Reviewer's report

Title: Knowledge Translation Research in Population Health: Establishing a Collaborative Research Agenda

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Reviewer number: 1

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MAJOR COMPULSORY
Many thanks for the opportunity to review this very interesting manuscript. It was clearly written, well organized, based on a unique methodology (concept mapping), and the findings make an important contribution to the field of knowledge translation. My suggestions may appear to be many, but all are related to providing the reader with more detail to situate the study within the field of knowledge translation, on some of the methods, and on how the findings can be used.

MAJOR COMPULSORY
Introduction
1/ Although the authors define KT using the CIHR definition the reader with minimal existing knowledge of KT would still not know what processes and strategies constitute KT. So when they justify the need for this study using three points, that justification remains vague. For example, point #1, little evidence that KT is effective – perhaps here you could describe the evidence underlying specific mechanisms to better highlight the limitations, for example, many Cochrane reviews of audit and feedback, opinion leaders, continuing education material, Grimshaw Health Technol 2004 article, all showing that these strategies have a minimal or unreliable effect on provider behaviour and/or outcomes. Point #2, there are a multitude of conditions that influence whether and how the various KT processes/strategies have an effect – elaborate on some of these. Point #3, what are the EBM models, and in what way are they effective?

2/
I think it is important to raise the issue of, and distinguish between the practice and science of KT. For example, the practice of KT is making sure that research findings are used, this can be done using integrated, and end-of-research strategies; the science of KT is exploring, developing and evaluating novel mechanisms by which to enhance the use of research knowledge.

3/
Gaps in theory are mentioned – the authors could briefly discuss some relevant theories, and then explain what the gaps are.
4/ Many of the KT strategies studies thus far have been aimed at individual physicians to improve their compliance with guidelines – how is this distinct from a population health approach? Perhaps population health should be defined, and explain the goals of KT and types of KT strategies that might address research utilization on a population level.

Methods
5/ How were the specialists identified and recruited? What exactly were their specialties, so what kind of researchers (health services, knowledge translation, organizational behaviour, etc.?), what type of managers, what type of practitioners (nurses, physicians, specialties), what type of HSS institutions?

Results
6/ What was the response rate: did all 19 specialists complete all ranking exercises? Did they all attend the brainstorming and consensus meetings?

7/ More information about the structure and processes used at both the brainstorming and consensus meetings would be useful. For example, all we know about the brainstorming session is that 104 statements were generated: was this a half or full day meeting, what background information was provided and what criteria were used as a framework to guide their recommendations, was there a facilitator, did the entire group work together or were there breakout groups, were there several iterations in which statements were added or collapsed, or everything they said was recorded for a total of 104 statements, did the investigators later further manipulate the brainstorming findings to achieve the 104 unique statements. The investigators do mention that more detailed methods are described elsewhere, but the reader of this manuscript could use more detail than what is provided to understand how the data were generated.

8/ The Discussion mentions another half-day meeting organized by QPHRN – this should perhaps be described in the Methods, and the outcome presented in the Results, since this was a validation step, and therefore important in terms of producing the final product. It appears that everyone was in complete agreement with the concept mapping outcome – were there no dissenting opinions, were any additional topics added?

Discussion
9/ All issues discussed are relevant but again, some of the points made by the investigators remain vague and could be elaborated. For example, under Evaluation of the Impacts, the authors state that: given the multitude of new strategies being implemented to bring research and practitioner communities closer together…” – what strategies?? Citations are provided (2-19) but the reader needs to have some examples.

Conclusions
10/ Now that research priorities have been identified, what are the next steps for
the investigators, and for the research community in general to generate knowledge in these areas? How can this research agenda be achieved?

Abstract

11/ Mention key steps in concept mapping in the Methods, domains of research that were prioritized in the Results, and suggest next steps in the Conclusions.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.