

# Knowledge Mastery...Improving Patient Outcomes

# Knowledge Translation: What It Is and Isn't

Susan B Stillwell MSN RN CNE EBP Mentor Clinical Associate Professor Center for the Advancement of Evidence-based Practice Arizona State University College of Nursing & Healthcare Innovation

Convright Susan B Stillwell 2007



### **Knowledge Translation**

- the exchange, synthesis and ethically sound application of knowledge
- within a complex system of interactions among researchers and users-
- to accelerate the capture of the benefits

canadian institutes of Health Research. Knowledge translation framework, <a href="https://www.cinr-irsc.gc.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/knowledge\_translation/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/kt\_framework\_prelim\_e\_shtml#definition.ca/about\_cihr/organization/kt\_framework\_prelim\_e\_shtml#definition/kt\_framewo





# **Knowledge Translation**

According to Szeben (2003),

"... deliberate means where information is diffused with an implementation stratagem to ensure that information is reaching a desired population and subsequently being used in current practices" (p 134)



Stillwell 200

# **Knowledge Translation** ...scientific study of the methods for closing the knowledge-to-practice gap, and the analysis of barriers and facilitators inherent in this process. Straus, S. & Mazmanian, P. (2006) Knowledge translation: Resolving the confusion. Journal of Continuing Education in the Health Professions 26(1) 3-4. 1 Is knowledge translation really needed? **J**ournal of **A**ssociated Score of **P**ersonal **A**ngst BMJ 1995;311:1666-1668 (23 December) **43** • Ambivalent about renewing your **J**ournal subscriptions? • Do you feel **A**nger toward prolific authors? • Do you ever use journals to help you **S**leep? • Are you surrounded by piles of **P**eriodicals? • Do you feel **A**nxious when your journals arrive? BMJ 1995;311:1666-1668 (23 December)

53

Delays of Evidence into Practice  Dohary S (2005), Natury of evidence-based medicine. Oranges, chloride of lime and leaches: Barriers to teaching old dogs new tricks.	
Emergency Medicine Australasia. 17: 314-321	
●James Lind (1716 – 1794)	
James Lancaster (1551)	-
Data published 1754 40 years later	
ুজা	-
© Stillweil 2007	
Delays of Evidence into Practice	
Emergency Medicine Australasia. 17: 314-321	
Ignatz Semmelweis 1846 puerperal fever	
Mortality rate 18% to 1.2%	
Wortailty rate 10% to 1.2%	
© Stillwell 2007	
That Was Then	
What About Now?	<del></del>
A recent survey with a random sample of 1097	
registered nurses in the U.S. indicated that:  • Besides time, the greatest personal barrier in	
using information in practice was "lack of value for research"	
The greatest organizational barrier to using information in practice was "presence of	
other goals with a high priority"	
Source: Pravikoff, Pierce, & Tanner (2005). Nursing Outlook, 53 (1), 49-50	

### **Conclusion from the AAN Expert Panel Study**

RNs in the United States aren't ready for evidence-based practice

- information literacy
- computer skills
- limited access to high quality information resources
- attitudes toward research

Pravikoff, Pierce, & Tanner (2005). Nursing Outlook, 53 (1), p.50



## **Readiness of US Nurses** for EBP (Pravikoff et. al, AJN, 2005)

Stratified random sample of 3,000 nurses (37% response rate; 51% ADN/Diploma) Reported Findings

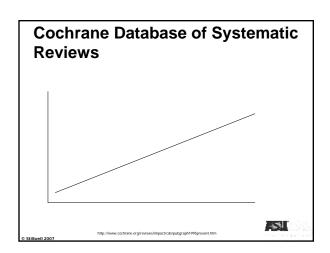
- •39% reported needing info to support care seldom or 1-2X month
- ●58% never used a research report
- ●82% never used a hospital library
- ●57% had a library
- •77% had never had instruction in electronic searches
- •19% confident in using CINAHL; 36% Medline

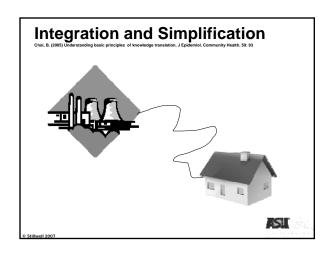
15 T

Research is of little value unless the findings are used in practice to improve care (Schultz, 2008)

15

# Is KT really really needed? Problems for decision-makers Volume of scientific findings Complexity of design Chol, B. (2005) Understanding basic principles of knowledge translation. J Epidemicl. Community Health. 59: 93





# Smoking makes you ugly

# **World Health Organization**

Knowledge Management

Focus: National Policy Makers, WHO Programs and Health Professionals

- Improve access to world's health information
- Translate knowledge into policy and action
- Leverage eHealth in countries

Santesso et al (2006) Knowledge transfer to clinicians and consumers by the Cochrane Musculoskeletal Group. The Journal of Rheumatology 33:11

• From blobbogram

Relative Risk

Santesso et al (2006) Knowledge transfer to clinicians and consumers by the Cochrane Musculoskeletal Group. The Journal of Rheumatology 33:11	
obditial of thicumatology bo. 11	
Plain Language Summaries	
1 min	
5 min	
15 min	
© Stillwell 2007	
	1
Knowledge Translation Program	
Faculty of Medicine - University of Toronto	
Founded 2000	
Mission:	
Develop, test, and implement	
evidence-based knowledge translation	
strategies and to bridge the gap between	
research evidence and practice.	
	-
© Stillwell 2007	
The BLACK Box	
Street	

Cocl Orga http: dex.	anis ://w\	atio	n of	Car	e G	roup	)	
© Stillwell 2007							ı	S1 (
_		_		at I I	-			
Study	1	2	3C	4C	5	6C	7C	8C
Academic detailing	+	+				+		
Audit and feedback	Min	Min	Mod	Mod	+ss			
Reminder systems	Mod	Mod		+				
Local opinion leaders	+	+					+ss	
Printed materials	0	0					Ι,	0
Summary of © Stillwell 2007	supportive e	evidence use	d by Trowbric	dge & Weingar	ten Chapter 5	64 of AHRQ Re	port	**************************************
A fo	ew '	wor	'ds	abo	ut	•		
   Beli	efs							
I								

## Nurses' Perceived Knowledge, Beliefs, Skills, and Needs Regarding EBP: Implications for Accelerating the Paradigm Shift

Melnyk, Fineout-Overholt, Feinstein, Li, Small, Wilcox, Kraus (2004) Nurses' Perceived Knowledge, Beliefs, Skills, and Needs Regarding EBP: implications for Accelerating the Paradigm Shift Worldviews on Evidence-based Nursing 1(3):185-193



D Stillwell 200

# Findings: Correlations among beliefs, knowledge and EBP

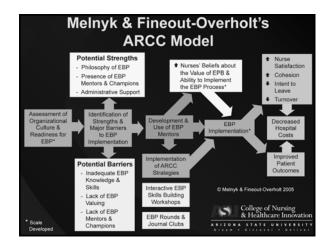
Nurses held strong beliefs that EBP would improve clinical care and patient outcomes (r=.32' p=.000).

Knowledge (r = 42; p=.000) and beliefs (r = .4; p = .000) about EBP are related to the extent that nurses engage in EBP.

The extent to which nurses' practices were evidence based were correlated with having a mentor that facilitates EBP (r = .21; p =.05)



Stillwell 200



# **Pilot Testing of the ARCC Model**

Fostering EBP in a Community Health Setting

- Major findings:
  - Nurses in the 16 week ARCC intervention program, compared to comparison intervention nurses, had significantly higher beliefs about EBP; higher EBP implementation, and increased group cohesion
- Preliminary support of the ARCC model
  - \*Knowledge alone does not change nurses beliefs about EBP
  - Mentoring and immersion in EBP is essential to facilitate and maintain attitude change



Translating clinicians' beliefs into implementation interventions (TRACII): a protocol for an intervention modeling experiment to change clinicians' intentions to implement evidence-based practice

Eccles, Johnston, Hrisos, Francis, Grimshaw, Steen & Kaner (2007) Implementation Science 2007, 2:27

# **Knowledge Translation**

Healthcare systems and individuals adapt and apply best clinical evidence

OUTCOME: patient (individual, family, community, population) is the ultimate recipient of benefits related to closing the gap between evidence and practice



