Knowledge Translation at CIHR

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Queen’s University
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What *is* knowledge translation?
What I plan to cover today

What I mean by knowledge translation – some basic vocabulary and conceptual underpinnings
CIHR KT funding opportunities
Tips on applying for KT grants
It’s all in the name

Knowledge to action (KTA)
Knowledge Transfer (KT)
Knowledge Translation (KT)
Research Use/Utilization
Knowledge Exchange (KE)
Commercialization
27 KT terms used by 33 applied health research funding agencies

- applied health research
- capacity building
- co-optation - cooperation - competing
- diffusion
- dissemination
- getting knowledge into practice
- impact
- implementation
- knowledge communication
- knowledge cycle
- knowledge exchange
- knowledge management
- knowledge translation
- knowledge mobilization
- knowledge transfer
- linkage and exchange
- popularization of research
- research into practice
- research mediation
- research transfer
- research translation
- science communication
- teaching
- “third mission”
- translational research
- transmission
- utilization
Knowledge Translation is part of our mandate

(2) The CIHR is an agent of Her Majesty in right of Canada.

(3) The head office of the CIHR shall be at the place in Canada that is designated by the Governor in Council.

4. The objective of the CIHR is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system, by:

(a) exercising leadership within the Canadian research community and fostering collaboration with the provinces and with individuals and organizations in or outside Canada that have an interest in health or—

4. IRSC a pour mission d’exceller, selon les normes internationales reconnues de l’excellence scientifique, dans la création de nouvelles connaissances et leur application en vue d’améliorer la santé de la population canadienne, d’offrir de meilleurs produits et services de santé et de renforcer le système de santé au Canada, et ce par :

a) l’exercice d’un leadership dans les milieux canadiens de la recherche et l’encouragement à la collaboration avec les provinces ainsi que les personnes et orga-
What is Knowledge Translation?

KT is a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.

This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user.
What is Knowledge Translation?

- **Knowledge synthesis**: The contextualization and integration of research findings of individual research studies within the larger body of knowledge on the topic.
- **Dissemination**: Synthesis is a family of methodologies for determining what is known in a given area or field and what the knowledge gaps are.
- **Knowledge exchange**: Involves identifying the appropriate audience for the research findings, and tailoring the message and medium to the audience.
- **Ethically sound application of knowledge**: Refers to the interaction between the knowledge user and the researcher resulting in mutual learning, it encompasses the concept of collaborative or participatory, action oriented research where researchers and knowledge users work together as partners to conduct research to solve knowledge users’ problems (Integrated KT).
- **Ethically sound application of knowledge**: The iterative process by which knowledge is actually considered, put into practice or used to improve health and the health system.

**Notes:**
- KT activities must be consistent with ethical principles and norms, social values as well as legal and other regulatory frameworks.
What is Knowledge Translation?

Knowledge translation is about:

• Making users aware of knowledge and facilitating their use of it to improve health and health care systems
• Closing the gap between what we know and what we do (reducing the know-do gap)
• Moving knowledge into action

Knowledge translation research (KT Science) is about:

• Studying the determinants of knowledge use and effective methods of promoting the uptake of knowledge
Two kinds of KT

End of grant KT
- The researcher develops and implements a plan for making knowledge users aware of the knowledge generated through a research project.

Integrated KT
- Research approaches that engage potential knowledge-users as partners in the research process.
- Requires a collaborative or participatory approach to research that is action oriented and is solutions and impact focused (Mode 2).
- For example, the researcher(s) and knowledge-user partner(s) jointly define the research question, and are involved in interpreting and applying the findings.
Who “counts” as a Knowledge-User?

An individual:

- who is likely to be able to use the knowledge generated through research in order to make informed decisions about health policies, programs and/or practices
- whose level of engagement in the research process may vary in intensity and complexity depending on the nature of the research and their information needs
Why integrated KT?

Through partnerships, the research is strengthened:

- research can be more solutions-based because there is a knowledge-user involved in developing the research question
- research can have more impact because the end-user is engaged and interested, ready for results and willing to move those results into practice because they are of direct relevance to their day-to-day lives
Review implications of integrated KT

By requiring both researchers and knowledge users to be part of the research team, integrated KT requires *merit review*:

- Both knowledge users and researchers on the review panel
- Each proposal scored on impact/relevance as well as scientific merit
- Panellists often need orientation materials explaining the process as well as worksheets to apply the criteria
- Both “types” of panel members have a voice
A word on conceptual frameworks

• they are made up of concepts and propositions designed to focus the user on what is important to the issue

• they have the basic purpose of focusing, ruling some things in as relevant and ruling others out due to their lesser importance

• their usefulness comes from the organization they provide for thinking, for observation, and for interpreting what is seen

• they provide a systematic structure and a rationale for activities

• they can help you figure out “what went wrong” as well as “what went right”
Select, Tailor, Implement Interventions

Assess Barriers/Supports to Knowledge Use

Adapt Knowledge to Local Context

Identify, Review, Select Knowledge

Synthesis

Tailoring Knowledge

Knowledge Inquiry

Products/Tools

Knowledgge Synthesis

Sustain Knowledge Use

Evaluate Outcomes

from: Graham et al: Lost in Knowledge Translation: Time for a Map?

The knowledge to action (K2A) framework

- based on a concept analysis of 31 planned action theories
- was developed to help make sense of the black box known as ‘knowledge translation’ or ‘implementation’
- offers a holistic view of the phenomenon by integrating the concepts of knowledge creation and action
- A Queen’s researcher, Dr Margaret Harrison was a collaborator in developing the framework
The knowledge to action (K2A) framework

- assumes a systems perspective
- falls within the social constructivist paradigm which privileges social interaction and adaptation of research evidence that takes local context and culture into account
- designed to be used by a broad range of audiences
- has been widely cited: 142 in ISI Web of Knowledge, 312 in H – Harzings Publish or Perish, which picks up the grey literature
- has not, as yet, been tested empirically
The knowledge to action (K2A) framework

- K2A cycle used as the organizing framework for the book: Knowledge Translation in Health Care. Moving from Evidence to Practice
- All royalties from the book go to a CIHR fellowship fund (1800+ sold to date)
- FYI: most of the contributing authors created PowerPoint presentations summarizing the chapters
- Available by e-mailing amy.grosset@cihr-irsc.gc.ca
CIHR KT funding opportunities
Integrated KT Funding Opportunities at CIHR

- **Knowledge Synthesis**
  - Work with knowledge-users to synthesize evidence/knowledge relevant to them

- **Partnerships for Health System Improvement (PHSI)**
  - Supports researchers and decision makers interested in applied health services and policy research
  - Requires a partner to contribute 20 to 30% of the total grant budget (depending on the province)

- **Knowledge to Action**
  - Researchers and knowledge-users collaborate to move knowledge into action
Knowledge Synthesis

Objective: To increase the uptake/application of synthesized knowledge in decision-making by supporting partnerships between researchers and knowledge users to produce scoping reviews and syntheses that respond to the information needs of knowledge users in all areas of health.

Maximum amount per grant: $100,000 for a synthesis for one year, $50,000 for a scoping review for one year.

Eligibility: The team must include both an independent researcher and a knowledge user listed as a Principal Applicant.

Next application deadline: April, 2011.

Funding start date: September, 2011.

Launch: Twice a year in the Summer and Winter.
(PHSI) Partnerships for Health System Improvement

- **What is eligible?** Any applied health systems and/or services research question that is deemed useful to health system managers/policy makers
- **Team composition:** Teams must include researchers and decision makers
- **Length of grant:** Up to 3-years
- **Sources of funding:** A mix of CIHR and partnership support – CIHR provides most of the funding ($350K or $400K, depending on province) and partners provide the rest (20% or 30% of the total grant budget, depending on province)
- **KT requirement:** Comprehensive knowledge translation plan required

**Next application deadline:** Nov 2011, funding April 2012
Knowledge to Action

Objective: To accelerate translation of knowledge by linking researchers and knowledge-users to bridge a knowledge to action gap, and increase the understanding of knowledge application through the process

Funding: The maximum amount per grant is $100,000 per annum for up to 2 years.

Eligibility: The team must include both an independent researcher and a knowledge user listed as a Principal Applicant.

Next application deadline: October, 2011

Funding start date: April, 2012
You can apply for an MPD Planning grant to support your iKT, or other application

Purpose:
Provide support for planning activities, partnership development and/or increasing the team’s understanding of the health research landscape that will contribute to the advancement of research consistent with the mandate of CIHR.

Examples of eligible activities:
- Planning and partnership development meetings
- Activities that assist potential teams to identify research questions or emerging issues that could form the basis of a CIHR application

Funding:
Up to $25,000 for up to 1 year
Applications accepted 3 times per year in October, February and June. Next deadline Feb. 15th
Purpose:
Also provide support for dissemination events

Examples of eligible activities:
• Knowledge exchange meetings
• To provide funding for knowledge translation events focusing on either integrated KT/KT science or dissemination/end-of-grant KT
• Education of groups such as health professionals, community organizations, the general public
• Knowledge dissemination that will inform practice, clinical care, policy
• Release of knowledge to relevant stakeholders prior to publication

Funding:
Up to $25,000 for up to 1 year

Applications accepted 3 times per year in October, February and June. Next deadline Feb 15
MPD KT Supplement grants

Purpose:
To provide supplemental funding for KT activities following the completion of a peer reviewed grant/award, or component of a grant/award, when it is appropriate to disseminate the results of the research beyond the traditional scientific community and using methods supplementary to publication in peer reviewed journals.

Funding:
Up to $100,000 for up to 1 year

Applications accepted 3 times per year in October, February and June. Next deadline Feb. 15th
MPD KT Supplement grants

Examples of eligible activities:
• Dissemination of research results through specialized publications
• Development/maintenance/updating of websites
• Production and distribution of written materials in various formats
• Travel costs for a series of meetings/presentations (linkage and exchange activities)
• Hiring of a knowledge broker or implementation facilitator/change agent
• Development of plain language summaries
• Development of knowledge exchange tools (e.g. educational CD-ROMs, decision support tools)
Tips for applying for KT grants
Critical components of an end of grant KT plan

- Goals
- Audience
- Strategies
- Expertise
- Resources
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<thead>
<tr>
<th>Factor</th>
<th>Key Questions</th>
<th>Options</th>
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| **Goals** | - Are the KT goals clear, concrete and well justified?  
- Are your KT goals appropriate to the potential research findings and target audience(s)? | KT goals could include:  
- increase knowledge/awareness  
- inform future research  
- inform/change attitudes  
- inform/change behaviour  
- inform/change policy  
- inform/change practice  
- inform/change technology  
- other: |
| **Audience** | - Does the plan consider all potentially relevant audiences?  
- Are the audiences precisely defined in terms of their characteristics related to the expected change in behaviour?  
- Does the plan demonstrate a thorough understanding of the proposed target audience(s), including the current state of their knowledge in the research area and their needs and preferences for using knowledge? | Target audiences could include:  
- general public  
- community-based and not-for-profit organizations  
- professionals/service providers  
- administrators/managers  
- capital group (e.g., funding, etc.)  
- patients/consumers  
- policy-makers/legislators  
- private sector  
- research funders  
- researchers  
- other: |

**Bottom line:** clearly state and justify your proposed KT goals.
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<td>- increase knowledge/awareness</td>
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<td>- change research methods</td>
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<td>- change attitudes</td>
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<td>- general public</td>
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<td>responsibilities and decision-making needs/opportunities</td>
<td>- community-based and not-for-profit organizations</td>
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<td>• Does the plan demonstrate a thorough understanding of the proposed target</td>
<td>- healthcare professionals/service provide</td>
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<td>research area and their needs and preferences for using knowledge?</td>
<td>- industry/venture capital group</td>
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Bottom line: present strategies that support your KT goals and adapt the knowledge to your audience’s needs and context of use

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<td>Are the strategies appropriate to achieve the knowledge translation goals?</td>
<td>Strategies could include:</td>
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<td>Does the plan take into consideration the context in which the knowledge is</td>
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<td>considered that might affect the applicability of the research findings or</td>
<td>non-peer reviewed publications</td>
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<td>the effectiveness of the planned KT activities?</td>
<td>peer reviewed publications (open access journal/archive)</td>
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<td>Does the plan consider barriers and facilitators to knowledge use?</td>
<td>technological provision/upgrade</td>
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<td>Are key messages clearly identified?</td>
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**Strategies**

- dissemination events/courses (e.g., conference, symposium, CME)
- engage champion(s)/opinion leader(s)
- financial intervention or incentive
- interactive small group meeting/workshop
- knowledge broker involvement
- media release/outreach campaign
- networks/networking
- patient-mediated intervention
- performance feedback
- plain language summaries
- reminders
- social marketing
- summary briefings to stakeholders
- other:

**Application**

Working with knowledge-user(s) to:
- adapt knowledge for use
- commercialize
- identify barriers to the use of findings
- tailor messages and interventions to promote use
- other.
**Expertise**

- Are all necessary participants involved to achieve the stated goals?
- Is there sufficient description of participants' KT expertise and/or past activities to assess the team's ability to execute the proposed strategies?
- Where appropriate, does the team plan to collaborate with members of its target audience(s)?

**Expertise required could include individuals in the following roles:**

- knowledge broker
- community leader
- KT specialist
- management
- public relations
- volunteer
- website developer/IT expert
- writer/editor/copy editor
- other:

**Bottom line: demonstrate that your team includes the appropriate level of expertise to complete the end-of-grant KT plan**

**Necessary resources could include:**

- Human Resources
  - design/layout
  - fees for professional expertise (e.g., knowledge broker, KT specialist, IT expert)

- open access publication fees
- production/printing
- teleconferences/travel
- web-related costs (blogs, podcasts, wikis, website development/maintenance)
- workshops/meetings/networking costs
- other:
Bottom line: demonstrate the end-of-grant knowledge translation plan can be accomplished with the resources available.

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| To execute the proposed strategies?
| - Where appropriate, does the team plan to collaborate with members of its target audience(s)? |
| - Does the budget allocate adequate financial support to implement the plan? |

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Tips for integrated Knowledge Translation funding opportunities
Merit Review Criteria for iKT

General headings:
Research question
Research approach
Feasibility
Outcomes
Research Question

Explanation of the research project and justification for the need to conduct the research:

• To what extent does the project respond to the objective(s) of the Funding Opportunity?
• To what extent does the research question respond to an important need identified by the knowledge-user(s) on the research team?
Research Question Criterion: What this means for you

- Be clear about what the question is right away
- Be clear about the origin of the research question: why it is interesting, who is interested in it and what the knowledge-user partners think about it
Research Approach

**Detailed description of the research approach and justification for the proposed methods/strategies:**

- To what extent is it likely that the proposed methods will address the research question(s)?
- To what extent is the study design appropriate and rigorous?
- To what extent are the knowledge-user team members meaningfully engaged where appropriate (e.g. in defining the research questions, informing the research plan, interpreting the findings, informing the end-of-grant KT plan)?
- To what extent does the end-of-grant KT plan detail strategies appropriate for its goals and target audiences?
Research Approach Criterion: What this means for you

• Be clear and specific about your proposed methods – the reviewers need to know that you know what you are doing

• Demonstrate the participation of and commitment to the project by the decision-makers – this can be written into the text or shown through letters of support
  – these letters are important – they need to show true iKT-style collaboration
  – they should not be “cookie cutter” – ensure that they are unique, and specific about what the knowledge user is expecting
Feasibility

Demonstration that the researcher-knowledge-user team has the requisite skills, experience and resources to complete the project in the proposed time frame:

• To what extent are the knowledge-users on the team committed to applying the findings when they become available and is their application achievable in the particular practice, program and/or policy context?

• To what extent does the researcher-knowledge-user team have the necessary expertise and track record to deliver on the project’s objective(s), including the objectives of the end-of-grant KT plan?

• To what extent is the project accomplishable in the given timeframe with the resources available/described?
Feasibility Criterion: What this means for you

- Be sure to demonstrate a “pull” for the results of this study on the part of your knowledge-user co-applicants
- Document the expertise of each team member and their role in the proposed study
- Demonstrate that this is a “doable” study – from both a scientific and a practical perspective
- Demonstrate willingness of the knowledge-user partner to use the results of the study
Outcomes

Results expected from the successful uptake of project findings:

• To what extent will the project have a substantive and sustainable impact on health outcomes, practice, programs and/or policy in the study context?

• To what extent will the project’s findings be transferable to other practice, programs and/or policy contexts?

• To what extent is the evaluation plan appropriate to assess the project’s impact?
Outcomes Criterion:
What this means for you

- Consider the potential impact of your study and its generalizability
- If it is not generalizable, acknowledge and justify this
- Develop a reasonable evaluation plan to be able to measure the outcomes and impacts of your study
How to write a good grant

http://www.cihr-irsc.gc.ca/e/27491.html

Guidebook for New Principal Investigators

Advice on Applying for a Grant, Writing Papers, Setting up a Research Team and Managing Your Time

Institute of Genetics, CIHR

Roderick McInnes • Brenda Andrews • Richard Rachubinski
Generic tips for getting funded

• Have a clear, focused research question and plan
• Document why it is important to do the work and what its potential impact might be
• Show how the proposed work fits into the larger scheme of things
• Be clear about who the audience is for the research
• iKT and KT Supplement: demonstrate a “pull” for your research results through strong knowledge-user engagement
• Link proposed KT activities to a thorough budget justification
Generic tips for getting funded

- Be very specific about your methods – don’t assume that committee members will read between the lines.
- Demonstrate the strength of the team and how they are able to do the work.
- Be clear why each of your co-investigators are on the team.
- Justify your methodological/theoretical approach – someone on the committee is bound to disagree with you.
- Have a clear evaluation plan (where required).
- Have a clear, feasible end of grant KT plan.

Have a trusted colleague read it over – it might not be as clear as you think.
Beware of the “KT Imperative”

The importance of **Synthesis**

- results from a single research study should be contextualized within a synthesis of global research results before *extra-ordinary* dissemination or implementation efforts are undertaken

- need to bring common sense as well as academic rigour to bear on decisions about the degree and intensity of KT activities warranted by a single research study
For all KT grants and activities the most important consideration is *appropriateness*. Each discipline, research project, and knowledge-user community is different. When there are limitations on the validity or generalizability of the results with few potential knowledge-users, a modest approach is most appropriate. The key to a successful grant is to ensure that there is a match between the expected research findings, the targeted knowledge-users and the KT strategies selected.
Another key word: Engagement

For all iKT activities another important consideration is *engagement*. By engaging in partnerships, knowledge-users and researchers can benefit from the expertise each offer to participate in research with a high potential for impact and to move high quality, locally adapted evidence into practice.
I have been impressed with the urgency of doing. Knowing is not enough; we must apply. Being willing is not enough; we must do

Leonardo da Vinci
For more information, visit our web page:
http://www.cihr-irsc.gc.ca/e/29418.html

jacqueline.tetroe@cihr-irsc.gc.ca

Thank you
Knowledge to Action: A KT Casebook

- Provides insight into the real world of researchers and knowledge users
- Presents important lessons about successful EGKT and IKT
- Published early 2009

www.cihr-irsc.gc.ca/e/29484.html
Knowledge to Action: An EoG KT Casebook

- Features end-of-grant (EoG) KT activities supported by CIHR's KT Supplement Grant program
- Showcases unique and effective ways to share research results covering a broad spectrum of research
- Published 2010

www.cihr-irsc.gc.ca/e/29484.html
KT in Health Care - Moving from Evidence to Practice: A KT Handbook

Chapters cover:
- Knowledge creation
- Knowledge-to-Action cycle
- Theories and Models of Knowledge-to-Action
- Knowledge exchange
- Evaluation of Knowledge-to-Action

Available at:

Presentations based on chapters available at:
http://www.cihr-irsc.gc.ca/e/40618.html

All royalties go into a CIHR fund for students
The KT Clearinghouse website

funded by (CIHR) to serve as the repository of Knowledge Translation resources for individuals who want to learn about the science and practice of KT, and access tools that facilitate their own KT research and practices.

• The service and material of the website are provided by staff of the Joint Program in Knowledge Translation, a collaborative effort between St. Michael's Hospital and the University of Toronto, Faculty of Medicine.

• The goal of the program is to improve the quality of care by developing, implementing and evaluating strategies that bridge the knowledge-to-practice gap, and to research the most effective ways to translate knowledge into action.
Welcome to the KT Clearinghouse

The KT Clearinghouse website is funded by the Canadian Institute of Health Research (CIHR) to serve as the repository of Knowledge Translation resources for individuals who want to learn about the science and practice of KT, and access tools that facilitate their own KT research and practices. The service and material of the website are provided by staff of the Joint Program in Knowledge Translation, a collaborative effort between St. Michael’s Hospital and the University of Toronto, Faculty of Medicine. The goal of the program is to improve the quality of care by developing, implementing and evaluating strategies that bridge the knowledge-to-practice gap, and to research the most effective ways to translate knowledge into action.

Specific services that the Program offers over the KT Clearinghouse website include:

- **KT Canada**, a CIHR-funded research network and training initiative.
- The **Knowledge Base**, an information repository and short ‘primer’ course on knowledge translation, designed for individuals who want to learn the basics of ‘doing knowledge translation.’
- The **Centre for Evidence-Based Medicine**, whose goal is to help develop, disseminate, and evaluate resources that can be used to practice and teach EBM for undergraduate, postgraduate and continuing education for health care professionals from a variety of clinical disciplines.
- A **list of KT tools** that facilitate the practice or the science of knowledge translation.
- A **Knowledge Translation Consultation Service** for supporting different clinical units at St. Michael’s Hospital and researchers from the University of Toronto to research, develop, implement and evaluate knowledge translation strategies.
On-line Learning Modules

Educational modules / guides:

   • Participatory Research at McGill (PRAM)

2) Introduction to Evidence-Informed Decision Making
   • Donna Ciliska, McMaster University

3) Critical Appraisal of Intervention Studies
   • Donna Ciliska, McMaster University

4) A Guide to Knowledge Synthesis
   • Jeremy Grimshaw, University of Ottawa

Available at: www.cihr-irsc.gc.ca/e/39128.html
On-line Learning Modules

Coming soon:

1) Deliberative Priority Setting
   • Sandy Campbell

2) Knowledge Translation in low and middle income countries
   • Vic Neufeld

Available soon at:
www.cihr-irsc.gc.ca/e/39128.html
Other CIHR dissemination “tools”
Objectives

Encourage Canadians from all sectors of society to engage with health researchers, and contribute their views on current research and future directions.

Promote knowledge sharing, the free flow of information and transparency between CIHR’s health researcher community and members of the Canadian public.

Establish and maintain collaborative relationships with public engagement stakeholders and service providers in Canada.
Café Scientifique Format

- one theme, three experts, one moderator
- members of the public with an interest
- informal and accessible location (café, bar or restaurant)
- three ten-minute ice-breakers – one-hour question period
- can apply for up to $3 000 in funding to host one
Progress vs. Privacy: Who should have access to my medical data?

Sunday, October 19, 2008, 5:00 p.m.
The Drake Hotel – the Underground
1150 Queen Street West, Toronto
Please RSVP: info.ihsp@utoronto.ca

The promises and pitfalls of an electronic health era

Hospitals, doctors’ offices and pharmacies are sitting on some very valuable information – your medical information. As health-care providers enter the digital world and computerize their patients’ records in an effort to improve the efficiency and quality of care provided, they are also building a valuable health research tool. The files in their databases may contain the answers to many medical questions we currently face, but they also contain private information that could potentially be misused. Join Canadian experts to hear their thoughts, and share your own, on how we can strike a balance between the benefits of allowing researchers to access medical information and the privacy concerns of individuals.

Experts:
Dr. Lisa Austin
Associate Professor
Faculty of Law
University of Toronto

Mr. Steven Lewis
Consultant and Adjunct Professor, Centre for Health and Policy Studies
University of Calgary

Dr. Terry Sullivan
President and CEO
Cancer Care Ontario

Dr. Robyn Tamblyn
Professor, Departments of Medicine, Epidemiology and Biostatistics
Faculty of Medicine
McGill University

Moderator:
Dr. Colleen M. Flood
Scientific Director, CIHR-IRSC
Associate Professor
Faculty of Law, University of Toronto
CIHR CAFÉ SCIENTIFIQUE

Science on tap
Quench your interest

CIHR launched its Café Scientifique Program as an outreach initiative that would provide answers to questions of popular interest to the general public. As a result, over 140 CIHR Café Scientifiques events have been funded to provide educational and informal discussions regarding popular health topics. CIHR Cafés are typically held in bars or cafés, and involve a panel of experts who specialize in the topic at hand. The primary point of these events is accessibility: to be a member of the audience, you don’t have to have a science degree. You need to be interested in learning things, and posing questions.

Through its Café Scientifique program, CIHR organizes its own Café events but also establishes partnerships with non-profit organizations, universities, research centres, science centres and museums across Canada. If successful, these Café Scientifique partners can expect to receive $5,000 in funding so that they can host their own Café. Please note these funds can be used to host more than one Café.

In order to be funded, representatives of the institution must meet the following criteria:

- the subject must be a health research-related issue of interest to the general public;
- a brief description of the Café must be provided along with an explanation of the importance of the topic itself;
- the name and description of the institution that will be hosting the event (to whom the payment will be made) must be made clear;
- all Cafés must be respectful of CIHR’s guidelines, which have been developed for both participants and organizers (http://www.cihr-irsc.gc.ca/f/re/35027.html)

- through relevant experience show how they will be able to achieve goals (including a realistic communications plan);
- there must be at least two researchers on the panel;
- CIHR support must be app through use of promotion at the event itself;
- after the event is over, the willingness to evaluate the success of the Café through use of a survey;
- a point of contact for all purposes must be highlighted (including a phone number and e-mail coordinates);
- a person who has signed a CIHR funding must be identified;
- a tentative date, time and place must be made clear (the event prior to June 30, 2010).

For more information, please consult the evaluation criteria table at the end of this document (Instructions for Organizers and Guidelines for Participants). Minimum of two CIHR-funded research experts.

CIHR Café Scientifique Program Evaluation Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
<th>Information to be provided in application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellence of the Organization</td>
<td>Ability of the Organization and its Staff to Deliver the Scientific Program Successfully</td>
<td>Relevant expertise and/or previous experience in scientific public outreach activities</td>
</tr>
<tr>
<td>Quality of the Café</td>
<td>Cafe Objectives</td>
<td>Objectives consistent with those of CIHR’s Café Scientifique program</td>
</tr>
<tr>
<td>Impact and Reach</td>
<td>Target Audience</td>
<td>Event is specifically designed to be of interest to members of the general public who do not necessarily have a science degree</td>
</tr>
</tbody>
</table>

For further information, please consult the evaluation criteria table at the end of this document (Instructions for Organizers and Guidelines for Participants). Minimum of two CIHR-funded research experts.

CIHR IRSC
Centre of Excellence in Health Research
www.cihr-irsc.gc.ca

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BEST BRAINS EXCHANGE
What is a Best Brains Exchange?

A one-day meeting that brings together the “best brains” of research and decision-making on a government-identified, high-priority issue for a closed-door “brain dump”.

- In-camera discussions (Chatham House Rule)
- Researchers summarize the relevant evidence and suggest what it implies about possible policy directions
- Researchers and decision makers discuss the implications of the research
Typical format

• **Morning**
  – Context Setting (x2 – 15 min each)
  – Researcher presentations (x3 – 15 min each)
  – Facilitated Q&A

• **Afternoon**
  – Breakout Groups
  – Reports from Breakout groups
  – Closing remarks
  – Evaluation