

Knowledge Translation: perceptions and practices among Swiss dietitians.

Projekt: 496

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Background: Knowledge translation (KT) in healthcare has been described as "a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system".¹ Although essential to support evidence-based practice, little is known about KT in dietetics practice.

Objective The objective of this project is to explore Swiss clinical dietitians' perceptions and practices regarding:

- preferences and access to information's sources in clinical practice;
- KT activities;
- research in nutrition and dietetics and evidence-based practice (EBP).

Material & Methods: Fifteen dietitians were involved in one of the eight interviews and 2 focus groups we conducted. Recruitment of a convenience sample was done among members of the Swiss Association for Registered Dietitians (SVDE/ASDD) in the French- and German-speaking regions of Switzerland. The audio-taped conversations were transcribed verbatim and a thematic analysis, based on a constructivist grounded theory approach, was performed.

Results: Many sources of information were cited by dietitians. In clinical practice, they mainly rely on their initial and formal continuing education. However, when facing unfamiliar situations, information from colleagues and experts of the field were privileged. Dietitians mentioned the disappointing lack of quickly available trustworthy professional information, all the more in French or German and the gap they perceive between the questions arising in their practice and questions that are addressed by researchers. Interestingly, they easily identified the need for scientific information in the biomedical and nutritional field but defined knowledge about communication strategies and counselling as soft skills not necessarily needing evidence foundation.

Working according to evidence-based practice requires to combine patients' values and preferences, clinical expertise and judgement, and reliable evidence-based information. Among these three components, searching and critically selecting evidence-based information was described as the most challenging step by the interviewees. Furthermore, dietitians reported that this activity, despite perceived as mandatory, was not expected during working hours: priority was and should be given to clinical activities with patients. In contrast, dietitians mentioned that KT activities, such as synthesis dissemination and tailoring of nutritional knowledge to patients or colleagues from other professions, were privileged moments to take time to access and read scientific information. As KT activities are frequent in dietetics practice, it consists of an important driver for the integration of new knowledge into practice.

Conclusion: These findings can be considered as a basis for the development and the experimentation of tailored interventions to favor KT and EBP among dietitians, tackling specific barriers and enablers encountered by these professionals.