



# The Knowledge Broker in You

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The background is a blue gradient with several overlapping, semi-transparent circular shapes of varying shades of blue, creating a layered effect. The word "Introductions" is centered in white text.

# Introductions

# Inspiration

- **Creating Transactional Spaces, KT10**

- **Brendan McCormack**

- Professor of Nursing Research/Postgraduate Tutor, Institute of Nursing Research/  
School of Nursing, University of Ulster, Northern Ireland

- **Val Wilson**

- Director of Nursing Research & Practice Development The Children's Hospital at  
Westmead and Professor of Nursing Research & Practice Development, The  
University of Technology Sydney



# Activity 1: The Health System

**“Knowledge brokering talent  
and persistence are key”**

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*- Paula Goering, Using Research to Influence Policy and Practice*

# **KB Domains**

**Research project-based**

**Network-based**

**Field/program-based**

**Topic/Issue-based**

**Organization-based**

# KB Info Sheet

## KNOWLEDGE BROKERING info sheet



## KNOWLEDGE BROKERING in the Canadian Healthcare System

### Knowledge Brokering in Canada

Starting in 1996/1997, 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 facilitators 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., 2005).

### Domains of Knowledge Brokering

Within the context of our current health care system structure, knowledge brokering activities cross five domains. A Knowledge Broker, or professional who brokers knowledge as a function of their role, may work within one domain or across domains.

**research project-based**  
knowledge brokering that maximizes the impact of individual or collaborative research and education projects on policy and practice.

**network-based**  
knowledge brokering that facilitates knowledge sharing, use and reuse across local, regional, provincial / territorial, national, international networks (virtual or face-to-face).

**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.

**topic / issue-based**  
knowledge brokering that facilitates a coordinated response amongst researchers, policy makers, and care providers to identify health care issues.

**organization-based**  
knowledge brokering that facilitates the advancement of practice across a specific organization, or segment of an organization.

## knowledge brokering in practice.

### Knowledge Brokering at a Glance

Based on the literature and lived experience of knowledge brokers, the following list contains examples of the kinds of activities and tasks that are typical of knowledge brokering in action:

- Initiating introductions and building relationships
- 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
- 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.
- Consulting with stakeholders to learn about knowledge users on 'hot topic' or priority issues that affect care
- Identifying, assembling and supporting key stakeholders to drive a project, community of practice, or group activities
- Facilitating gap analysis, strategic planning and stakeholder analysis
- Facilitating the development of work plans or project plans with stakeholders or communities of practice
- Connecting with and learning from other KT professionals
- Mentoring, coaching stakeholders on knowledge translation techniques
- Engaging in reflective practice and drawing themes from lived experience
- Facilitating dialogue to understand the knowledge needs and characteristics of the intended knowledge users to inform translation and development of:
  - Knowledge synthesis products (e.g., evidence-based policy briefs, literature review summaries, models, frameworks, blueprints, decision-aids, narratives, etc.)
  - Learning events or series (e.g., webinars, Fireside Chats, e-learning events, in-services, think tanks, conferences, video, etc.)
  - Resource collections (e.g., online databases, clearinghouses, resources centres, knowledge banks, libraries, etc.)

“Any time that you share information and expertise with people in other projects, programs, organisations or sectors, you are engaging in knowledge brokering.”  
-AB-GTC

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 of where knowledge brokering, or the specific role of a Knowledge Broker, would be of value (adapted from CHSRF, 2004).

### 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.



Activity 2:  
The Purpose of Knowledge  
Brokering



# KB Core Competencies

Develop mutual understanding of  
goals and cultures

## KB Core Competencies

Collaborate with knowledge users and producers to identify issues and problems for which solutions are required

# KB Core Competencies

Facilitate the identification, access, assessment, interpretation, and translation of evidence into policy and practice

# KB Core Competencies

Facilitate the management of  
information and knowledge

# KB Core Competencies

## CANADIAN KNOWLEDGE BROKERING core competency framework



### Knowledge Brokering in Canada

The Canadian Dementia Knowledge Translation Network (CDKTN) is pleased to present the second draft of the Canadian Knowledge Brokering Core Competency Framework. The development of the framework represents an important step in the evolution of knowledge brokering in the Canadian health care system. In the health sector, knowledge brokering has enjoyed less than a decade of popularity as a strategy to facilitate the flow of knowledge and experience to improve practice and policy. Despite the relative "novelty", the increasing awareness and application of knowledge brokering concepts has led to a call for an emerging consensus on core competencies associated with the role.

This draft core competency framework presents the competencies expected of the entry-level knowledge broker,

identified and developed through evidence (research and experiential), and contributed to by knowledge translation practitioners and academics, validation of these competencies will commence in the spring of 2010.

The competencies and validation data will refine the description of knowledge brokering and potential impact, and will allow organizations to replicate the successes of others currently applying this knowledge translation strategy.

CDKTN welcomes feedback to help inform future reviews of the **Canadian Knowledge Brokering Core Competency Framework**. Please forward feedback to:

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Harris M and Lusk E. Knowledge Brokering in the Canadian Mental Health and Dementia Health Care System: Canadian Knowledge Brokering Core Competency Framework. Canadian Dementia Knowledge Translation Network. Canada; 2010.

### Acknowledgements

Several knowledgeable provincial / territorial and national stakeholders participated in the development of this draft document, and will continue to be engaged throughout subsequent validation and revision. In particular, we would like to acknowledge the lived experiences of several knowledge brokers and other knowledge professionals whose insights to the role helped shape the early drafts of these core competencies (in alphabetical order by last name):

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- Sarah Clark, Knowledge Broker, Alzheimer Knowledge Exchange
- Maureen Dobbins, McMaster University
- Leslie Eckel, Knowledge Exchange Associate, ideas For Health, University of Western Ontario, University of Alberta
- Dorothy Forbes, Knowledge Broker, Seniors Health Research Transfer Network
- Robin Hurst, Knowledge Broker, Seniors Health Research Transfer Network
- Terry Kirkpatrick, Knowledge Broker, Seniors Health Research Transfer Network
- Paula Robeson, Knowledge Broker, Health Evidence, McMaster University
- J Kenneth LeClair, Co-Director, Centre for Aging and Health, Providence
- Jennifer Sheppard, Knowledge Broker, Seniors Health Research Transfer Network
- Jacqueline Tetroe, Knowledge Translation, Canadian Institutes for Health Research

### Definitions

#### knowledge

For the purposes of this document, unless otherwise stated, the term "knowledge" refers to research-based knowledge, practice-based knowledge, and the knowledge based on the lived experience of the person giving or receiving care.

#### knowledge translation

Knowledge translation (or KT) is the exchange, synthesis and ethically-sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system (1). For the purposes of this document, we will refer to knowledge translation with the understanding that the term includes knowledge exchange and is sometimes referred synonymously as knowledge transfer.

#### knowledge brokering

### Introduction

A shift from moving evidence [into practice] to solving problems is due (2). Our health care system places high demands on health care workers, over-burdening people with the task of keeping current while concurrently maintaining the highest standards for providing quality care. One mechanism to ease the individual burden of keeping current, and distribute the "load", is knowledge brokering.

The role of the Knowledge Broker (formal or implied) is one of the few in the system where the primary function is to link people across the continuum of care. The key feature of knowledge brokering is opening up the lines of communication and connecting people, allowing them the opportunity to build good working relationships and feel comfortable exchanging ideas, knowledge and information (3).

The approach to knowledge brokering in the mental health and dementia sector transcends all health issues. 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. In identifying

possible to bring together and allow them to work side-by-side to increase knowledge translation

to all knowledge brokers and their role within the field to not only guide them as a communication and KT facilitator. It is hoped that these knowledge brokering as a ready engage in and to inform way. This and experience, and understanding of this very

### knowledge brokering in practice.

Within the context of our current health care system infrastructure, knowledge brokering activities cross five domains. A Knowledge Broker, or a professional who brokers knowledge as a function of their role, may work within one domain or across several domains.

The domains are as follows:

#### research project-based

knowledge brokering that maximizes the impact of individual or collaborative research and education projects on policy and practice.

#### network-based

knowledge brokering that facilitates knowledge sharing, use and reuse across local, regional, provincial / territorial, national, international networks (virtual or face-to-face).

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Version 02 | Last Updated: March 11, 2010

4

# Awareness Test

# Why some Ideas “Stick”

Simplicity

Credibility

Unexpectedness

Emotion

Concreteness

Story

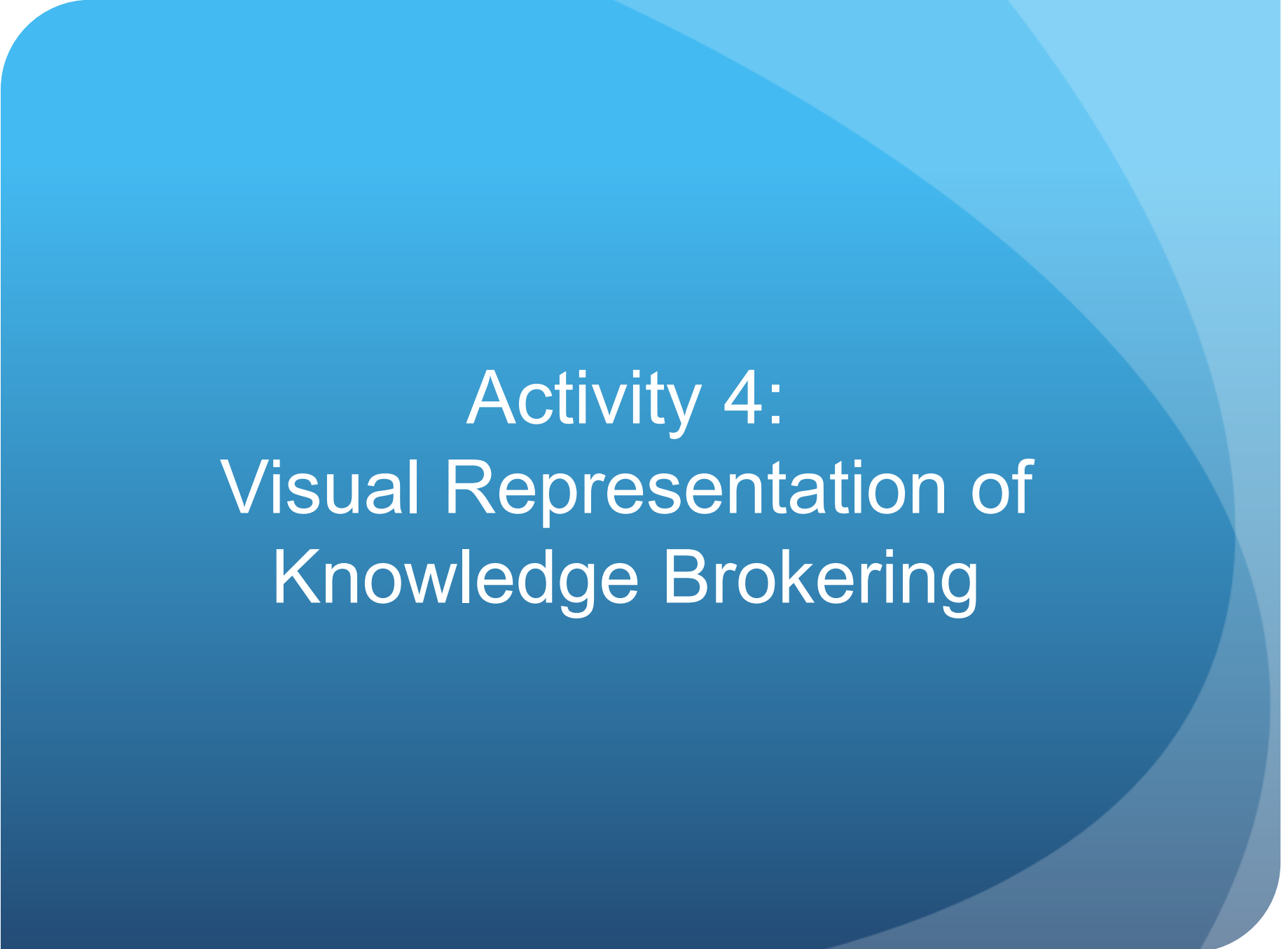
*Why Some Ideas Survive and Others Die...Made to Stick.  
Chip Heath & Dan Heath*

**“It’s taken me all my life to  
learn what not to play.”**

*- Dizzy Gillespie*



Activity 3:  
Knowledge Exchange  
Knowledge Brokering



Activity 4:  
Visual Representation of  
Knowledge Brokering

Objective 1: Understand that you are a part the health system and the system is made of people

Objective 2: Understand the concept of brokering knowledge and by extension the potential impact on the system

Objective 3: How to cultivate this practice more deliberately

Objective 4: Have the tools and language available to you so you can communicate about and help others value this practice

# Contact Us

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## Reference

- Harris M , Lusk E and Clark, S. (2010, September 28).The Knowledge Broker in You. Presentation at the Canadian Coalition for Seniors' Mental health 4<sup>th</sup> National Conference: connecting Research & Education to Care in Seniors' Mental Health, Halifax, Nova Scotia.
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