

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Characteristics of knowledge translation platforms and methods for evaluating them: a scoping review protocol
AUTHORS	Schmidt, B; Cooper, Sara; Young, Taryn; Jessani, Nasreen S.

VERSION 1 – REVIEW

REVIEWER	Holzmann-Littig, C. TUM Medical Education Center
REVIEW RETURNED	10-Feb-2022

GENERAL COMMENTS	<p>The authors present a study protocol to characterize the different types of knowledge translation platforms on the one hand and to identify methods for mapping and evaluating such KTP's on the other hand, by means of a scoping review .</p> <p>There are a large number of such platforms worldwide, certainly this number has increased further during the COVID-19 pandemic. Therefore, the research question seems very reasonable, although publications on this may not be easy as there are not very large numbers of researchers working on these topics. However, this does not change the relevance of the topic.</p> <p>I have a few comments for the authors that I would recommend addressing.</p> <p>Title: it is not clear that the term: "characteristics" refers to KTP. Perhaps the title can still be rearranged? E.g., Knowledge translation platforms: characteristics and methods for...</p> <p>The description of KTP's "...are intermediary organizations, initiatives or networks..." should be supported with a reference. The authors have already included reference in the following sentences that may be appropriate. Jardali et al came to a similar defined KTP's in their manuscript 2020 partly similarly, this manuscript could also be referenced or the references in that manuscript might be cited.</p> <p>It is not entirely clear what the time frame for the study is. When should the study start, when should it end?</p> <p>On page 8, the authors state that they will look for factors and characteristics that can facilitate or impede the success of KTP's. However, it is not clear how the outcome, or the endpoint "success" is defined - this will make an analysis focused on this difficult.</p> <p>If additional statistical analysis is planned, it should be described</p>
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	<p>here.</p> <p>On page 9 different settings of KTPs are described. A reference would also be recommended here.</p> <p>It could also be discussed whether pure online platforms are also regarded as KTPs by the authors.</p> <p>Page 10: Study selection: Although it is described that BMS includes manuscripts, the criteria for inclusion are not clearly recognizable. These should be named here.</p> <p>Covidence or Rayyan seem appropriate for the project. A PRISMA diagram also seems well suited.</p> <p>I am sure that these points should be relatively easy to address and wish the authors success in their study.</p>
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REVIEWER	Dean, Elizabeth University of British Columbia, Physical Therapy
REVIEW RETURNED	10-Mar-2022

GENERAL COMMENTS	<p>Review of Ms. Titled 'Characteristics and methods for mapping and evaluating knowledge translation platforms: a scoping review protocol' (bmjopen-2022-061185)</p> <p>Overview The investigators argue that 'Knowledge translation platforms (KTPs) are intermediary organisations, initiatives or networks whose intent is to bridge the evidence into action divide. Strategies and tools include collaborative knowledge production, capacity building, information exchange and dialogue to facilitate relevant and timely engagement between researchers and decision-makers and other relevant stakeholders. The investigators reason that 'With the wide range of definitions and descriptions of KTPs, there is a need to (a) provide a nuanced understanding of characteristics of KTPs and (b) assess and consolidate research methods used in mapping and evaluating KTPs to inform standardised process and impact evaluation.' To this end, they propose conducting a scoping review based on established methods. Based on the findings of the review, the investigators state that 'The analysis and synthesis will provide: (a) an understanding of the various characteristics of KTPs; b) insight into characteristics or factors that make them resilient and/or adaptive to facilitate impact (i.e. influence policy and practice); and (c) an overview of the different methods for mapping and evaluating KTPs.'</p> <p>Overall, I believe this scoping review has much to contribute, given often the glaring and inexcusable gap between what we know – often well established 'knowledge', and its translation into practice. In my view, the evaluation piece is singularly important which may help elucidate the lag time between generation of highly valid evidence and translation into practice.</p> <p>Discussion The investigators state that they '... will explore enhancing an existing framework for classifying KTPs, or perhaps even developing a new framework for identifying and monitoring KTPs if necessary and relevant. This would be a helpful first step in evaluating KTPs.' It could be that a range of KTPs is warranted depending of various</p>
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factors within the patient-practitioner context vs. other stakeholders (e.g., legislators and policy makers). My expertise and field are related to the role of a healthy environment including quality food and elimination of tasty highly processed edible products as well as lifestyle behavior change at the patient and community levels, thus requires consideration of KT multi-sectorially. If the findings of this review are to speak to me and other colleagues in the area, then greater emphasis on the stakeholders involved would be a significant shift. The fundamental principles governing effective KT across sectors, should be universal. I mention this given for example, we have known, since the early post world war 2 years and with globalization, that food quality and consumption patterns have changed substantially, leading to a pathogenic environment in this respect and the pandemic of non-communicable diseases worldwide. We know the problem but have been unable/reluctant to deal with it effectively based on decades of evidence. This level of KT is a global health priority, even though KTPs that emerge from the literature are likely to reflect biomedical procedures. I recommend either that this focus be better emphasized, or the review be circumscribed to biomedical tests, procedures, drugs, and surgery. Having said that, a primary focus on the latter would undermine the power, usefulness and overall contribution of the review.

The findings of the review have potential implications for entry-level health professional education (not only medicine) and professional education and development, as well as for publications targeted at health professionals. This point could be emphasized.

I would recommend the following title to alert readers to the importance of such a scoping review:

'Characteristics and methods for mapping and evaluating knowledge translation platforms: a scoping review protocol with a view to maximise health care outcomes'

While 'maximising health care outcomes' appears largely understood as the ultimate aim of the review, it is worth bringing this to the forefront here and throughout. For example, page 3 line 25 falls short in that the rationale for the review stops at '..evaluating KTP to inform standardized process and impact evaluation.' While these rationale points including this last one, are valid, it seems to me that the ultimate goal is 'maximising health outcomes'.

Although beyond the scope of the review, any information that arises in the literature search about barriers and pushback, and explanations for lag times in KT would be elucidating. We know some factors reported by health professionals, most of which are not very valid, include issues with remuneration, conforming to doing things the same old way, and time and resource issues. There is an ethical issue here as well, that bioethicists have been reluctant to broach.

The proposed methodology for the scoping review is established and described clearly. Although the title does not state 'health care' specifically, I appreciate that this is understood given submission to BMJ Open. However, I recommend adding this for clarity as mentioned. Further, although the electronic databases are related to the health and health care fields, it would be worth explicitly stating the inclusion criteria to exclude peripheral articles related to

	<p>engineering, architecture, social sciences, etc. and health, which are likely to be retrieved.</p> <p>Editorial</p> <p>Page 3 Line 13. I suggest the following edit for clearer reading 'evidence-into-action divide'</p> <p>Page 4 Line 3. Replace 'of the different methods' with 'of various methods'</p> <p>Page 5 Lines 13 and 20. Delete 'different' and search elsewhere if 'different' is needed.</p> <p>Page 7 Line 35. Replace 'different' with 'various'</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewers comments	Responses
Reviewer 1: Dr. C. Holzmann-Littig, TUM Medical Education Center	
Title: it is not clear that the term: "characteristics" refers to KTP. Perhaps the title can still be rearranged? E.g., Knowledge translation platforms: characteristics and methods for...	Thank you to both reviewers for stating how the title can be revised. We have revised the title to "Characteristics of knowledge translation platforms and methods for evaluating them: a scoping review protocol"
The description of KTP's "...are intermediary organizations, initiatives or networks..." should be supported with a reference. The authors have already included reference in the following sentences that may be appropriate. Jardali et al came to a similar defined KTP's in their manuscript 2020 partly similarly, this manuscript could also be referenced or the references in that manuscript might be cited.	We have cited Bennett 2011 and Johnson 2010.
It is not entirely clear what the time frame for the study is. When should the study start, when should it end?	Thank you for this comment. We will conduct the scoping review by February 2023. We have added this to the "Identifying relevant studies" section on page 10.
On page 8, the authors state that they will look for factors and characteristics that can facilitate or impede the success of KTP's. However, it is not clear how the outcome, or the endpoint "success" is defined - this will make an analysis focused on this difficult.	This is an important question that we have now addressed in our paper. Success will be based on what the KTPs themselves aim to achieve through their activities and engagements. These will not be imposed by the study team. For KTPs that have been evaluated, we will peruse the evaluations to determine what emerged as factors or characteristics that contributed to the success/challenges. For those that have not been evaluated, we will explore the content of the discussions in the papers emerging from the scoping study to reflect on what the authors deem important for success. We have explained this as part of the eligibility criteria on page 12.
If additional statistical analysis is planned, it should be described here.	We are unable to identify appropriate qualitative and/or quantitative data analysis methods at this stage, as this will depend on the types of studies identified. Given that this is a scoping review, we will likely apply descriptive statistical and thematic analyses methods.
On page 9 different settings of KTPs are	We have cited Partridge (2020) and El-

described. A reference would also be recommended here.	Jardali (2020) who describe different settings of KTPs.
It could also be discussed whether pure online platforms are also regarded as KTPs by the authors.	We are not sure of what the author means here. If platforms that are purely online meet the definitions of a KTP then they will be included. The authors do not predetermine or pre-judge the inclusion or exclusion of what is considered a KTP. The literature and definitions of KTPs will guide what types of platforms are included.
Page 10: Study selection: Although it is described that BMS includes manuscripts, the criteria for inclusion are not clearly recognizable. These should be named here.	Thank you for this comment. We have added eligibility criteria on page 11 and 12.
Covidence or Rayyan seem appropriate for the project. A PRISMA diagram also seems well suited.	Thank you.
Reviewer 2	
Overall, I believe this scoping review has much to contribute, given often the glaring and inexcusable gap between what we know – often well established ‘knowledge’, and its translation into practice. In my view, the evaluation piece is singularly important which may help elucidate the lag time between generation of highly valid evidence and translation into practice.	Thank you.
Discussion: The investigators state that they ‘... will explore enhancing an existing framework for classifying KTPs, or perhaps even developing a new framework for identifying and monitoring KTPs if necessary and relevant. This would be a helpful first step in evaluating KTPs.’ It could be that a range of KTPs is warranted depending of various factors within the patient-practitioner context vs. other stakeholders (e.g., legislators and policy makers). My expertise and field are related to the role of a healthy environment including quality food and elimination of tasty highly processed edible products as well as lifestyle behavior change at the patient and community levels, thus requires consideration of KT multi-sectorially. If the findings of this review are to speak to me and other colleagues in the area, then greater emphasis on the stakeholders involved would be a significant shift. The fundamental principles governing effective KT across sectors, should be universal. I mention this given for example, we have known, since the early post world war 2 years and with globalization, that food quality and consumption patterns have changed substantially, leading to a pathogenic environment in this respect and the pandemic of non-communicable diseases worldwide. We know the problem but have been unable/reluctant to deal with it effectively based on decades of evidence. This level of KT is a global health priority, even though KTPs that emerge from the	<p>On page 6 we have described KTPs as being able to facilitate collaborative knowledge production, capacity building, information exchange and dialogue between researchers and different health decision-makers (e.g. patients, health practitioners, health care managers, policy-makers and funders). Additionally, as part of the rationale, we have stated that KTPs can support evidence-informed policy and practice decisions, especially in the context of many public health and health system interventions. As such, we are interested in KTPs that are concerned with health policy and practice in general, including factors within patient-practitioner contexts.</p> <p>We anticipate that perhaps KTPs lie on a continuum rather than binary classifications. We hope that our review will perhaps suggest what that could look like and how such an interpretation could inform current, as well as future KTPs.</p> <p>We also know that many KTPs exist in the public health sphere and therefore would not be comfortable limiting our scope to the biomedical field for some of the reasons mentioned by the reviewer.</p>

<p>literature are likely to reflect biomedical procedures. I recommend either that this focus be better emphasized, or the review be circumscribed to biomedical tests, procedures, drugs, and surgery. Having said that, a primary focus on the latter would undermine the power, usefulness and overall contribution of the review.</p>	
<p>The findings of the review have potential implications for entry-level health professional education (not only medicine) and professional education and development, as well as for publications targeted at health professionals. This point could be emphasized.</p>	
<p>I would recommend the following title to alert readers to the importance of such a scoping review: 'Characteristics and methods for mapping and evaluating knowledge translation platforms: a scoping review protocol with a view to maximise health care outcomes'</p>	<p>Thank you for this comment. We considered both reviewers' suggestions of the title. The title has been revised to "Characteristics of knowledge translation platforms and methods for evaluating them: a scoping review protocol".</p> <p>We hope that this paper will be of use within as well as outside of the health care sector and therefore have not limited it to health care outcomes. We also include learnings from outside of the health sector so have kept it intentionally broad.</p>
<p>While 'maximising health care outcomes' appears largely understood as the ultimate aim of the review, it is worth bringing this to the forefront here and throughout. For example, page 3 line 25 falls short in that the rationale for the review stops at '...evaluating KTP to inform standardized process and impact evaluation.' While these rationale points including this last one, are valid, it seems to me that the ultimate goal is 'maximising health outcomes'.</p>	<p>Thank you. Please see comment above. We also know that the political dimension of KT sometimes precludes direct influence of evidence to action. Maximising health outcomes may not therefore be the ultimate goal but creating environments that do, might. We also know that many KTPs work at the cusp of several sectors, not just health and so we have deliberately permitted exploration in this area.</p>
<p>Although beyond the scope of the review, any information that arises in the literature search about barriers and pushback, and explanations for lag times in KT would be elucidating. We know some factors reported by health professionals, most of which are not very valid, include issues with remuneration, conforming to doing things the same old way, and time and resource issues. There is an ethical issue here as well, that bioethicists have been reluctant to broach.</p>	<p>We also look forward to seeing what arises from the review but agree that this is beyond the scope of the scoping review.</p>
<p>The proposed methodology for the scoping review is established and described clearly. Although the title does not state 'health care' specifically, I appreciate that this is understood given submission to BMJ Open. However, I recommend adding this for clarity as mentioned. Further, although the electronic databases are related to the health and health care fields, it would be worth explicitly stating the inclusion criteria to exclude peripheral articles related to engineering, architecture,</p>	<p>Thank you for this comment. We have clarified that an eligibility form will be developed and listed the inclusion criteria on page 10 and 11.</p>

social sciences, etc. and health, which are likely to be retrieved.	
Editorial Page 3 Line 13. I suggest the following edit for clearer reading 'evidence-into-action divide' Page 4 Line 3. Replace 'of the different methods' with 'of various methods' Page 5 Lines 13 and 20. Delete 'different' and search elsewhere if 'different' is needed. Page 7 Line 35. Replace 'different' with 'various'	Thank you, we have made these suggested edits.

VERSION 2 – REVIEW

REVIEWER	Holzmann-Littig, C. TUM Medical Education Center
REVIEW RETURNED	11-May-2022

GENERAL COMMENTS	thank you for the revision of your manuscript. All my comments have been addressed. I would like to wish you great success with your project.
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REVIEWER	Dean, Elizabeth University of British Columbia, Physical Therapy
REVIEW RETURNED	09-May-2022

GENERAL COMMENTS	I have no further comment. This is an important study given it may ultimately help reduce the inexcusable lag time between the generation of solid evidence and health care practice. All the best as your team proceeds.
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VERSION 2 – AUTHOR RESPONSE

Reviewer 1	
Thank you for the revision of your manuscript. All my comments have been addressed. I would like to wish you great success with your project.	Thank you.
Reviewer 2	
I have no further comment. This is an important study given it may ultimately help reduce the inexcusable lag time between the generation of solid evidence and health care practice. All the best as your team proceeds.	Thank you.

VERSION 3 – REVIEW

REVIEWER	
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REVIEW RETURNED	
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GENERAL COMMENTS	
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REVIEWER	
REVIEW RETURNED	

GENERAL COMMENTS	
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VERSION 3 – AUTHOR RESPONSE

VERSION 4 – REVIEW

REVIEWER	
REVIEW RETURNED	

GENERAL COMMENTS	
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REVIEW RETURNED	

GENERAL COMMENTS	
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VERSION 4 – AUTHOR RESPONSE