

Knowledge Translation (KT) Planning Primer

INTRODUCTION

What is Knowledge Translation (KT)?

- The Canadian Institutes of Health Research define knowledge translation as “the synthesis, dissemination, exchange and ethically-sound application of knowledge”.
- KT is about the work we do to *move knowledge into action* by applying evidence to policy and practice .

What is the KT Planning Primer?

- The KT Planning Primer is a tool designed to support active forms of knowledge dissemination and exchange. It has three parts.

Diagram: a visual overview of the process of making knowledge matter.

Worksheet: a series of steps to guide you through the process.

User Guide, Appendices and References: questions and resources to help you complete the Worksheet, and beyond.

Why use the Primer?

- Knowledge translation seems straightforward at first but requires careful thought and planning to be effective.
- This tool will help you share knowledge with greater confidence and ease.
- Use it so that you don't miss an opportunity to inform or influence others.

When should I use the KT Planning Primer?

- The Primer may be helpful at any stage of the KT process; however, the earlier you begin using it the better.

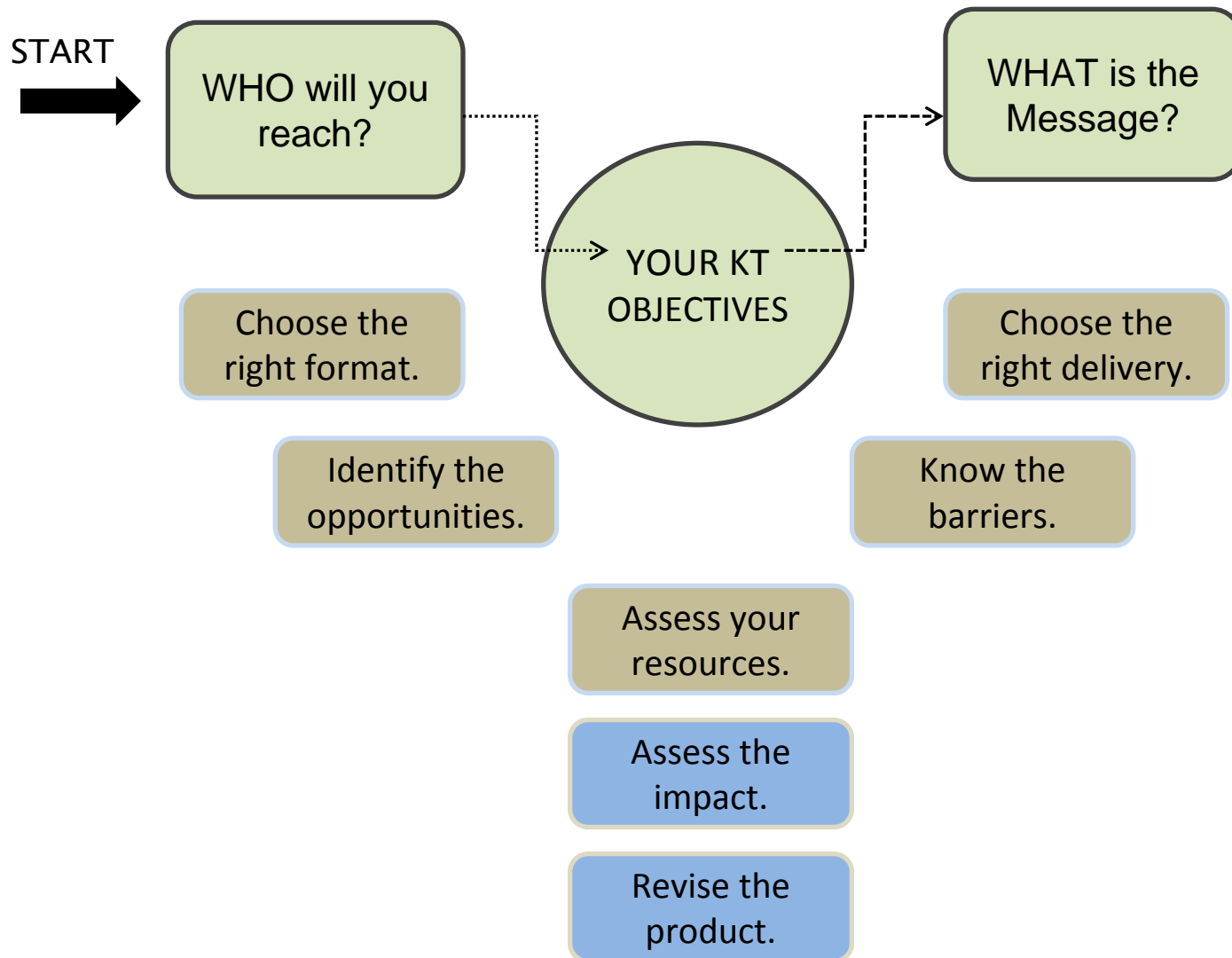
How should I use the Primer?

- There is more than one way to use this tool. Choose the Worksheet, the Diagram, or both!
- Read the User Guide before completing the Worksheet/Diagram. It has many useful tips.
- We suggest you start with the ‘Who’ section before setting your KT objectives.
- Fill out a separate Worksheet /Diagram for each audience you would like to reach.
- Use this tool to reflect upon and revise your approach throughout the project cycle.

Where did the Primer come from?

- The Primer is adapted from a number of sources. For complete references, see Appendix 4.
- It is the work of knowledge development and exchange analysts at the Public Health Agency of Canada.

Knowledge Translation (KT) Planning Primer - Diagram



Knowledge Translation (KT) Planning Primer – WORKSHEET

Complete a separate worksheet for each target audience (NB: a fillable version is available).

WHO	Who will you reach?
WHY	What are your KT objectives?
WHAT	What is the message?
HOW	Choose the format.
	Choose the delivery.
	Identify the opportunities.
	Know the barriers.
IMPACT	Assess your resources.
	Assess the impact.
	Revise the product.

Completed by: _____

Date: _____

Public Health Agency of Canada, Regional KD&E Analysts Network, January 16, 2012

For more information or to share how you have used this tool, please contact Laura Donatelli: laura.donatelli@phac-aspc.gc.ca

Knowledge Translation (KT) Planning Primer – User Guide

*This guide will help you complete the “KT Planning Primer Worksheet” and includes additional resources.
Complete a separate worksheet for each audience.*

WHO - Who will you reach?

Questions to Consider

- Which audience / knowledge user do you want to reach?

E.g. Front-line workers, supervisors, researchers, community organisations, special interest groups, policy makers, etc.

- What is the most relevant characteristic of your audience when it comes to sharing knowledge?

E.g. education level, expertise, time available, organisational priorities, readiness for change, etc.

- Who should deliver the message?

Tips

- ✓ Once you know who your target audience is, involve them **in** the KT process (from the start) to improve your impact.
- ✓ Information may be shared in different ways by different cultures. Consider the culture of the population or organisation that you want to reach.
- ✓ Some audiences may have a natural go-between. Identify a trusted and credible messenger.

WHY - What are your KT objectives?

Questions to Consider

- What do you want to accomplish by sharing this knowledge with a particular audience?

E.g. Change or influence policy, respond to a need, demonstrate a potential role, develop a partnership, obtain/ pool resources, etc.

Tips

- ✓ It can be useful to think of audiences as ‘decision makers’ since decisions are what might be improved with knowledge.¹

1. Reardon R. Lavis J. Gibson J. 2006. From Research to Practice: A Knowledge Transfer Planning Guide for Work and Health.

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WHAT is the message?

Questions to Consider

- What do you have to share?
E.g. Data, findings, conclusions, recommendations for action, etc.
- What main points do you want your audience to remember?

Tips

- ✓ Choose a limited number of key points and keep them simple.
- ✓ Make sure these points meet the needs of your audience.
- ✓ Make sure these points match your KT objectives.

Δ See **Appendix 1.**

HOW - Choose the right format (and style).

Questions to Consider

- What are the most appropriate ways to present this information to your audience ?
E.g. Detailed report, summary report, fact sheet, briefing note, Q&A, diagram, image, map, story, case study, podcast, poster, video, etc.

Tips

- ✓ Get ideas through informal conversations, interviews, workshops and surveys. Then, pilot test the format and invite feedback from the audience.
- ✓ Use clear language; avoid jargon.
- ✓ Consider using a picture if it can be more effective than words.

Δ See **Appendix 2.**

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Choose the right delivery.

Questions to Consider

- What are the most appropriate channels of communication to share this knowledge with your audience?

E.g. Mail-outs, Website, Twitter/Facebook, email, community of practice, YouTube, discussion forum, conference presentation, training session, etc.

Tips

- ✓ Repeated sharing of your message using a variety of communication channels usually leads to greater impact.
- ✓ Dissemination is a passive form of sharing, and while easier to reach a broader audience, it may be a less effective form of KT.
- ✓ Exchange is an interactive form of sharing, leading to better uptake and application and – sometimes – a better product.

Δ See **Appendix 2.**

Identify the opportunities.

Questions to Consider

- What opportunities exist for sharing this information?

E.g. Regular bulletin or newsletter, upcoming events, committee or network, team or staff meeting, one-on-one contact, joint projects, strategic or program planning, etc.

Tips

- ✓ Ask your colleagues and stakeholders for suggestions.

Δ See **Appendix 2.**

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Know the barriers.

Questions to Consider

- What barriers or obstacles could limit the effective sharing of this knowledge?

E.g. “Official position of the organisation”, language of product (should it be translated?), intergovernmental relations, perception of the information (is it seen as accurate, timely and believable?), etc.

- What can you do to reduce the barriers?

Tips

- ✓ Brainstorm with others to find your blind spots.
- ✓ Consider carefully how different audiences might react to your message.

Assess your resources.

Questions to Consider

- What human resources do you have and need?

E.g. Time, skills, responsibilities, roles, etc.

- What financial resources will you need?

E.g. Website space, software purchases, editing, translation, printing, etc.

Tips

- ✓ If your resources are limited, consider contracting with someone outside your organisation.
- ✓ You may want to approach your audience(s) to support the development and sharing of this KT product, in-kind or financially.
- ✓ Post-secondary students may be another option.

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IMPACT - Assess the impact.

Questions to Consider

- Should you monitor / evaluate the reach and use of this knowledge?

E.g. Questionnaires, website visits, interviews, etc.

Tips

- ✓ Consider what indicators you could use.
- ✓ Consider who should monitor / evaluate.
- ✓ Invite feedback from your audience

E.g. How to improve the product and ideas for follow-up.

Δ See **Appendix 3.**

Revise the product as needed.

Questions to Consider

- Does your product need to change over time based on new information, activities and audience feedback?

E.g. Update statistics, policy change or new leadership, etc.

Tips

- ✓ Be clear why you are reviewing the product.
- ✓ Be clear who is responsible and set a timeline for review.

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Appendix 1: WHAT

1.1 Types of key messages.

Adapted from the Institute for Work and Health's Knowledge Transfer Planning Guide (2006). Full document available at:

http://www.iwh.on.ca/system/files/at-work/kte_planning_guide_2006b.pdf

Knowledge Transfer Project Planning– Creating Messages

Creating a message for transfer:

An important step in planning a knowledge transfer project is determining 'WHAT' you have to say. This process 'translates' or 'transforms' research findings into a 'message'. There are three types of messages and determining the type of message can help with the decision of how best to share this knowledge.

Type 1 Message:

Credible facts and data – trusted, easily accessible, accurate facts and figures e.g. "Only 5% of Canadian children are meeting the recommended levels for vigorous physical activity per week." (From the 2007-2009 Canadian Health Measures Survey)

Type 2 Message:

Findings and conclusions which, due to limited strength of evidence or the nature of the evidence, cannot guide decisions but which can be used in a back and forth exchange between researcher and audience. e.g. "During the first month on the job, all workers regardless of age are at an increased risk for injury." (From Institute of Work & Health's Guide)

Type 3 Message:

A body of evidence which can be expressed as an actionable idea which relates to a specific audience's decision-making i.e. provides recommendations, advice or directs action (who should act? what should be different?) e.g. To improve oral health, each of us can "advocate for public investments in oral health promotion and disease prevention programs such as school screenings, dental sealants, water fluoridation, injury prevention, and support increased public funding for disadvantaged populations." (From Canadian Coalition for Public Health in the 21st Century: Public Health Fast Facts: Oral Health)

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What type of message can be translated from your findings?

Here are some questions to guide your thinking:

- Is there sufficient evidence to develop an actionable idea (recommendations, advice, direct action)?
- Who should act?
- What should be different?
- Who is the message relevant for?
- What decision(s) that this audience owns or influences might be impacted by the message?

Be specific when defining an audience. For example, rather than: ‘clinicians’, say, ‘physiotherapists who treat adults with shoulder injuries’.

How well do you know the audience?

In order to create the message, you must know the audience well enough to understand:

- their day-to-day decision making (the message should link to this) and,
- the gap between what the evidence says and practice.

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Appendix 1.2 Six Principles of Sticky ideas

From Chip Heath and Dan Heath's book titled *Made to Stick: why some ideas survive and others die*, 2007. New York: Random House.

This resource was chosen for its practical suggestions for effective communication – the art of making ideas unforgettable, which is key to knowledge translation.

A sticky idea is one that is easily understood, remembered, and that changes opinions, behaviours, or values, and has a lasting impact.

Principle 1. Simplicity

Keep it simple and profound. Isolate your core message and convey it succinctly.

“We must relentlessly prioritize. Saying something short is not the mission — sound bites are not the ideal. Proverbs are the ideal. We must create ideas that are both simple and profound. The Golden Rule is the ultimate model of simplicity: a one-sentence statement so profound that the individual could spend a lifetime learning to follow it.”

Principle 2. Unexpectedness

Surprise your audience and create intrigue with leaps of thought.

“We need to defy people's expectations. We need to be counterintuitive. ... But surprise doesn't last. For our idea to endure, we must generate interest and curiosity. ... We can engage people's curiosity over a long period of time by systematically "opening gaps" in their knowledge — and then filling those gaps.”

Principle 3. Concreteness

Make it real and recognizable. Use concrete images.

“How do we make our ideas clear? We must explain our ideas in terms of human actions... In proverbs, abstract truths are often encoded in concrete language: “A bird in hand is worth two in the bush.” Speaking concretely is the only way to ensure that our idea will mean the same thing to everyone in our audience.”

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Principle 4. Credibility

Help people test your ideas for themselves. Use details that symbolize and support your core idea.

“How do we make people believe our ideas? ... Sticky ideas have to carry their own credentials. We need ways to help people test our ideas for themselves — a ‘try before you buy’ philosophy for the world of ideas.”

Principle 5. Emotions

Tap into emotions to convey your point. We’re wired to feel things for people, not abstractions.

“How do we get people to care about our ideas? We make them feel something. In the case of movie popcorn, we make them feel disgusted by its unhealthiness. The statistics “37 grams” doesn’t elicit any emotions. Research shows that people are more likely to make a charitable gift to a single needy individual than to an entire impoverished region. We are wired to feel things for people, not for abstractions.”

Principle 6. Stories

Tell stories to get people to act on your ideas. Connect the dots.

“How do we get people to act on our ideas? We tell stories. ... Research shows that mentally rehearsing a situation helps up perform better when we encounter that situation in the physical environment. Similarly, hearing stories acts as a kind of mental flight simulator, preparing us to respond more quickly and effectively.”

SUCCESS

To help you remember the principles, the authors Chip and Dan Heath provide the acronym “SUCCESSs”

Simple ... Unexpected ... Concrete ... Credentialed ... Emotional ... Story

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APPENDIX 2: HOW

Appendix 2.1

Effectiveness of Different Methods of Knowledge Translation: Professional Behaviour Change Strategies

Taken from *Effective Dissemination of Findings from Research – a compilation of essays* (Section 2: pages 12-16)

http://www.ihe.ca/documents/Dissemination_0.pdf

1. *Printed educational materials*: Printed educational materials are generally effective, resulting in a 4.9% improvement of care across 21 studies (Farmer et al., 2007). This strategy is commonly used, relatively inexpensive and is feasible in most settings.
2. *Educational meetings*: Educational meetings (interactive workshops targeting knowledge, attitudes and skills at the individual level) are generally effective, resulting in moderate effects (between 11-20% in improvement in care) (O'Brien et al., 2001). Didactic meetings are largely ineffective.
3. *Educational outreach*: Educational outreach (or academic detailing) involves a trained individual who meets with professionals in their work environments to give information with the intent of changing the provider's practice. This strategy is generally effective in improving care by 4.9% across studies (Grimshaw, 2004). Educational outreach has been used to change prescribing behaviours, although its effectiveness for changing more complex behaviours is less known. Educational outreach is resource intensive.
4. *Local opinion leaders*: Opinion leaders are generally effective in improving care by 10% across 12 RCTs (Doumit, 2007). The potential success of opinion leaders is dependent on the existence of intact social networks within professional communities. Also, opinion leaders are specific to the issue of concern, and change over time. Use of opinion leaders can be resource intensive, given the costs of identifying and training opinion leaders.
5. *Audit and feedback*: Audit and feedback assesses professionals' perceptions of current performance levels and provides a summary of performance over a specified period of time. Audit and feedback is generally effective in improving care by 5% (Jamtvedt, 2006). However, larger effects are seen if baseline performance is low.





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6. *Reminders*: Reminders have been used to support implementation of clinical practice guidelines and are effective for relatively simple decisions. Reminders are less effective for more complex decision support, such as chronic disease management.

7. *Multifaceted interventions (those that include two or more components)*: Multifaceted interventions developed based on an assessment of barriers can potentially target different barriers in the system. However, effectiveness does not necessarily improve with an increasing number of components and few studies explained their choice of interventions (Grimshaw, 2004). Multifaceted interventions are likely to be more costly than single interventions. It is important to consider how components may interact to maximize benefits.

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Appendix 2.2 Current State of Evidence: Effectiveness of Different Tools for Knowledge Translation

Current State of Evidence			
			
MOSTLY EFFECTIVE Participatory research Interactive small groups Educational outreach Reminders Computerized decision support Use of computers in practice Multi-disciplinary collaboration Mass media campaign Financial intervention / incentive Combined interventions Substitution of Tasks	MIXED EFFECTIVENESS Conferences, courses Opinion leaders Champions Educational materials Patient-mediated interventions Performance feedback Educational strategies – <i>dependent on combination of strategies</i>	LIMITED EFFECTIVENESS Total quality management Continuous quality improvement Didactic meetings	NOT SYSTEMATICALLY REVIEWED AS YET Press release Patent license Social marketing Arts-based KT
Grol, R. & Grimshaw, J. 2003, <i>The Lancet</i> , 362.			

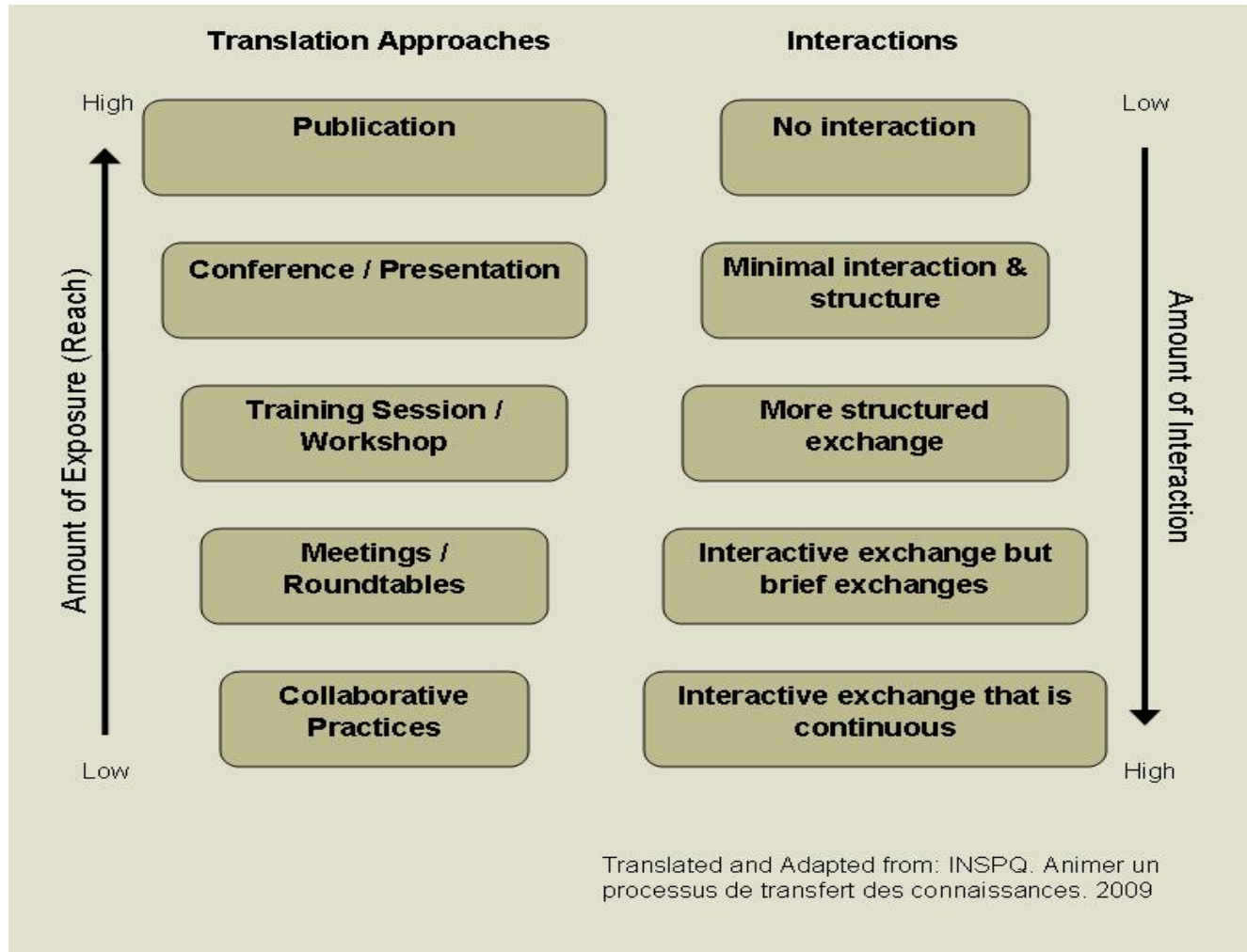
Source: Online webcast by Melanie Barwick , “Making Science Stick: Developing a KT Plan”, extracted October 18, 2011.

<http://www.ncddr.org/webcasts/webcast30.html>

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Appendix 2.3

Exposure (Reach) and Interaction Required by Different Knowledge Translation Approaches



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APPENDIX 3: IMPACT

Potential Indicators for Monitoring & Evaluation of Knowledge Products and Services Summary from: Sullivan, T.M., Strachan, M., and Timmons, B.K. *Guide to Monitoring and Evaluating Health Information Products and Services*.

http://www.k4health.org/system/files/ME_Guide_for_Health_Information.pdf

The 29 suggested indicators in this guide measure the reach, usefulness and use, as well as the collaboration and capacity-building created through knowledge products and services. (For a full description of each indicator go to the link above.)

INDICATORS THAT MEASURE REACH

Primary Distribution (Knowledge is pushed out towards audiences)

- 1 Number of copies of a product initially distributed to existing lists
- 2 Number of copies of a product distributed by a publisher through additional distribution

Secondary Distribution (The audience pulls or requests knowledge)

- 3 Numbers of products distributed in response to orders
- 4 Number of file downloads in a time period
- 5 Number of times a product is reprinted by recipients
- 6 Number of people reached by media coverage of the material or generated by it

Referrals

- 7 Number of instances that products are indexed or archived in bibliographic databases
- 8 Number of postings of products by other Web sites or links to products from other Web sites
- 9 Number of instances that products are selected for inclusion in a library
- 10 Percentage of users who share their copies or transmit information verbally to colleagues

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INDICATORS THAT MEASURE USEFULNESS

User Satisfaction

- 11 Percentage of those receiving a product or service that read or browsed it
- 12 Percentage of users who are satisfied with a product or service
- 13 Percentage of users who rate the *format* or *presentation* of a product or service as usable
- 14 Percentage of users who rate the *content* of a product or service as useful
- 15 Number/percentage of users who report knowledge gained from a product or service
- 16 Number/percentage of users who report that a product or service changed their views

Product or Service Quality

- 17 Number and quality assessment of reviews of a product in periodicals
- 18 Number and significance of awards given to a product or service
- 19 Number of citations of a journal article or other information product
- 20 Journal impact factor (indicating the relative importance of the journal that published the article)
- 21 Number/percentage of users who pay for a product or service
- 22 Number/percentage of information products or services guided by theories of behaviour change and communication

INDICATORS THAT MEASURE USE

- 23 Number/percentage of users intending to use an information product or service
- 24 Number/percentage of users adapting information products or services
- 25 Number/percentage of users using an information product or service to inform policy and advocacy or to enhance programs, training, education, or research
- 26 Number/percentage of users using an information product or service to improve their own practice or performance

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INDICATORS THAT MEASURE COLLABORATION & CAPACITY BUILDING

Collaboration

27 Number of instances of products or services developed or disseminated with partners

28 Number of instances of sharing of knowledge among individuals or organisations at the local, regional or global level

Capacity Building

29 Number and type of capacity-building efforts

Knowledge Translation (KT) Planning Primer – References

A number of documents and tools informed this Primer, beginning with work done by PHAC colleague, Steve Poulin, who created an early French worksheet and support document for his Quebec region colleagues.

Barwick, M. (2011). *Making Science Stick: Developing a KT Plan*. Online workshop/webcast of the National Center for Dissemination of Disability Research. Retrieved December 21, 2011, from <http://www.ncddr.org/webcasts/webcast30.html>

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