

An Introduction to Knowledge Translation

This document is intended to provide users with an introduction to knowledge translation (KT). There are many additional resources available to continue learning about KT, which can be found listed at the bottom of this page.

What is KT?

Knowledge translation (KT) is a term increasingly used in health-care fields to represent a process of moving the knowledge learned through research and applying it in a variety of practice settings and circumstances.(1) In other words, it helps us to make sure research is used in a real-world setting.

Knowledge translation has a broad scope which includes focusing on the quality of evidence being used, end-user involvement, and the transfer and evaluation of the implementation process and its overall impact. (2).

A common, formal definition of KT used in the Canadian context comes from the Canadian Institute for Health Research (CIHR). The CIHR definition is highlighted here:

At CIHR, knowledge translation (KT) is defined as 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. (3)

Common KT Terms

Around the world, and in different fields of practice, you may see terms that are used to describe similar or related concepts as found in knowledge translation. These could include: Knowledge Mobilization, Knowledge Exchange, Implementation Science, Research Utilization, Dissemination and Diffusion, Research Use, Knowledge Transfer and Uptake (4). Specific definitions of each term are available, but more work is required before each term is consistently defined and used across the health sector.

Theories and Frameworks

There are many frameworks out there that can provide you with a theoretical base for KT. Choosing a theoretical model or framework will help you to guide your KT work. While we won't cover them in this document, here are a few ideas to look at for further information: Diffusion of Innovation Theory (5), PARIHS Framework (6), Knowledge to Action (7), and Knowledge Utilization (8).

Knowledge Translation Planning

Five Questions to Guide Your KT Plan

What are the basic steps required to execute a KT plan? Below are five questions that you and your team can use as a practical checklist and that will help you to guide your KT plan.

Here are five guiding questions that can work as a practical checklist for you and your team as you move through the planning of your KT strategy (8).

1. What is the message or knowledge to be transferred?
2. To whom should it be transferred?
3. By whom should it be transferred?
4. How should it be transferred?
5. What is the desired effect or impact?



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Planning Resources

There are a number of KT planning resources available. The Knowledge Translation Planning Template, developed by Dr. Melanie Barwick at the Hospital for Sick Children in Toronto, is a comprehensive planning guide. It is available on Dr. Barwick's [website](#).

The Public Health Agency of Canada has developed a Knowledge Translation Planning Primer. The primer provides an excellent overview of KT and contains planning worksheets for practitioners to use in developing a KT plan. The primer is available on the Public Health Agency of Canada's [website](#).

Principles of 'Sticky' Ideas

Chip Heath and Dan Heath's 2007 book *Made to Stick: why some ideas survive and others don't* outlines six principles common to messages or ideas that 'stick.' It examines the key components of real-world ideas or messages that have had a lasting impact on their intended audience, which is at the heart of knowledge translation. This book has great examples and the principles can add value to any KT plan. Remember the six principles by using the acronym 'SUCCES.'

1. Simple: simple messages are much easier to understand and remember than those that are complicated.
2. Unexpected: catching the audience off-guard with something unexpected is a great way to make something memorable.
3. Concrete: the audience will remember something that is concrete much more easily than something abstract.
4. Credible: when the message and messenger are perceived by the audience as credible, the message or idea is more likely to have an impact.
5. Emotional: an emotional element is bound to make a message or idea more memorable.
6. Use of stories: using a story to convey an idea or message is a great way to include the other principles.

A great example of these principles being put to use in the field of injury prevention is The Community Against Preventable Injuries, also referred to as Preventable. Preventable designs guerrilla marketing campaigns that are simple, emotional and unexpected; they catch people off-guard, and provide them with a moment to reflect on injuries and consider their attitudes and perhaps challenge their assumptions. The above example is a great illustration of a campaign using a slogan printed on beach towels, designed to get people thinking about the issue of drowning.



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