usability and change in practice behavior when using information and communication technology [ICT] to disseminate clinical practice guidelines." Technology included in the research they reviewed encompassed websites, computer software, web-based workshops, computerized decision-support systems, electronic educational games, and email. The study concludes that “it remains unclear whether one ICT is more effective than another.” Interestingly, De Angelis et al. found no trends regarding the efficacy of older ICTs, such as email or websites, versus newer, emerging ICT interventions, like web-based workshops, etc.

LaRocca et al. performed a systematic review, published in 2012, that was designed to evaluate the effectiveness of KT strategies in public health settings. They found that passive strategies, such as collections of evidence or printed materials, were not as effective as active strategies. They also report that internet-based strategies and traditional methods of instruction have comparable beneficial effects. Strategies such as “tutorials, longer-duration courses, and online peer discussion” result in statistically significant improvements in KT, perhaps because of the increased level of interaction. LaRocca et al. conclude that “no singular KT strategy was shown to be effective in all contexts.”

Yost et al.’s research review relates to the effectiveness of KT translation among nurses. They report that “active interventions such as alerts, educational outreach, opinion leaders, audit and feedback, and point-of-care computer reminders” result in “small to moderate improvements in EIDM [evidence-informed decision-making] behaviours...” However, they state that “no definitive conclusions could be made about the relative effectiveness of the KT interventions...”

After reviewing KT strategies in the allied health professions, Scott et al. are unable to recommend one KT strategy over another based on the evidence. Their findings “reveal an over-reliance on educational strategies,” and the most common KT strategy is “educational meetings.” They point out that while education strategies are “intended to increase knowledge and skills with the expectation that new information will facilitate behaviour change,” education on its own does not result in changes in practice.

Putting Knowledge to Use
According to Harrison et al., “uptake of knowledge…usually requires a substantive, proactive effort to encourage use at the point of decision making.” LaRocca identifies accessibility and tailoring KT efforts to the needs of decision makers as important factors contributing to changes in clinical knowledge and practice. Scott et al.

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