Knowledge Translation Activities in Occupational Therapy Organizations: The Canadian Landscape

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Abstract

Despite acknowledging the importance of knowledge translation (KT), the occupational therapy profession has demonstrated only emerging KT activity. Organizations are seen as playing an important role in supporting KT. To date, there have been no known attempts to explore KT activities conducted by occupational therapy organizations in Canada. The purpose of this study was to identify and describe KT activities occurring in Canadian occupational therapy organizations. An environmental scan was used to identify KT activities. The websites of occupational therapy national and provincial associations and/or regulatory bodies and the educational programs were searched. A Knowledge Mobilization Matrix (KMM) website was applied to each organizational website. The total KMM scores were highest for universities and lowest for regulatory organizations. The type and nature of the KT activities varied according to the type of organization. Canadian occupational therapy leadership organizations play an important role in supporting KT.

Keywords

knowledge translation, implementation science, organizations

Cover Page Footnote

Credentials Display

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DOI: 10.15453/2168-6408.1189

Background

Knowledge translation (KT) is foundational to occupational therapy practice (Law, Missiuna, & Pollock, 2008). From exchanging information with clients, to receiving practice knowledge from colleagues and professional associations, KT shapes the practice of occupational therapy. KT is a broad concept that considers both the creation of knowledge and its application in practice; it has been defined as "a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically-sound application of knowledge to improve health . . . provide more effective health services and products and strengthen the health care system" (Canadian Institute of Health Research [CIHR], 2014, para. 1). While evidence-based practice focuses on how occupational therapists can use knowledge in practice, KT offers a way to consider how knowledge is both generated and put into practice (Cramm, White, & Krupa, 2013). For best occupational therapy practice, knowledge must be incorporated into practice in a timely manner and with consideration of the client context (Metzler & Metz, 2010a).

Despite the occupational therapy profession's acknowledgment of the importance of information exchange, KT activity in practice, policy, and research environments is only just emerging (Cramm et al., 2013). In the three literature reviews that have been conducted on KT in rehabilitation, occupational therapy studies comprise less than 20% of those reviewed, and no systematic reviews have exclusively focused on KT in occupational therapy (Menon, Korner-Bitensky, Kastner, McKibbon, & Straus, 2009; Scott et al.,

2012; Sudsawad, 2007). A handful of articles have described the barriers and supports to KT or explored the more conceptual and theoretical aspects of KT in occupational therapy (Colquhoun, Letts, Law, MacDermid, & Missiuna, 2010; Craik & Rappolt, 2006; Kinsella & Whiteford, 2009; Metzler & Metz, 2010a; Metzler & Metz, 2010b), but the KT evidence base for occupational therapy remains weak and underdeveloped. To date, no KT guidelines or statements have been put forth by the occupational therapy profession in Canada or internationally, and recent publications have urged the profession to engage more fully in the science and practice of KT (Cramm et al., 2013; Kinsella & Whiteford, 2009).

Occupational Therapy Educators

It has been broadly acknowledged that KT strategies require an intermediary to facilitate the translation of research in an appropriate format to a target audience. However, KT research has largely focused on the individual knowledge user with less attention on organizational level interventions (Contandriopoulos, Lemire, Denis, & Tremblay, 2010; Cooper, 2012; Flodgren et al., 2011; Foxcroft & Cole, 2009; Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Lane & Rogers, 2011). An influential meta-narrative review examined diffusion of innovations in service organizations in and outside of the health care professions (Greenhalgh et al., 2004). While the focus of the almost 500 studies was primarily on individual level interventions, Greenhalgh and colleagues (2004) focused their recommendations and areas for further research principally on systems issues and the need

to build capacity in organizations to adopt innovations.

More recently, Lane and Rogers (2011) used a multiple case study approach to examine the role of national health organizations in KT. Organizations were chosen for their representation of key stakeholder groups, which spanned industry, clinicians, consumers, researchers, and public policy. In-depth interviews were conducted with members from each organization. The results highlight that organizations engage in a range of KT activities, including communicating research-based knowledge, setting research priorities, and creating mechanisms for members to share knowledge. KT activities depend on multiple factors, but are largely related to the knowledge users and the organizations' vision and mission. Fundamentally, the study highlights the important role health organizations play in bridging the research-practitioner gap and tailoring knowledge to their stakeholders (Lane & Rogers, 2011).

In Canada, various occupational therapy educational and leadership organizations, for example, national and provincial associations and university programs, are well situated to support the practice of KT and the development of evidence related to KT. In order to understand how these organizations may best develop occupational therapy's KT capacity, it is first important to understand the extent and nature of the KT activities in which they are engaging. To date, there have been no known attempts to systematically explore KT activities conducted by occupational therapy organizations in Canada or internationally.

The purpose of this research was to (a) identify and describe KT activities occurring in Canadian occupational therapy leadership organizations and (b) compare the nature of KT activities by organizational type. Mapping KT activities has multiple benefits. First, it provides the first step in identifying the current occupational therapy KT landscape in Canada. Second, it offers a baseline in which to monitor changes and developments in KT activities. Third, it helps to distinguish the unique KT roles of the different types of educational and leadership organizations in order to develop a pan-Canadian KT strategy. Finally, mapping KT activities creates an opportunity to compare Canadian KT activities across global contexts.

Methods

Study Design

We conducted an environmental scan to identify KT activities in the profession's educational and leadership organizations. Environmental scans are useful because they create knowledge about "current social, economic, technological, and political contexts, and identify any potential short- and long-term shifts" (Graham, Evitts, & Thomas-MacLean, 2010, p. 1022). Environmental scans help to identify trends, events, or relationships in the external environment of an organization and assist in future planning (Choo, 2001). Environmental scans can involve both viewing information as well as searching for information (Choo, 2001). For this study, an Internet search was used to scan the publicly available information on the websites of all Canadian occupational therapy educational and

leadership organizations. Using the Knowledge Mobilization Matrix (KMM) (Cooper, 2012), the scan involved identifying and quantifying the KT activities located on the websites of the organizations to provide both a metric of KT activities and a descriptive understanding of their KT activities.

Websites were chosen as the study's data source as they provide an external representation of KT activities being conducted by each of the organizations, and websites are the primary point of contact and information for the public. Educational organizations included all Canadian university occupational therapy professional educational programs. Leadership organizations included the national, provincial, and territorial professional associations, and the provincial and territorial regulatory organizations. While the educational and leadership organizations have different mandates, each was viewed as playing a pivotal role in developing, supporting, and monitoring the profession and serving as leaders in setting the national professional and research agendas of the profession. In addition, each organization has formal communication structures and a web presence to enable the identification of KT activities.

Data Collection

The KMM was developed to identify and quantify knowledge mobilization activities in intermediary organizations' websites (Cooper, 2012). It should be noted that the term knowledge mobilization used in the KMM is interchangeable with the term knowledge translation.

The KMM includes four domains of KT strategies—products, events, networks, and other strategies—that are measured across five indicators (types, ease of use, accessibility, audience focus, and extra indicators) (Cooper, 2012). KT products include a range of artifacts from research summaries and conceptual papers to literature reviews and fact sheets. Events involve bringing individuals together in a formal manner, such as in panels and at symposiums, meetings, and conferences. The focus of these events must be related to KT. Networks involve a group of individuals whose aim is sharing information. Networks may be both internal and external to the organization, but the goals of the network must relate to KT (Cooper, 2012).

The KMM uses organizational websites as a data source and proxy to explore KT activities in the real world, not specifically to evaluate the elements of the websites (Cooper, 2012). The KMM provides a standardized approach to the identification and quantification of KT activities across the occupational therapy organizations and allows for intra- and inter-organizational comparisons. Intra-organizational comparisons would highlight a ranked system in each organization, and, therefore, are incongruent with the goals of this research. For the purposes of this study, only inter-organizational comparisons were made because the goal was to obtain a more in-depth understanding of the nature of KT activities across the organizational types. The KMM provides both a total score of 72 points and strategy and indicator sub-scores for each of the KT activities. The total score is a summation of the sub-scores and is an indication of each

organization's engagement in KT activities. Because the data extraction tool is a matrix, the total score can be calculated as a sum of either the indicator sub-scores or the strategy sub-scores.

The KMM has demonstrated inter-rater reliability (ICC = 0.799) (Cooper, 2012). The KMM has been applied to educational organizations, and this is the first study to use the matrix for health care organizations. Prior to starting data collection, two authors (CD, AM) independently applied the matrix to three selected organizations that represented each different type of organization included in the study (education, professional association, and regulatory body). This provided an opportunity to clarify any questions regarding the KMM and ensure consistency in its application. Scores for each of the three organizations were discussed until consensus was reached. In order to ensure consistency, one author (AM) was responsible for the remainder of the primary data collection; however, the KMM matrix for each organization was discussed with the primary author (CD) to clarify any questions and ensure consistency of application across organizations. For organizations that communicated using the French language, a third author (MEL), for whom French is her native language, reviewed and discussed each of the KMM matrices with the primary data extractor (AM).

Data extraction from the websites provided further information on the nature of the KT activities in which each organization was engaged. Because a wide range of terms may be used to refer to KT activities, the KT terms established by McKibbon, Lokker, and Mathew were used to guide

the extraction (2014). At the time of data extraction in 2013, the list of KT terms included 71 core terms (McKibbon et al., 2014). These terms were used to identify KT-related activities and information, and any written artifact that included these terms was extracted from the organization's website. One author (AM) was responsible for all data extraction to ensure consistency. Similar to the KMM, French language websites were reviewed by one author (MEL). Data were entered into a data extraction template designed using Microsoft Word 2013.

Data Analysis

The authors calculated the total KMM scores by tallying the total number of indicators across the KT activities (Cooper, 2012). Descriptive statistics, including the mean, median, mode, and range were calculated for the four domains of KT activities for each of the organizations. In order to provide an overall picture of the activity, the education and leadership organizations were grouped by type. Some of the provinces had combined professional associations and regulatory bodies, and in these cases the organizations were included in the category of professional associations. Associations included those with both a provincial and national focus. Total average scores for each type of organization were calculated and descriptive statistics provide inter-organizational comparisons.

<div align="center">

Results

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Overall, universities had a higher KMM score when compared to professional associations and regulatory organizations (see Table 1).

Universities

KMM scores indicated that universities engage in KT events to a greater extent than regulatory organizations, and that these events are similar to those of professional organizations (see Table 1). University occupational therapy programs create, synthesize, and disseminate research for use in academic, clinical, and community settings through conference proceedings as well as peer-reviewed and professional publications. Programs also engage in significant educational strategies to prepare entry-level students not only as practitioners, but also as post-professional research students and front-line practitioners who interact with client groups and families. Tools and technologies, such as webinars, distance-based graduate courses, and certificates, have been developed to enhance the accessibility of knowledge use and exchange opportunities.

Evidence of integrated KT activity is also evident in the programs' active collaborations and partnerships between academic researchers and frontline practitioners locally, provincially, nationally, and internationally. In addition to research on barriers to and facilitators of KT and the effectiveness of KT interventions, a few programs report explicit attention on developing KT capacity in their core faculty and clinicians through initiatives such as KT workshops, support for KT projects, mentoring, and knowledge brokering available through consultation.

Associations

KMM scores indicated that professional associations place more emphasis on event-oriented KT initiatives than regulatory organizations, and

that their initiatives are similar to those of universities (see Table 1). Overall, professional organizations have a similar profile of KT activities as universities (see Table 1). National and provincial associations play a key role in supporting and promoting occupational therapy practice through knowledge transfer and dissemination to a variety of target audiences. Associations serve their members by disseminating practice knowledge and serve the public by promoting and developing its understanding about the nature, scope, and accessibility of occupational therapy services. They also perform a liaison and advocacy function with government, policy makers, regulators, educators, other associations, and organizations such as condition-specific foundations. Using a range of active and passive strategies, they also employ KT strategies to support practitioner engagement to integrate research evidence into practice. These strategies include formal and informal professional networking sessions and continuing education, such as regional conferences, online forums, workshops, social media, links to relevant external websites, and communities of practice. Some associations have created awards to help fund occupational therapy research, as well as mechanisms to disseminate knowledge gained through that research to practitioners and the public.

Regulatory Organizations

Results of the KMM indicated that regulatory organizations focus their KT activities in the products category (see Table 1). Regulatory organizations oversee the practice of occupational therapy in the public interest and ensure its members are licensed and meet professional

requirements to maintain their certification. In terms of KT activity, regulatory organizations prioritize the translation of research evidence into practice. To enhance the likelihood that occupational therapists integrate current knowledge about client needs and practice environments into their practice, the majority of the regulatory organizations have established, or are in the process of establishing, a continuing clinical competence program that formalizes an ongoing engagement to maintain and/or improve knowledge and skills and their application to practice. As part of these programs, a variety of mandatory tools and resources have been developed.

Table 1

Knowledge Mobilization Matrix By KT Activity

	Range		Mean	Median	Mode
	Minimum	Maximum			
UNIVERSITIES (n = 14)					
Total Score Average = 38.1					
INDICATORS					
Types (0-20)	3.0	20.0	12.3	12.5	9.0; 19.0
Ease of Use (0-14)	2.0	12.0	8.4	9.0	6.0
Accessibility (0-16)	3.0	10.0	7.6	8.5	9.0
Audience Focus (0-10)	2.0	9.0	5.2	5.5	6.0
Other indicators (0-12)	0.0	12.0	4.6	2.0	2.0
STRATEGIES					
Products (0-12)	1.0	12.0	6.5	7.0	1.0; 7.0; 9.0
Events (0-20)	4.0	18.0	13.7	16.0	18.0
Networks (0-20)	0.0	14.0	7.7	8.0	0.0; 8.0; 14.0
Other strategies (0-20)	4.0	18.0	10.2	9.0	5.0; 9.0; 18.0
ASSOCIATIONS (n=13)					
Total Score Average = 33.7					
INDICATORS					
Types (0-20)	0.0	20.0	12.8	15.0	13.0; 15.0; 17.0; 20.0
Ease of Use (0-14)	2.0	12.0	6.2	6.0	6.0
Accessibility (0-16)	4.0	9.0	7.0	7.0	7.0
Audience Focus (0-10)	0.0	8.0	4.6	5.0	2.0; 5.0
Other indicators (0-12)	0.0	8.0	3.2	4.0	4.0
STRATEGIES					
Products (0-12)	0.0	10.0	6.0	7.0	3.0; 7.0; 9.0; 10.0
Events (0-20)	0.0	16.0	11.5	12.0	16.0
Networks (0-20)	0.0	12.0	7.7	8.0	8.0; 10.0; 12.0
Other strategies (0-20)	3.0	14.0	8.2	8.0	6.0; 7.0; 8.0; 9.0; 14.0
REGULATORY ORGANIZATIONS (n = 7)					
Total Score Average = 25.7					
INDICATORS					
Types (0-20)	5.0	13.0	8.9	8.0	5.0; 12.0
Ease of Use (0-14)	1.0	10.0	4.4	3.0	3.0; 6.0
Accessibility (0-16)	4.0	10.0	6.1	6.0	5.0; 6.0
Audience Focus (0-10)	0.0	6.0	3.4	4.0	4.0
Other indicators (0-12)	0.0	10.0	2.9	2.0	2.0
STRATEGIES					
Products (0-12)	3.0	10.0	8.1	9.0	10.0
Events (0-20)	0.0	14.0	3.4	0.0	0.0
Networks (0-20)	0.0	10.0	6.9	8.0	6.0; 8.0; 10.0
Other strategies (0-20)	3.0	15.0	7.3	7.0	7.0

Discussion

This is the first study to explore the role of occupational therapy organizations in KT. The results provide an important first look at the nature of the KT activities in which occupational therapy organizations in Canada are engaged. They also set the stage for the profession to consider how occupational therapy practice can more effectively and strategically leverage the organizations' support. The environmental scan highlights the different KT profiles across three different types of occupational therapy organizations, with total scores on the KMM highest for universities (45.4) and the lowest for regulatory organizations (25.7). Each organization has distinct mandates and the KMM highlights that the focus of the organization naturally influences the KT activities. This is similar to the findings of Lane and Rogers (2011), who found that KT activities varied across organizations and depended on both the knowledge users and the organizational mission. Lane and Rogers (2011) included organizations with diverse knowledge users while the knowledge users across the three occupational therapy organizations were primarily occupational therapists. Therefore, the type and nature of KT activities in which organizations engage may be more related to the organization's mission and vision than to the stakeholder groups themselves. This may offer an explanation for why universities score the highest and why the regulatory organizations score the lowest when using the KMM. Universities are institutions whose core values are centered on promoting education to fuel research and ultimately drive change, whereas occupational therapy regulatory organizations are designed to outline standards of practice in an effort to protect the public. This gap at the level of the organization's mandate influences the level of KT activities in which they engage. Further research needs to be conducted to understand how and why organizations choose to engage in KT activities.

The study demonstrates that occupational therapy organizations are clearly involved in KT activities and that the KMM can offer a framework for organizations to plan consciously how they engage in KT. The findings also suggest the possibility that each type of occupational therapy organization has untapped potential as intermediaries for KT. For example, universities are important venues for translating knowledge to entry-level occupational therapists, and they may consider creating activities to reach professionals already working in clinical practice. Regulatory organizations are in an ideal position to extend their reach regarding KT activities, given that all occupational therapists are required to maintain active membership. Competency programs could provide opportunities to develop networks and communities of practice. Each type of organization demonstrated low levels of network activities. While these numbers were comparable to what was found in educational organizations (Cooper, 2012), the literature shows that one of the primary ways in which clinicians obtain knowledge is through colleagues (Beaulieu et al., 2008), and enhancements in networking opportunities and structure to support exchange could allow for an enhanced level of KT and evidence-based practice.

While the study was focused on organizations, the results provide important insights for knowledge creators, including researchers. Traditional end-of-grant KT activities focus on passive dissemination in the forms of conference presentations and scholarly research papers (CIHR, 2014). The literature has shown that occupational therapists respond best to multifactorial KT strategies (Menon et al., 2009; Scott et al., 2012) and that knowledge creators should consider how they can use occupational therapy organizations to enhance the uptake of their knowledge into practice.

Given the relatively small size of the profession, it may be prudent for countries to develop a national KT strategy that brings together the leadership organizations in an effort to build a comprehensive set of KT activities. These activities would build on the organizations' strengths and offer an opportunity to foster and further develop existing networks while forging new networks among organizations. KT strategies could potentially be shared among countries to develop a coordinated global effort. While it is understood that KT is highly contextual, there could be great benefit in developing an international KT agenda.

Lane and Rogers (2011) suggest that organizations are generally perceived as credible sources of information, share the values of the groups they represent, and have access to a large number of audience members, thus creating a foundation for individuals being receptive to knowledge. This study lends support for this assertion and provides early evidence that occupational therapy professional associations, regulatory agencies, and universities are well positioned as intermediary organizations to communicate knowledge to a variety of stakeholder groups and develop KT capacity. However, limited research exists on the extent to which occupational therapy organizations engage their membership in these KT activities and the impact of these activities on practice. The present study is a first step in addressing this gap and establishing the foundation for further KT research. While KT interventions have traditionally focused on changing individual behaviors, this study shifts attention to the role of educational, professional, and regulatory organizations in enabling KT.

This is the first study to apply the KMM to a health context. The KMM offers a novel and standardized approach to the identification and quantification of KT activities across Canadian occupational therapy leadership organizations. Further reliability and validity research on the KMM in a health care context would be beneficial.

This study also highlights gaps in the current methods used to translate knowledge in the profession and lays the foundation for important future research. Little attention has been paid to exploring the extent to which the knowledge that organizations are translating are evidence-based and the process through which organizations identify and prioritize knowledge that is important to translate. This is an area that requires further exploration and could be the first step in the development of a national KT strategy. It is also unclear if organizations track the impact of their KT activities. Evaluation is considered an important component of the KT process (CIHR, 2014) and it

would be important to examine which KT activities have the greatest impact on practice.

Key study limitations must be identified. First, the data collected provided a cross-sectional indication of KT activity, which is also subject to organizations maintaining and updating their websites. It is also recognized that KT activities may be occurring but are labeled or described differently.

Conclusion

This research sheds light on the current state of KT activities across multiple provincial and national organizational leaders in the profession of occupational therapy in Canada. It highlights areas of strength as well as areas of further development and research with respect to KT as a means to bridge the evidence-to-practice gap. Continuous monitoring of the impact of KT activities on target audiences is important given the limited resources available to engage in this field of work.

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