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KNOWLEDGE TRANSLATION

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LEARNING OBJECTIVES

After reading this chapter, the student/practitioner will be able to:

- Define knowledge exchange and translation (KET) and distinguish between the various models of knowledge translation (KT).
- Identify effective KET models.
- Recognize the differences between knowledge-driven models and problem-driven models of evidence-based policy.
- Characterize the roles and challenges of evidence-based policy within evidence-based practice (EBP).

Transferring research into practice and policy seems to be the very reason for the existence of EBP, and it would be reasonable to assume that it is something at which evidence-based practitioners would be skilled. Despite the need for research transfer, however, the best methods for doing it are still being developed and evaluated. Traditionally, transfers of health care information took place through either the undiscriminating distribution of print media (such as a bulletin or a journal article) or through large-group continuing education seminars. For a long time, this was thought to be enough; however, practitioners have recently realized that these methods are inadequate. The problems were substantial—either the information was not reaching those who needed it, it was not convenient for the practitioners who wanted to learn, or the format of the material alienated the participants. In the past decade, there have been major efforts made to create strategies that will ensure effective research transfer.

Let us start by looking at the term *knowledge translation*. This term has been defined by the Canadian Institutes of Health Research (CIHR) as:

> 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, 2008, p. 5)