

KT Strategy Working Group Terms of Reference

Background

Knowledge translation has been put at the heart of our Strategy to 2020 with Goals two and three clearly positioning us as an organisation that makes our work accessible and communicates outwardly to achieve better understanding and uptake of evidence. In particular, this is encapsulated by the objective "We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making." Many individuals and groups within Cochrane undertake knowledge translation work, however, at present we do not have an agreed understanding of what knowledge translation means for Cochrane. We also know that, whilst a lot of knowledge translation work happens in Cochrane, it is inconsistent both in terms of coverage and quality.

Scope

Knowledge translation is defined in many ways, and will need to be defined for the purposes of Cochrane as part of this project. However, there are some high level principles. Firstly, we will interpret knowledge translation as a bi-directional process. This means it is not solely about pushing Cochrane work outwardly, but it is also about the knowledge exchange coming in to Cochrane.

We will broadly be working with the scope of the following definition of knowledge translation:

*"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"*

Purpose

Through our knowledge translation strategy we will clearly define its role in Cochrane and provide a framework to support those who are undertaking knowledge translation activities across the organisation. We will also establish mechanisms for better coordination of knowledge translation work across Cochrane to support organisational learning.

Ultimately having a knowledge translation strategy in place will provide us with a clear understanding of what it means for a Cochrane Group to have knowledge translation as one of its functions. It will also allow us to set up appropriate mechanisms for accountability and monitoring of consistency and quality.

When referring to knowledge translation we implicitly mean knowledge translation of Cochrane Evidence, i.e. the knowledge we wish to translate is Cochrane Evidence.

Overarching objective

- Produce a KT strategy to inform, facilitate and optimise KT activities within Cochrane

Detailed objectives

1. To engage with and learn from current knowledge translation practices outside of Cochrane

* Grimshaw et al.: Knowledge translation of research findings. Implementation Science 2012 7:50.

2. To define what KT means for Cochrane and how we should go about it, including:
 - 2.1. What is the scope of knowledge translation that Cochrane should undertake
 - 2.2. What is the scope of knowledge translation that Cochrane should achieve through external partnerships
 - 2.3. Who are the key audiences we are serving in our KT activities
 - 2.4. How can we feed in external KT best practices
3. To review current knowledge translation practices in Cochrane, including:
 - 3.1. How are we doing it
 - 3.2. How could we do it better
 - 3.3. How could we improve organisational learning
4. Establish how we can support high quality KT activities in Cochrane, including:
 - 4.1. what role the CET should have in support of KT work in Cochrane
 - 4.2. what resources would be of value to Groups to help them manage their KT responsibilities

Major milestones

We have three major milestones for this project:

- We want to hold a strategic session at the London mid-year meeting around KT strategy (first week of April 2016)
- We propose to hold a meeting in June 2016 to pull all of the work together and reach consensus on what should be included in the strategy
- We propose to submit a completed knowledge translation to the CSG for consideration in Seoul (Oct 2016)
- There is a possibility that we could hold a symposium around KT in Seoul for consultation on the final strategy.

Governance and team members required

We will form a small working group of around 10 people who will undertake the work involved in developing this strategy. This group will be known as the Working Group.

The group will be led by three co-chairs: Denise Thomson, Sally Green and Rachel Churchill.

The group will reflect geographic diversity and will include both internal and external members to ensure that our strategy will be of international relevance.

All group members must have a strong interest in and experience of knowledge translation work and must be able to commit the time and energy necessary to undertake this work. In particular we envisage the process of preparing for the two main meetings and the write up of the strategy will require significant input from all group members.

Where relevant and efficient we will seek to commission certain pieces of work, such as interviews or mapping exercises.

Consultation plans

We will consult with the Cochrane Community at the mid-year meeting in London 2016. This will be an early opportunity for the community to have input into the strategy development as part of a strategic session.

The second opportunity for input will come around the Seoul colloquium where the proposed strategy will be under consideration.

Activities and Timelines

Strategy to 2020 objectives and KT

Objective	Notes
RELEVANT	
<p>We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly.</p>	<p>As part of the cycle of knowledge exchange this is important to our work. We need to be open to listening to others to understand their priorities if our work is to have relevance.</p> <p>Unsure to what extent this will be part of the scope of work, perhaps in as much as it is a factor to consider in how we engage with external stakeholders</p>
USER-CENTRED DESIGN AND DELIVERY	
<p>We will put the needs of our users at the heart of our content design and delivery.</p>	<p>This is a commitment to really listen to those using Cochrane products and change the way we do things to better meet their needs.</p>
<p>We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.</p>	<p>This is more focussed on the concept that we would create new ways of accessing our content or new products (KT products) that meet the identified needs of our users where a standard SR document format is not adequate.</p> <p>The focus here is really about making the format of our content work for users.</p>
<p>We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.</p>	<p>This is in part an education element, but it has to be supported by knowledge translation, as to extend beyond the research and medical communities the content needs to be made more accessible for these new user groups.</p>

MULTI-LINGUAL

We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.

Unsure how important this is to the project. Language can be a huge barrier to uptake of our work, so translation is a critical component of making that leap from review to informing decisions.

THE ‘HOME OF EVIDENCE’

We will make Cochrane the ‘go-to’ place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.

Knowledge translation products and services would be required for Cochrane to become a Home of Evidence.

We will build greater recognition of Cochrane’s role as an essential link between primary research and health decision-making.

This is a critical statement in terms of Cochrane’s commitment to knowledge translation. We are not an organisation that simply produces reviews, we want to have an impact on health decision-making and to do that requires KT.

GLOBAL ADVOCATE

We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and services planning.

This again stresses the importance of Cochrane as an organisation who is critical in informing decision-making. In this case there is an emphasis on policy makers and ensuring that our content is understood and used by that user group.

GLOBAL PARTNER

We will build international and local partnerships and alliances with organisations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organisations.

All of the examples here are about ensuring our content is used and has an impact. This predominantly is knowledge translation.

There will be particular areas of knowledge translation that we would rather leave to other groups, in these cases we should be looking to form strategic partnerships.
