CHAPTER EIGHTEEN

Dissemination of Evidence

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> The overall purpose of dissemination is the utilization of knowledge.
> —Cronenwett (1995); Ordonez and Serrat (2009)

Dissemination Is an Important Component of Translation of evidence, because if the translation is not disseminated, then no change in care will occur, and innovations will not be adopted. Dissemination is the communication of clinical, research, and theoretical findings for the purpose of transitioning new knowledge to the point of care (Brown & Schmidt, 2009). This chapter describes the methods and issues in dissemination of evidence.

RESEARCH DISSEMINATION

Funk, Tornquist, and Champagne (1989) framed a model of research dissemination that outlined three factors that are important and necessary for research to be disseminated.

1. Qualities of the research: These include the topic, relevance, applicability, availability of research, scientific merit, significance, level of control practitioners have over their own practice, and the gap between research and practice.
2. Characteristics of the communication: These include the use of nontechnical language, clarification on limits of generalizability, strategies for implementation, demonstration of new techniques, broad dissemination, and discussion between researchers and clinicians.
3. Facilitation of utilization: This factor includes the reinforcement of new knowledge, ongoing dialogue between researchers and clinicians, updates on research in the area, sharing of experiences, and giving support during implementation experiences. Attention to these categories can increase dissemination in any area.

Levels of Dissemination

Dissemination occurs at multiple levels. Once the translation project is complete, the first area for dissemination is internally at the site of the adoption or innovation. This is usually institutionally based and can include clinical staff as well as administrative staff. The translation can also be disseminated to upper management. Presentation at clinical or grand rounds can be accomplished through small or large group presentations. The focus of each of these may be different in order to meet the needs of the audience. After the translation is disseminated at the site, it should be disseminated at the institutional level. This can be accomplished by hospital or organization professional committee meetings or journal clubs. Third, one must consider how and in what venue to disseminate the translation externally—beyond the institution or both nationally and internationally. In addition, external dissemination to influence policy may occur through the use of the media or through government advocacy. Dissemination is most successful if multiple methods are used over time (Brown & Schmidt, 2009).

Highlighting challenges in the dissemination of evidence internally, Oermann, Roop, Nordstrom, Galvin, and Floyd (2007) described an intervention for disseminating Cochrane reviews to nurses. The authors sought to determine if short summaries of a systematic review that presented the findings without requiring a background in research and statistics were effective in increasing nurses' awareness of research results and understanding of the evidence. Subjects included staff and advanced practice nurses in seven hospitals, and subjects received either the intervention or served as a control. Although the number of nurses who completed the posttest was small, results support the feasibility of disseminating the findings of systematic reviews to bedside nurses and advanced practice nurses. Nurses reported increased awareness of the research evidence, which was most apparent in the staff nurses.

Indeed, because dissemination and diffusion of evidence internally, within an organization, is influenced by the organization's contextual factors, external dissemination is influenced by larger organizational and social systems and values.

Strategies for Improving Dissemination

In a recent brief by the Commonwealth Fund on the dissemination of evidence-based practices in health care, Yuan et al. (2010) cite key strategies to improve the dissemination of best practices in quality improvement (QI). These include (a) highlighting the evidence base and the relative simplicity of recommended practices; (b) aligning the campaigns with strategic goals of adopting organizations; (c) increasing the recruitment by integrating opinion leaders into the enrollment process; (d) forming a coalition of credible campaign sponsors; (e) generating a threshold of participating organizations, which maximizes network exchanges; (f) developing practical implementation tools and guides for key stakeholder groups; (g) creating networks to foster learning opportunities; and (h) incorporating monitoring and evaluation of milestones and goals (Yuan et al., 2010, p. 1).

Kreuter and Bernhardt (2009) describe the challenge in dissemination of evidence as a marketing and distribution problem. They describe a lack of infrastructure to move public health programs from research to practice, and propose recommendations for building that needed infrastructure within the public health system.

The Three Ps of Dissemination

There are three main methods of dissemination, also known as the "three Ps": posters, presentations, and papers (manuscripts). All three require an abstract for acceptance. A good abstract targets the audience and aim (whether it be a poster or presentation at a conference, or a manuscript), and provides key information in a clear manner. Formatting is important and depends on the use of the abstract, but following recommended fonts and word limit is crucial to acceptability. An abstract should be written in the past tense, and the American Psychological Association (APA) publication manual has clear and useful guidelines for both a research and a nonresearch abstract (APA, 2009). The APA suggests that an abstract be accurate, self-contained, concise and specific, nonevaluative, and coherent and readable. They suggest an abstract be less than 120 words, but this length is more likely dictated by the conference organizing committee or journal.

Poster

A poster is a versatile medium, and is used to disseminate research or nonresearch at a conference or other venue, such as in the community. The primary purpose of a poster presentation is to facilitate scholarly dialogue among colleagues (Betz, Smith, Melnyk, & Rickey, 2005). One advantage is that work presented on a poster can (usually) still be in progress. Posters also need to be prepared to guidelines provided by the organizer. The message needs to be scholarly, straightforward, and clear. Incomplete sentences can be used, and bulleting of items is recommended. Posters should be more detailed than a speech, less detailed than a presentation, but more interactive than either (Schaffner, 2008). The use of charts and graphs provides visual stimulation as well as complements the data presented in verbal form. The reader's eye (in the United States) moves from top to bottom and left to right, and, therefore, the individual sections of the poster need to be structured in this way. It has been suggested that the font of the title be more than 96 points and the font of the text be more than 24 to 36 points. A suggested guide is to make the text large enough to read from 3 to 6 feet away, or be able to read the material easily standing, when the poster is laid on the ground. A prominent title can also help lure people to the poster. There are numerous resources with suggested guidelines and methods for poster designs and construction available via the Internet (Table 18.1). Using a search engine to search "poster presentation guidelines" will undoubtedly provide numerous options. The website www.posterpresentations.com provides (free) templates for varying sizes of posters, and (for a fee) will print and ship the poster to you, your hotel, or to your meeting site.

Content will vary depending on whether the authors are presenting a research project, an evidence-based practice project, or presenting a clinical case or review. For a research poster, categories might include background, research aims/hypothesis, review of the literature, design/methods, sample and setting, data analysis, results, limitations, discussion, and conclusion/implications. For a poster on an evidence-based practice project, topics might include background/significance, clinical question, search methods, appraisal of the evidence, method of grading the evidence, synthesis of findings, translation of evidence/intervention, findings, evaluation, and discussion (Table 18.2).

Once the poster is made, the author has to fulfill the obligations of a presenter because poster viewing and presentations involve communication and networking among

TABLE 18.1 Helpful Websites for Posters and Oral Presentations

http://www.ncsu.edu/project/posters • This site provides tips on how to create effective poster presentations, has a quick reference guide, and has start-to-finish instructions.

http://www.csun.edu/plunk/documents/poster_presentation.pdf • This site, a pdf, has tips for scientific poster presentations, including an ethics section.

https://www.youtube.com/watch?v=IIr22p0jWjQ • This is a YouTube video from University of California at Berkeley, with tips for poster presentations.

http://gradschool.unc.edu/academics/resources/postertips.html • This site, from University of North Carolina, contains tips and links for developing and delivering both poster and oral presentations.

http://library.buffalo.edu/asl/guides/bio/posters.html • This library site has guidelines for creating academic posters.

http://pages.cs.wisc.edu/~markhill/conference-talk.html • This site provides advice on giving an effective oral presentation.

http://www.nwlink.com/~donclark/leader/leadpres.html • This site on leadership contains useful information on presentations.

http://go.owu.edu/~dapeople/ggpresnt.html • This site, from the library at Ohio Wesleyan University, offers tips on oral presentations, including presentation, handouts, delivery, handling fear, and the role of the audience.

colleagues. The author should be prepared to learn from the viewers, and should consider a poster as a way to market his or her work. For example, the authors need to be available by their poster at stated time frames. The author or representative should bring handouts, abstract, and business cards. After the poster session, Smith and Mateo (2009) suggest

TABLE 18.2 Poster Content

Research Poster	Evidence-Based Practice Project Poster
Background	Background/significance
Research aims/hypotheses	Clinical question
Review of the literature	Search methods
Methods/design	Appraisal of evidence
Sample and setting	Method of grading evidence
Data analysis	Synthesis of findings
Results	Translation of evidence/intervention
Limitations	Findings
Discussion	Evaluation
Conclusions/implications	Discussion

the author(s) evaluate the poster. In addition, author(s) should jot down the feedback received from viewers, whether related to that project or ideas for future projects.

Presentation

Oral presentations can be invited or juried. If juried, the abstract is necessary and is crucial for acceptance. Conference sponsors usually solicit presenters by announcing a call for abstracts. Typically, an invited speaker does not need to prepare an abstract. An oral presentation is better than a poster for dissemination of philosophical and theoretical topics. Oral presentations must be of completed work, and thus the abstract is completed in the past tense.

Once an abstract is accepted for an oral presentation, the author(s) need to ascertain the target audience, the room setting (size and seating arrangement) and the time allotted (both for the presentation as well as questions), and whether the presentation (frequently in PowerPoint) needs to be submitted in advance.

In preparation, the content of the presentation needs to be dictated by what was submitted in the abstract. Developing an outline from the abstract is one method to begin preparation. Because the purpose of the slides is to enhance the presentation of the content (Smith & Mateo, 2009), the author(s) must decide the number and type of slides (words, pictures/graphs, or both), depending on the content and audience. The recommendation is a maximum of one slide per minute of talk. This also requires that the presenter understand the exact time he or she has to present and for entertaining any questions or for discussion. Considerations for developing slides include the following: (a) use contrasting colors (such as navy blue background and yellow lettering); (b) keep a consistent template and font throughout; (c) choose a simple font (Arial, sans serif, or Times New Roman); (d) keep the number of words per slide to a minimum; (e) left-justify the text; and when using graphs, orient the audience (Betz et al., 2005; Smith & Mateo, 2009). As with posters, there are numerous resources on the Internet to assist not only in preparing the slides, but also with tips on presenting.

Once the presentation is completed, follow conference guidelines for submission, if requested. Because most presentations are done on computer software (as opposed to actual slides), make and bring another copy of the presentation to the conference (e.g., on a flash drive), as well as a printed copy of the slides, for use in the event of a technological malfunction.

Public speaking is a skill, and thus requires learning and practice (Englehart, 2004). Rehearsing the presentation is a must, especially for those new to oral presentations. Presenting to colleagues at work is an excellent way to not only rehearse but also obtain any suggestions and feedback on the content, and to enhance clarity. A common pitfall in oral presentations is not being able to stay to the allotted time. The sole responsibility of staying on time is with the presenter.

Another type of oral presentation is through a panel presentation. The style and purpose of panel presentations vary widely (Melnyk & Fineout-Overholt; 2011). Typically the panel includes a moderator who may serve as a coordinator, as well as provide commentary after individual panelists. In addition, typical panels take questions from the audience. Sometimes panelists will be expected to have slides, but more frequently panelists are not required to have slides.

Publication

Papers or manuscripts for publication can be on research, evidence-based practice projects, or on case studies or clinical reviews. Manuscripts are almost always required to be of completed work. All posters and presentations should also be considered for a manuscript submission. Whereas posters and presentations are only for the people in attendance, a manuscript is considered a permanent contribution and method of dissemination to the profession. Publication options include professional journals, electronic journals, the Internet (including listservs, Twitter, and blogs), newsletters, and newspapers.

In developing a manuscript for a professional journal, the journal for publication needs to be considered early on. Peer-reviewed journals publish more rigorously reviewed manuscripts than non-peer-reviewed journals. Both the target audience and the target journal need to be defined. Authorship should also be decided and agreed upon in advance. The author(s) need to review the author guidelines from the specific journal and comply with suggested length, reference style, and other specific manuscript details. Most of this information is now available online. Many journals will accept and respond to queries from authors, usually submitted electronically through the journal/editor website, or via e-mail. In a query to the editor, the author(s) must succinctly explain their plans for the structure and content of the manuscript. This can save authors considerable time and effort.

Just as there are guidelines for the publication of randomized controlled trials (RCTs; consolidated standards of reporting trials [CONSORT]) and preferred reporting items for systematic reviews and meta-analyses (PRISMA), there are also guidelines for the publication of QI projects in health care (Altman et al., 2001; Liberati et al., 2009). Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines have been developed for authors describing the development and testing of interventions to improve the quality and safety of health care (Davidoff et al., 2008). Journals, such as the *Journal of Nursing Care Quality* and *The Joint Commission Journal on Quality and Patient Safety*, have adopted these guidelines for reporting QI projects to ensure that the project is sufficiently reported so that readers can understand the problem, intervention, setting, and outcomes (Oermann, 2009). The SQUIRE guidelines assist in the reporting of QI projects, including details of the intervention and circumstances leading to the need for the change, and the setting and local conditions that could influence the outcomes. In addition, as Oermann (2009) points out, these guidelines can be used to educate nurses and other health care professionals on the QI process and as a framework for the project plan (p. 94). Categories include the following sections (and subsections): (a) title and abstract (title, abstract); (b) introduction (background knowledge, local problem, intended improvement, study question); (c) methods (ethical issues, setting, planning the intervention, planning the study of the intervention, methods of evaluation, and analysis); (d) results (outcomes); (e) discussion (summary, relation to other evidence, limitations, interpretation, and conclusions); and (f) other information (funding; Davidoff et al., 2008; Table 18.3).

Developing the manuscript content, proofreading, and responding to suggestions all take time, perseverance, and a positive attitude (Betz et al., 2005). To increase the chances that a manuscript will be accepted, the following guidelines are recommended: select the appropriate audience, select the appropriate journal, query the editor, include implications for practice and significance of your project, conform to submission requirements, adhere to copyright laws, use recent references, maintain organization, use tables

TABLE 18.3 SQUIRE Guidelines for Reporting QI Studies

Section of Paper	Description
Title and Abstract	Did you provide clear and accurate information for finding, indexing, and scanning your article?
1. Title	a. Indicate article is on improvement of quality b. State aim or intervention c. Indicate study method
2. Abstract	Summarize key information using journal abstract format
Introduction	Why did you start?
3. Background knowledge	Provide a brief summary of the current knowledge of the problem being addressed in the project; include characteristics of setting
4. Local problem	Describe the specific local problem addressed in the project
5. Intended improvement	a. Describe changes/improvements in processes and outcomes of proposed intervention b. Specify who and what led to the decision to make changes, include why project is done now (timing)
6. Study question	State primary and other questions that QI study was intended to answer
Methods	What did you do?
7. Ethical issues	Indicate ethical concerns of implementing the improvement and study and how they are addressed
8. Setting	Specify elements and characteristics of setting most likely to influence change/improvement
9. Planning the intervention	a. Describe intervention in enough detail for others to reproduce it b. Indicate factors that contributed to the decision about specific intervention to implement c. Describe plans for how intervention was to be implemented: what was done, how tests of change would be used to modify intervention, and by whom
10. Planning the study of the intervention	a. Outline plans for assessing how well the intervention was implemented b. Describe mechanisms by which intervention components were expected to cause changes, and plans for testing if they were effective c. Identify study design for measuring the effects of intervention d. Discuss plans for implementing essential aspects of study design e. Describe the aspects of study design that addressed internal validity (integrity of data) and external validity (generalizability)

(continued)

TABLE 18.3 SQUIRE Guidelines for Reporting QI Studies (*continued*)

Section of Paper	Description
11. Methods of evaluation	a. Describe instruments and procedures to assess effectiveness of implementation, contributions of intervention components and context factors to effectiveness of intervention, and outcomes b. Report validity and reliability of assessment instruments c. Explain methods to ensure data quality and adequacy
12. Analysis	a. Provide details of qualitative and quantitative (statistical) methods b. Align unit of analysis with the level at which the intervention was implemented, if applicable c. Specify degree of variability expected in implementation, change expected in primary outcome (effect size), and ability of study design (including size) to detect those effects d. Describe analytic methods to demonstrate effects of time as variable
Results	What did you find?
13. Outcomes	a. Nature of setting and improvement intervention: i. Indicate relevant elements of setting and structures and patterns of care that provided context for the intervention ii. Explain actual course of intervention iii. Document success in implementing intervention components iv. Describe how and why initial plan evolved and lessons learned b. Changes in processes of care and patient outcomes associated with intervention: i. Present data on changes observed in the care delivery process ii. Present data on changes observed in patient outcomes iii. Consider benefits, harms, unexpected results, problems, and failures iv. Present evidence on strength of association between observed changes/improvements and intervention components/context factors v. Include summary of missing data for intervention and outcomes
Discussion	What do the findings mean?
14. Summary	a. Summarize the most important successes and difficulties in implementing intervention and the main changes observed b. Highlight study's strengths

(continued)

TABLE 18.3 SQUIRE Guidelines for Reporting QI Studies (*continued*)

Section of Paper	Description
15. Relation to other evidence	Compare and contrast study results with relevant findings of others
16. Limitations	a. Consider possible sources of confounding, bias, or imprecision in design, measurement, and analysis that might affect study outcomes b. Explore factors that could affect generalizability c. Address likelihood that observed gains may weaken over time, and describe plans for sustainability d. Review efforts to minimize study limitations e. Assess effect of limitations on interpretation and application of results
17. Interpretation	a. Explore possible reasons for differences between observed and expected outcomes b. Draw inferences consistent with strength of data about causal mechanisms and size of observed change c. Suggest steps that might be modified to improve future performance d. Review issues of cost of intervention (opportunity and financial)
18. Conclusions	a. Consider practical usefulness of intervention b. Suggest implications for health care and other QI studies
Other information	Were there other factors relevant to the conduct and interpretation of the study?
19. Funding	List funding sources, if any, and role of funding organization in design, implementation, interpretation, and publication

QI, quality improvement; SQUIRE, Standards for Quality Improvement Reporting Excellence.
Adapted from Davidoff et al. (2008); Oermann (2009).

and graphs, determine authorship in advance, acknowledge appropriately, and conform to ethical practice (Smith & Matteo, 2009).

■ ETHICAL CONCERNS

Ethical issues in publication have recently come to the forefront. Siedlecki, Montague, and Schultz (2008) describe common ethical pitfalls that authors may encounter during the preparation and submission of a manuscript, and how to avoid them. These include plagiarism, failure to cite sources correctly, dual publications, and authorship decisions. Plagiarism can be intentional or unintentional, but involves stealing (knowingly or unknowingly) another person's work or ideas and using them as your own. It also includes self-plagiarism that occurs when an author borrows extensively from one of his or her prior works, and does not properly acknowledge the source through a citation. Although

citation errors are common in the health care literature, they connote sloppiness by the author, and may greatly hinder the reader's ability to locate a source. The use of citation management software programs, such as EndNote, can help eliminate this problem. Dual publication, or salami publishing, is the publication of multiple manuscripts for one project or study (Baggs, 2008; Siedlecki et al., 2008). Authorship problems can arise when several individuals submit an article as a group. Everyone who made a "substantial contribution" to the project should be listed as an author, and conversely, all individuals listed as authors should be involved in writing and reviewing the manuscript (Baggs, 2008; Broome, 2008; Graf et al., 2007; Siedlecki et al., 2008). Clear guidelines on authorship can be found on the website of the International Committee of Medical Journal Editors at www.icmje.org

Another component to ethical issues in dissemination is the ethical issues surrounding the dissemination of sensitive data and information. For example, if the translation of evidence identifies an improvement in outcomes, safety, or cost, the preimplementation data may be viewed as a poor outcome by some. A good rule of thumb is to be sure administrators are aware of outcome preimplementation and postimplementation of a translation project, prior to any dissemination. Another suggestion is to disseminate the information at the institutional level first prior to any dissemination outside of the institution.

Dissemination may be conducted with the purpose of influencing health policy. There is a need for health care professionals to write policy briefs based on the translation of evidence, in a way that legislators can understand. The key to writing a policy brief is to be succinct and direct in the communication (Melnyk & Fineout-Overholt, 2011).

Another avenue for dissemination of translation is to the media. Media may include both written (e.g., a magazine or newsletter) and face-to-face interviews. This can be a powerful method to get the findings to the public. However, for the inexperienced, it is recommended to contact a public relations specialist, if available through their organization, to assist with this type of dissemination (Melnyk & Fineout-Overholt, 2011).

■ CONCLUSION

In sum, dissemination is the final phase of translation, and an imperative for moving evidence into practice. Preparation for dissemination for any venue and by any method will enhance the success of any dissemination and translation initiative (Betz et al., 2005).

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