

BOOK REVIEW / CRITIQUE DE LIVRE

Knowledge Translation in Health Care: Moving from Evidence to Practice. 2nd ed. Edited by Straus, Sharon E., Tetroe, Jacqueline, and Graham, Ian D. Chichester, UK: Wiley, 2013. Softcover: 424 p. ISBN: 978-1-1184-1354-8. Price: \$76.95 CAN. Available from: <http://ca.wiley.com/WileyCDA/WileyTitle/productCd-1118413547.html>.

Knowledge translation is the process by which research and information is synthesized, disseminated, and applied in a given context, in this case the health care system, to improve its efficiency, health outcomes, patient care, and quality of life. Knowledge translation is important because of the documented knowledge-to-action gaps in healthcare and in health policy making processes in Canada, which indicate that decisions are regularly made both at the individual and system level that are not informed by best evidence.

In their book *Knowledge Translation in Health Care: Moving from Evidence to Practice*, Sharon E. Straus, Jacqueline Tetroe, Ian D. Graham, and their many contributors define knowledge translation (Section 1), explain knowledge creation in the context of health sciences (Section 2), and describe the translation process through the conceptual framework of the Knowledge to Action cycle and its phases: identifying knowledge to action gaps, adapting knowledge to the local context, identifying barriers and facilitators, selecting knowledge translation interventions, monitoring knowledge use, evaluating outcomes, and sustaining knowledge use (Section 3). The authors also discuss other Knowledge to Action theories (Section 4), evaluation models (Section 5), and finally ethics in the context of knowledge translation (Section 6).

Meant as an introductory text for policy makers, researchers, clinicians, and trainees, this book does not use overly technical language and would be easily understood by these intended readers, despite their varied backgrounds. Although it would still be a useful text in other health systems, it is especially well suited to Canadian readers because of the predominance of Canadian contributors and the number of Canadian-focused examples and case studies described.

These examples and case studies are one of the strongest aspects of the book, especially those provided in Chapter 3.7a. This chapter is entirely dedicated to representing the Knowledge to Action Cycle through a detailed step-by-step description of a knowledge translation program that was aimed at community care venous leg ulcer treatment in Ontario. In addition to being highly relevant, this case study and the other examples provided in each chapter make the content more accessible and clearly demonstrate how knowledge translation theory, frameworks, and approaches can become practice in a health care setting.

In addition to the many examples provided, the transparency with which the contributors discuss the evidence used to support the theories and premises outlined in the book is also a great strength of this text. Authors do not hesitate to caution the reader about the

volume or quality of evidence in a given area of knowledge translation practice or implementation. This is helpful in terms of providing a better understanding of the current gaps in knowledge translation research, and it is incredibly important given the underlying principles of this work.

The majority of the book dedicates a chapter or subsection to various phases of the Knowledge to Action cycle; as such, the text flows easily from one topic to another and thus reads well from cover to cover. Unfortunately, despite this flow the somewhat convoluted chapter numbering system may prove a bit overwhelming to first-time readers wanting to flip only to chapters of interest. For example, Section 3 is made up of 3 subsections and 18 chapters, some of which are even further subdivided. On a smaller scale, additions as simple as providing the chapter number (e.g., Chapter 2.2) in the header of each page along with the chapter title (which is currently all that is featured) would greatly facilitate flipping back and forth within the book. This would be especially helpful given that the reader is directed to other chapters in the text by number (e.g., “See Chapter 2.2”).

Additionally, while some chapters use example boxes and figures effectively, many could have been better implemented to organize content within the chapters and facilitate browsing of the text. Chapter 4.1, for example, features a box that takes up nearly five pages and is essentially an annotated reference list. This could easily have been condensed into a table that would allow the reader to quickly browse the information of interest and relegate the full publication information to the end of the chapter with the other references.

Knowledge Translation in Health Care: Moving from Evidence to Practice is a very informative and useful resource, especially as an introduction to knowledge translation. Although improvements could be made in terms of navigation and presentation, overall it reads very well and provides useful and practical examples for each stage of the knowledge translation process, and it supplies the reader with a wealth of tools and resources to further develop their knowledge. This text would make a valuable addition to an academic or hospital library as well as to the reading shelf of a research team or department. I would recommend this book especially to research teams in the planning stages of their projects or in the preparation of funding applications and to librarians that either support such teams or are part of them. *Knowledge Translation in Health Care* provides thoughtful coverage of the evidence, stages, and challenges of the knowledge translation process, which would be of particular value to this last group.

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