



# KNOWLEDGE TRANSLATION CANADA

## APPLICATION DES CONNAISSANCES CANADA

**Welcome** to the KT Canada research network! With hospitals and community agencies, we have developed a multidisciplinary, collaborative Clinical Research Initiative involving colleagues from 6 universities across Canada to identify and study solutions to ensure that Canadians have the tools and skills necessary to achieve KT. More than 70 researchers, representing various disciplines including health services research, clinical epidemiology, sociology, engineering, cognitive psychology, and ethics are involved with this program. This network was funded by the CIHR and CFI in April 2008 and has 15 projects underway. We subsequently proposed to build on this initiative and to enhance capacity in KT through the development of a national training initiative which has recently been funded by the CIHR. KT is about ensuring that decision makers at all levels of the health system (consumers, patients, practitioners, managers and policy makers) are aware of, and can access and use research evidence to inform health care decision making and we propose to work together nationally and internationally to meet this challenge. We believe that progress is only possible if we approach this from an interdisciplinary perspective that integrates and transforms knowledge from multiple perspectives to define, address, and resolve complex real-world problems in health care and improve the health of Canadians. We look forward to working with you on meeting these challenges!

## \$12M for national network to translate clinical research results into better health

**\$12.2M** has been awarded for the creation of a groundbreaking new national research network called Knowledge Translation Canada (KT Canada). The network will address one of the greatest challenges in health care today: the fact that although we are conducting a great deal of health research, there is a gap in applying the results at the patient's bedside and in every day health decisions.

"This funding positions Canada to lead the world in translating health research results into practice and this will lead to better health for Canadians," said Dr. Jeremy Grimshaw, the lead scientist in KT Canada. Dr. Grimshaw is also a Senior Scientist and Director of the Clinical Epidemiology Program at OHRI and a Professor of Medicine at the University of Ottawa. He also holds a Canada Research Chair in Health Knowledge Transfer and Uptake.

The **overarching goals** of the Network are:

**To improve** how research results are communicated (for example, by developing guidelines to promote

full publication of clinical trial data).

**To develop** a consensus on KT terminology and methods for measuring success.

**To evaluate** various KT approaches (such as clinical decision rules, audit and feedback, web-based quizzes and workshops).

**To find ways** to ensure that KT efforts have a lasting impact across the continuum of care by engaging health professionals, community members and various health decision-making groups.

KT Canada will include a major training initiative for graduate students and post-doctoral fellows as well as a web-cast seminar series open to researchers, clinicians, health policy-makers, trainees and other stakeholders

(<http://ktclearinghouse.ca/ktcanada>).

The funding for KT Canada includes \$9.8M for research projects from the Canadian Institutes of Health Research (CIHR) and \$2.4M for infrastructure from the Canada Foundation for Innovation (CFI), awarded through the highly competitive peer-reviewed Research Hospital

Fund / Clinical Research Initiative. Investigators include:

Dr. Jeremy Grimshaw (Ottawa Hospital Research Institute and University of Ottawa)

Dr. Sharon Straus (Li Ka Shing Knowledge Institute of St. Michael's Hospital and University of Toronto)

Dr. Brian Haynes (McMaster University and Hamilton Health Sciences Centre)

Dr. France Légaré (Université Laval and Centre Hospitalier Universitaire de Québec)

Dr. Annette O'Connor (Ottawa Hospital Research Institute and University of Ottawa)

Dr. Anne Sales (University of Alberta)

Dr. Andreas Laupacis (Li Ka Shing Knowledge Institute of St. Michael's Hospital and University of Toronto)

Dr. John Lavis (McMaster University)

Dr. Gaston Godin (Université Laval)

Dr. Sumit Majumdar (University of Alberta)

Dr. David Johnson (University of Calgary)

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## Training

Over the past few months, there have been a number of events conducted by the KT Canada membership to enhance capacity in KT. The National Seminar Series was launched in December (see details below) and a national training initiative was developed and recently funded by the CIHR STIHR competition. Together, colleagues from 10 universities will work to enhance capacity in KT and KT research by:

**Providing** innovative training centres and laboratories for trainees from various research disciplines (including clinical epidemiology, health services research, social sciences, engineering, and health informatics and from different professions including medicine, nursing, engineering, psychology, and education) to develop skills in KT and KT research;

**Linking** trainees and mentors to collaboratively advance the science and practice of KT; and,

**Partnering** with other national and international research groups to promote KT research and training of well-rounded trainees across a range of settings, clinical and health system issues.

In developing our strategy, we considered the need to advance both the science and practice of KT and that in enhancing capacity, training within our program would consist of 3 streams: **Stream 1** includes graduate (MSc and PhD) and advanced (postdoctoral) training in the science of KT research; **Stream 2** includes training in the basic principles of KT and KT research for researchers from other areas such as basic science and health services research; and, **Stream 3** includes basic training in KT for any knowledge users interested in enhancing their knowledge and skills for practicing KT.

Strengths of this initiative include unique linkages with relevant stakeholder audiences and the tremendous breadth and depth of expertise of the members in KT and KT research. These linkages will facilitate sustainability of the training. Furthermore, sustainability will be enhanced through offering courses to our collaborations from decision maker and knowledge user organisations as well as to our colleagues from other training and research initiatives. Ultimately through this initiative we hope to meet the capacity demand for KT researchers and practitioners in Canada which will lead to improved care and a strengthened health care system.



## Over the Wires: National Seminar Series

As part of its mandate, KT Canada developed and hosted the first, expert-led seminar series dedicated to current and emerging topics in KT. Reception to the series has been impressive and demand continues to grow as additional links to researchers, health care professionals, policy makers and trainees are established. During this past season, a total of 6 seminars were broadcast to more than 1000 live videoconference viewers at more than 38 different university and health care sites across Canada. An additional 90 live- and 261 on-demand requests for live and archived broadcasts have been logged to date.

Pertinent content, presented this past season by a host of international and national experts, included: **Dr. Martin Eccles, University of Newcastle Upon Tyne, United Kingdom.** Inaugural Lecture: "Implementation Science – A letter from the UK"

**Dr. John Lavis, McMaster University.** "Supporting research use by health system managers and policy makers"

**Dr. France Légaré, Université Laval.** "A shared decision making approach to knowledge transfer and exchange"

**Dr. Charles Weijer, University of Western Ontario** "Ethical challenges of knowledge translation research"

**Dr. Annette O'Connor, Ottawa Health Research Institute.** "Patient decision aids as a knowledge translation strategy: opportunities and barriers"

**Dr. David Johnson, University of Calgary.** "A Cluster RCT comparing three methods of implementing practice guidelines for children with croup"

KT Canada Research Network sites include: the Li Ka Shing Knowledge Institute, St. Michael's Hospital (Toronto, ON), Ottawa Health Research Institute (Ottawa, ON), McMaster University (Hamilton, ON), Université Laval (Quebec City, QC), University of Alberta (Edmonton, AB), and the University of Calgary (Alberta Children's Hospital, Calgary, AB).

Over the past year, the KT Canada Research Network has worked with telemedicine programs across the country to establish reliable, high-quality, and cost-conservative broadcast capability. A key part of this work involved establishing a connection with Dr. Charles Weijer's telemedicine laboratory at the University of Western Ontario. Dr. Weijer opened his telemedicine bridge infrastructure and technical support to the Network, thereby enabling the provision of high fidelity, cost-effective connections to all participating sites using the internet. In addition, membership connections with the Ontario Telehealth Network provide the Network with coordinated regis-

tration and access to live/archived telemedicine broadcasts, as well as excellent quality webcasting technology and technical support. Finally, rapid broadcast expansion has been facilitated greatly by the Southern Alberta Child and Youth Health Network's (SACYHN) at the Alberta Children's Hospital in Calgary. This connection has helped us reach 18 university and health care sites across Alberta.

Each of the KT Canada Series seminars is available via live videocast at participating sites, as well as live/archived webcasts. The entire 2008-2009 series, along with speaker's notes can be accessed from the KT Clearinghouse website <http://ktclearinghouse.ca/ktcanada>. Visit this link to access the 2009-2010 series schedule and for updates to topic - and speaker lists for the coming season.

To be added to the KT Canada National Research Network listserve, please register at: <http://mailman.ucalgary.ca/mailman/listinfo/knowledgetranslation-l>



## Summer Institute in Knowledge Translation

We are pleased to announce the KT Canada Summer Institute to be held in Toronto from August 18 to 20, 2009. The purpose of this Summer Institute is to provide participants with the opportunity to increase their understanding of knowledge translation research as well as opportunities and challenges in this field. The Summer Institute will provide participants with the opportunity to network with colleagues and national and international mentors. The theme of the Institute is "Exploring the Knowledge to Action Framework". The Summer Institute is aimed at **graduate students, post-doctoral and clinical fellows** who study issues relevant to knowledge translation and those who want to learn more about how to advance their research skills in this area. We encourage applications from trainees working in a wide range of disciplines that span all of CIHR's research themes (biomedical, clinical, health services, and population health). Preference will be given to doctoral and post-doctoral students/fellows, with a limited number of spaces available for Masters-level students who are in their final year of study. The Summer Institute will include a mixture of small and large group sessions and will focus on active learning strategies. Mentorship opportunities will be available through formal and informal meet the professor sessions as well as peer to peer networking.

This event is being sponsored by KT Canada which is a Clinical Research Initiative funded by the CIHR and Canadian Foundation for Innovation. KT Canada is under the leadership of Dr. Jeremy Grimshaw (PI) and Dr. Sharon Straus (Co-PI). It was launched in 2008 and members include more than 60 colleagues from 6 universities in Canada. Members of KT Canada also hosted the 2008 CIHR-sponsored KT Summer Institute. Interested candidates are encouraged to read the article written by past participants which was recently published in Implementation Science and which can be viewed at this link:

<http://www.implementationscience.com/content/4/1/33>

## Summer Institute Objectives

The **objectives** of the 2009 KT Summer Institute are to:

**Explore** the challenges of planning and completing KT research

**Gain** better understanding of the research gaps in the KT field

**Explore** the knowledge to action framework, its role in advancing the science of KT and some research gaps within this framework

**Investigate** the contribution of different disciplinary and methodological approaches for KT research within the knowledge to action framework

**Network** with other young researchers interested in KT research and KT as well as with mentors experienced in the science and practice of KT

**Experience** a supportive training environment that is respectful of the perspectives, tools and approaches of all disciplines.

## Eligibility

Applicants must meet the following eligibility criteria:

**Be** Canadian citizens or have landed immigrant status

**Be** enrolled in a graduate program or hold a postdoctoral/clinical fellowship at a Canadian university. Preference will be given to PhD and post-doctoral students. Masters students may be considered if they are in the final stages of their Masters degrees, have completed their research projects and analyses, and are writing their theses.

**Be** committed to attend the entire Summer Institute. All participants will arrive at the venue by the evening August 17 and will depart in the afternoon of August 20.

**Not** attended the previous CIHR-sponsored KT Summer Institute (2008).

## Expenses

The Summer Institute will cover the following costs:

Accommodation for 3 nights at the venue including August 17, 18, 19, 2009.

Meals including breakfast, lunch, 2 breaks on August 18-20 and dinner on August 19.

Travel expenses for lowest economy flight up to \$500 will be included. Candidates are encouraged to obtain additional funding (if needed) from their supervisor or other sources.

Participants will be responsible for transportation and expenses beyond those outlined above.

**Application process and deadline is available at** (<http://ktclearinghouse.ca/home>).

## Highlights-Scientists: John Lavis, MD, PhD

**John Lavis** is site co-director (with Brian Haynes) for the McMaster site of KT Canada, co-lead (with Mathieu Ouimet) of the research project, 'Determining research knowledge infrastructure for healthcare systems,' and lead of the project, 'Knowledge tools for managers and policy makers.' He is the Director of the McMaster Health Forum, Canada Research Chair in Knowledge Transfer and Exchange, an Associate Professor (in both the Department of Clinical Epidemiology and Biostatistics and the Department of Political Science), and a Member of the Centre for Health Economics and Policy Analysis at McMaster University. His principal research interests include knowledge transfer and exchange in public policymaking environments and the politics of health systems. He directs the Program in Policy Decision-Making, a research program affiliated with McMaster's Centre for Health Economics and Policy Analysis, and he wrote the

report that underpins the chapter on "linking research to action" in the World Report on Knowledge for Better Health. He teaches an undergraduate course on the politics of health systems for the Bachelor of Health Sciences (Honours) program at McMaster and a doctoral seminar for the PhD in Health Policy program. He teaches a week-long module on "Promoting the use of research-based evidence in healthcare organizations" for Canada's Executive Training for Research Application (EXTRA) program and runs one- and two-day workshops on using research evidence for governments and international organizations. He is President of the Pan American Health Organization (PAHO) Advisory Committee on Health Research and a member of the World Health Organization (WHO) Advisory Committee on Health Research. He is Co-Editor of the newly re-launched Policy Briefs series co-published by the European Observatory on Health Systems and Policies and the WHO-sponsored

Health Evidence Network. He is a member of the Alliance for Health Policy and Systems Research (AHSPR) Scientific and Technical Advisory Committee, the Cochrane Collaboration's Effective Practice and Organization of Care (EPoC) Review Group, and the WHO-sponsored Evidence-Informed Policy Network (EVIPNet) Resource Group. Dr. Lavis holds an MD from Queen's University, an MSc from the London School of Economics, and a PhD from Harvard University.



## Highlights-Projects: Coaching Workshop promoting Knowledge Use in LTC

**Cummings, Sales,  
Estabrooks,  
Laschinger, & Wong**



**In** this pilot project we will investigate using a leadership development workshop as a knowledge translation intervention to promote the uptake of new information into practice in long-term care settings.

The purpose of this pilot project is to examine in-depth the experience of long term care managers in becoming coaches of their staff's performance, and its subsequent influence on provider skills, their use of knowledge, and

the potential for influencing resident outcomes. This will be accomplished by implementing a Coaching for Impressive Care Workshop in a long term care setting with front-line patient care managers.

The outcomes of this pilot will yield a rich understanding of the potential influence of Coaching Leadership on specific staff performance and in their use of knowledge and information in practice. The program provides managers with specific skills and techniques that will support and reinforce efforts by employees to improve health care services.





**Great news!** *The Cochrane Library*, as part of a pilot project, is now available throughout Canada to everyone with Internet access. As of April 15, and until the end of 2009, everyone is one click away from the wealth of information contained in the *Library*. Practitioners, researchers and patients alike will be able to make informed decisions what treatments work best. [www.thecochranelibrary.com](http://www.thecochranelibrary.com)

## Highlights - Centre: Université Laval-Centre de recherche du CHUQ

Le groupe de l'**université Laval basé à Québec** est interdisciplinaire. Il est constitué de 6 chercheurs temps plein et un chercheur à temps partiel. Trois personnes ont des bourses de chercheurs du FRSQ (n=2) et des IRSC (n=1). Deux chercheurs détiennent des Chaires de recherche du Canada. De façon globale, tous étudient les bonnes pratiques et l'utilisation des données probantes dans les décisions, les pratiques et les politiques. Les objets de recherche sont multiples mais certains créneaux sont identifiables : nouvelles technologies de l'information, approches théoriques dans l'étude des comportements, prise de décision partagée et revues systématiques de la littérature. Cinq chercheurs sont des réviseurs pour Cochrane. Six sont membres de l'axe de recherche en transfert des connaissances et évaluation des technologies du **Centre de recherche CHUQ** (<http://www.crchuq.ulaval.ca/recherche/axes/transfert>). Tous dirigent des étudiants gradués.

Plus spécifiquement :

**Sophie Desroches** est diététiste et vient de se voir attribuer une bourse de chercheur junior du FRSQ. Elle s'intéresse aux pratiques des diététistes et tout particulièrement à l'implantation de la prise de décision partagée dans ces pratiques. Elle dirige une revue Cochrane sur les interventions efficaces afin d'améliorer l'adhérence aux recommandations des diététistes.

Le domaine de recherche de **Pierre Frémont** est l'impact de l'utilisation des technologies de l'information afin de faciliter l'accès à l'information valide et pertinente en support à la prise de décision clinique en soins de première ligne. Cette thématique évolue actuellement vers l'étude de l'impact d'une implication partagée du patient et du médecin dans la gestion et la circulation de l'information clinique combinée à l'intégration d'outil d'accès à l'information valide et pertinente adaptée aux besoins des patients et des cliniciens. Cette thématique implique le l'évaluation d'un dossier de santé géré par le patient en lien fonctionnel avec un dossier patient du clinicien, le tout en lien fonctionnel avec des outils d'aide à la décision valides et pertinents pour les différents utilisateurs.



The group at **Université Laval** based in Quebec city is interdisciplinary by nature. It consists of 6 full-time researchers and one part-time researcher. Three individuals hold scientist awards either from FRSQ (n=2) or IRSC (n=1). Two researchers hold Canada Research Chairs. Overall, all are involved in studies of best practices and the use of evidence in decision making, health professionals practices and the policy making process. There is a number of research topics but few domains are most important such as : new technologies of information, theoretical approaches to the study of behaviors, shared decision making and systematic reviews of the literature. Five researchers are reviewers for Cochrane. Six are members of the research group on knowledge transfer and health technology assessment at the **Centre de recherche du CHUQ** (<http://www.crchuq.ulaval.ca/recherche/axes/transfert>). All are involved with graduated students. More specifically:

**Sophie Desroches** is a nutritionist and new investigator with the FRSQ. She is studying best practices in nutritionist. She is leading a series of projects assessing the implementation of shared decision making in clinical practices. She leads a Cochrane review assessing effective intervention to improve adherence to nutritionists' recommendations.

**Pierre Frémont's** research interest is the impact of information technology use as a support for valid and relevant information retrieval to support to clinical decision making in primary care. More specifically this thematic is evolving towards the evaluation of a shared involvement of the patient and the primary care clinician in the management and circulation of personal health related information combined with access to valid and relevant information through customised information retrieval technology. The ultimate goal of this research is to better understand the



impact of these interventions on the decisional process shared by the patient and the clinician and on other relevant health related outcomes (<http://erictis.fmed.ulaval.ca/>).

Le programme de recherche de **Marie Pierre Gagnon**, chercheur boursier des IRSC, s'intéresse à l'utilisation des données probantes pour soutenir l'implantation des technologies d'information et de communication (TIC) dans le domaine de la santé. Elle dirige quatre projets financés par les IRSC portant sur la production et l'utilisation des connaissances sur la cybersanté. Ses autres intérêts de recherche couvrent l'évaluation des technologies de santé et son impact sur les prises de décisions, les déterminants de l'intégration des TIC dans le système de santé ainsi que les méthodes de synthèse des connaissances et les meilleures stratégies pour leur transfert et leur application dans les prises de décisions. Le but ultime est de mieux comprendre l'impact de ces interventions sur le processus décisionnel partagé par le patient et le clinicien et sur des indicateurs de santé pertinents (<http://erictis.fmed.ulaval.ca/>).

Le domaine de recherche de **Gaston Godin**, Chaire de recherche du Canada sur els comportements et la santé, a été celui de la promotion de la santé et plus spécifiquement celui des comportements liés à la santé (e.g., la pratique de l'activité physique, le don de sang, l'observance au traitement, l'usage du préservatif). Son programme de recherche vise a) à identifier les déterminants de l'adoption, du maintien et du changement des comportements dans le domaine de la santé, b) l'amélioration de la mesure des construits théoriques et de la prédiction des comportements et, c) le transfert de ces informations dans le développement et l'évaluation d'interventions de prévention (<http://www.godin.fsi.ulaval.ca/>).

Le domaine de recherche de **Michel Labrecque**, professeur titulaire avec le département de médecine familiale et de médecine d'urgence de l'Université Laval traite de l'impact de l'utilisation des technologies de l'information afin de faciliter l'accès à l'information valide et pertinente en support à la prise de décision clinique en soins de première ligne. De plus, il est impliqué dans plusieurs projets évaluant la formation de médecins en matière de prise de décision partagée. Il évalue aussi des outils d'aide à la décision dans le domaine de la contraception masculine (<http://erictis.fmed.ulaval.ca/>).


**France Légaré** est professeure agrégée avec le département de médecine familiale et de médecine d'urgence de l'Université Laval et Chaire de recherche du Canada sur l'implantation de prise de décision partagée (PDP) dans les soins primaires. Depuis 1999, elle est le représentant de Cochrane pour le site de l'Université Laval. Elle dirige le groupe de recherche sur le transfert des connaissances et l'évaluation des technologies et modes d'intervention en santé du centre de recherche du CHUQ. Son programme de recherche est consacré à l'implantation de la PDP dans les pratiques cliniques et vise à évaluer les besoins des professionnels, identifier et développer les stratégies d'implantation requises, et mesurer l'impact de ces stratégies sur les professionnels de la santé et les patients (<http://decision.chaire.fmed.ulaval.ca/>).

**Mathieu Ouimet** est professeur au département de sciences politiques de l'université Laval et vient de se voir attribuer une bourse de chercheur junior du FRSQ. Il s'intéresse aux pratiques des décideurs et responsables des politiques publiques de santé. Il dirige des recherches sur l'utilisation par les décideurs des données probantes.



**Marie-Pierre Gagnon's** research program focuses on the use of scientific evidence in the implementation of information and communication technologies (ICTs) in healthcare. She is a CIHR new investigator and principal investigator on four CIHR funded projects looking at the production and utilisation of scientific evidence on e-health to support its adoption and integration in the healthcare system. Her other research interests include the evaluation of healthcare technologies and its impact on decision making, the study of individual, professional and organisational determinants of ICT integration in the healthcare system, the participation of patients in healthcare decisions, the methods for synthesising scientific knowledge, and the best practices in knowledge translation and application.

**Gaston Godin's** Canada Research Chair in Behaviours and Health areas of research have included health promotion and disease prevention initiatives, and the study of behaviours in the field of health (e.g., exercising, blood donation, health professional practices and behaviours, etc.). The main objectives of his research program are to investigate the determinants of behaviour adoption, maintenance and change in the field of health, and to translate this information into interventions (health prevention programs, health promotion programs, health care deliveries and services, etc.) (<http://www.godin.fsi.ulaval.ca/>).



**Michel Labrecque** is full professor with the Department of Family Medicine and Emergency Medicine at Université Laval. His research interest is the impact of information technology use as a support for valid and relevant information retrieval to support to clinical decision making in primary care. He is involved in a series of trials assessing the impact of training physicians in shared decision making. He is also involved in the evaluation of patients' decision aids regarding male contraception (<http://erictis.fmed.ulaval.ca/>).

**France Légaré** is an associate professor with the Department of Family Medicine and Emergency Medicine at Université Laval and Canada Research Chair in Implementation of Shared Decision Making (SDM) in Primary Care. Since 1999, she is the Cochrane representative for Université Laval. She is the director for the research group on knowledge transfer and health technology assessment at the Centre de recherche du CHUQ. Her research program is dedicated to the implementation of SDM in routine clinical practices in primary care and aims at: Assessing the needs of primary health care professionals so that they make SDM a priority; Identifying and developing the strategies needed to implement SDM in clinical practice; Monitoring the impact of these strategies on the implementation of SDM in clinical practice; and Evaluating the impact of implementing SDM on health professionals and on patient outcomes (<http://decision.chaire.fmed.ulaval.ca/>).

**Mathieu Ouimet** is a professor at the department of political sciences at Université Laval and new investigator with the FRSQ. Il s'intéresse aux pratiques des décideurs et responsables des politiques publiques de santé. Il dirige des recherches sur l'utilisation par les décideurs des données probantes.



## KT Resources: KT+

### FREE service providing research evidence about Knowledge Translation

**KT+** is supported by the Canadian Institutes of Health Research and the Canadian Obesity Network/Réseau canadien en obésité and provided by McMaster University's Health Information Research Unit.

The Health Information Research Unit at McMaster University is pleased to provide you with access to **KT+**. **KT+** (<http://plus.mcmaster.ca/kt/>) is designed to inform those working in health knowledge translation of current KT-related intervention research as it is published. The current research evidence on knowledge translation includes articles on quality improvement, continuing medical education, computerized clinical decision support, health services research and patient adherence.

**KT+** is unique: all articles (from over 160 premier health research journals) are pre-rated for quality by research staff, then rated for relevance and interest (newsworthiness) by at least 3 members of a worldwide panel of practicing health professionals (**Quality-filtered KT Articles**, indicated by **blue**). Research staff also identify knowledge translation research articles from other sources (e.g., MEDLINE, KT systematic reviews). These articles are not quality filtered nor are they rated by the panel of health professionals but have relevant KT content (**Non-filtered KT Articles**, indicated by **black**). Here is what the service offers:

**An email alerting system: having the new KT evidence find you.** If you register with **KT+** you will receive alerts whenever an article is judged by the raters to meet the cut off scores for relevance and newsworthiness that you set.

**A searchable database: finding the KT evidence when you need it.** **KT+** also has a searchable bibliographic database, which can be searched at any time, for **Quality-filtered KT Articles** and associated ratings and **Non-filtered KT Articles** identified from other sources.

**Links to selected KT resources and tools.** Links are provided to a selection of KT utilities, services, and guides (e.g., Rx for Change from CADTH; Knowledge Translation Planning Tools for Stroke Research Teams - University of Laval <http://kuuc.chair.ulaval.ca/ctci/>).

**KT+** has been designed to help those working in the KT area succeed in keeping up with important advances in the field. Try out this service at <http://plus.mcmaster.ca/kt/> and let us know how this service can be enhanced and how it can facilitate KT collaboration ([ktplus@mcmaster.ca](mailto:ktplus@mcmaster.ca)).

### Did you Know?

The Knowledge Translation Canada Research Network will focus on 4 interlinked research programs that are directly aligned with the Knowledge to Action Loop (<http://ktclearinghouse.ca/home>). The 4 arms are Knowledge Distillation, Determinants of Knowledge Use, Selecting, Tailoring, and Evaluating Effectiveness, and Efficiency of KT Interventions.

