Reviewer’s report

Title: Knowledge Translation of Research Findings

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Reviewer: Paul Glasziou

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This is a solid review of the issues "knowledge translation". It provides an excellent summary of our current knowledge about the types of knowledge translation activity and their likely effects. It covers both interventions targeted at clinicians and at consumers.

However, it also seems somewhat blinkered: its viewpoint might be characterised as "We have evidence; you should use it". That is important for those working on specific "gaps", but there are at least two other perspectives: the individual practitioners ("I have information needs; can you help?") or a systems one (where there a lots of other players in the "translation" domain – a perspective of "How does information flow around?"). I would also have found more historical context helpful – it seems as if "knowledge translation" did not exist before the term was invented. Yet clinical practice changed and research was adopted long before the term – sometimes slowly! Some the largest activities in knowledge translation are probably post-graduate medical education (including, unfortunately, that provided successfully by pharmaceutical companies), but also much informal peer-to-peer learning (including the "opinion leaders" mentioned, but that seems only part of the network[1]). It would be very helpful if these (clearly very knowledgeable) authors commented on this context and the relationship between medical education and knowledge translation (here education is treated only as an implementation technique – didactice, small group, etc).

Some other specific comments.

1. The Term "knowledge translation" While "knowledge translation" may have gained some currency, many use the term to mean mostly "translation 1" - that is bench to bedside work (I was recently attacked at a basic scientists meeting for using the term for translation 2, that is, the definition used here). So it might help readers to provide a brief discussion of the other meanings and reference to the types.

2. Page 5: "the basic unit of knowledge translation should be systematic reviews" While systematic reviews are the ideal, most clinical issues are not covered by systematic reviews - and probably won't be in my lifetime - and 7% of systematic reviews are already clinically out-of-date on the day they are published[2]. Some major changes can arise from single pivotal trials, e.g., the ISIS-2, WHI, ALLHAT, PROGRESS, ...

3. Audit and Feedback. The emphasis here seems to be on the audit part, but
feedback and action planning may be equally important (Gardner review).

4. Table 1 is interesting but seems very subjective, and almost everything is "+++" (which I assume is the maximum? There is no legend to explain the notation). Some seem odd, such as Researchers having a +++ interest in Health Services Research, but that seems true only of other Health Services Researchers, and not the majority of Researchers.

5. Table 3 is a very helpful summary, except for Column 3 which says "Generally Effective" for all options with very little discrimination - can more be said about the types of problem these methods were addressing? Or else drop the column and expand on the Effect Sizes.

6. Figure 1. Please add a grid line at 0% (and perhaps at other points). The outlier here are fascinating - was there really a study the made things WORSE by 70%? (* on first box plot). Related to this is the number of studies overall with a negative impact, which I think deserves comment in the Text.

References


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.

Declaration of competing interests:

No competing interests