

Introduction to Knowledge Translation for AMH Research

What is knowledge translation?

Despite the high demand for knowledge translation (KT) activities in healthcare, there is no clear and consistent definition of KT. A number of different terms such as knowledge transfer, knowledge exchange, research utilization, and evidence implementation are used interchangeably to describe the concept of moving research into practice. Informally, KT is described as closing the gap between what we know and what we do (Graham & Tetroe, 2009). The Canadian Institutes of Health Research (CIHR) define KT 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 healthcare system. (2020., para. 1)

Using this widely adopted definition, a diverse range of activities fall under KT, including technology transfer, knowledge management, knowledge use, continuing education, and consensus guideline development (Goldner et al., 2014; Straus et al., 2011).

The goal of KT is to ensure that individuals at all levels of the health system (patients, health professionals, and policy makers) can "...access and use research evidence to inform health-related decision making" (Straus et al., 2011, p. 7).

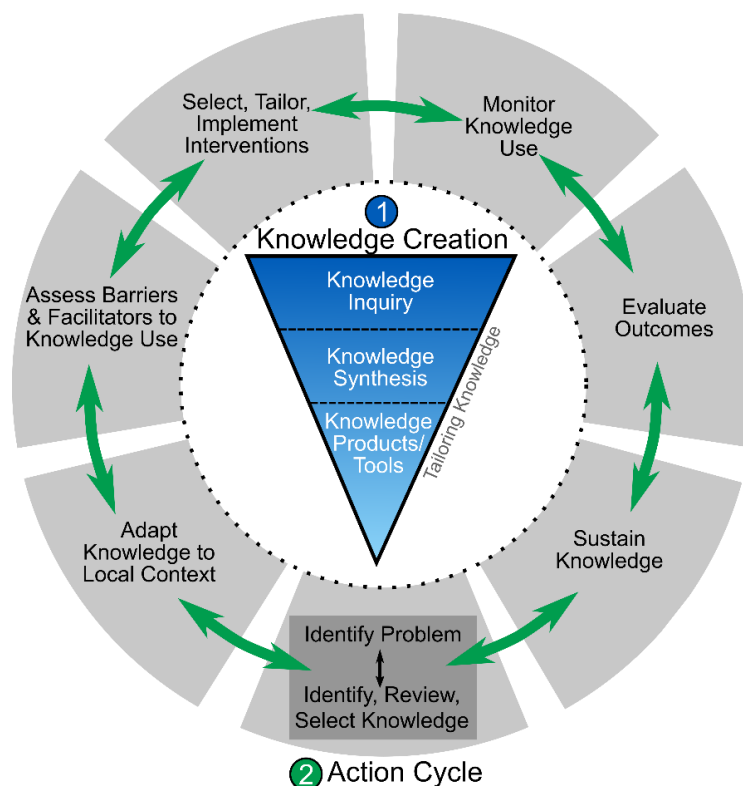
Why is knowledge translation important?

A significant gap exists from the time new knowledge is created to when it is put into practice (Lang et al., 2007). It is estimated that after an average of 17 years only 14% of research findings are translated into practice (Ammerman et al., 2014). This gap highlights the challenge translating promising research findings and health interventions into action. When new knowledge fails to translate into action, or occurs over a long period of time, health professionals, patients, and policy makers are unable to access current, best quality evidence (Straus et al., 2011). KT seeks to bridge this gap by linking knowledge producers and knowledge users to maximize the potential of new knowledge (CIHR, 2020; Goldner et al., 2014).

The area of addiction and mental health (AMH) is replete with myths and misinformation that can lead to stigma and discrimination towards people with AMH conditions (Angermeyer & Dietrich, 2006; Ross & Goldner, 2009). Effective KT approaches can play an important role in facilitating the transfer, uptake, and use of high-quality evidence to improve health outcomes and help end the stigma around AMH (Goldner et al., 2014).

The knowledge-to-action cycle

There are a number of conceptual frameworks and theories for achieving KT. One of the most widely used frameworks is the knowledge-to-action cycle developed by Graham et al. (2006), which has been adopted by the CIHR. The framework describes the process from knowledge creation to application (action cycle) (Straus et al., 2011). The knowledge creation funnel, found in the centre of the figure below, shows the three stages of knowledge creation: 1) knowledge inquiry (the production of knowledge, e.g., primary studies), 2) knowledge synthesis (the aggregation of existing knowledge, e.g., systematic reviews), and 3) knowledge products and tools (knowledge presented in easy-to-understand formats, e.g., practice guidelines) (Menear et al., 2012). The action steps around the knowledge creation funnel facilitate moving knowledge into practice. Although depicted as a cycle, these actions may occur sequentially or simultaneously, and may be influenced by the knowledge stages (Straus et al., 2011). It is vital that the end-users of the knowledge are included throughout the process to ensure their needs are being met.



Note. The knowledge-to-action model. Adapted from “Lost in knowledge translation: Time for a map?” by I. D. Graham et al., 2006, *The Journal of Continuing Education in the Health Professions*, 26(1), 13-24.

Recommended reading list

[Knowledge Translation Learning](#)

Canadian Institutes of Health Research (2020)

CIHR offers a suite of resources about KT in healthcare. Resources include learning modules, examples of KT in Canada, and links to relevant sources.

[Innovation to Implementation: A Practical Guide to Knowledge Translation in Healthcare](#)

Mental Health Commission of Canada (2014)

This document provides a practical step-by-step guide to using KT activities to enact change. The guide offers useful tips to help users through the KT process.

[Knowledge Translation in Health Care: Moving from Evidence to Practice \(2nd edition\)](#)

Straus, S., Tetroe, J., & Graham, I. D. (2013). *BMJ Books*.

An introduction to KT for policy makers, health professionals, and researchers working in healthcare. This book covers a wide range of topics, including: knowledge creation, the knowledge-to-action cycle, barriers and facilitators to KT, and successful implementation strategies.

[A Narrative Review of Recent Developments in Knowledge Translation and Implications for Mental Health Care Providers](#)

Goldner, E. M., Jenkins, E. K., Fischer, B. (2014). *Canadian Journal of Psychiatry*, 59(3), 160-169.

This article provides an overview of current KT literature and the impact KT can have on mental health professionals. Relevant findings are grouped into five core themes: 1) defining KT; 2) effective KT strategies; 3) factors influencing effectiveness; 4) KT frameworks; and 5) relevance to health care providers.

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