RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

RGPs OF ONTARIO

## Regional Geriatric Programs Knowledge to Practice Framework

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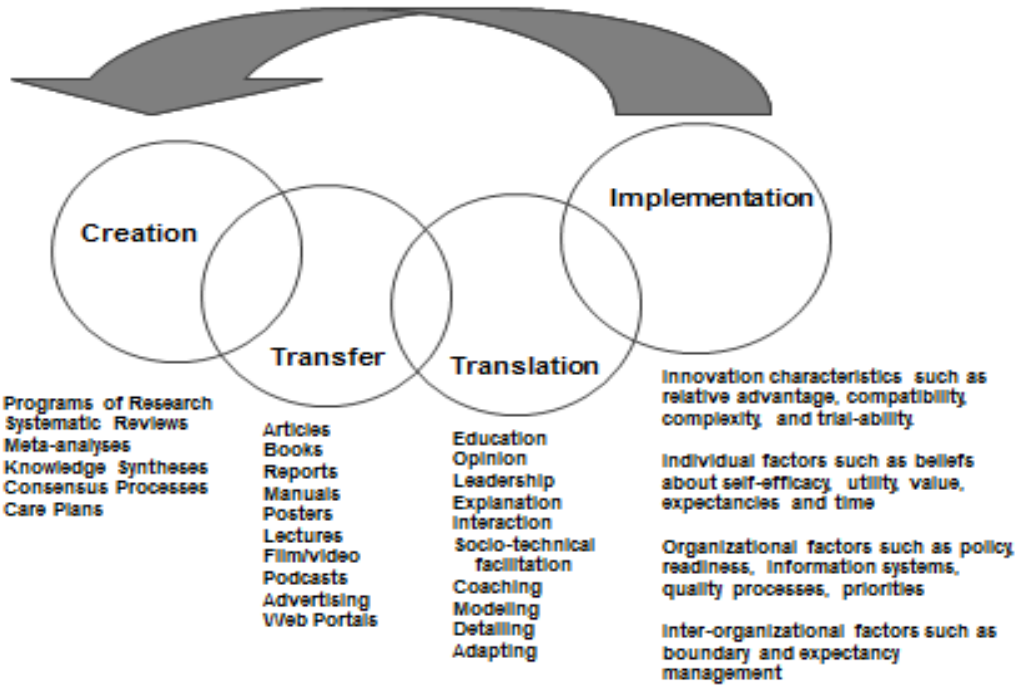
At the turn of the century a revolution in the fields of Continuing Medical Education and Continuing Professional Development emerged in the response to the realization that the gap between what was known and what was practiced in health care was continuing to grow. It had become increasingly evident that shortening the distance between knowledge and practice was a complex process that required contributions from many disciplines such as informatics, social and educational psychology, and organizational theory. It required awareness of contextual diversity, the perspectives of population health and the participation of patients and families[1].

Suddenly a plethora of knowledge-to-practice (KTP) concepts emerged such as knowledge 'transfer', 'translation', 'brokering' and 'implementation' that themselves became confusing[2,3]. In response to this unintended consequence, the Regional Geriatric Programs of Ontario convened a working group to structure its thinking about these concepts and the KTP process.

The working group integrated these emerging concepts into a 4-stage framework that are presented in figure 1.

**Figure 1. A Knowledge-to-Practice Process Framework**



The stages are knowledge creation, transfer, translation and implementation. In the knowledge **creation** stage, the best evidence needed to meet a knowledge or practice gap is created or compiled. In the **transfer** stage, the evidence is commoditized in various ways in order to optimize its availability to users. In the **translatio**n stage, users are helped to understand and use the commoditized evidence to support practice change in the framework's **implementation** stage. As in most stage models, stages overlap and in this KTP framework, implementation experiences are fed back to inform a process of re-creation.

Figure 1 also includes lists of items that might be considered in each stage. These items should be considered illustrative rather than exhaustive. For example, it is possible to use this KTP process framework to think about clinical service as well as capacity building. In the clinical context a care-plan might be considered knowledge creation, the forms containing the care plan are transfer elements, making sure everyone understands the care plan is a translation activity and resolving obstacle to care plan delivery could be considered implementation elements.

This KTP framework has been used to guide two provincial initiatives – the geriatrics, interprofessional practice and interorganizational initiative designed to build geriatrics capacity in family health teams and community health center, and the senior friendly action program supporting teams to use continuous quality improvement projects in acute care geriatrics. The framework is also used to guide the KTP elements of a several research grant applications.

Perhaps the most frequent users of the KTP framework are Psychogeriatric Resource Consultants in the Greater Toronto Area. Originally seen as providers of education and training in the care of people suffering the behavioral and psychological sequelae of dementia, team members are increasingly seen as KTP specialists, creating curriculum materials, developing methods to transfer new tools to users,  multi-method translation events and implementation facilitation activities that include work place health, staff retention, and team development services.

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