Developing a Consistent Rating Tool for Knowledge Uptake +Use:

The Knowledge Uptake and Utilization Tool (KUUT)

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Performance and Planning Exchange Symposium

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Overview

- Background on KUU and the KUUT

- 3 Phases to re-develop and build validity evidence

- Phases 1 & 2: Scoping review and evaluating the KUUT (Jasmin)

- Phases 2 & 3: Engage CoP and experts and build evidence/pilot test

- Interactive Activity – your feedback on the KUUT

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Knowledge Uptake and Utilization (KUU)

Term	Definition	Key priorities
knowledge uptake and utilization (KUU)	The process of implementing research-generated knowledge into practice and policies (Graham et al., 2006; Estabrooks et al., 2003)	• Using research findings, often in written form, to use and apply to health policies and programs (Kothari, Birch, & Charles, 2005)

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KUU in health research contexts

- KT goals, activities, and rationale increasingly requested by funders

- Yet, it is rare for funders and researchers/authors to publish how the KT efforts were taken up, utilized, and resulted in change

<div align="right">(Scott et al., 2012; Scott et al., 2014)</div>

- Very few evaluate the impact of KT products or initiatives

(LaRocca et al., 2012; Salter & Kothari, 2014; Bhattacharyya et al., 2011; Yamada et al., 2015)

- In literature reviews of KT practices and outcomes, no consistent or validated tools to evaluate the uptake of KT products were identified

(Clark, 2008; CREW, 2012; Gervais et al., 2015)

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Initial goal (2004)

- To find quantitative models or scales to be used to measure the reach and **uptake** of disseminated practices

WHY?

- Resource stewardship, effective dissemination and interaction between knowledge **producers** and knowledge **users**

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Development of the tool in 2004

- 1) **LIT SEARCH**: a search for published, unpublished, and grey literature related to measuring outcomes of efforts to encourage knowledge use;

- 130+ resources retrieved

- Numerous models and strategies for effective dissemination

HOWEVER...

no concrete measurement tools

Development of the tool in 2004

- 2) **KEY PAPERS**: selection of key articles and reports from the search, chosen for their applicability to developing a tool to measure knowledge exchange as they exhibited specific scales that could be adapted into a framework;

- 3) **COMPARED SCALES**: measurement scales from these sources were compared for overlapping concepts; and

- 4) **DEVELOPED INTO QUESTIONNAIRE**: key ideas emerged and scale categories were adapted and expanded to develop specific questions (which operationalized the concepts in the scales into items) to assess reach and uptake following knowledge dissemination or transfer/translation of an information or knowledge product.

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Developing a tool to measure "knowledge exchange outcomes"

DEVELOPING A TOOL TO MEASURE KNOWLEDGE EXCHANGE OUTCOMES

Kelly Skinner
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Abstract: This article describes the process of developing measures to assess knowledge exchange outcomes using the dissemination of a best practices in type 2 diabetes document as a specific example. A best practices model consists of knowledge synthesis, knowledge exchange (dissemination/adoption), and evaluation stages. Best practices are required at each stage. An extensive literature review found no previous knowledge syntheses of concrete tools and models for evaluating dissemination or exchange strategies. This project developed a practical and usable tool to measure the reach and uptake of disseminated innovations. The instrument itself facilitates an opportunity for knowledge exchange to occur between producers and adopters. At this point the tool has a strong theoretical basis. Initial pilot-testing has begun; however, the accumulation of evidence of validity and reliability is only in the planning stages. The instrument described here can be adapted to other areas of population health and evaluation research.

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The Knowledge Uptake and Utilization Tool (KUUT)

- Intended to measure the uptake and utilization of information

- 2 Sections
  - Section 1: Use/Uptake
  - Section 2: Non-use

- Scoring the "Level of Use"

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KUUT Section 1: Use (Uptake)

- 44-item questionnaire

- Categories: (Knott & Wildavsky, 1980; Hall et al., 1975)

- Question design: (Landry et al., 2001a,b; Estabrooks, 1999)

Categories – Stages of Knowledge Utilization

Table 2: Stages/Standards of Knowledge Utilization[a]

Stage	Category	Description
	Awareness	awareness of the information[b]
1	Reception	receiving information/ information is within reach
2	Cognition	read, digest, and understand information
3	Discussion	altering frames of reference to the new information
4	Reference	information influences action/adoption of information
	Effort	effort to favour information over others
5	Adoption	influences outcomes and results
6	Implementation	adopted information becomes practice
7	Impact	tangible benefits of information

[a]Stages 1-7 summarized from Knott and Wildavsky (1980) with categories Awareness and Effort added by Skinner (2007).
[b]the term "information" could be substituted by: document, evaluation, initiative, innovation, intervention, knowledge, practice, policy, product, program, project, research, etc.

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Terminology

The term "*information*" by Knott & Wildavsky was initially replaced by "*document*" or "*practice*".

Examples:

Awareness (I know the document exists)

1   **Are you aware of the document ?**
     YES (go to question 3)
     NO (go to question 2)

Adoption (document influences adoption of a practice/practice adopted from document)

25   **Have you adopted a practice outlined in the document ?**
     FULLY (go to question 28)
     PARTIALLY (go to question 28)
     NOT AT ALL (go to question 26)

Now discussing using the term: ***knowledge product*** or ***\<name\>***

Examples of application of the KUUT

Has been used by: PHAC, CPAC, PHO, Health Canada, NCCPP, and others

Some examples:

- as **part of a toolkit** designed to support knowledge transfer and exchange (KTE) design, planning, and evaluation within Canadian Partnership Against Cancer initiatives (CPAC, 2016)

- **assessing knowledge uptake** for individual public health unit Healthy Baby Healthy Children (HBHC) process implementation evaluation **reports** (H. Manson, personal communication, September 8, 2017)

- **as a standardized instrument recommended for use by Health Canada for their funded projects** to enable grantees to assess impact at the project level, and to allow for the funding program to roll up the KUUT data for analysis at the program level

  - used by 7 recipients of Health Canada funding, across a range of substance use health promotion, prevention and treatment related initiatives across the country

  - for most was implemented at end of project (M. Hunter, personal communication, April 12, 2017)

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The KUUT

- A theory-based questionnaire tool to generate performance information and evaluate how information (or knowledge products/processes) are being taken up and utilized

- Current work to re-develop and build validity evidence for the KUUT
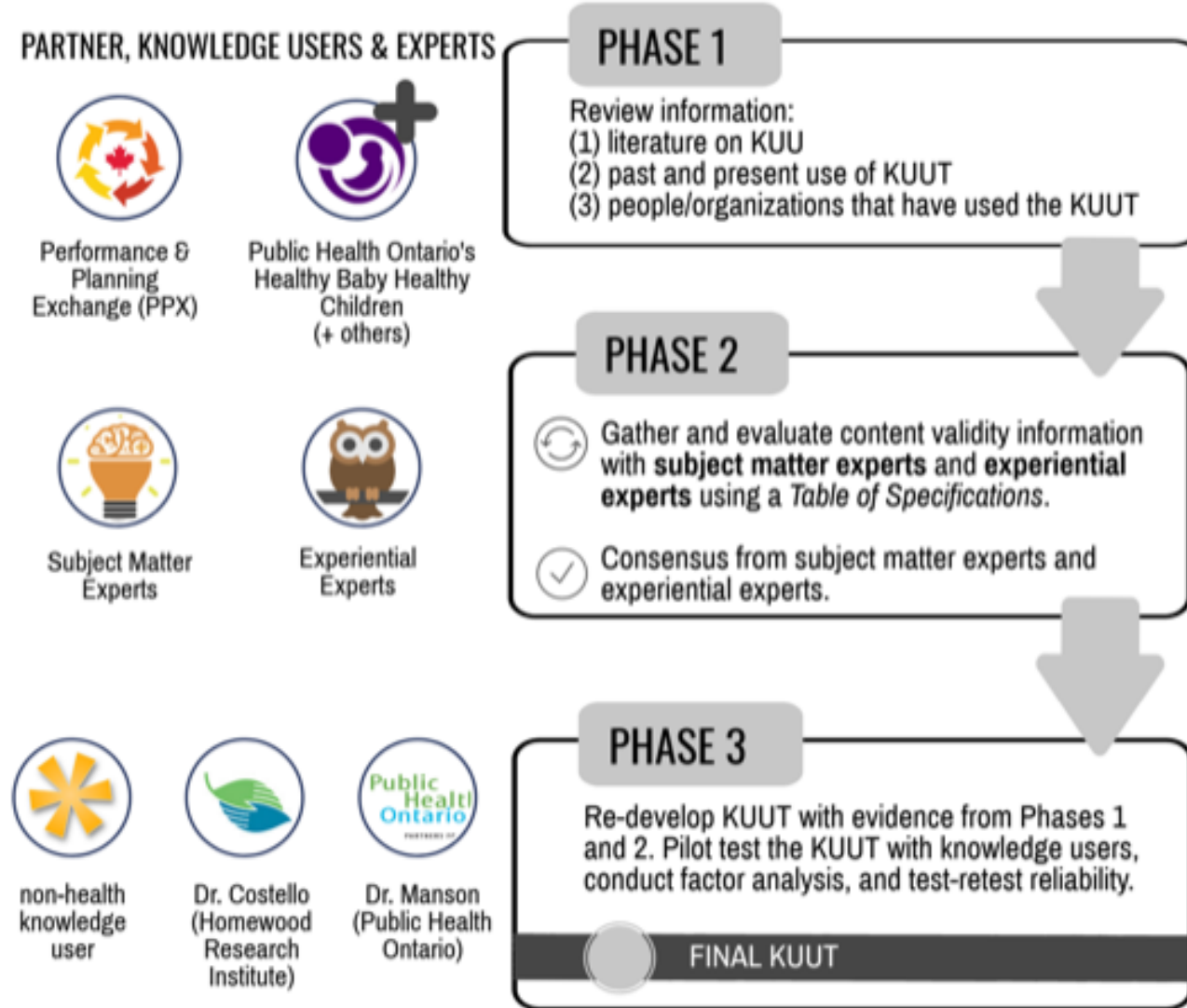 - E.g., fewer questions, language

3 Phases to Re-develop and build validity evidence for the KUUT

1. Gather and synthesize (review) information

2. Gather and evaluate content validity information

3. Re-develop KUUT with evidence from Phases 1 & 2

PARTNER, KNOWLEDGE USERS & EXPERTS

Performance & Planning Exchange (PPX)

Public Health Ontario's Healthy Baby Healthy Children (+ others)

Subject Matter Experts

Experiential Experts

non-health knowledge user

Dr. Costello (Homewood Research Institute)

Dr. Manson (Public Health Ontario)

PHASE 1

Review information:
(1) literature on KUU
(2) past and present use of KUUT
(3) people/organizations that have used the KUUT

PHASE 2

Gather and evaluate content validity information with **subject matter experts** and **experiential experts** using a *Table of Specifications*.

Consensus from subject matter experts and experiential experts.

PHASE 3

Re-develop KUUT with evidence from Phases 1 and 2. Pilot test the KUUT with knowledge users, conduct factor analysis, and test-retest reliability.

FINAL KUUT

Evaluating Knowledge Products and the Knowledge Utilization and Uptake Tool (KUUT)

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May 16, 2018

Overview

- Evaluating knowledge utilization and uptake: a scoping review
  - How are knowledge products/processes evaluated?
  - What knowledge uptake and utilization assessment tools are available or being used?

- Evaluating the Knowledge Uptake and Utilization Tool (KUUT)
  - Evaluation protocol
  - Preliminary results
  - Planned adaptations to the KUUT

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Evaluating Knowledge Utilization and Uptake: A Scoping Review

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Objective

- Key Questions:

  - What frameworks/theories/conceptual models/tools have been used to evaluate knowledge products or processes?

- Knowledge products and processes include, but are not limited to, any documents, reports, websites, or activities intended to share knowledge

- Evaluation refers to a formal assessment of the knowledge product/process' usability, uptake, utilization, relevance, and other domains

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Search Strategy

1. Peer-reviewed literature search through **PubMed**, PsycINFO, and Scopus

2. Citation tracing from relevant publications

3. Literature search through specific evaluation journals

- Inclusion Criteria

  - All fields/disciplines, countries

- Exclusion Criteria

  - Non-English language

  - Evaluations of interventions/programs/studies that do not directly assess a knowledge product or KT/U/U tool

  - Evaluation of knowledge translation *findings*

Preliminary Results from PubMed Search
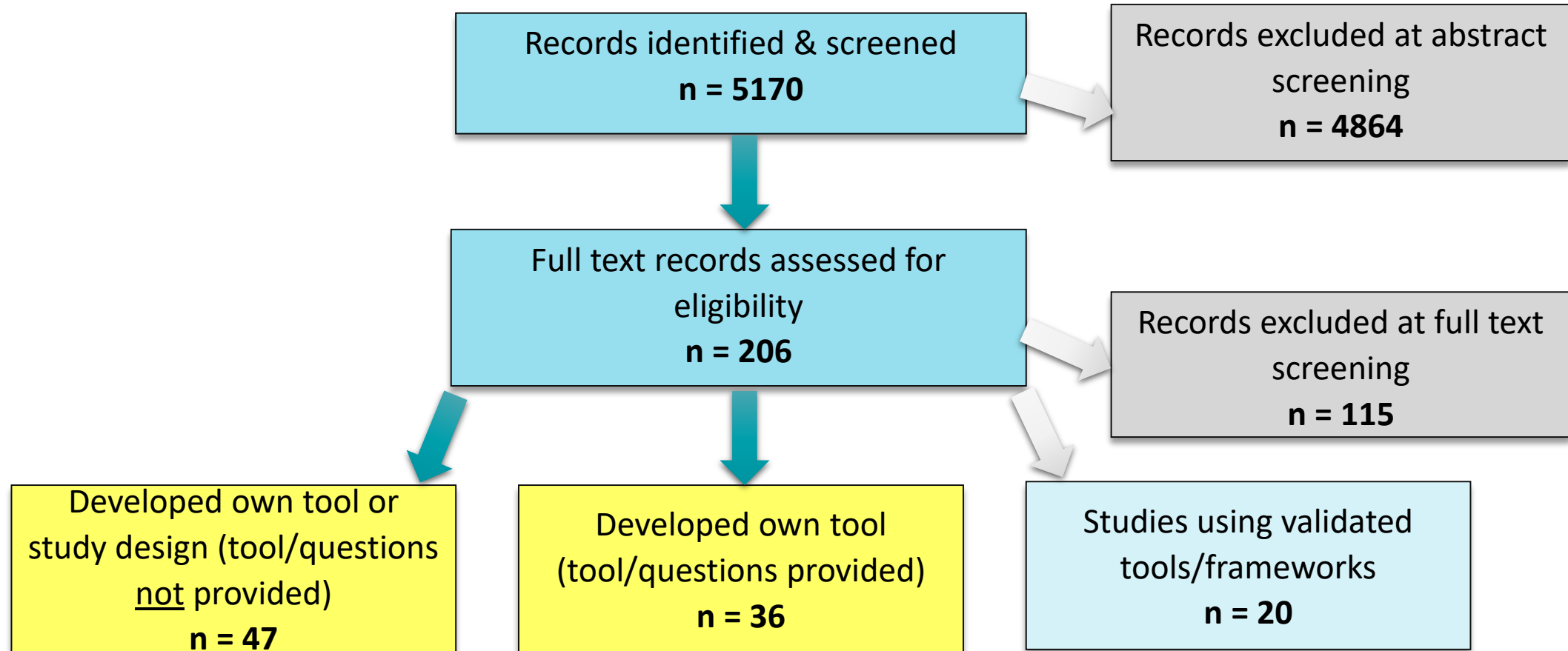
Validated tools used to evaluate knowledge products

Tool	Description	Sample Questions
System Usability Scale (SUS) (Brooke, 1986)	• Quick tool to measure usability • 10-item questionnaire with 5-point Likert scale response options (strongly agree to strongly disagree) • Considered an "industry standard" with over 1300 citations	1. I think that I would like to use this system frequently. 2. I found the system unnecessarily complex. 3. I thought the system was easy to use. 4. I think that I would need the support of a technical person to be able to use this system. 5. I found the various functions in this system were well integrated.

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Tools used to evaluate knowledge products

Tool	Description	Sample Questions
LIDA Instrument (Tomlin & Badenoch, 2007)	• The Minerva*lida*tion tool evaluates the design and content of health websites • Measures accessibility, usability, and reliability	Under Usability subsection on Clarity: 2.1.4 Is the navigation clear and well structured? Look at the buttons, links and menus o Can you tell what is a link or button? o Are they readable? o Is it clear which menu you need to click to find what you need (e.g. mixing up subtopics with publication types would make this hard)? 2.1.5 Can you always tell your current location in the site?

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Tools used to evaluate knowledge products

Tool	Description	Sample Questions
Mobile App Rating Scale (MARS) (Stoyanov et al., 2015)	• Mobile health app quality rating tool • Assesses engagement, functionality, aesthetics, information quality, subjective quality • 23-item scale	**SECTION D: Information – Contains high quality information (e.g. text, feedback, measures, references) from a credible source.** **13. Accuracy of app description (in app store): Does app contain what is described?** 1 Misleading. App does not contain the described components/functions. Or has no description 2 Inaccurate. App contains very few of the described components/functions 3 OK. App contains some of the described components/functions 4 Accurate. App contains most of the described components/functions 5 Highly accurate description of the app components/functions **14. Goals: Does app have specific, measurable and achievable goals (specified in app store description or within the app itself)?** N/A Description does not list goals, or app goals are irrelevant to research goal (e.g. using a game for educational purposes) 1 App has no chance of achieving its stated goals 2 Description lists some goals, but app has very little chance of achieving them 3 OK. App has clear goals, which may be achievable. 4 App has clearly specified goals, which are measurable and achievable 5 App has specific and measurable goals, which are highly likely to be achieved

Other Assessment Tools

- Buelow et al., 2018

OPEN

Development of an Epilepsy Nursing Communication Tool: Improving the Quality of Interactions Between Nurses and Patients With Seizures

Janice Buelow, Wendy Miller, Jesse Fishman

ABSTRACT

Background: Nurses have become increasingly involved in overseeing the management of patients with complex medical conditions, including those with epilepsy. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy, given the proper tools. **Objective:** Our objective was to create a tool that can be used by nurses in the clinic setting to help facilitate discussion of topics relevant to enhancing medical care and management of patients with epilepsy. To address this need, a panel of epilepsy nursing experts used a patient-centered care approach to develop an Epilepsy Nursing Communication Tool (ENCT). **Methods:** An initial set of topics and questions was created based on findings from a literature review. Eight nurse experts reviewed and revised the ENCT using focus groups and discussion forums. The revised ENCT was provided to nurses who care for patients with epilepsy but had not been involved in ENCT development. Nurses were asked to rate the usability and feasibility on a 5-point scale to assess whether the tool captured important topics and was easy to use. **Results:** Ten nurses provided usability and feasibility assessments. Results indicated strong tool utility, with median scores of 4.5, 4, and 4 for usefulness, ease of use, and acceptability, respectively. **Conclusions:** The preliminary ENCT shows promise in providing a tool that nurses can use in their interactions with patients with epilepsy to help address the complexity of disease management, which may help improve overall patient care.

TABLE 2. Ease-of-Use Survey Statements and Median Scores for the ENCT[a] (N = 10 Nurses Providing Responses)

Category Survey Statement (n = 10 for each statement)	Median Score (Q1, Q3)
Usefulness (n = 50)	4.5 (4, 5)
I believe the ENCT will assist me in clearly communicating with my patients	4.5 (4, 5)
I believe the ENCT will work well for me	4 (3, 5)
I believe the ENCT addresses issues important to my patients	5 (5, 5)
I believe the ENCT will help me identify issues important to my patients	5 (4, 5)
I believe the ENCT will help my patients get the resources they need to be better at self-managing their epilepsy	4 (3, 4)
Ease of use (n = 30)	4 (3, 5)
The ENCT appears easy to use	4 (4, 5)
ENCT appears convenient to use	4 (3, 4)
I would like to use the ENCT in communicating with my patients	4 (3, 5)
Acceptability (n = 30)	4 (4, 5)
I like the ENCT	4 (4, 5)
I like the way content is presented to me in the ENCT	4 (3, 5)
I would enjoy using the ENCT	4 (3, 5)

Abbreviation: ENCT, Epilepsy Nursing Communication Tool.
[a]Score options were 1, strongly disagree; 2, disagree; 3, unsure; 4, agree; and 5, strongly agree.

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Other Assessment Tools

- Koivunen et al., 2007

A preliminary usability evaluation of Web-based portal application for patients with schizophrenia

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[1]Doctoral Student, Nursing Director, Department of Nursing Science, University of Turku, and Unit of Nursing Services, Satakunta Hospital District, Pori, [2]Professor, Nursing Director, Department of Nursing Science, University of Turku, and Hospital District of Southwest Finland, Turku, [3]Doctoral Student, Nursing Director, Department of Nursing Science, University of Turku, and Department of Psychiatry, Tampere University Hospital, Pitkäniemi, and [4]Doctoral Student, Project Coordinator, Department of Nursing Science, University of Turku, and Primary Health Care Organization of City of Vantaa, Vantaa, Finland

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KOIVUNEN M, VÄLIMÄKI M, PITKÄNEN A & KUOSMANEN L. (2007) *Journal of Psychiatric and Mental Health Nursing* **14**, 462–469

A preliminary usability evaluation of Web-based portal application for patients with schizophrenia

This study evaluated the usability of a Web-based portal application developed for the use of nursing staff with patients suffering from schizophrenia and related psychosis. The study was designed solely to gain direct inputs from the nursing staff (N = 76, n = 38) in acute inpatient wards in two Finnish psychiatric hospitals. The data were collected by questionnaire covering the functionality, content and benefits of the portal. The evaluation showed that the portal is user-friendly enabling a user to move inside the service and to find the relevant information. The content of the portal was interesting, understandable and easy to read. Some nurses were concerned about the effects of the portal on the patients' care, well-being or personal contacts between nursing staff and patients. Some nurses have difficulties in evaluating the portal because they did not actively use it in clinical practice during the testing period. Emphasis should be put on nurses' motivation and concerns regarding possible negative effects of the portal, which may influence the future implementation of eHealth applications in clinical practice.

Table 1
The criteria regarding the use of the portal

Functionality (possible scores 0–70)
- Can be found easily
- Can be used free
- Can be used in many languages
- Accessible at different times of the day
- Can be used in different technical environments
- Easy to start using
- The use is quick and efficient
- Can be move easily and find information
- Prevents, tolerates and helps to correct errors
- Structure and presentation are user-friendly
- Structure and user interface are clear
- Links are descriptive and functional
- Figures, graphics, voice e.g. are functional
- Layout, use of colors and fonts are user-friendly

Content (possible scores 0–30)
- Text content is understandable and legible
- Content is comprehensive
- Content is reliable and up-to-date
- Content is interesting and varied
- Users gets good customer service
- Open and transparent, gives possibility to participate

Benefits (possible scores 0–15)
- Is beneficial to the user, users are satisfied
- Supports interaction
- Offer benefits to its provider or other organizations

Summary of Findings (thus far)

- Data abstraction is in final stages

- Majority of tools, whether validated or not, focus on **usability**

- Most tools are developed for a specific project or purpose

  - Few tools can be applied more generally to all knowledge products/processes

- Advantages of the KUUT:

  - Can be applied to any knowledge product/process, irrespective of the sector or product type

  - Assesses 9 different domains

    - Captures *how* a knowledge product/process was used

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Evaluating the Knowledge Uptake and Utilization Tool (KUUT)

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PARTNER, KNOWLEDGE USERS & EXPERTS

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Consensus from subject matter experts and experiential experts.

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Re-develop KUUT with evidence from Phases 1 and 2. Pilot test the KUUT with knowledge users, conduct factor analysis, and test-retest reliability.

FINAL KUUT

Feedback on the KUUT

- Preliminary findings based on email correspondence and KUUT user (Experiential Experts) interviews (ongoing)

- Users/user organizations are from a range of disciplines and sectors

  - Health (i.e., mental health, addictions, community health)

  - Evaluation

  - Regulatory affairs

  - Other: energy sector

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How has the KUUT been used?

- To assess a variety of knowledge products or processes

- The majority of users have adapted the tool for their needs

- Common adaptations:
  - Content
    - Revising question phrasing to make more applicable to own knowledge product
    - E.g. rephrasing or removing term "best practice," inserting name of own report/product to improve question clarity
  - Length
    - Cutting sections or questions within subsections
    - Note: This has implications for applying scoring

User Feedback

Q: Have you used or considered using any other knowledge uptake and/or utilization tools?

"No. The reason we liked the tool is that it's easy to adapt, easy to administer, [it] provided us with quantifiable information which made it very tangible.

At the end of the day, [we were] providing results to the director in charge of our research unit. Other tools were a lot more qualitative in nature."

- KUUT User 1

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User Feedback

Q: Suggestions for improvement?

"One of the pitfalls of that tool is that it's fairly long. It intimidates people.

Any possibility to have an abbreviated or long version with slightly different intent for their use. If there was a short version that could be used in any type of evaluation interview to look at use of a certain product, that might useful."

- KUUT User 1

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User Feedback

Q: Additional comments or feedback?

"With more people using more of an integrated KT process – more of a process now – [KT] doesn't have discrete outputs. Using the tool gets a little messy unless the definition of the KT project has a narrow focus on dissemination and singular knowledge products.

Our project has multiple outputs – one type was documentations of practice, within that, there were several smaller specific outputs. It's a lot messier now to find opportunities to use it."

- KUUT User 2

Example of tentative revisions based on user feedback

Knowledge Product Definition

Knowledge Product Definition: A document, report, website, policy, or activity intended to share knowledge. This includes, but is not limited to, information products.

Knowledge Product Name: _____

Note: The adoption, implementation, and impact sections would be optional depending on if the knowledge product has been used.

*This definition is still being refined based on user feedback.

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Example of tentative revisions based on user feedback

SECTION 1

Awareness (I know the [**name**] exists)

1 Are you aware of the [**name**]?
YES (go to question 3)
NO (go to question 2)

2 Would you like to learn more about the [**name**]?
YES (discontinue questions and distribute information)
NO (discontinue questions)

*Allow users to input the name of their knowledge product instead of referring to it as a "document" as this may not always apply.

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Example of tentative revisions based on user feedback

Reception Section (Original)

Reception (I have a copy of the document OR know how to access the document)

Have you received/accessed a copy of the document ?
YES (go to question 6)
NO (go to question 4)

Did you retrieve/access a copy of the document on your own ?
YES (go to question 6)
NO (go to question 5)

Do you plan to retrieve/access the document in the future ?
YES
MAYBE
NO (discontinue questions)
DON'T KNOW

Even before reading it, did you think the document might be useful ?
YES
MAYBE
NO
DON'T KNOW

Reception Section (Revised)

Reception (I have a copy of the knowledge product OR know how to access it)

Have you received/accessed a copy of [insert knowledge product]?
YES (go to question 5)
NO (go to question 4)

Even before reading it, did you think the [insert knowledge product] might be useful ?
YES
MAYBE
NO
DON'T KNOW

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PHASE 2

Gather and evaluate content validity information with **subject matter experts** and **experiential experts** using a *Table of Specifications*.

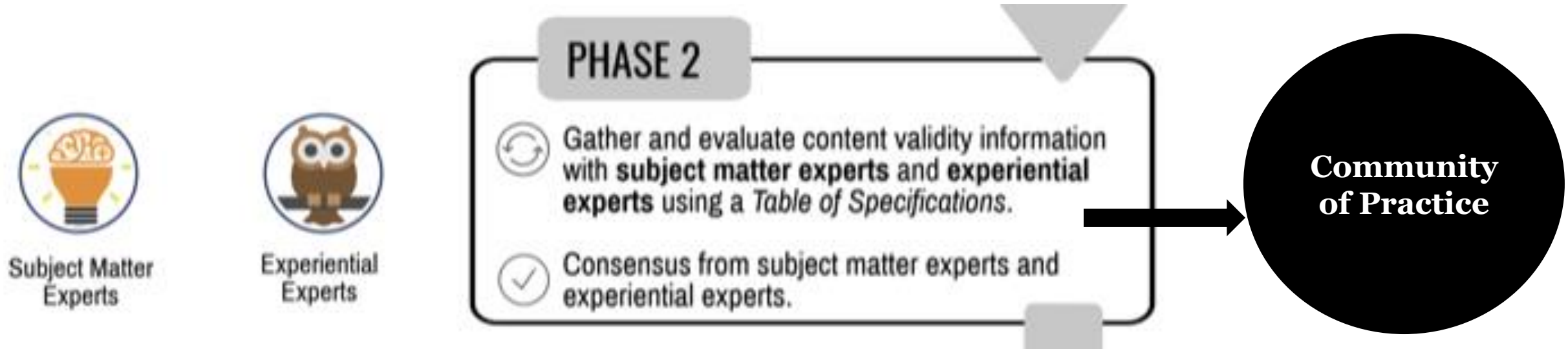Consensus from subject matter experts and experiential experts.

Subject Matter Experts

Experiential Experts

Community of Practice

SMEs and EEs will be invited to examine:
* the content domains of the KUUT and judge the quality and representativeness of items included on the tool, which may include:
  * examination of the structure of the KUUT
  * simplification of the response options for each question
  * scrutiny of each question/item for its necessity as part of the tool
  * examination of the phrasing of each question for clarity

2

non-health knowledge user

Dr. Costello (Homewood Research Institute)

Dr. Manson (Public Health Ontario)

PHASE 3

Re-develop KUUT with evidence from Phases 1 and 2. Pilot test the KUUT with knowledge users, conduct factor analysis, and test-retest reliability.
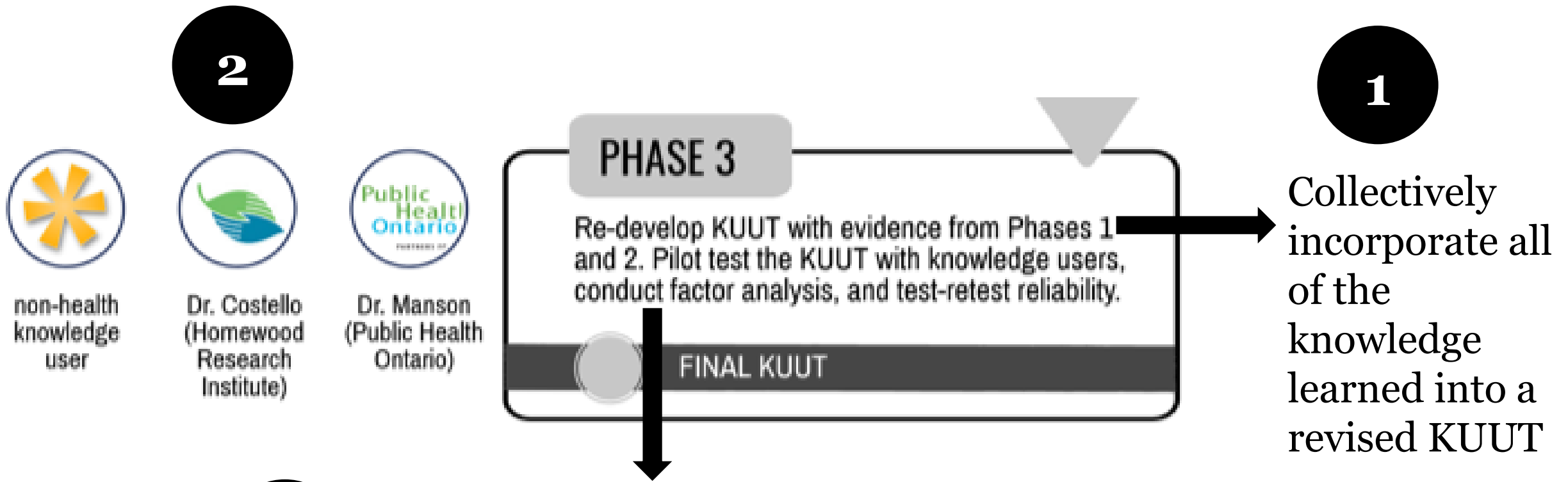
FINAL KUUT

1

Collectively incorporate all of the knowledge learned into a revised KUUT

3 Factor analysis to determine:
- how many factors are actually tapped by items
- whether the 9 factors (based on theory from Skinner, 2007) fall under one construct or whether they present as multidimensional
- the dimensionality of the tool and confirm the scoring structure

Next steps...

- Phase 1: Complete scoping review

- Phase 2: Build the Community of Practice

  - Website

- Phase 3: Refine KUUT and pilot test

  - Recruit more knowledge users to pilot test

- Write papers
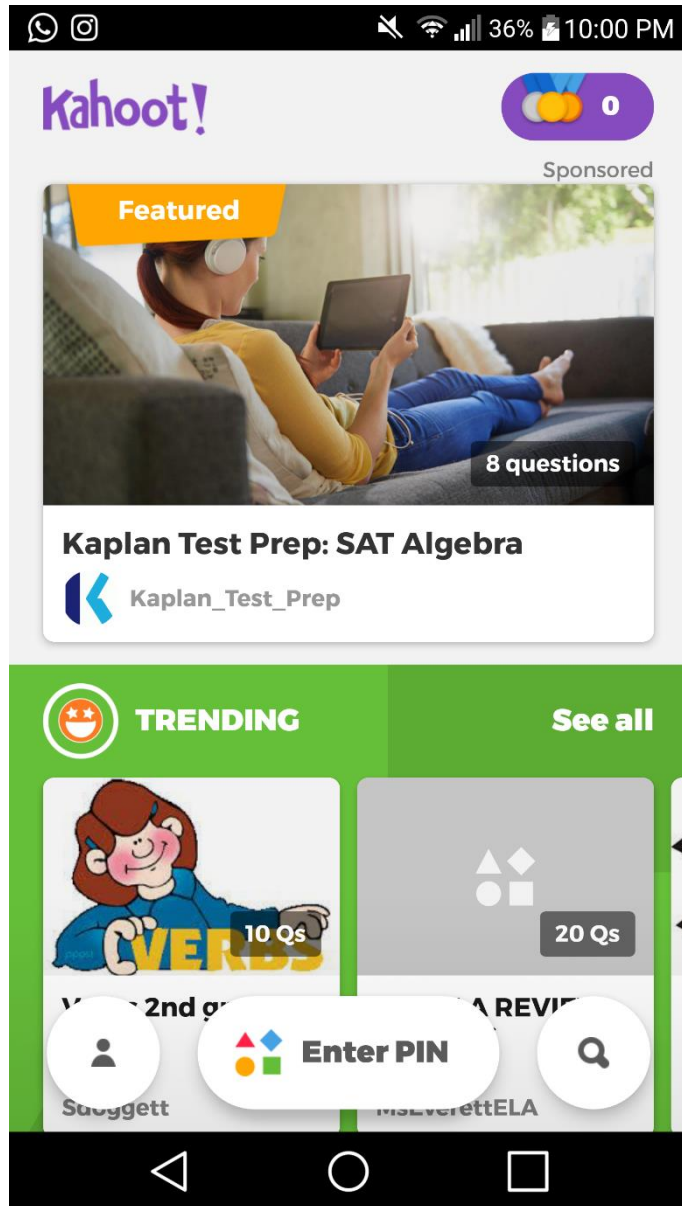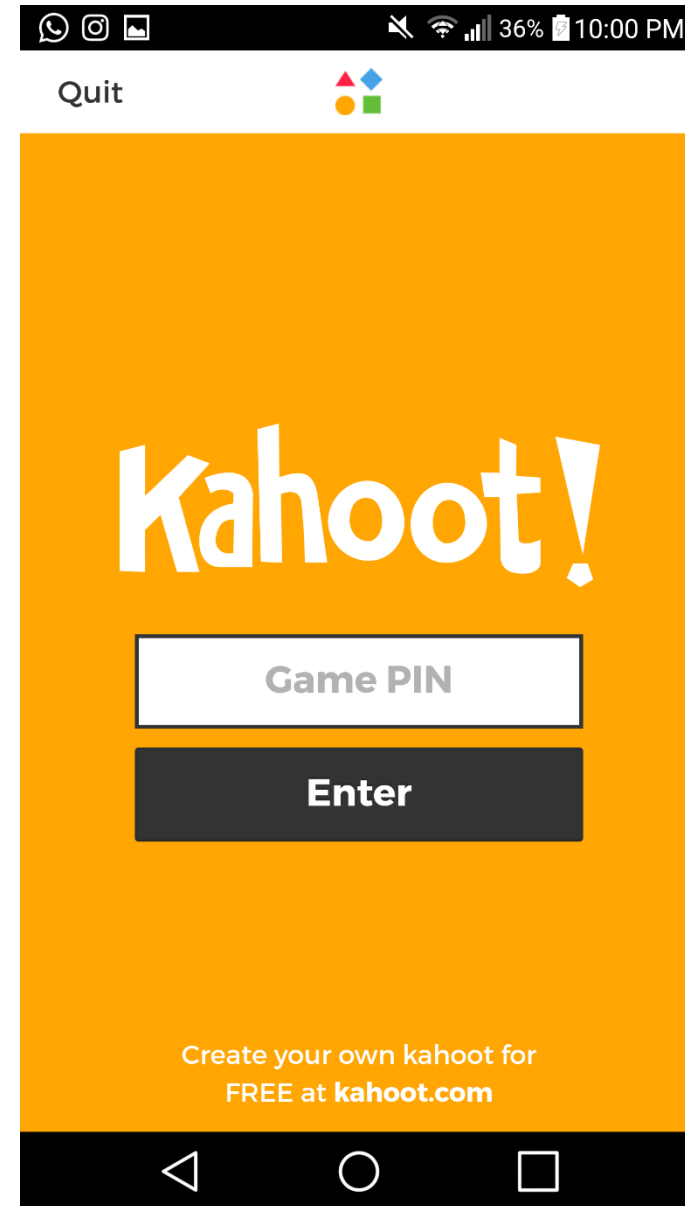
  - Scoping review

  - Protocol for the study

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Provide Your Feedback on the KUUT

Download Kahoot on your phone

Enter PIN number to start

Uptake Questionnaire - Awareness

SECTION 1

Awareness (I know the document exists)

1 **Are you aware of the document ?**
YES (go to question 3)
NO (go to question 2)

2 **Would you like to learn more about this document ?**
YES (discontinue questions and distribute information)
NO (discontinue questions)

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Uptake Questionnaire - Reception

Reception (I have a copy of the document OR know how to access the document)

3 **Have you received a copy of the document ?**
   YES (go to question 6)
   NO (go to question 4)

4 **Did you retrieve a copy of the document on your own ?**
   YES (go to question 6)
   NO (go to question 5)

5 **Do you plan to access the document some time in the future ?**
   YES
   MAYBE
   NO (discontinue questions)
   DON'T KNOW

6 **Even before reading it, did you think the document might be useful ?**
   YES
   MAYBE
   NO
   DON'T KNOW

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Uptake Questionnaire - Cognition

Cognition (read, digest and understand the document)

7	**Have you read the document ?**
	FULLY (go to question 10)
	PARTIALLY (go to question 10)
	NOT AT ALL (go to question 8)

8	**Do you plan to read the document ?**
	YES (go to question 13)
	MAYBE (go to question 13)
	NO (go to question 9)

9	**Do you have the intention of reading the document in the future ?**
	YES (discontinue questions)
	NO (discontinue questions)

10	**Was the material in the document presented in a way you could understand ?**
	YES
	NO

11	**Did you understand the material presented in the document ?**
	YES
	NO
	DON'T KNOW

12	**Have you thought about the contents of the document since you read it ?**
	NEVER
	RARELY
	SOMETIMES
	OFTEN

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Uptake Questionnaire - Discussion

Discussion (altering frames of reference to the new information)

13 **Have you made other colleague(s) aware of this document ?**
YES
NO
DON'T KNOW

14 **Have you discussed the document with colleagues within your organization ?**
YES (go to question 16)
NO (go to question 15)

15 **Do you plan to discuss the document with colleagues within your organization ?**
YES
MAYBE
NO

16 **Have you discussed the document with colleague(s) outside of your organization ?**
YES (go to question 18)
NO (go to question 17)

17 **Do you plan to discuss the document with colleague(s) outside of your organization ?**
YES
MAYBE
NO

18 **Have you sought the opinion(s) of other(s) who have used this document (e.g. through discussions, visits, or workshops) ?**
YES
NO

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Uptake Questionnaire - Reference

Reference (document influences action/adoption of information)

19	**Have you cited this document in your own reports or documents ?** YES (go to question 21) NO (go to question 20)
20	**Do you plan to cite this document in your own reports ?** YES MAYBE NO DON'T KNOW
21	**Has this document introduced you to a new idea/way of thinking for a currently used practice (i.e. not a practice adopted from the document) ?** YES NO
22	**Has this document changed your beliefs about a particular approach to practice ?** YES NO

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Uptake Questionnaire - Effort

Effort (efforts made to favour information)	
23	**Have you favoured the results in this document over other document(s)/sources of information ?** YES NO
24	**Have you favoured using this document over other document(s)/sources of information?** YES NO

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Uptake Questionnaire - Adoption

Adoption (document influences adoption of a practice/practice adopted from document)

25 **Have you adopted a practice outlined in the document ?**
FULLY (go to question 28)
PARTIALLY (go to question 28)
NOT AT ALL (go to question 26)

26 **Do you plan to adopt a practice outlined in the document ?**

FULLY (go to question 27)
PARTIALLY (go to question 27)
NOT AT ALL (discontinue questions)
NOT SURE (discontinue questions)

If answered NOT AT ALL or NOT SURE to Question 26 proceed to Section 2.

27 **Do you know when you will begin to use the practice you plan to adopt ?**
YES (discontinue questions)
NO (discontinue questions)

28 **a)Was the practice you adopted a Best Practice (as defined by the document/source) ?**
YES (go to question 30)
NO (go to question 29)

28 **b)Was the practice you adopted a Promising Practice (as defined by the document/ source) ?**
YES
NO

29 **Have you stopped a non-recommended practice ?**
YES
NO
NOT APPLICABLE

30 **Have you combined together the components of at more than one practice ?**
YES
NO

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Uptake Questionnaire - Implementation

Implementation (adopted information becomes practice)

31	**Overall, in the past 1 (6, 12, 18) month(s), how fully have you used a practice recommended in the document ?** NOT AT ALL A LITTLE A LOT A LOT, BUT ADAPTED FROM THE ORIGINAL
32	**Have you employed short-term strategies for using this practice ?** YES NO
33	**Do you know the short term effects (outcomes) from using this practice ?** YES NO
34	**Do you spend your time managing the activities of the practice ?** YES NO
35	**Do you know the long-term requirements to using this practice ?** YES NO
36	**Has using this practice has become routine (i.e. practice runs smoothly with minimal management problems) ?** YES NO
37	**Have you varied your use (i.e. made modifications) of the practice to increase its impact on your target population ?** YES NO
38	**Have you collaborated with colleagues and/or other organizations targeting the same population to implement this practice ?** YES (go to question 40) NO (go to question 39)

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Uptake Questionnaire - Impact

Impact

41 Has this practice has made an impact on your target population ?
YES
MAYBE
NO
DON'T KNOW

42 Has your use of this document changed a current practice or routine in your work ?
YES
MAYBE
NO
DON'T KNOW

43 Have you encouraged a colleague(s) to adopt this practice ?
YES
NO

44 Have you persuaded a colleague(s) to adopt this practice ?
YES
NO

Additional Comments

Are there any additional comments you would like to make about the document or practice ?
(Your comments do not need to be related to an adopted or implemented practice)

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Non-Use – Reason: Innovation Characteristics

SECTION 2: Deliberate Non-use

This section only applies to answers **NOT AT ALL** or **NOT SURE** to Question 26.

x   Please indicate **ALL** of the following reasons why you chose not to adopt this new source of information/document/practice/intervention/innovation.

Innovation Characteristics

Relative Advantage

I have an equivalent program already in place

The innovation was not perceived to be better than the current program

The innovation did not show any economic advantage from adopting it

The innovation was more time consuming and required more effort than the current program

Compatibility

The innovation was not consistent with the current values of my program or organization

The innovation did not meet the needs of my program or organization

Complexity

The innovation was too difficult to understand

The innovation was too difficult to implement or use

Trialability

The innovation could not be implemented on a small scale to determine its advantages or disadvantages

I have not heard of any other organization(s) related to mine that have adopted this innovation

Observability

I have not seen this innovation successfully implemented

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

Non-Use – Reason: Organizational Characteristics

Organizational Characteristics

Size and Resources

My organization is too small or too large to adopt this innovation

My organization does not have enough personnel resources (staff) to adopt this innovation

My organization does not have enough financial resources to adopt this innovation

Location

My organization was not in an appropriate location to adopt or implement this innovation

Hierarchy

I do not have enough decision-making authority in my position to decide to adopt this innovation

I was not able to prove to my supervisor that this was an important innovation to adopt

Formalization

This innovation did not follow the rules and procedures of my organization

There was not enough research evidence that this innovation would be effective or successful

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?

- Consider themes, wording, and format

Non-Use – Reason: Environmental and Individual Characteristics

Environmental Characteristics

There is not enough collaboration or potential for networking with other organizations to be able to adopt and implement this innovation

Individual Characteristics

This innovation did not seem relevant to my practice

It is not an appropriate time to be adopting this innovation

This innovation does not coincide with my values or beliefs about what is effective

I have insufficient time to adopt and implement a new innovation

Other

Other reasons not mentioned above have resulted in non-adoption of this innovation

These other reasons are:

1. Is the material in this section clear?

2. Are there redundant or missing items?

3. Would you make any other changes to this section?
   - Consider themes, wording, and format

General questions for CoP, SMEs, EEs

1. Are the items in the KUUT reflective of knowledge utilization?

2. Are there other scale categories, items, or domains that should be included to represent knowledge utilization?

3. How should context be incorporated?

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Get involved!

Want to join the Community of Practice, or see yourself as a Subject Matter Expert (on KUU) or Experiential Expert (on the KUUT)?

If interested, email: kskinner@uwaterloo.ca

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