

THE CANADIAN DEMENTIA KNOWLEDGE TRANSLATION NETWOR

THE CANADIAN DEMENTIA KNOWLEDGE TRANSLATION NETWORK

## **Demystifying Knowledge Brokering**

Megan Harris BSc, BPHE, Dip Adult Ed, MPH Elizabeth Lusk, BA, MA (c) Sarah Clark, BA, MHA (c)

#### Using the technology

- **Chat Pods**: Type in your questions and we will do our best to answer them during and after the session
- **Polls**: Help us get to know more about you
- File Share: The slides and other documents will be shared in the File Share Pod at the end of the session
- Weblinks: Direct links to relevant surveys and sites will be shared at the end of the session

#### A little about us...

- CDRAKE Team:
  - Megan
  - Elizabeth
  - Sarah

#### A little about you...

Who's on the phone today?

Poll

#### An investment in learning

Made by...the Canadian Dementia Resource and Knowledge Exchange (CDRAKE), part of the Canadian Dementia Knowledge Translation Network (CDKTN)

#### **National KB Project**

- Phase 1: Lit Review, Core Competencies, KB Infosheet
- Phase 2: KB Exchange/Think Tank
- Phase 3: Curriculum/Resource Development
- Phase 4: National KB Conference

## Scope

- Context: Canadian health care system
- Application: Knowledge Brokers, and those engaged in knowledge brokering as a function of another role, including but not limited to other KT professionals

#### What is knowledge brokering?

Knowledge brokering is the **act of linking people** to people or people to information in order to share learning, better understand each other's goals or professional cultures, influence each other's work, and forge new partnerships (CHSRF, 2009). Knowledge brokering helps to bridge the 'know-do' gaps and promote evidence-informed decision- making (Lomas, 2007, van Kammen et al., 2006).

#### KB'ing at a glance

- Linking people with people or people with information
- Identifying and sharing opportunities for mutual benefit and collaboration
- Facilitating knowledge exchange between the audiences, in a format that best suits the context and individual needs
- Connecting with and learning from other KT professionals

- Scanning the environment by consulting key stakeholders, identifying funding priorities and trends, reviewing media releases, connecting with other knowledge brokers working in the system, reviewing literature, etc.
- Facilitating gap analysis, strategic planning and stakeholder analysis
- Mentoring, coaching stakeholders on knowledge translation techniques

Research:

 As members of a research centre, we know that our research findings could be very useful to managers and decision makers. We need to find a way to initiate knowledge exchange with these groups, both to promote the practical use of our research and point us in the right direction for future research. We need a knowledge broker who will facilitate a process for us to share our research findings with the right potential users, provide insight into their future needs, and promote collaborative relationships.

Public policy

 Due to scarce resources in the healthcare system, we need access to the most current information possible to help make better-informed decisions, which are supported by relevant research-based evidence. The Ministry of Health needs the help and insight of experts in the right domain. We need a knowledge broker to help us forge relationships with the right researchers and experts, and to keep us informed of relevant findings.

Community Care:

 I work in a regional community care agency, and I feel that many of my region's concerns about the healthcare system are not being adequately researched. I would like to create a network of various local stakeholders. I strongly believe that if we could share our reasoning with researchers, we could harvest more research relevant to our situation. We need a knowledge broker to help establish this network and these relationships with researchers and others who have knowledge to share.

Acute Care:

 My hospital is facing a serious shortage of resources, and as an administrator I must find better ways to manage my available resources. I know that many other hospital administrators have been and are in a similar position, and that there is significant research available on the subject. We need a knowledge broker who can facilitate access to the relevant research, help me develop relationships with other administrators, and help influence the direction of future research into hospital administration.

Long-term care:

 As the Director of Care in my long-term care home, I am always interested in innovative and resource-efficient ways to help staff improve their practice and support their learning goals. I know there are many education options out there that do not involve the typical in-service but I lack the resources to access that information. We need a knowledge broker to help keep us connected with and informed about learning opportunities and mechanisms that are most relevant for our needs.

- What is the degree to which these scenarios reflect your experiences? (Poll)
- Do you have other experiences or scenarios to add to these? (Secondary chat pod)
- Do you have any questions about knowledge brokering so far? (Primary chat pod)

#### **KB** Literature Review

- **Context:** KB'ing in health care system
- History of the KB role and knowledge brokering as KT facilitation strategy

#### **Inclusion Criteria**

- Language: published in English
- Time Period: published between January 1995 and February 2010
  - identified as 'landmark' published before January 1995
- Scope: Commonwealth nations and The United States

#### **Inclusion Criteria**

- Peer Reviewed Literature
- Gray Literature
- White Papers

## **Methods**

- Traditional literature search:
  - Establish / outline parameters, research questions and key terms
  - Search databases (PubMed, MEDLINE, ERIC, PsychInfo, Nursing & Allied Health Collection)
- Professional Library: practice-based collection of resources and tools

#### **Research Questions**

- What are successful knowledge brokering processes and strategies?
- What does the literature say about knowledge brokering as a KT facilitation strategy?
- Within the health sector, in what contexts and / or cultures does knowledge brokering occur?
- What tools and / or resources exist to inform or support knowledge brokering?

# Findings

- Of 143 papers reviewed, the review identified 15 articles through primary literature databases, 6 articles through grey literature databases and 31 references from the authors professional practice library.
- Forty-seven (47) references in total met the inclusion criteria and were included in the review.

# Findings

- Of the 47 references included, 60% were identified through the authors professional library (PL), 15% through MEDLINE, 11% through PubMed Central, 9% through Cochrane Library, 2% through the Canadian Public Health Association, and 2% through the Nursing & Allied Health Collection: Comprehensive.
- The types of references included 19 journal articles, 13 reports, 6 presentations, 6 abstracts, 2 conference proceedings and 1 categorized as other.

## **Next Steps**

- Content analysis of literature results
- Final Report

What KT literature have you found useful to support your practice? (Chat pod)

#### **KB** Core Competencies

The **knowledge**, **skills and attitudes** associated with knowledge professionals formally referred to as Knowledge Brokers, and other professionals engaging in knowledge brokering as a function of their role, are what we refer to as core competencies

#### **Development of KB CC's**

- Informed by literature review and practice-based knowledge
- First draft primarily built by knowledge brokers
- Second draft evolved with input from KT researchers, practitioners and more knowledge brokers (expert panel)

#### Preface

- Domains
  - Five domains that KB's either work within or cross
- Assumptions

## **KB** Domains

- 1. Research project-based: knowledge brokering that maximizes the impact of individual or collaborative research and education projects on policy and practice.
- 2. Network-based: knowledge brokering that facilitates knowledge sharing, use and reuse across local, regional, provincial / territorial, national, international networks (virtual or face-to-face).
- 3. Field/program-based: knowledge brokering within the context of a specific program to enhance the integration of quality knowledge (research-based or experiential) to support evidence-informed decision making across disciplines, sectors, and between knowledge users and producers.
- 4. **Topic/Issue-based:** knowledge brokering that facilitates a coordinated response across a cross section of researchers, policy makers, and care providers to identify health care issues.
- 5. Organization-based: knowledge brokering that facilitates the advancement of practice across a specific organization, or segment of an organization

#### **CC** Assumptions

- 1. Core competencies are defined as the knowledge, skills, and attitudes required of a knowledge broker to function effectively and ethically.
- 2. Knowledge brokering core competencies are relevant across all knowledge brokering domains, and apply across all contexts of practice to meet the information needs of the population served.
- 3. All knowledge brokering practice is included in the four domains
- 4. Regardless of domain of practice, or combination of domains, all knowledge brokers require the skills, or the ability to develop the skills, outlined in this document given that one kind of knowledge brokering often flows into another.
- 5. Knowledge brokering involves working in collaboration with a variety of researchers, policy makers, decision makers, and care providers across the care continuum to ensure the best possible delivery of health care in Canada.
- 6. Within the scope of practice, each knowledge broker is accountable for practising within his/her own level of individual competence and for determining the skill set and knowledge required by unique contexts and client needs.

#### **Core Competency #1**

#### 1. Develop mutual understanding of goals and cultures

- Develops and maintains professional relationships between self and stakeholder organizations, policy/decision makers, researchers, care providers and networks
- Links decision makers, researchers, and care providers with each other so that they are able to better understand each other's goals, professional cultures
- Fosters partnerships between professionals, organizations and sectors

#### **Core Competency #2**

- 2. Collaborate with knowledge users to identify issues and problems for which solutions are required
  - Engages in an initial and ongoing scan, or leverages information collected by others, of the priorities, issues, trends and concerns associated with the sector
  - Summarizes scan results and communicates to highlight key issues
  - Facilitates knowledge exchange opportunities between knowledge producers and potential knowledge users to inform knowledge yet to be produced

#### Core Competency #2 (cont...)

- 2. Collaborate with knowledge users to identify issues and problems for which solutions are required
  - Where appropriate, identifies or responds to the identification of opportunities to assemble groups (i.e. working groups, communities of practice (CoPs) or communities of interest (CoIs), steering committees, etc.) to engage in an ongoing assessment of topic-specific issues and possible subsequent solutions

#### **Core Competency #3**

- 3. Facilitate the identification, assessment, interpretation, and translation of evidence into policy and practice
  - Uses relevant knowledge about knowledge translation, knowledge transfer and knowledge exchange frameworks, theories, models, mechanisms and strategies, to help groups identify KT facilitation strategies that will best meet the unique information needs and context
  - Shares information with stakeholders about KT practices in order to build capacity for evidence-informed decision making

#### Core Competency #3 (cont...)

- Facilitate the identification, assessment, interpretation, and translation of evidence into policy and practice
  - Identifies, or facilitates the identification of quality evidence
  - Consults with, or facilitates the consultation between, key stakeholders (including the intended knowledge users) to facilitate the contextualization, interpretation and translation of quality evidence to ensure relevancy for target audience

#### **Core Competency #4**

- 4. Facilitate the management of information and synthesis of knowledge
  - Coordinates regular communications to link groups with information relevant to their current topic(s) of interest and maintain a rhythm of activity, foster ongoing knowledge exchange, and manage knowledge in an ongoing manner, including formats such as blogs, discussion forum prompts, e-mail communications, newsletters
  - Supports the accessibility of quality evidence through the design and development
  - Values the organization and management of knowledge as a key KT and sustainability strategy
  - Values intellectual property through the acknowledgement authors, originators, and contributors to any and all resources made available in the public domain (written, oral, etc.)

#### **Core Competency #4**

- 4. Facilitate the management of information and synthesis of knowledge
  - Develops and maintains understandings of web-based collaborative technology (e.g., blogs, discussion forums, online story-telling, etc.), and identifies and leverages the appropriate technology, based on the ability and needs of the group, to ensure the accessibility of quality evidence
  - Develops and maintains expertise of knowledge translation through deliberate visual design of quality evidence-based products to enhance the effectiveness of communication and understanding (i.e. 'knowledge translation through design)

## **CC's Next Steps**

- Ongoing feedback
- KB'ing Think Tank
- Validation of core competencies across the five domains

Comments, questions, initial reactions? (Chat pod)

#### **Domains at-a-glance**

Research project-based
 Network-based
 *S.Field/program-based* Topic/Issue-based
 Organization-based

#### **Field-Based KB'ing**

- Answering the question "What does it look like?"
- Research funders: ORC
- Primary research outcomes:
  - Enhance understanding of KB core competencies used by professionals who primarily practice field-based knowledge brokering (starting with Psychogeriatric Resource Consultants in Ontario)
  - Determine the value and impact of these skills on practice

#### **Research methods**

- Surveys distributed online to 50 PRC's
- Surveys distributed online to identified community partners
- Telephone interviews with PRC's and community partners
- Expand to other groups who practice field-based knowledge brokering (i.e.Halifax)

# What other groups are you aware of who might be willing to pilot the core competencies or be surveyed? (Chat pod)

#### **KB** Info Sheet

**KNOWLEDGE BROKERING info sheet** 



#### **KNOWLEDGE BROKERING** in the Canadian Healthcare System

#### Knowledge Brokering in Canada

Starting in 1995/1997, Oldham and McLean, Lomas, and subsequent Canadian Health Services Research Foundation (CHSRF) and Canadian Institutes of Health Research (CIHR) publications, have paved the way for knowledge brokering in a Canadian health care system. In a foundational report, The Theory and Practice of Knowledge Brokering in Canada's Health System, CHSRF (2003) brought to light the fact that

knowledge brokering is an ongoing and largely unrecognized and unplanned activity in many workplaces, so it is important to focus on the activities and processes.

Several have responded to this call for action by continuing to identify and define the role of knowledge brokers as fac of knowledge translation (KT).

Knowledge brokering is the act of linking people to people or people to information in order to share learning, better understand each other's goals or professional cultures, influence each other's work, and forge new partnerships (CHSRF, 2009). Knowledge brokering helps to bridge the 'know-do' gaps and promote evidence-informed decision-

making (Lomas, 2007, van Kammen et al., 2006).



Domains of Knowledge Brokering Knowledge Brokering at a Glance

Within the context of our current Based on the literature and lived experience of health care system structure. brokers, the following list contains examples of knowledge brokering activities cross five domains. A Knowledge activities and tasks that are typical of knowledge in action: Broker, or professional who brokers Initiating introductions and building relationships knowledge as a function of their Linking people with people or people with information role, may work within one domain or · Identifying and sharing opportunities for mutual benefit an across domains.

#### research project-based

 Facilitating knowledge exchange between the audiences, best suits the context and individual needs knowledge brokering that maximizes the impact Scanning the environment by consulting key stakeholders, funding priorities and trends, reviewing media releases, or other knowledge brokers working in the system, reviewing of individual or collaborative research and education projects on policy and practice.

#### network-based

networks (virtual or face-to-face).

specific program to enhance the integration of quality knowledge (research-based or

decision making across disciplines, sectors, and

experiential) to support evidence-informed

between knowledge users and producers.

knowledge brokering that facilitates a

knowledge brokering that facilitates the

advancement of practice across a specific organization, or segment of an organization.

policy makers, and care providers to identify

coordinated response amongst rese

field / program-based knowledge brokering within the context of a

topic / issue-based

health care issues.

organization-based

 Consulting with stakeholders to learn about knowledge us topics' or priority issues that affect care knowledge brokering that facilitates knowledge sharing, use and reuse across local, regional, provincial / territorial, national, international · Identifying, assembling and supporting key stakeholders t community of practice, or group activities

Facilitating gap analysis, strategic planning and stakehold

 Facilitating the development of work plans or project plans stakeholders or communities of practice · Connecting with and learning from other KT professionals · Mentoring, coaching stakeholders on knowledge translatio

Engaging in reflective practice and drawing themes from li

 Facilitating dialogue to understand the knowledge needs a characteristics of the intended knowledge users to inform · Supporting the accessibility of quality evidence by facilita

- development of:
- Consequent to: Rrowledge synthesis products (e.g., evidence-based)p literature review summaries, models, frameworks, blue decision-aids, narrative, etc.)
  Loarning events or arinis (e.g., webinars, Freside Chat events, in-sarvices, think takes, conferences, video, et Resource outcome (e.g., online databases, clairing) resources centres, knowledge banks, libraries, etc.)

- Any time that you share information and expe

with people in other projects, programs, organ or sectors, you are engaging in knowledge bro 48.090

	of where knowledge brokering, or the specific role of a Knowledge Broker, would be of value (adapted from CHSRF, 2004).	
of knowledge of the kinds of dge brokering	research	As members of a research cantee, we know that our research findings could be very useful to managem and decision makers. We need to find a way to initiate incombing exchange with these groups, both to promote the porticul and or consent/ and point in the right direction for future research. We need a knowledge bother who will Eclishan a process for us obtained or measure findings with the right pointual sees, ponde insight into their future needs, and premote collaborative mationaries.
and collaboration		
i, in a format that rs, identifying connecting with ng literature, etc.		Due to scarce resources in the healthcare system, we need access to the most current information possible to help make better-informed decisions, which are supported by relevant research-based exidence. The Ministry of Health needs the help and insight of experts in the right domain. We need a knowledge broker to help us roge netationships
users on 'hot	public policy	with the right researchers and experts, and to keep us informed of relevant findings.
to drive a project,		
lder analysis		I work in a regional community care agency, and I feel that many of my region's concerns about the healthcare system are not being adequately researched. I would like to create
ins with		a network of various local stateholders. I strongly believe that if we could share our reasoning with researchers, we could harvest more research relevant to our situation.
ls .		We need a knowledge broker to help establish this network and these relationships with
ion techniques lived experience	community care	researchers and others who have knowledge to share.
and n translation		My hospital is facing a serious shortage of resources, and as an administrator I must
ating design and		find better ways to manage my available resources. I know that many other hospital administrators have been and are in a similar position, and that there is significant
t/policy briefs, lueprints,	acute care	research available on the subject. We need a knowledge broker who can facilitate access to the relevant research, help me develop relationships with other administrators, and
hats, e-learning , etc.)		help influence the direction of future research into hospital administration.
nghouses,		As the Director of Care in my long-term care home, I am always interested in innovative
		and resource-efficient ways to help staff improve their practice and support their learning
		goals. I know there are many education options out there that do not involve the typical
ertise		in-service but I lack the resources to access that information. We need a knowledge
nisations okering.	long-term care	broker to help keep us connected with and informed about learning opportunities and mechanisms that are most relevant for our needs.

The impacts of knowledge brokering can be relevant for researchers, decision makers, and care providers across all points in the continuum of care including primary care, acute care, long-term care, rehabilitation, community and home care. Below are examples to know how the device backges are been acuted on the formation of the primary set of the primary of the primary care.

## Linkages

- Knowledge Translation Professionals Survey
  - http://www.surveymonkey.com/s/R6Z2JYL
- Any of you out there doing research in this field?
  - If so we'd love to have a conversation with you (Primary chat pod)

#### **KB Project Next Steps**

- Knowledge Brokering Think Tank (Fall, 2010)
- Explicit links between KB'ing as a KT facilitation strategy and common KT models and frameworks
- Exploring curriculum development

#### Connect with us.

#### Megan Harris: <u>harris@gestaltcollective.com</u> Elizabeth Lusk: <u>lusk@gestaltcollective.com</u> Sarah Clark: <u>clark@dementiaknowledgebroker.ca</u>

#### Reference

Harris M, Lusk E, Clark S. (2010, March 15). Demystifying Knowledge Brokering. Online Presentation for the Canadian Dementia Knowledge Translation Network (CDKTN), CA.

This work is licensed under the Creative Commons Attribution-Noncommercial-Share Alike 2.5 Canada License. To view a copy of this license, visit <u>http://creativecommons.org/licenses/by-nc-sa/2.5/ca/</u>

