Summary Report: Stakeholder Interviews to Inform Cochrane's Knowledge Translation Strategy.

Date: 10 November 2016

Prepared by: Sandra Rees
Field Coordinator, Cochrane Child Health

Trusted evidence.
Informed decisions.
Better health.

Contents

1 Executive Summary

To inform development of the Cochrane knowledge translation (KT) strategy, two interviewers conducted 20 interviews with a range of stakeholders including: seven interviews with selected Cochrane members (internal), 11 interviews with individuals from organizations involved in KT of health evidence (external), and two interviews with individuals who fit in both categories (internal/external).

There were 11 female and nine male interviewees from a range of countries including: United States, Canada, Australia, New Zealand, United Kingdom , Norway, Taiwan, Croatia, Philippines, Mexico, and Switzerland representing a variety of Cochrane entities including associate centres, networks, centres, review groups and fields and external organizations including: two international health organizations that target low middle income countries (LMIC), three world renown knowledge synthesis and knowledge translation organizations, one international guideline group and a US based health insurance company.

Based on thematic analysis of the feedback provided by the interviewees and informed by existing frameworks for KT, the following five groupings were employed to help reflect the feedback on areas to consider for KT activities and the KT strategy. Underpinning all five of these themes was the need to focus on appropriate stakeholders and partners.

- **The Role of Cochrane Reviews in Informing Primary Research –** Cochrane systematic reviews identify gaps in primary research. Interviewees felt this information should be fed back to primary researchers and funding agencies to facilitate these gaps being targeted with future research and funds.

- **Improving Cochrane Reviews to Facilitate KT –** Cochrane creates a great product but we heard that reviews must be kept up to date and of high quality. Interviewees thought reviews should focus on relevant and useful topics for stakeholders, however, opinions were mixed on the value of priority setting processes to identify review topics. Interviewees suggested we consider further development of the "implications" or "recommendations" section of Cochrane reviews to better contextualize the information presented for the end user.

- **Dissemination** – The majority of comments and areas suggested by interviewees for Cochrane to focus on related to dissemination of the information in Cochrane reviews. Interviewees stressed that Cochrane needs to determine who the target audience is, what information these users want, and how they want the information presented. They wanted dissemination products to be accessible, findable, useable, understandable, credible, and desirable, and identifiable. We heard that plain language summaries are a key product and can be used by anyone but they must be truly plain language and efforts are needed to ensure standards for their development are followed.

- **Uptake –** Interviewees suggested Cochrane focus on working with partners to ensure evidence is taken up and integrated into other key products - e.g. clinical practice guidelines, decision support tools.

- **Implementation –** While some interviewees focused on this area in their own work or their organization's work, none felt that this was an area that Cochrane should consider.

Stakeholders recommended to target as users, partners, and customers included: clinicians, consumers, researchers, policy makers, guideline developers, decision support tool developers, media/journalists, researcher funders, insurance companies, and medical specialty groups.

Areas to Address in the KT Strategy

- **Relationships / Partnerships** - Interviewees acknowledged that Cochrane has done a good job developing high level, international partnerships but reported more work is needed at the national, regional and grassroots level (i.e. with clinicians, policy makers and consumers). Interviewees suggested that development of an engagement strategy would help all entities know how to link and partner with which stakeholders and to reflect the boundaries that they should work in. They noted that some countries will require support to undertake this engagement.

- **Support Structures** – Most internal Cochrane interviewees are volunteers and undertake their work with sporadic project funding and minimal staff. In addition, most do not feel they have the time or expertise to undertake KT activities. Central support through funding and/or human resources will be required. To support KT work, some suggestions included:
    - a central KT unit with access to KT experts and expertise such as graphic designers and writers to support development of KT tools, products to disseminate and resources
    - a central repository or library of KT tools and products
    - communications help to create dissemination plans for high interest/impact reviews and help engaging media and stakeholders especially in LMICs.[1]

- **Capacity / Training –** Interviewees reported a need to provide training and build capacity within Cochrane for KT, including knowledge and skills. In addition, they saw Cochrane as having a role in building capacity among external stakeholders towards understanding the importance of evidence, how to use evidence in decision making and the value of Cochrane's work. Creating local Cochrane expertise around policy brief development and local contextualization was reported as also needed.

- **Culture / Leadership –** Interviewees suggested that the Cochrane central executive team should create plans, templates, standards and draft tools/toolkits for KT of reviews, and ensure that they are implemented correctly and consistently across Cochrane. They felt it is important to ensure everyone is "speaking the same language" and the support that is needed to undertake the KT work is provided. We heard that Cochrane needs to consider the current culture – for example, how comfortable are people within Cochrane with somebody taking their review and turning it into something more digestible?

- **Research / Evaluation** – Interviewees viewed investment in research and evaluation as critical to ensuring the KT strategy and resultant activities are evidence based and that the

---

[1] The KT working group acknowledges that this suggestion is already in place and is interpreting this as a need to strengthen or extend these structures

work that is undertaken is effective. Suggestions included considering a user centred design (i.e. brainstorm, prototype, test, trials and process evaluation). We heard that Cochrane needs to evaluate the documents that it creates now with a KT lens and with an end-user in mind, for example through collecting baseline impact information with testimonials and case studies. Understanding who our end users are, how the information gets to them, what they do with it and what users think of what we have now is important.

2 Background

Cochrane is a global, independent, not-for-profit network with over 40,000 collaborators from over 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest (1,2). Cochrane reviews are internationally recognized as the gold standard in evidence-based health-care resources (2). They apply explicit scientific methods to find, critically appraise and combine all of the research available on a given topic and are then peer reviewed to ensure accuracy (2). Cochrane reviews provide foundational knowledge for the most reputable health guidance resources, including patient decision aids, clinical practice guidelines (CPGs) and health technology assessments (1). Since its inception over 20 years ago, Cochrane has become a trusted source of unbiased evidence for a wide range of stakeholders with over 6,000 systematic reviews covering all areas of health (2).

Looking to the future, Cochrane has developed the *Strategy to 2020* to ensure Cochrane's evidence is at the heart of health care decision-making across the world (1). The strategy provides a framework for Cochrane's future decision-making and will guide the response to strategic opportunities and challenges that will be faced in the next decade and beyond. To support this mission, the strategy outlines the following four goals:

1. To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform decision making.
2. To make Cochrane evidence accessible and useful to everybody, everywhere.
3. To make Cochrane the 'home of evidence' to inform health decision making, build greater recognition of our work, and become the leading advocate for evidence informed health care.
4. To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Knowledge translation (KT) is at the heart of Strategy to 2020 with goals two and three clearly positioning Cochrane as an organization that makes its work accessible and communicates outwardly to achieve better understanding and uptake of evidence (3). To support these goals, Cochrane has recognized the need to develop a knowledge translation strategy to provide a more comprehensive and consistent approach to KT across the organization. The KT strategy will clearly define its role in Cochrane and provide a framework to support those who are undertaking knowledge translation activities across the organization (3). The KT strategy will also establish mechanisms for better coordination of knowledge translation work across Cochrane to support organizational learning (3). Ultimately having a knowledge translation strategy in place will provide a clear understanding of what it means for a Cochrane Group to have knowledge translation as one of its functions (3). It will also allow Cochrane to set up appropriate mechanisms for accountability and monitoring of consistency and quality (3).

To support the development of a KT strategy, a KT working group was convened in February 2016 with approximately 10 internal and external members from across the globe with a strong interest in and experience of KT (3). To assist the working group and inform development of the KT Strategy, a number of stakeholder engagement activities were planned including:

- an audit of existing KT activities within Cochrane (April 2016)

- a strategic planning session in London (April 2016)
- internal and external stakeholder interviews (June - Aug 2016)
- KT symposium at the Cochrane Colloquium in Seoul Korea (October 2016).

This report provides a summary of the findings from the internal and external stakeholder interviews.

3 Definition

Knowledge translation is defined in many ways and the creation of an operational definition for Cochrane is part of the work associated with the KT strategy (3). However, to assist with engagement activities, a working definition has been created. Feedback on this definition is also part of the stakeholder interviews. Knowledge translation is defined as:

"Ensuring stakeholders are aware of and use research evidence to inform their health and healthcare decision-making. Ensuring research is informed by current available evidence and the experiences and information needs of stakeholders"(3).

4 Purpose

The goals of the KT stakeholder interviews are:

- To determine the current level of KT knowledge, expertise, and practices in Cochrane
- To determine the resource implications that are associated with current KT activities in Cochrane
- To gather opinions on the potential role of the Central Executive Team in supporting a KT Strategy
- To gather information on other organizations' KT practices
- To gather information on the scope and potential of external partnerships
- To gather opinions on the scope of work and key components that Cochrane's KT strategy should include

5 Methodology

Two interviewers undertook a series of interviews with internal and external stakeholders and stakeholders who were considered part of both groups (referred to as internal/external). The names and contact information of 22 potential interviewees were provided by the Cochrane KT Working Group co-chairs (Rachel Churchill, Sally Green, Denise Thomson) and/or Chris Champion of the Cochrane Executive Team. An invitation letter and interview guide was sent to each potential interviewee by email (see appendices). The interview guide was developed by the Cochrane KT Working Group and consisted of open-ended questions that can be categorized into three general topic areas: Feedback on the definition and scope of KT, Information about what the stakeholder's internal and/or external group/organization undertakes for KT activities, and stakeholders' thoughts on activities and other key items that Cochrane should undertake or consider in their KT Strategy. Interviews were approximately one hour long and were conducted by Skype or telephone. The questions in the interview guide were used to guide discussions, however, not all questions were asked of all interviewees. The interviews were recorded and transcribed to ensure feedback was adequately captured. Transcripts were reviewed to identify common themes. All recordings and transcripts are confidential and only summary information is provided in this final report. All stakeholders who were interviewed will be provided with a copy of this report and the resulting Cochrane KT Strategy once both are completed and finalized.

6 Results

Demographics

A total of 20 interviews were conducted with a range of stakeholders: seven interviews with selected Cochrane members (internal), 11 interviews with individuals from organizations involved in KT of health evidence (external), and two interviews with individuals who fit in both categories (internal/external). There were 11 females and nine male interviewees from a range of countries including: United States (US), Canada, Australia, New Zealand, United Kingdom (UK), Norway, Taiwan, Croatia, Philippines, Mexico, and Switzerland. The external organizations represented include: two international health organizations that target low middle income countries (LMIC), three world renowned knowledge synthesis and knowledge translation organizations, one international guideline group and a US based health insurance company. The internal stakeholder interviews included representation from a number of Cochrane entities including Centres, Associate Centres, Networks, Fields, and review groups.

Feedback on the Definition of Knowledge Translation

The Cochrane KT Working Group developed a definition of KT to help guide their development of the KT strategy. The definition is outlined below:

"Ensuring stakeholders are aware of and use research evidence to inform their health and healthcare decision-making and ensuring research is informed by current available evidence and the experiences an information needs of stakeholders." (3)

Interviewees were asked if they believed the definition provided a reasonable framework for Cochrane to work under for development of their KT Strategy. The responses ranged from interviewees who thought the definition was fine through to interviewees who found the definition and terms used in the definition to be confusing. Five interviewees felt the phrase "ensuring stakeholders use research evidence" should be removed or re-phrased as it would be difficult (or impossible) for Cochrane to ensure that stakeholders use the evidence that is provided to them. One interviewee suggested substituting with the phrase "to foster or promote the use of research evidence." Many interviewees felt the definition was too long, needed more reference to engagement activities including those with policy makers, and needed to be clearer and easier to understand. Also, one interviewee commented that KT tends to be a term that is well known to individuals in Canada, UK, and Australia but is not necessarily well known in other countries. Therefore, it was suggested that if the KT term is used, a clear definition would need to be provided. The detailed list of comments along with the number of times it was mentioned (if greater than once) in brackets, is provided below.

Additional comments:

- Don't like the word "ensuring" - especially with respect to "using" evidence (maybe fosters and promotes are better words) (4 comments)
- Needs to be better circumscribed and well-defined. Seems ambitious
- Ensure clear on terms – not all people use "translation" as the word is confusing, what is meant by "health and health care decision making", don't like term stakeholder as has negative connotations (if use, define it) (5 comments)
- Knowledge and evidence are not the same thing
- more about promoting and supporting healthcare decisions that are well-informed by reviews
- Should include Cochrane evidence in the definition (2 comments)
- Passive in approach to stakeholder needs part
- Doubt most people would understand /follow it, confusing (2 comments)
- Okay with it (5 comments)
- Very long/ wordy (4 comments)
- chose definition that fits with Cochrane vision/mission
- Consider analysing/adapting other already existing definitions (2 comments)
- No reference to implementation work associated with KT (action piece)
- Depends if want it to be aspirational or measurable against
- Use more active, pithy, plain language words and less formal words
- Need more on policy relevance (2 comments)
- Content formatted in user friendly way
- Include the interaction between the user side and researcher side
- Depends how one defines Cochrane and who is the target of the strategy

Internal Cochrane KT Activities

A total of nine interviewees were internal to Cochrane and they worked in a review group, Field, Associate Centre, Network or Centre. Two of these individuals also provided an external perspective in their interview. Interviewees were asked about the audience they target, their KT activities, how they engaged and listened to the needs of their stakeholder, if any activities had been evaluated and the resources needed to undertake their KT work.

There were three main audiences that were mentioned as the target of KT activities among the Cochrane interviewees: clinicians, consumers (including patients) and policy makers. Clinicians were targeted by eight of the nine interviewees and consumers were also targeted by eight of the nine interviewees. Policy makers were targeted by six of the nine interviewees; however, two of these interviewees stated that although they felt that policy makers were their target audience, to date they had been unsuccessful in engaging them. One interviewee commented that in order to get an audience with anyone in the ministry of health, they would require help from the Cochrane executive. Additional audiences mentioned by one interviewee include: consumer advocacy groups, quality and health system administrators, the regulatory industry and researcher funders and institutes.

Interviewees commented that the main KT activities that they undertake include: teaching/education, developing tools, and dissemination. Teaching/education activities were undertaken by six interviewees in the form of workshops or presentations that are delivered to one or more of the three main audiences (clinicians, policy makers and consumers). The education sessions include: training on how to author a Cochrane review; how to read, understand and use a Cochrane review; and evidence and evidence based decision-making. All interviewees said they were involved in the development and/or language translation of tools to use in dissemination of Cochrane evidence and to help the user make better-informed decisions. The most frequently mentioned tool was a summary of a Cochrane review with or without a commentary to provide context for the reader. There were many other dissemination tools mentioned by interviewees with the full list below. All interviewees actively disseminated the information by a variety of methods including: social media (Twitter, Facebook), e-newsletters, websites, journals, conferences/symposiums, webinars or journal clubs. Only three interviewees responded to the question about whether they thought their activities could be scaled up and used by others in Cochrane: one interviewee felt that the Cochrane summary (with context) could be easily scaled up and widely disseminated, another felt their consumer workshop could probably be used by others, and one person was unsure.

Dissemination tools:

- Plain language summaries
- Cochrane summaries – a summary of a Cochrane review with or without context added. Examples include: clinical commentaries, structured support summaries for policy makers, Cochrane Corners, media summaries, evidence bulletins. Developed for all audiences
- Brochures
- 1, 3, 25 page summaries of review
- Summary of Findings tables (interactive)
- Blogshots – such as those created by Cochrane UK
- Podcasts
- E-books (electronic books)
- Whiteboard animation
- Infographics
- Overviews

In addition to disseminating Cochrane evidence, three interviewees were also involved in the development of evidence databases or the provision of services to support evidence informed decision making. Two interviewees supported a searchable database which included summaries of evidence from a variety of sources and one interviewee provides a rapid review service (a form of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a timely manner (4)) and has also developed a framework to help policy makers move from evidence to decisions.

All interviewees engaged with their stakeholder audience(s) in some way in order to build relationships and awareness, to ensure their work was relevant, to gather topics of priority, and/or to increase uptake of Cochrane evidence. The topic of priority setting was raised by three internal interviewees who have either completed a priority setting process or were planning to undertake it. However, two different internal interviewees expressed concern with this activity citing that it is hard to get the correct people, there are too many stakeholder groups to involve, it's too hard to undertake internationally, and there are risks that the process would pull the focus away from other stakeholder groups. Other methods of engagement that were mentioned included: surveys, symposiums, meetings, user-centred design, and topic submission. When asked about partnerships, one interviewee has created a memorandum of understanding (MOU) with a number of partner organizations as a recognition of their willingness to work together. Other partner groups that were mentioned included clinician associations, local guideline developers, consumer organizations, and research funders.

The final area of questioning involved evaluation activities and resources that were involved in undertaking the interviewees' KT activities. Evaluation activities were undertaken in some form by seven of the nine interviewees. The activities mentioned included: conducting surveys (e.g. after workshops/symposium, Cochrane Library use), undertaking user-centred design for KT tools, measuring social media promotional efforts, and generating manuscript publications. In general, most interviewees were able to undertake their KT activities with very little resources. Centres seemed to have the largest number of available staff ranging from 2-5 people; however, most of the interviewees managed the work with very little staff (e.g. 0.5 full time equivalent). The interviewees were able to undertake KT work by relying on volunteers, graduate students and institutions/employers that allowed them to spend a portion of their paid work time on Cochrane activities. Many interviewees were surviving on project funding that allowed them to incorporate their Cochrane work but this funding was sporadic and unstable.

External KT Activities

A total of 13 interviewees provided information on KT activities being undertaken by groups or organizations that were external to Cochrane with two of these interviewees also providing information on internal Cochrane activities. Interviewees represented a range of organizations/groups that were involved in some aspect of KT and were interviewed with the hope of learning from their activities and experiences. The external organizations that were represented included: two international health organizations that target low middle income countries (LMIC), three world renowned knowledge synthesis and knowledge translation organizations, one international guideline group and a US based health insurance company. In addition to these organizations, there were three interviewees that represented a consumer group perspective, a local knowledge and evaluation research unit, or a local KT support program.

There was a wide range of KT related activities undertaken by the interviewees from these external organizations/groups but they targeted the same main audience as the internal Cochrane interviewees, i.e. clinicians, consumers and policy makers, with two interviewees also targeting researchers. In general, the interviewees described work that can be classified as providing "support" for evidence based decision-making by either synthesizing evidence, developing KT tools for dissemination, building capacity by providing training, supporting implementation and/or undertaking KT research.

There were nine interviewees that supported evidence based decision making by undertaking some form of knowledge synthesis (KS) and four interviewees were involved in developing KT tools for dissemination. The KS activities mentioned included creating rapid reviews for policy makers or clinicians based on submitted requests, or developing clinical practice guidelines or systematic reviews (if none available from Cochrane) to address topics of interest. Four interviewees also developed KT tools to assist with dissemination of the evidence. The tools developed included review summaries, policy briefs, language translations of summaries, and decision-aids.

To help build capacity for evidence informed decision making, eight interviewees provided some form of education for their target audience. The training sessions ranged from basic sessions on how to find and use evidence to more complicated sessions where participants learned about knowledge synthesis, methodology (e.g. meta-analysis, *Grading of Recommendations Assessment, Development and Evaluation (GRADE)*), knowledge translation (e.g. end of grant KT), knowledge implementation, how to identify and overcome implementation barriers, and how to evaluate impact.

The most common activity mentioned by the external interviewees was implementation support. Five interviewees provided support or mentoring during the implementation process with two interviewees mixing the mentoring with education and training programs. Three interviewees supported implementation by providing knowledge brokers who brought the relevant stakeholders together to build relationships, exchange information and/or develop joint outputs. One interviewee provided grants to support implementation activities with policy makers and another individual personally championed the incorporation of evidence into clinical practice tools.

The last activity that was mentioned by external interviewees was KT research. Three interviewees specifically mentioned this research as part of the organization/group's activities. One interviewee was involved in studying the best tools and formats for presenting evidence to different decision makers to help increase evidence uptake. Another interviewee was interested in how evidence is implemented by patients that have been involved in shared decision making with their physician and the last interviewee did not provide details but stated they were engaged in implementation research.

Suggestions for Cochrane KT Activities/Strategy

There was a wealth of ideas provided by interviewees on activities and considerations for Cochrane's KT strategy. Based on thematic analysis of the feedback provided by the interviewees and informed by existing frameworks for KT, the following five groupings were employed to help reflect the feedback on areas to consider for KT activities and the KT strategy. Underpinning all five of these themes was the need to focus on appropriate stakeholders and partners.

1. Primary Research

Three interviewees felt that Cochrane is well situated to have an impact on future research because Cochrane reviews identify gaps areas in primary research. One interviewee suggested Cochrane publish or create a database of these gaps and promote themselves as the "go to" organization for primary researchers and funding agencies. In addition, interviewees thought that Cochrane should consider being proactive and develop and foster relationships with research funders with the goal of influencing future research in areas where there is little evidence. This would also help to decrease "research waste" (i.e. further research on areas that already have adequate evidence). One interviewee also felt that Cochrane has the ability to address many of the limitations of primary research - i.e. research is mainly conducted with 18-45 year-old, white males with no co-morbidities – and this narrow study population impacts the applicability of the evidence in the Cochrane reviews that are produced.

2. Improving Cochrane Reviews to Facilitate KT

The size, format and/or packaging of Cochrane's reviews were mentioned by nine interviewees. Although interviewees recognized that Cochrane has a well-established reputation for producing thorough, high methodological quality systematic reviews, their reviews are getting longer and longer, are not necessarily being kept up to date, and the quality is not consistent across all reviews. To help address the large size of the reviews, one interviewee suggested breaking the review into modules with links that could be opened on-line to view the detailed information. Two interviewees suggested that the reviews needed to be "packaged" better and the key messages easier to find and four interviewees thought Cochrane should add some contextual information such as an implications or recommendations section at the end of the document to help the reader. One interviewee commented that providing "findings" at the end of the review is acceptable when communicating with researchers but "recommendations" should be included to communicate with clinicians and other stakeholders so the user knows what to do with the information.[2] Another interviewee referred to this as "packaging the message." One interviewee felt that the recommendations section required more time on behalf of the authors to ensure it was understandable to the user and to include additional relevant information to the user such as proposed methodologies, suggested new approaches, and potential implementation problems. Lastly, another interviewee suggested that review authors should include the Assessing the Methodological Quality of Systematic Reviews (AMSTAR) score for their review to help with contextualization for knowledge brokers.

Eleven interviewees discussed the importance in ensuring that the reviews undertaken or updated are on topics that are useful and relevant to stakeholders rather than on topics that were described by one interviewee as the "pet project" of one person. One interviewee stressed that consumers should be involved throughout the entire review development process to ensure their needs are addressed at the start - rather than asking consumers to comment after the review has been completed. One interviewee commented that if a review topic is relevant to many review groups and/or fields, then these entities should be included in the discussions regarding development of that review. Lastly, one interviewee commented that Cochrane's internal priority setting process needed to be completed on a larger scale to allow inclusion of review priorities that are important in low and middle income countries (LMICs).

Three interviewees mentioned concerns around Cochrane's focus on high quality randomized controlled trials (RCTs). Many times this focus resulted in a review with a concluding statement that "no high quality evidence is available" leaving the user to feel frustrated with no information to help with their decision. One interviewee stated that Cochrane needs to think about where it fits in the landscape with respect to evidence - Cochrane's default is to find RCTs, but what about other forms of evidence? If an RCT is not available, does that mean Cochrane has no role to play? This interviewee also commented that many policy makers are interested in behaviour and social science evidence which are also important to consider in guideline development but tend not to be represented by RCTs.

Lastly, in addition to developing reviews, five interviewees mentioned rapid reviews with three interviewees in favour of Cochrane providing the service, one interviewee was against the idea, and the final interviewee felt it was a service that should be provided at the local level only.

---

[2] The KT working group acknowledges that some of these suggestion are already in place and so we interpret this comment as a need to strengthen or extend these structures.

3. Dissemination

The majority of the suggestions from interviewees on areas for Cochrane to consider fell under knowledge dissemination – i.e. ensuring evidence is available to those who need it. Interviewees felt that this step was the natural next step along the continuum of knowledge translation for Cochrane and many entities in Cochrane have already invested in products, tools, and resources to undertake this dissemination step. Many interviewees discussed specific products, tools, resources, and activities but all the discussions included the overarching principles of: determine who your audience is and learn about them - find out how they prefer to receive information, how do they use the information, when do they use it and what do they use it for. Once this information is known, one interviewee said it needs to be provided to the user in a way that
addresses all areas of the "user octagon" – i.e. it must be accessible, findable, useable, understandable, credible, and desirable, usable and identifiable (5). When creating dissemination materials, one interviewee found it helpful to classify knowledge users into two groups: experts - people that understood review methodology such as researchers, and non-experts – everyone else including clinicians, consumers, and policy makers.

The main dissemination product mentioned by eight interviewees was the plain language summary (PLS). PLS was seen by interviewees as a summary that could be used by all audiences, however, quality was variable. Interviewees suggested that processes are in place to ensure developers follow the PLS standards as many PLSs lack consistency which can cause difficulties for language translation volunteers. Five interviewees felt the PLS were not easy to understand, especially for consumers and needed to be more "plain language", more understandable, more readable, more visual, and less technical. Two interviewees felt the PLS were good with one interviewee suggesting they should be longer – perhaps 3-4 pages.

In addition to providing PLSs, other suggested dissemination products include: presenting the information in a layered approach – e.g. 1, 3, 25 format, or 2/2/2 format (i.e. 2-second bottom line recommendation, 2-minute summary, 2-hour full report) so the user could choose the depth of information they were interested in; creating a summary and include a list of questions and considerations for local adaptation; and creating a suite of tools around a review with each tool targeting a particular user (e.g. consumers, clinicians, and policy makers) similar to that produced by the Evidence based Practice Centres (EPC) in Agency for Health Research and Quality (AHRQ) in the US.

The Cochrane Library was brought up as an area that needed addressing by five interviewees. The website was criticized for not being user-friendly, being difficult to navigate (especially for consumers), and not easily found by Google search engines. Another reported issue with the Cochrane Library was lack of accessibility, especially for the lower-middle income countries that are not able to afford a subscription.[3]

4. Uptake

---

[3] **The Cochrane Library is available free of charge in over 100 lower and middle income countries, specifically, all Hinari Band A and B countries have free access (see http://www.cochranelibrary.com/help/access-options-for-cochrane-library.html). See also http://www.who.int/hinari/en/.**

To help support the uptake of Cochrane evidence, eight interviewees felt that efforts needed to start at the "beginning" by educating stakeholders and all members of the public about the value of evidence and how to use evidence to make informed decisions. It was felt that this step would help improve the health literacy of consumers and enable them to participate more fully in shared decision making with clinicians. Two interviewees suggested starting with school children with one interviewee citing a current program that could easily be adopted by Cochrane. To help facilitate the engagement of the patient in shared decision making, one interviewee suggested targeting medical students to include education on shared decision making and patient empowerment. In addition to these sessions, many interviewees felt some external stakeholders (e.g. policy makers, clinicians) would benefit from education sessions outlining the value of Cochrane's reviews and how to use, understand and apply the information to make better informed decisions.

Aside from educating stakeholders, seven interviewees suggested focusing on activities that helped integrate Cochrane reviews into various evidence based decision support tools. Developing relationships or partnerships with clinical practice guidelines (CPGs) developers were mentioned by seven interviewees as a stakeholder group to work with to ensure their reviews are incorporated into guidelines. In addition, interviewees suggested that Cochrane could solicit information needs from CPG developers and target future review development to meet these needs. The developers of decision support tools such as point of care/electronic health systems, decision-aids (e.g. Up to Date®), and policy databases were also mentioned by five interviewees as another key area where Cochrane could focus to help increase the uptake of their reviews.

5. Implementation

Although many interviewees were involved in supporting the implementation of evidence into decisions in their own organizations, none of the interviewees felt that Cochrane should focus on this area in the KT strategy. Instead, the interviewees felt that Cochrane should work on developing relationships and partnerships with key stakeholders and knowledge users, which would lead to evidence uptake and implementation.

6. Stakeholders

The interview guide included specific questions about audiences, partnerships and stakeholder engagement/need assessment activities; however, interviewees tended to blur the lines between these three groups when providing responses. Overall, interviewees felt that Cochrane needed to be more externally facing and start building awareness, relationships and partnerships with external stakeholder groups. They felt that the external focus would help Cochrane understand user needs and perspectives and increase uptake of their evidence.

The suggested audience for Cochrane information varied depending on interviewee and their personal focus but overall, the common stakeholders mentioned were: clinicians (7 mentions), consumers (10), and policy makers (8). Clinicians are a frequent user of Cochrane reviews; however, interviewees suggested that Cochrane reach beyond physicians to include other allied health professionals such as nurses, dentists and pharmacists. Consumers were seen as an important target group by many interviewees with the suggestion that key messages from a series of reviews on a topic area (e.g. asthma) be pulled into a summary to make it easier for them to find and understand (rather than having to locate numerous individual reviews). In addition to policy makers in the ministry of health, it was suggested that other groups and individuals involved in developing policy should also be considered including non-government organizations, politicians, the senate, and the knowledge brokers that work with policy makers.

In addition to the above stakeholder groups, interviewees suggested other audiences including: media/journalists (4 mentions), health insurance companies (1), research funders (2), and researchers/academia (2). Media/journalists were mentioned by four interviewees as an important group for promoting Cochrane work to the public and efforts to build relationships could help Cochrane be the "go to" source whenever information was needed for a health related story.[4] Health insurance companies could benefit from using Cochrane evidence in their coverage decisions and as outlined earlier, engaging with research funders and researchers could help decrease research waste and focus future research on areas where there is little or no evidence. Three interviewees took a more general approach and suggested: "any decision maker" was a stakeholder to target, the audience depended on the topic of the review, and targeting the individual was more appropriate rather than a selected group (such as clinicians or policy makers) because the information in the review was not in context for them to use. Lastly, although not necessarily an audience, one interviewee felt that authors and reviewers of Cochrane reviews should be a key group to undertake dissemination activities and should link to the media to promote the reviews.

All interviewees felt that partnerships were important for Cochrane with two interviewees commenting that partnerships should be purposeful and meaningful and not just an agreement to "swap website links". One interviewee believed that partnerships were beneficial when there was a lack of internal expertise and they also provided the opportunity to innovate. Five interviewees commented Cochrane had done a good job in partnering at the international/high level in developing partnerships with groups such as GIN and WHO and provided suggestions of additional groups that should be considered such as: International Society of Evidence-based Healthcare and International Alliance of Patient Organizations. In addition to these international/high level partnerships, seven interviewees felt that there needed to be more partnerships around topic areas and more national, regional and/or grassroots (e.g. clinician) level partnerships. One interviewee commented that Cochrane must ensure it is open-minded, collaborative, and welcoming when approaching potential partners.

The last area mentioned by interviewees were potential customers – i.e. groups/organizations that Cochrane could charge for services. Many of the groups/organizations listed above as an audience or partner, such as CPG developers, interviewees felt could also be approached by Cochrane as a customer. One interviewee suggested that Cochrane approach groups that need evidence to generate their product, such as medical specialty groups (e.g. college of physicians), health technology assessment agencies, and electronic health vendors with the US providing a large potential market.

Regardless of how the above stakeholders are approached (i.e. as a customer, partner or audience), one interviewee felt it was key that Cochrane created an engagement strategy. They

---

[4] The KT working group acknowledges that this suggestion is already in place and is interpreting this comment as a need to strengthen or extend these structures

felt the engagement strategy was needed so that review groups, fields, centres and all Cochrane entities understood how they were to link with stakeholders, which stakeholders to link with, and the boundaries they should work within. This engagement strategy could also outline the assistance available to the entities to support engagement activities.

7. Implementation Support and Evaluation

In addition to the questions regarding KT activities for Cochrane, the interview guide also included questions on: the support required for implementation, how Cochrane could ensure quality and effectiveness of its KT activities, and how Cochrane could ensure an evidence based approach to its KT endeavours.

In order to undertake the numerous KT activities outlined above and to ensure success, the interviewees felt that Cochrane would need to provide a number of supports. In some cases, the interviewee named the Cochrane central executive team (CET) specifically as the entity that should provide the support whereas others merely referred to the help required from "Cochrane" (for this section, the term Cochrane will be used). As a first step, because there are numerous definitions and terms for KT, interviewees stressed that Cochrane needs to ensure that everyone is "speaking the same language." Also, interviewees commented that Cochrane will need to build awareness of KT among the entities and also build internal capacity to undertake KT activities, especially where local adaptation, contextual and relationship building work is needed. In addition, interviewees suggested Cochrane consider methods to increase the communication and sharing opportunities among entities and creating trained leaders to help implement the strategy.

The manpower and resources to implement the activities associated with Cochrane's KT strategy was mentioned by 11 interviewees. The Cochrane entities run on very little funding and minimal staff and many entities don't have the capacity to take on additional work. Interviewees felt that in order for the entities to take on activities associated with the KT strategy, they would require funding and access to manpower and expertise. To address this need, a central KT unit was suggested by three interviewees. They described the central KT unit as having experts in, for example, writing and graphic design and which could provide the manpower to support a variety of tasks such as editorial work, developing summary of findings tables, undertaking translations, and testing and adapting materials. This unit could also develop templates and basic tools that can be locally adapted and develop processes or standards for tool development to ensure quality and consistency. In addition, interviewees suggested that processes need to be in place to ensure standards are being followed and guidance is provided to ensure quality does not diminish. Also, to ensure consistency and sharing among entitles, interviewees suggested the development a central repository for KT tools, training materials and other related resources.

The need for evaluation and investing in KT research was a common response (10 interviewees) to ensuring an evidence-informed KT strategy and quality and effectiveness of KT activities. Interviewees stressed that it was critical for Cochrane to define quality and the outcomes expected and to build qualitative and quantitative metrics into the strategy - but avoid too many process indicators. They also suggested that Cochrane have a "strong focus on monitoring and evaluation" and undertake it in a "rigorous and systematic manner." Other suggestions for ensuring an evidence informed strategy were: to follow leaders and literature in the field of KT, ensure transparency regarding strategy development and consider adding non-Cochrane people to the KT strategy working group.

Lastly, as a first step before developing the KT strategy, five interviewees suggested that Cochrane undertake some initial assessment and evaluation work. Cochrane has many types of documents but interviewees felt that "they have never been viewed with a KT lens and with a particular end-user in mind." In particular, one interviewee comments that "Cochrane needs to understand who the end users are, how does the information get to them, what do they do with it, and what do they think of what Cochrane currently has now." Another interviewee suggested that a map be made of the activities that are currently underway to better understand how they link together and where gap areas are located. Two interviewees commented that Cochrane has done little evaluation of work to date and should consider collecting testimonials and other information and/or data to help measure impact before and after KT strategy implementation.

8. Low-Middle Income and Non-English Countries

The suggestions from the seven interviewees in LMICs and non-English countries are included in the above sections; however, it is important to note these comments separately to ensure they are not lost. Although all internal Cochrane interviewees functioned on very little funding, interviewees from entities in LMICs or non-English countries seem to function on even less resources. These interviewees commented that they needed help and support to reach policy makers and to engage with the media. Three interviewees felt that LMICs are left out of organizational decisions and their context, needs, and situation are not taken into account. One interviewee commented that LMIC authors struggle with staff in review groups because there is a lack of understanding regarding the needs and relevance of LMICs and the importance of including this information in the review. Another interviewee said they would like to see the organization's priority setting process done on a larger scale to ensure LMICs needs are included in the list. One interviewee summed up these concerns as "Cochrane says it is a global organization but does not fully address differences in culture and languages, and there are still access issues in many countries."

Success for Cochrane

As a closing question, interviewees were asked "What would success look like for Cochrane?" The range of responses are in the list below but many link back to implementation of the numerous suggestions provided earlier in this document.

- Every policy maker has heard of Cochrane, understands what Cochrane is doing and understand how to make use of our databases
- Immediate success is a doable, feasible KT plan. Back to definition – adaptable and accommodating to end user needs, information in different formats to facilitate uptake. Look at models of frameworks that look at the different outcomes of knowledge uptake which may help guide how measure success
- Having a reasonably comprehensive set of up to date high quality reviews that are easily accessible, understandable, freely available and helpful.
- Areas around quality are addressed (need to define quality)
- The full user experience is addressed and achieved

- Decision makers are aware of Cochrane evidence, are able to access it when needed and the information is understandable, helpful and relevant.
- Policy makers base decisions and guidelines on Cochrane evidence
- Money is no longer invested in research waste, funders notice what Cochrane publishes and bases their funding on gaps identified
- Media publishes news on reviews/evidence in English and non-English countries
- Cost/benefits information is available on at least 4 key reviews from different areas (e.g. a clinical area, chronic disease, social organization of care)
- Cochrane Library has more accessible interface
- Low middle income countries have access to Cochrane Library[2]
- People see Cochrane evidence as useful information and it helps inform decisions
- A global strategy is developed in all languages and considers all countries needs
- Assess how often Cochrane reviews are used in either national or global guidelines – would be a good measure
- Cochrane is back "on top" and "shining"
- Products are developed that are useful for all countries
- More use of evidence and reference of Cochrane in policies, strategies and papers.
- Cochrane develops a clear vision, clear strategy, good implementation and adequate resources

7 Discussion

The stakeholder interviews provided a wealth of information on internal Cochrane and external KT activities and opinions on where they believed Cochrane should focus during development of its KT strategy. As one interviewee stated "Cochrane has everything ready to go - the product variety is there, the reputation is there, the infrastructure is there – it's the engagement with the end users that is missing - outside of the Cochrane network." There is a good internal contingent of people in Cochrane who are working on KT activities and have many tools and activities that could be scaled up for use by Cochrane. Interviewees suggested taking stock of the tools and resources available from all its entities and evaluate them with a KT lens. Depending on the focus of Cochrane's KT strategy, there are also many successful and interesting KT activities undertaken the external interviewee organizations that Cochrane could learn from.

Overwhelmingly, interviewees saw Cochrane's role in KT to be focused on dissemination and building external relationships to ensure their products meet stakeholder needs, are incorporated into decision support tools, and are used to inform health decisions. Interviewees recognized that Cochrane has done great work to build relationships and partnerships at the international level but needs to turn its focus to supporting national, regional and local partnerships. To increase awareness and the use Cochrane evidence, interviewees suggested that Cochrane will need to educate external stakeholders so they understand the importance of evidence, how to use evidence in decision making, and the benefit of Cochrane's work. Suggestions included creating standardized structured training for various stakeholders including a basic entry level presentation/workshop that can be understood by consumers but

---

[2] **The Cochrane Library is available free to users in all countries eligible through HINARI Band A and B (see http://www.cochranelibrary.com/help/access-options-for-cochrane-library.html)**

also presentable to any audience. To assist with engagement efforts, one interviewee stated that development of an engagement strategy would provide a framework and help guide entities in this work.

The key to success was stated by one interviewee as "ensuring there is a clear vision, a clear strategy, good implementation and adequate resources." Interviewees felt that Cochrane should create plans, templates, standards and draft tools/toolkits and ensure that they are implemented correctly and consistently. They stated that it is important to ensure everyone is "speaking the same language" and the entities are provided with the support that is needed to undertake KT work. Cochrane will need to determine how it will help its currently overstretched and underfunded entities, many which also lack the knowledge and expertise that will be required to undertake any KT work. Interviewees suggested creating a central KT unit to provide access to KT experts and building a central repository of KT tools and resources to facilitate sharing. As a first step in implementation, interviewees felt that Cochrane should take the time required to build awareness and capacity for KT. During this time, Cochrane can get a feel for the current culture and appetite for KT. As one interviewee commented "how comfortable are people within Cochrane of somebody taking their large review document and turning it into something more digestible?" In addition, interviewees also suggested that Cochrane needs to strengthen communication among Cochrane members and ensure decisions include the needs and priorities of all member countries.

To ensure the quality and effectiveness of KT activities and an evidence based approach to its KT endeavours, interviewees stressed that Cochrane will need to invest in research and evaluation. Suggestions included: defining the term "quality" and the outcomes expected, building qualitative and quantitative into the strategy, and monitoring and evaluating KT activities and outcomes. To help their KT efforts, interviewees stated that Cochrane needs to understand: who its end users are, how the information gets to them, how they like the information presented, and what they do with the information – perhaps through research and user centred design. Recognizing that impact is difficult to measure, one interviewee suggested that Cochrane consider creating case studies and collect testimonials to demonstrate the uptake and use of their evidence in decisions.

In summary, interviewees provided many suggestions for Cochrane to consider as they develop their KT strategy. Some thoughts for next steps and keys to success were nicely summarized by three quotes provided by interviewees:

- "Cochrane has everything ready to go - the product variety is there, the reputation is there, the infrastructure is there– it's the engagement with the end users that is missing - outside of the Cochrane network."
- "Cochrane is known for doing things well so they need to ensure whatever is done is done well to keep this reputation"
- Cochrane "needs to have a clear vision, a clear strategy, good implementation and adequate resources."

8 References

1. Cochrane. Strategy to 2020. Internal Document. 2016February.
2. Cochrane Canada. Cochrane Canada provides Canadians with access to clean, clear health knowledge. Internal document. 2015March23.
3. Cochrane. KT Strategy Working Group - Terms of Reference. Internal Document. Accessed 2016August26.
4. Tricco AC, Antony J, Zarin W, et al. A scoping review of rapid review methods. BMC Medicine;13:224-239, 2015. DOI 10.1186/s12916-015-0465-6
5. Rosenbaum SE. Improving the user experience of evidence. A design approach to evidence-informed health care. PhD thesis. Oslo College of Architecture and Design. December 2010

9 Appendices

Appendix 1: Invitation Letter

Cochrane
St Albans House
57–59 Haymarket
London SW1Y 4QX
UK

T +44(0) 207 183 7503

DATE

Dear XXX,

During 2016, Cochrane is establishing a Knowledge Translation Strategy and, in recognition of your considerable experience and expertise in this field, we would be most grateful if you would be willing to take part in our stakeholder interview process.

The Cochrane *Strategy to 2020* clearly positions us as an organisation that communicates outwardly to achieve better uptake of evidence in health care. A particular objective is to "… build greater recognition of Cochrane's role as an essential link between primary research and health decision-making." Although many Cochrane contributors are already involved in knowledge translation activities locally and within their own speciality, we are aware that we need a more comprehensive and consistent approach across the organisation, and to consider the role of Cochrane evidence in the context of other available resources in order to maximise the impact of our work.

The Cochrane Knowledge Translation (KT) Strategy will define the role of knowledge translation for Cochrane, provide a framework to coordinate these activities across the organisation, and support those who are well-placed to undertake this role.

We are undertaking a series of stakeholder interviews to inform the development of this strategy and would like to invite you to participate. Through these interviews, we hope to learn about your organization's KT activities and gather your feedback on key areas for Cochrane to consider in our KT Strategy. These interviews will be undertaken by Sandra Rees who works with Cochrane Child Health and they will be undertaken by Skype or telephone. We estimate that the interview will take approximately one hour and the interview guide will be provided to you ahead of time for your review. In addition, we would like to record the interview to ensure we accurately capture your feedback. All recordings and transcripts will be kept confidential and only summary information will be provided in the final report. All stakeholders who are interviewed will be given a copy of the KT Strategy Interviews Summary Report and the Cochrane KT Strategy.

Given the importance of this initiative for Cochrane we very much hope that you will agree to work with us on this critical stage of our knowledge translation strategy development process.

With best wishes,

Rachel Churchill, Sally Green, Denise Thomson
Co-Chairs of the Cochrane Knowledge Translation Strategy Working Group

Trusted evidence.
Informed decisions.
Better health.

cochrane.org

The Cochrane Collaboration. Registered in England as a company limited by guarantee No. 03044323 Charity Number 1045921.
VAT registration number GB 718 2127 49. Registered office: St Albans House, 57-59 Haymarket, London SW1Y 4QX United Kingdom

Appendix 2: Interview Guide for Internal Stakeholders

Interviews to inform the Cochrane Knowledge Transfer Strategy (Internal)

To help inform the development of a Knowledge Translation (KT) Strategy for Cochrane, we are undertaking interviews with key KT informants working within Cochrane, those aligned to or partnered with Cochrane, and KT experts external to Cochrane. The purpose of the interviews is to gather information which will be combined with a number of other consultation activities including:

- an audit of existing KT activities within Cochrane
- input from those attending Cochrane's strategic planning session in London, and
- input from those attending the Cochrane Colloquium in Seoul Korea (October 2016).

All collected information will be combined to inform a KT strategy which will be drafted by a working group for further consideration and consultation by Cochrane. To ensure accuracy in capturing your information and feedback, we would like to record the interview. Please note that all recordings and transcripts will be kept confidential and only summary information will be provided in the final report. Please let us know if you have any concerns. The list of interview questions in this document will be used to guide the interview.

The following definition of KT will be used to underpin the Cochrane Knowledge Translation (KT) strategy (please note: in this context, evidence in the definition is referring to Cochrane systematic reviews):

"Ensuring stakeholders are aware of and use research evidence to inform their health and healthcare decision-making and ensuring research is informed by current available evidence and the experiences and information needs of stakeholders**"**

1. Do you think this is reasonable framework for Cochrane to work under?

2. What formal KT activities are you or your group currently undertaking?

    - Who is/are the intended audience(s) (e.g. consumers, clinicians, local administrators, national policy makers, regulatory bodies, industry, research funders, researchers)?
    - Can you tell us about your method and approach?
    - Is there any documentation or detailing of this you would be willing to share?
    - Have you evaluated any of your activities and if so, how and what did you learn?
    - Can you comment on the resources needed to undertake this (e.g. number of people?)
    - Do you think your activities could be scaled up or employed by others within Cochrane? If so, what would this take?

3. We are interested also in KT activities as they apply to transfer and exchange of information. Do you have any activities in place to listen to the needs of your stakeholders and inform your priority setting or approach to KT?

    - How do you determine your priorities for reviews?

4. What types of (or areas of) KT do you think Cochrane should be undertaking as a whole (and what should individual groups do in addition)?

    - What activities do you think Cochrane as an organisation could be doing to better undertake KT?

- What do you think this would take?
- Thinking again about Cochrane as a whole, who do you think should be the key audiences for any KT activities or initiatives?
- Do you have suggestions for strategies Cochrane could employ to ensure the quality and effectiveness of our KT activities?
- How do you think we can best feed in evidence and best practice information about KT to our KT endeavours in an ongoing way? How do you do this in informing your activities?

5. We are interested in exploring how Cochrane can improve our organisational learning and capacity for KT. What approaches do you think we could undertake as an organisation to do this?

6. What role do you think the Central Executive Team (CET) should play in support of KT activities? Are there ways in which Central Support would be useful to you in your KT work?

7. Thinking about working with others, how much emphasis do you think Cochrane should place on enabling KT through partnerships with other KT organisations versus investment in Cochrane's own KT activities?

   - Do you partner with others within your own jurisdiction in KT?

8. What sorts of implementation activities do you think would be helpful in supporting you and others in using the KT Strategy that is developed?

9. What would success look like for Cochrane? What should be our target?
10. Are there any organisations or individuals who you think are doing KT well and who we should talk with?

Appendix 3: Interview Guide for External Stakeholders

Interviews to inform the Cochrane Knowledge Transfer Strategy (External)

To help inform the development of a Knowledge Translation (KT) Strategy for Cochrane, we are undertaking interviews with key KT informants working within Cochrane, those aligned to or partnered with Cochrane, and KT experts external to Cochrane. The purpose of the interviews is to gather information which will be combined with a number of other consultation activities including:

- an audit of existing KT activities within Cochrane
- input from those attending Cochrane's strategic planning session in London, and
- input from those attending the Cochrane Colloquium in Seoul Korea (October 2016).

All collected information will be combined to inform a KT strategy which will be drafted by a working group for further consideration and consultation by Cochrane. To ensure accuracy in capturing your information and feedback, we would like to record the interview. Please note that all recordings and transcripts will be kept confidential and only summary information will be provided in the final report. Please let us know if you have any concerns. The list of interview questions in this document will be used to guide the interview.

The following definition of KT will be used to underpin the Cochrane Knowledge Translation (KT) strategy (please note: in this context, evidence in the definition is referring to Cochrane systematic reviews):

"Ensuring stakeholders are aware of and use research evidence to inform their health and healthcare decision-making and ensuring research is informed by current available evidence and the experiences and information needs of stakeholders"

1. Do you think this is reasonable framework for Cochrane to work under?

2. We are interested in learning about your approach to KT and the activities you undertake in this area. Can you tell us how you define KT in your organisation?

    - **Can you summarise the key activities you are currently undertaking?**

    - **Does your group/ organisation have a formal KT strategy?**

    - **Has your organisation used Cochrane reviews to design its own KT strategy (e.g. evidence in reviews from EPOC, Consumer and Communication reviews)?**

    - **Does your organisation use Cochrane reviews either as content for, or to inform your own KT strategy/ activities?**

3. **In terms of knowledge exchange/ input from or listening to stakeholders, what activities do you undertake specifically for this?**

4. **How do you think Cochrane could improve its own KT activities?**

    - **What KT approaches or interventions do you think are best aligned to/ most likely to be of use in facilitating the transfer and uptake of knowledge from evidence syntheses, such as Cochrane reviews?**

- What activities do you think Cochrane as an organisation could be doing to better undertake KT? What do you think this would take?
- Who do you think should be the key audiences for Cochrane KT activities or initiatives? How would you prioritise them?
- Do you have suggestions for strategies Cochrane could employ to ensure the quality and effectiveness of our KT activities?
- Do you think there is a role for Cochrane creating its own derivative products to support uptake?

5. How do you think we can best ensure an evidence-informed approach to our KT endeavours?
6. Do you think there is value in Cochrane partnering with other organisations in KT activities? Do you have any thoughts or suggestions on how we could best achieve KT of Cochrane reviews through working with other existing structures?
7. Have you had any experience in implementing a KT strategy across your organisation? What kinds of implementation activities and support do you use to grow internal capacity for KT and roll out your strategy?
8. What do you think success would look like for Cochrane? What should be our target?
9. Are there other individuals or organisations you would recommend we speak with?

Appendix 4: Interview Guide for Internal/External Stakeholders

Interviews to inform the Cochrane Knowledge Transfer Strategy (Internal & External)

To help inform the development of a Knowledge Translation (KT) Strategy for Cochrane, we are undertaking interviews with key KT informants working within Cochrane, those aligned to or partnered with Cochrane, and KT experts external to Cochrane. The purpose of the interviews is to gather information which will be combined with a number of other consultation activities including:

- an audit of existing KT activities within Cochrane
- input from those attending Cochrane's strategic planning session in London, and
- input from those attending the Cochrane Colloquium in Seoul Korea (October 2016).

All collected information will be combined to inform a KT strategy which will be drafted by a working group for further consideration and consultation by Cochrane. To ensure accuracy in capturing your information and feedback, we would like to record the interview. Please note that all recordings and transcripts will be kept confidential and only summary information will be provided in the final report. Please let us know if you have any concerns. The list of interview questions in this document will be used to guide the interview.

The following definition of KT will be used to underpin the Cochrane Knowledge Translation (KT) strategy (please note: in this context, evidence in the definition is referring to Cochrane systematic reviews):

"Ensuring stakeholders are aware of and use research evidence to inform their health and healthcare decision-making and ensuring research is informed by current available evidence and the experiences and information needs of stakeholders"

1. Do you think this is reasonable framework for Cochrane to work under?

External Organization

2. We are interested in learning about your approach to KT and the activities you undertake in this area. Can you tell us how you define KT in your organisation?

    - **Can you summarise the key activities you are currently undertaking?**
    - **Does your group/ organisation have a formal KT strategy?**
    - **Has your organisation used Cochrane reviews to design its own KT strategy (e.g. evidence in reviews from EPOC, Consumer and Communication reviews)?**
    - **Does your organisation use Cochrane reviews either as content for, or to inform your own KT strategy/ activities?**

3. **In terms of knowledge exchange/ input from or listening to stakeholders, what activities do you undertake specifically for this?**

Internal Cochrane Activities

4. What formal KT activities are you or your group currently undertaking?

    - Who is/are the intended audience(s) (e.g. consumers, clinicians, local administrators, national policy makers, regulatory bodies, industry, research funders, researchers)?

- Can you tell us about your method and approach?
- Is there any documentation or detailing of this you would be willing to share?
- Have you evaluated any of your activities and if so, how and what did you learn?
- Can you comment on the resources needed to undertake this (e.g. number of people?)
- Do you think your activities could be scaled up or employed by others within Cochrane? If so, what would this take?

5. We are interested also in KT activities as they apply to transfer and exchange of information. Do you have any activities in place to listen to the needs of your stakeholders and inform your priority setting or approach to KT?

6. **How do you think Cochrane could improve its own KT activities?**

    - **What KT approaches or interventions do you think are best aligned to/ most likely to be of use in facilitating the transfer and uptake of knowledge from evidence syntheses, such as Cochrane reviews?**
    - **What activities do you think Cochrane as an organisation could be doing to better undertake KT? What do you think this would take?**
    - **Who do you think should be the key audiences for Cochrane KT activities or initiatives? How would you prioritise them?**
    - **Do you have suggestions for strategies Cochrane could employ to ensure the quality and effectiveness of our KT activities?**
    - **Do you think there is a role for Cochrane creating its own derivative products to support uptake?**

7. **How do you think we can best ensure an evidence-informed approach to our KT endeavours?**

8. **Do you think there is value in Cochrane partnering with other organisations in KT activities? Do you have any thoughts or suggestions on how we could best achieve KT of Cochrane reviews through working with other existing structures?**

9. **Have you had any experience in implementing a KT strategy across your organisation? What kinds of implementation activities and support do you use to grow internal capacity for KT and roll out your strategy?**

10. **What do you think success would look like for Cochrane? What should be our target?**

11. **Are there other individuals or organisations you would recommend we speak with?**