



**Michael Smith Foundation for Health Research (MSFHR)  
Knowledge translation and exchange discussion paper:  
Stakeholder feedback, October 20, 2010**

The following is a summary of feedback received to date from MSFHR stakeholders on a knowledge translation and exchange (KT/E) discussion paper. The paper was circulated to stakeholders consulted as part of an initial KT/E environmental scan for the purpose of informing the development of an MSFHR KT/E plan as part of our *Strategic Direction 2009-2015*. Readers are encouraged to refer to the discussion paper in order to provide context for the summary comments noted below. For your reference, a copy of the discussion paper is located on our website under the MSFHR Reports tab >> Knowledge Translation/Exchange >> Discussion Paper.

- **Context:** Three people mentioned the importance of planning KT/E based on our current environment: our mandate, our current strategic plan and its priorities, our available funds, existing KT/E programs and gaps, and stakeholder needs. We absolutely agree, and next steps in planning will be informed and guided by this context. Two people also mentioned the importance, in our next phase of planning, of thinking about KT/E case studies, “real world” examples, or demonstration projects – targeting for example three to four BC Ministry of Health priorities “to demonstrate to the Ministry and research community MSFHR’s commitment to KT/E and our ability to make a difference.”
- **KT/E focus:** We noted in the discussion paper that much KT/E focuses on the dissemination and implementation of findings from health services and policy research and population health research into practice and policy settings – but we also noted the importance of KT/E to the other parts of the research continuum: biomedical and clinical research. This was perhaps the most-debated point in the paper. Many people agreed with us: that it’s important in our planning process to acknowledge a key sector of the research community (biomedical and clinical researchers) whose work already involves a great deal of knowledge translation and exchange (among researchers, between researchers and other groups). Two people challenged this idea, though, asking why we would be involved in research at the biomedical/clinical end of the spectrum, before it is ready to be “translated” into action at the health services or population health level.
- **What’s in a name:** Related to how we define knowledge translation and exchange, of course, is what we call it. We noted in the paper that we have not confirmed a term and definition for MSFHR. Three people questioned whether we should be using *any* of the terms currently in use (“too cumbersome,” “elicits a negative response from some researchers who see KT as solely research dissemination,” “too general when describing KT/E processes and outcome measures – for example, does not reflect the major differences required for KT/E in clinical research vs health services research.”) One person suggested the term knowledge impact. Another wondered if certain aspects of what we were referring to as KT/E were simply marketing (interesting...).



- **Purpose:** Although we didn't specify a definition, we suggested that the overall purpose of KT/E is to maximize the impact of health research (noting that we would have to specify what "maximizing the impact" meant for each specific program and activity). One person suggested we should be maximizing the relevance as well as the impact of health research. Our first thought was that to maximize the impact, you automatically have to maximize the relevance. Our second thought was – we can still mention it. In fact, we could say: the purpose of KT/E is to **maximize the relevance, use and impact** of health research.
- **Assumptions, not principles:** We were challenged on our use of the word "principles" to describe the Appendix 1 statements that we suggested underpin knowledge translation and exchange. They're not really principles, several people said. On reflection, we agree – we've renamed them assumptions, for the purposes of planning.
- **Six roles and a four-pronged approach?** Some of you wondered why we outlined six strategies (the KT/E funder roles on page 8 of the discussion paper) *and* a four-pronged approach to planning (italicized commentary on page 15 of the discussion paper). We can see how that was confusing. The six roles were developed from our environmental scan: they seemed to be natural "containers" for the various KT/E activities undertaken by funders. It will not necessarily be the case that MSFHR's KT/E activities will be categorized under these six roles per se. The "prongs" were suggested as approaches for KT/E planning: developing MSFHR capacity for a KT/E role (internal); enhancing the provincial KT/E capacity and capability, enhancing current and new MSFHR funding programs with a stronger KT/E focus, and working with government and health authorities to address priority issues within the health system from a KT/E perspective.
- **And on those six roles and their related activities...**we received many comments about which ones MSFHR should and should not undertake and why – as well as some new ideas. We've clarified in the paper that we were not suggesting MSFHR should undertake all these activities but rather that they were examples of other funders' programs. We've also noted all the comments about these activities and new ones, and will take them into consideration in our planning.
- **Provincial KT/E plan?** One statement in the discussion paper that generated considerable comment was "Many people we talked with...mentioned the lack of an overall approach to KT/E in BC to frame these activities. This is not to suggest it would be advisable or even possible to develop a provincial KT/E plan, but rather that MSFHR activities should be undertaken within a systems context."
  - Some people suggested that a provincial KT/E plan is exactly what MSFHR should work towards, in partnership with the provincial government, e.g., "It would provide a great standard for other provinces and territories to aspire to."
  - One person challenged our use of the term "systems approach," which was seen to have particular scientific and epistemological commitments. We admit that we conflated the terms "systems" and "provincial." While we noted in our assumptions that sometimes systems thinking is warranted in KT/E, in this case, we were simply referring to the need to plan and implement KT/E activities within the context of what's happening provincially.



- **The public as audience:** Engaging the public was suggested by a few people as being an important KT/E activity. Based on our environmental scan to date, the public has not traditionally been a primary focus of KT/E efforts by funders, although we found some such initiatives (for example, CIHR's Café Scientifiques).
- **How do we know it worked?:** Setting KT/E outcomes and indicators at the beginning of a program was seen by some as potentially restrictive of innovation and not useful for measuring complex system changes. A developmental evaluation approach was suggested as an alternative – but it was acknowledged that it would be difficult to work such requirements into funding awards for researchers and teams. It was also suggested that MSFHR should focus on evaluating the impact of KT/E rather than its outputs.
- **A culture shift:** Effective KT/E was noted as requiring a culture shift among researchers, decision-makers, universities, allied health professionals, industry, and the public in order that we reward knowledge translation and exchange appropriately, recognize the time it takes, and so on. Some stakeholders felt MSFHR could play a role in advocating for such a shift (or more appropriately, shifts), while others felt that barriers to research dissemination, implementation and uptake are complex and such a role is too ambitious, not to mention inappropriate, for a funder.
- **To network or not to network?** There was a difference of opinions about the effectiveness of a provincial KT/E network. Some people felt it would strengthen intra/inter-provincial and national ties and offer opportunities to advance the field as a whole; others said KT/E per se is too broad a topic to underpin a network.
- **Funding KT/E:** There were differing opinions on the most effective way to fund KT/E activities:
  - “Rather than embedding KT/E activities into existing programs MSFHR should develop a separate program with a clear expectation of proven KT/E as the output (as opposed to publishing papers as the output)”;
  - “MSFHR should think about both integrated and end of grant KT/E awards”;
  - “MSFHR should fund programs of research that will impact practice/policy more broadly rather than one-off ‘end of grant’ KT awards related to specific findings.”
- **Advancing the science:** The funder's role to ‘advance the science’ of KT/E generated diverse comments. Some saw this as an important role for MSFHR to play (e.g., well designed KT/E projects that can stand up to scrutiny; better understanding of KT/E processes and critical success factors; need for practice based implementation research to demonstrate how to scale up evidence based practices in organizations). Others felt this is already being done by others and that MSFHR should focus elsewhere.