

Knowledge translation: Some avenues for reflection

François Chagnon Ph.D.

Chair of the CJM-IU-UQÀM study on the application of knowledge in the field of youth and families in difficulty

Université du Québec à Montréal

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CHAIRE

**d'étude sur l'application
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et des familles en difficulté**

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Facts

- **There exists a gap between knowledge production and knowledge use (KU)**
- 30 to 40% of patients do not receive evidence-based medical treatment;
 - 25% of treatments are unnecessary or harmful. (McGlynn et al. 2003)
- The impact of cancer treatments could be improved by 30% through the optimal application of scientific knowledge (Canadian Cancer Control Strategy, 2001)

Dissemination is not in itself a predictor of use

- The dissemination of knowledge is not a good predictor of use
- A review of studies (N=253) having evaluated the effectiveness of the dissemination and implementation of practical guides in the health field reports modest to moderate improvement in care (Grimshaw, et al. 2004).

Why is it so difficult to ensure heavy use of knowledge?

Challenge 1: Active role of users

- Knowledge users have mainly been conceived of as passive « receivers/users” of knowledge...
- ...ignoring their active role in the transformation of knowledge (empirical and practical knowledge)

- **According to the academic model (*science push*) "knowledge transfer" is a linear process = from production to use**
- Primary source of knowledge = empirical data
- Scientific knowledge
 - Used without adaptation
 - Regardless of context

- Scientific knowledge
 - Incomplete source of knowledge
 - Must be aligned with clinical observations, practical/tacit knowledge and relational skills (Chagnon et al. 2006; Hancock & Easen, 2004).
 - Must be transformed, enriched, adapted to a given context to be used effectively

Challenge 2: knowledge use is a process

- Knowledge use, a complex process of exchange that involves many steps and deferred effects (Knott, J., & Wildavsky, A.;1980 Rogers, 1983, 2000)
 - Acquisition
 - Comprehension
 - Adoption
 - Implementation
 - Legitimization

- "Interactionist" models of knowledge translation stress collaboration between researchers and practitioners at every stage of the development and use of knowledge

Challenge 3: Needs and strategies vary according to the targets of knowledge translation

- Policy: vision, orientation, legislation
- Communities: values, autonomy, power sharing
- Organization: management, decision making, planning
- Practitioners: professional practice, clinical judgement, know-how
- Users: collaboration, participation, autonomy

Some pathways to
solutions for improving
knowledge utilization

- Support for organizations and encouragement of knowledge utilization
 - Vision of expected impact of knowledge use
 - Analysis of resources and of the organization's ability to make use of knowledge
- Targeted strategies based on the needs of potential users: no uniform solution in this field
- Active strategies vs passive processes: exchange, deliberation, and knowledge enrichment

- Mechanisms for sustained exchange between research and practice
- Choice of credible messengers dependant on target (facilitators, opinion leaders, experts, peers...)
- The interval between the availability of results and the needs of users
- Multiple strategies and ongoing investment over time
- And, above all, people who meet to exchange and develop knowledge to improve the human condition...

Time for questions!

QUESTION 1-What would be the most important impact of knowledge translation on public health practices?

1. Increased value placed on the use of the scientific knowledge in practice
2. Program improvement
3. Transformation of the workplace culture
4. Users' satisfaction
5. Social Impacts
6. More informed decision-making

Question 2- Among these strategies, which one has the most potential to facilitate knowledge application in public health practices?

1. Face-to-face exchange between decision makers and researchers (consultation, regular meetings)
2. Training sessions for public health practitioners
3. Networks and communities of practice
4. Capacity building within health services and health delivery organizations
5. Web-based information, new technologies
6. Steering committees (to integrate views of local experts into design, production, and interpretation of research)

Question 3-What is your preferred term for describing the use of evidence in decision making for practice and policy?

1. Knowledge utilization
2. Knowledge dissemination
3. Knowledge translation
4. Knowledge transfer
5. Knowledge uptake

Question 4-Considering the limited evidence regarding the effectiveness of knowledge translation strategies, what should we do to facilitate knowledge use in public health?

1. Pursue conceptual and theoretical development
2. Evaluate current practices
3. Train public health practitioners

Question 5-Who should be responsible for setting up activities destined to facilitate knowledge translation?

1. Researchers
2. Organizations
3. Users
4. Knowledge brokers and intermediaries
5. Research funding agencies

Thank you and have a
nice day!

chagnon.francois@uqam.ca