



# Knowledge Translation & Social Accountability: Two Sides of the Same Coin?

Kendall Ho, MD, FRCPC

How does research evidence get incorporated into mainstream medical practices? If today we discover a new therapy for eradicating the common cold, with good randomized, control trials to prove it, how long will it take until patients routinely get treated with that therapy? How long before it becomes the accepted standard of practice? This transformation will take more than just physicians learning about this therapy in CME and, subsequently, changing their prescribing behaviour. Government policies in approving the therapy, hospital budgetary approval to stock the medication, and diffusion of this new knowledge to the practicing environment are other important factors to ensure systematic embracing of this new knowledge into practice. Regular monitoring of this therapy for its continuing efficacy and its safety profile, and the evolution of the disease entity are some key feedback mechanisms. This feedback

validates the original research, and stimulates additional questions for further investigations.

Knowledge translation (KT) is the term the Canadian Institutes of Health Research have chosen to capture the essence of this cycle, defining it as “the exchange, synthesis, and ethically-sound application of knowledge—within a complex system of interactions among researchers and users—to accelerate the capture of benefits of research through improved health, more effective services, and products, and [a] strengthened health-care system.”<sup>1</sup> Therefore, KT (the continuous, self-perpetuating cycle between research informing health practices and the feedback from practice back to research) is vital to the knowledge renewal and excellence of the evolution of the health system.<sup>2</sup>

In 1995, the World Health Organization (WHO) defined the social accountability of medical schools

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**Dr. Ho** is associate dean and director, division of continuing medical education, faculty of medicine, University of British Columbia, Vancouver, B.C.

as “the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health-care organizations, health professionals, and the public.”<sup>3</sup> So what does social accountability have to do with KT and continuing professional development (CPD)?

When seeing through the lens of the community in which we serve, KT is a vital and socially accountable pursuit. On one hand, new knowledge aimed at improving health outcome is being incorporated into routine practice through professional education and systems change. On the other hand, the effects of that new therapy, the response of the illnesses in the community, and the surveillance of these illnesses by practicing health professionals need to be transmitted back to researchers to continuously improve our therapeutic approaches. In this feedback loop, CPD (the prime directive of CME departments and other educational partners in health) is an integral component. CPD serves a two-way communication channel between researchers and practicing health professionals in the transmission of new knowledge, and the feedback of on-the-ground experiences of that new knowledge.

A major challenge to fully manifest the spirit and intent of the WHO definition of social accountability is how to incorporate the voice of the community in CPD development and implementation. How can medical schools take into account the concerns of the communities and governments (such as issues

### *Knowledge translation is a vital and socially accountable pursuit.*

related to the social determinants of health)<sup>4</sup> in the development of CPD activities? How do health professionals provide input into, and feedback on, the issues they observe through treating their patient population, and bring this feedback back for examination, debate, and professional learning? How can we attract and engage health professionals to these types of innovative educational events? How can we create an environment where both health professionals and health consumers can learn synergistically? These are some of the important issues upon which

CPD providers ought to contemplate, and work together with their communities to collectively implement.

Under the global leadership of the Association of Canadian Medical Colleges, medical schools across Canada are working together

on an initiative: “issues of quality and CPD: maintenance of competence.” One of the key directions of this three-year initiative, supported by Health Canada, is to look at models and best practices of innovative CPD to meet the needs of the society.

We welcome your thoughts and perspectives on this subject. Please direct your correspondence to [kho@cehs.ubc.ca](mailto:kho@cehs.ubc.ca), or fax 604-630-0827. [CME](#)

#### References

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