

REFLECTIONS ON...



Integrated Knowledge Translation in Childhood Disability: Engaging with Partners Throughout the Research Process

This reflection paper is intended to raise awareness and stimulate thinking about Integrated Knowledge Translation (iKT) and how one might engage with a range of partners to develop iKT strategies. It also highlights some issues and proposes ideas for future directions to help move the field ahead, acknowledging that iKT is a term frequently used in Canada and future work needs to reflect similar approaches used world-wide, but labelled differently.

Why is Knowledge Translation (KT) important?



Research knowledge can improve health and provide more effective health services and products and strengthen the health care (CIHR, 2012a).

There are many barriers to effectively applying research evidence into practice because the KT "process" takes place within a complex system of interactions among 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" (CIHR, 2009).

The emphasis on KT has opened many different avenues to foster the application of research into practice. Specific methodological approaches have been developed to elevate KT as a science, as illustrated by the development of specific methods and specialized journals, acknowledging the importance of KT and the challenges of applying research knowledge into practice.

Are there different types of KT?

McKibbin and colleagues (2010) identified over 100 different terms used in the literature to refer to KT. Terms such as implementation, diffusion and dissemination are sometimes used interchangeably.

Confusion seems to exist with regards to how the term KT is used and conceptualized: KT can refer to concrete strategies to disseminate research findings (e.g., summary of results in plain language), or to strategies to foster knowledge use (e.g., knowledge brokering). Moreover, KT is also used to refer to research methods (e.g., knowledge synthesis), or to overall strategies and approaches guiding KT activities.

The Canadian Institute of Health Research (CIHR) has identified two broad major types of KT initiatives: the end-of-grant KT and the integrated KT (CIHR, 2012a).



There is no consensus in the literature as to what constitutes the "gold standard" for KT. However, there is growing momentum worldwide to include patients, end-users, families and even the population in general throughout the research process.

In childhood disability research, best practice should thus seek to engage in iKT by including families, children, health care professionals, decision makers and other relevant stakeholders or partners along the entire research process.

What is integrated Knowledge Translation (iKT)?

iKT is an approach that has been promoted in Canada by CIHR to include individuals who have been labelled as "end-users" or "knowledge users" (i.e. those susceptible to benefit from the research findings) throughout the research process.

Stakeholders or potential research knowledge users are engaged in the entire research process by working together to shape the research agenda and the research process. This includes deciding the research questions, the methodology and methods, and being involved in data collection and tool development, interpreting the findings, and helping disseminate the research results (CIHR, 2012c).



By active involvement throughout the process, the role of evidence use to research partners is promoted.

Why is iKT important?

There has been increasing recognition of the need to facilitate the integration of partners throughout the process of knowledge generation, exchange and utilization.



There are many terms used to describe the individuals and organizations involved in KT processes. 'Partners' seems an appropriate designation, in the

spirit of iKT, to identify those who are part of the team working collaboratively on generating, exchanging, using, implementing and monitoring evidence.

Although the evidence for the impact of iKT is not broadly documented, it is conceivable that evidence that is generated through engagement and exchange among different stakeholders is likely to facilitate uptake and to better address the needs of all partners.

Who should be involved and how should they be involved?

Depending on the knowledge that is being generated, exchanged or implemented, partners can include:



- Children & youth with disabilities and their families
- Service providers (e.g. rehabilitation centers, primary health care providers)
- Program managers and decision-makers in health, education, leisure and all related departments, government bodies
- Policy makers at large (e.g. members of parliament)
- Non-Governmental Organizations (NGO)
- Community members and/or Community groups
- Teachers & schools

How different is iKT from other forms of KT or research activities that integrate end-users?

There is a distinction between iKT and end-of-grant KT, because end-of-grant KT doesn't require knowledge users' engagement in the entire research process. The intensity of the engagement of partners can vary from one research project to the other; however, there are currently no clear standards to quantify or qualify the engagement of partners.

Other approaches to research might foster user-engagement but be labelled differently: co-production of knowledge, patient-oriented research or end-user engagement are some of the terms that have been used.

iKT shares commonalities with other research approaches such as collaborative research and participatory-action research with no clear consensus to distinguish them. The key characteristic of iKT is partners' engagement, which is also a key characteristic of collaborative research and participatory-action research (Denis & Lomas, 2003).

What would be the ideal iKT?

There is currently NO one ideal iKT framework, methodology, method or strategy. iKT is about the process of engaging partners and researchers in meaningful interactions through the research process, regardless of what stage in the knowledge creation or knowledge to action process.

The knowledge-to-action (KTA) framework proposed by Graham (2006) is among the most widely used frameworks to guide KT activities in Canada. However, using the KTA model does not necessarily translate into an iKT approach, because researchers may lead activities along the cycle without necessarily having partners' true involvement in all steps.

It is not the choice of one method over another that will make the project an iKT project, but how the proposal is developed. CIHR has identified some key questions to consider in the development of research proposal (CIHR 2012b). (See Appendix)



In a nutshell - iKT is about:

- Engaging stakeholders not only as end-users of the knowledge produced, but also as true partners in the creation of the knowledge through the entire research process and the implementation/use of the results.
- Valuing the importance of the processes used to generate relevant research questions and to use appropriate methodologies, analysis and interpretation.
- Facilitating knowledge uptake by appropriate audiences (e.g. families, service providers, managers, and policy makers).

Moving iKT forward in the field of childhood disability

• How do we start?

- ◇ Consensus and guidelines are needed to specify best practice in iKT with regards to partners' engagement, and how it differs from other forms of KT or research activities engaging knowledge-users.

• What should we evaluate?

- ◇ More studies are needed to measure and evaluate the cost-effectiveness of iKT in producing knowledge, reducing the knowledge to practice gap and increasing the effectiveness of care.

• What to keep in mind?

- ◇ Best practice principles in disseminating knowledge apply to iKT - for more information, please refer to the [CanChild KT Keeping Current \(Law et al., 2004\)](#)

With this reflection on integrated knowledge translation and childhood disability, our goal was to stimulate thinking and best practice about how to engage with partners. We would be happy to hear your thoughts on this important topic!



Contact:

Dianne Russell, Research & Knowledge Exchange Specialist
CanChild Centre for Childhood Disability Research
Email: russelld@mcmaster.ca

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For more information on CIHR guidelines for iKT, please consult <http://www.cihr-irsc.gc.ca/e/44954.html>

APPENDIX

The following table presents the CIHR key questions and CIHR guidelines to be considered when planning a project using an iKT approach, to which we have added another column with additional points important to consider:

Key questions	CIHR guidelines	Additional points to consider
<p>To what extent does the research question respond to an important need identified by partners?</p>	<p>Be clear about the origin of the research question (Was it driven by researcher curiosity? By a health service need? By parents and families?).</p> <p>Why is it interesting? Who is interested in it?</p> <p>How do the knowledge users' partners view it?</p> <p>What potential benefit does it bring to the knowledge users?</p>	<p>Create spaces for dialogue and exchange where different partners feel comfortable voicing their opinions, levelling power relations.</p> <p>Build on the knowledge, strengths and creativity of your partners ensuring that their opinions are heard and valued throughout the research process and decision-making.</p> <p>Ideally ground your proposal in an already existing, sustainable partnership</p>
<p>To what extent are the different stakeholders meaningfully engaged in contributing to the research plan?</p>	<p>Demonstrate the participation of and commitment to the project by the knowledge users – this can be written into the text or shown through letters of support.</p> <p>These letters are important; they need to show true iKT-style collaboration, describe the feasibility of the project and speak to methods of study design; letters should be unique and show partners' expectations.</p>	<p>The support letters should reflect on how the research design is planned to ensure partners' feedback and influence throughout the project (as opposed to only demonstrating interest for the topic).</p> <p>The research plan should describe how partners' interests and opinions have been and will be considered for the different research steps, including data collection and analysis.</p>
<p>To what extent are the knowledge users committed to considering application of the findings when they become available and is this application achievable in the particular practice, program and/or policy context?</p>	<p>Demonstrate an interest by the partners in the results of the study and the willingness and ability to use the results and move them into action (when appropriate)</p> <p>Demonstrate that the budget is appropriate for the iKT plan, including the engagement activities/ communication needed.</p>	<p>Plan resources to support partners' engagement throughout the research process and during the implementation of findings and monitoring use, according to partners' preferences and needs.</p> <p>Plan specific activities and strategies with regards to how and when (specific time points) it will occur throughout the project, and not just at the end.</p>
<p>To what extent does the researcher/partners team have the necessary expertise and track record, to evaluate, to execute and to deliver on the project's steps and objectives, including the objectives of the KT plan?</p>	<p>Consider the potential impact of the study and its transferability. Include a detailed plan for each step.</p> <p>Develop a reasonable evaluation plan to be able to measure the outcomes and impacts of the study and the process.</p>	<p>Consider practical implications of partners in each step of the study, with clearly assigned roles, support and resources, and expected objectives for involvement in each specific activity.</p> <p>Plan time to discuss preliminary findings and its meanings with partners throughout the analysis process.</p>

Source: Revised *Integrated knowledge translation (iKT) project proposal worksheet*, page 5 from Canadian Institutes of Health Research *Guide to Knowledge Translation Planning at CIHR: Integrated and End-of Grant Approaches*, June 2012 http://www.cihr-irsc.gc.ca/e/documents/kt_lm_ktplan-en.pdf. Ottawa: Canadian Institutes of Health Research, 2013. Reproduced with permission of the Minister of Public Works and Government Services Canada, 2013.

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Additional Resources

- Wenger, E. (2003). *Communities of practice: A brief introduction*. (Accessed on July 26, 2004 from <http://www.ewenger.com/theory/index.htm>)
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