An introduction to the Knowledge Translation special issue of the Canadian Respiratory Journal

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The supplement progresses from general concepts to specific studies. It begins with an introduction to the Canadian Thoracic Society's (CTS) new Framework for KT activities, which will now complement all CTS guidelines. Next, Boulet et al (pages 265-269) present a narrative review discussing some of the key care gaps in common respiratory disorders (asthma, chronic obstructive pulmonary disease [COPD]), and obstructive sleep apnea), where KT is sorely required. Hoens et al (pages 271-274) then demonstrate the role and potential of knowledge brokers in the KT process, and Boulet et al (pages 275-280) follow with important lessons learned when an ambitious national study of asthma and COPD guideline implementation in primary care was terminated due to failed recruitment. Camp et al (pages 281-284) then present the rationale and methods for a novel KT study aiming to implement evidence-based exercise for patients hospitalized with acute exacerbation of COPD, and J Lamontagne et al (pages 285-293) report the results of a qualitative study that identified solutions to encourage physicians to prescribe appropriate asthma management regimens. Douglas et al (pages 295-300) follow with a systematic application of the KTA process in the implementation of an asthma education program for First Nations children. Finally, Liscak et al (pages 301-306) present outcomes from a pilot study of a novel smartphone application for patients with asthma, aiming to implement guideline-recommended collaborative self-management.

We are certain that you will agree these examples provide an exciting snapshot of what we believe is a growing interest in KT related to respiratory care in Canada. As a respiratory community, we should no longer be comfortable with the status quo — knowledge dissemination limited to poster presentations and published articles. The articles in the current supplement highlight the type of work that must be performed to enable change in practice for our patients to benefit from new knowledge. As KT capacity builds and successes multiply, the future can only be brighter for all Canadians suffering from respiratory illness.

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REFERENCES