change, but who can offer knowledge in terms of the day-to-day reality of bringing an intervention into a given environment. E.g. frontline workers, volunteers etc

#### **COLLABORATION**

Including members of your target audience in research planning and execution means being alert to different relationships and hierarchies that may affect interactions among the different parties.

**Q. How can you include your target audiences?**

**A: Reach out to them and communicate.**

**Your target audience can be involved in every step of the research process:**

- Developing your question
- Methodology
- Data collection and analysis
- Disseminating the results
- Sustaining their use

**You can reach out to your target audiences in a variety of ways:**

- Attend their meetings or events.
- Utilize any existing social networks you belong to/join the social networks where your target audience congregates.
- Prepare an information package about your project that explains it briefly and simply, and include a section on how they might participate.

**Preparing an information package doesn't need to be complicated:**

- Cover the basics of your project – why you are doing it, intended outcomes and impact, why it should matter to the target audience, benefits of the research.
- Explain why you are interested in having them participate and what their commitment would mean.
- Write in it plain language.
- Offer a contact number or email, and follow up with them.

**KNOWLEDGE BROKERS**

A Knowledge Broker is often engaged at this point if the researcher needs assistance linking with other groups. Knowledge Brokers are skilled in building relationships and networks among various groups, and should be able to assist you in understanding the practicalities of having the target audience participate in your research

**NOTES**

## SECTION 3: MESSAGE DELIVERY – WHO?

### Who is delivering your message?

Consider how your audience will view the person or group delivering your message. Things to consider:

- The credibility of the group or organization in the eyes of the audience.
- Possibility of requiring a third party (e.g. Knowledge Broker) to be the messenger if, for example, hierarchies of power, history of poor relations or other similar issues exist, or to assist if researchers lack time/ability to deliver the message themselves.
- Key Opinion Leaders can also be considered to deliver your message

### NOTES

## SECTION 4: MESSAGE DELIVERY – HOW?

There are a wide variety of methods to choose from and a range of considerations to make when choosing one or more.

### **Q: Single or multiple KT methods?**

A: The literature is unclear on whether or not combined KT strategies are better than a single strategy. This may be due to the fact that some KT interventions use a multi-strategy approach that still addresses only a single barrier. It has been suggested that multi-strategy interventions may work better than single if the different components are aimed at different barriers to uptake (e.g. they address lack of education on the topic, as well as attitudes to this, as well as the organization barriers that may exist, etc). We recommend a multi-strategy approach, as most researchers will discover multiple barriers to implementation or use of the knowledge they are translating.

### **Choosing your methods**

With so many different methods or interventions available, the first step should always be to check the current literature for what is known about the effectiveness of a given intervention for a given audience/purpose.

Because the evidence is not robust for all types of interventions, involving your target audience in planning your method of delivery and assessing possible barriers can help inform your choices.

### **BARRIERS**

When considering your method, think about what possible barriers to your intervention including:

- Attitudes
- Education/knowledge
- Learning style
- Organizational barriers
- Group dynamics
- Cultural/religious values
- Climate for change

Your target audiences are a great source of information on potential barriers.

Examples of linking your KT method to barriers is available at [KTClearinghouse.ca](http://KTClearinghouse.ca)



Below are some methods to consider, with some (like conference presentations or publications) being considered more passive and others (such as educational sessions) being more active or tailored to the audience.

- |  |   |
|--|---|
| <input type="checkbox"/> conference presentations                  | <input type="checkbox"/> participatory workshops/educational sessions |
| <input type="checkbox"/> journal publications                      | <input type="checkbox"/> press release/media campaign                 |
| <input type="checkbox"/> print materials such as brochures, briefs | <input type="checkbox"/> social media                                 |
| <input type="checkbox"/> didactic educational sessions             | <input type="checkbox"/> community of practice                        |
| <input type="checkbox"/> engaging opinion leaders                  | <input type="checkbox"/> practice guidelines                          |

NOTES

## SECTION 5: What effect?

*Q: What effect or impact do you want your translated knowledge to have, and how will you measure this?*

Consider the desired impact – check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Change in policy         | <input type="checkbox"/> Offer a new tool            |
| <input type="checkbox"/> Change in practice       | <input type="checkbox"/> Inform future research      |
| <input type="checkbox"/> Change in behaviour      | <input type="checkbox"/> Increase awareness/interest |
| <input type="checkbox"/> Support current policy   | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Support current practice |  |

Now consider how you will evaluate the above. Evaluation should be tailored to match the audience and the desired outcomes. Some indicators include assessment of:

- reach
- usefulness
- use
- partnerships/collaboration created
- practice change
- behaviors change
- attitude change
- program/services and policy change

NOTES

## Further information and references

For more information on planning your KT, or for assistance with this, contact us at [info@CDKTN.ca](mailto:info@CDKTN.ca) to discuss our services.

### References and further reading:

#### Section 1

Lavis JN, Robertson D, Woodside JM, McLeod CB, Abelson J, Knowledge Transfer Study Group. How can research organizations more effectively transfer research knowledge to decision makers? *Milbank Q.* 2003;81:221-48, 171-2.

Gass D. Can family physicians practise good medicine without following clinical practice guidelines? No. *Can Fam Physician.* 2010;56:519-21, 523-5; discussion e206-7.

Glasgow RE, Emmons KM. How can we increase translation of research into practice? Types of evidence needed. *Annu Rev Public Health.* 2007;28:413-433.

Rycroft-Malone J, Seers K, Titchen A, Harvey G, Kitson A, McCormack B. What counts as evidence in evidence-based practice? *J Adv Nurs.* 2004;47:81-90.

#### Section 2

Lomas J. Using 'linkage and exchange' to move research into policy at a Canadian foundation. *Health Aff (Millwood).* 2000;19:236-240.

Harrison M, Legare F, Graham I, Fevers B. Adapting clinical practice guidelines to local context and assessing barriers to their use  
*Can Med Assoc J.* 2010;182:78-84.

Rynes S, Bartenuk J, Daft R. Across the great divide: knowledge creation and transfer between practitioners and academics. *acad management j.* 2010;44:340-355.

Barwick M, Boydell K. A Pragmatic Review of Knowledge Translation: Moving Forward in Cardiovascular Disease and Hypertension. Toronto, ON: Heart and Stroke Foundation of Ontario; 2007.

#### Section 3

Lavis JN, Robertson D, Woodside JM, McLeod CB, Abelson J, Knowledge Transfer Study Group. How can research organizations more effectively transfer research knowledge to decision makers? *Milbank Q.* 2003;81:221-48, 171-2.

#### Section 4

Straus S, Tetroe J, Graham I, eds. *Knowledge Translation in Health Care: Moving from Evidence to Practice.* UK: Blackwell Publishing Ltd; 2009.

Barwick M. Knowledge Translation Planning Template-R. Available at: <http://www.melaniebarwick.com/training.php>. Accessed April 19, 2012.

## **Section 5**

Straus S, Tetroe J, Graham I, eds. *Knowledge Translation in Health Care: Moving from Evidence to Practice*. UK: Blackwell Publishing Ltd; 2009.

Lomas J. Diffusion, dissemination, and implementation: who should do what? *Ann N Y Acad Sci*. 1993;703:226-35; discussion 235-7.

Gagnon ML. Moving knowledge to action through dissemination and exchange. *J Clin Epidemiol*. 2011;64:25-31.

Barwick M. Knowledge Translation Planning Template-R. Available at: <http://www.melaniebarwick.com/training.php>. Accessed April 19, 2012.

## NOTES

## NOTES

## NOTES

© CDKTN 2012

Please do not reproduce without permission.

Last updated January 2013