Breaking IKT Barriers with Knowledge Exchange

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KT Conceptual Design Lead

Objectives

- To understand the theoretical underpinnings that support effective IKT facilitation
- To understand and apply real-world application of knowledge exchange mechanisms and facilitators
- To value the role of knowledge brokering to link knowledge producers and users for practical, relevant and timely knowledge generation

What We Will Discuss

① Why IKT

② KTE Theory

③ KTE Facilitators

Why IKT

KTE Theory

KTE Facilitators

Why IKT?

- Video Clip:
  - Food Inc. Dir. Robert Kenner. Writ. Robert Kenner, Elise Pearlstein, Kim Roberts. Perfs. Gary Hirshberg, Michael Pollan, Troy Roush, Joel Salatin, Eric Schlosser. 2008. DVD. Magnolia Home Entertainment, 2009.

"Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it"

A.A. Milne 1926
Illustration E.H. Shepard 192614

KTE Terms

- Knowledge
- Knowledge Translation
- Knowledge Transfer
- Knowledge Exchange
- **Integrated Knowledge Translation**
- End-of-Grant Knowledge Translation
- Knowledge Mobilization
- Knowledge Diffusion

Integrated KT

An **integrated KT (IKT) approach** to research involves knowledge users and producers working to produce research results that are highly relevant and thus more likely to be used to improve health and the health system (CIHR, 2009).

KTE Theory

- Promoting Action on Research Implementation in Health Services (PARiHS Framework)
- Knowledge Transfer and Exchange Cycle
- Knowledge to Action Process / Framework
- Network Theory

PARiHS Framework

- Evidence
- Context
- Facilitation

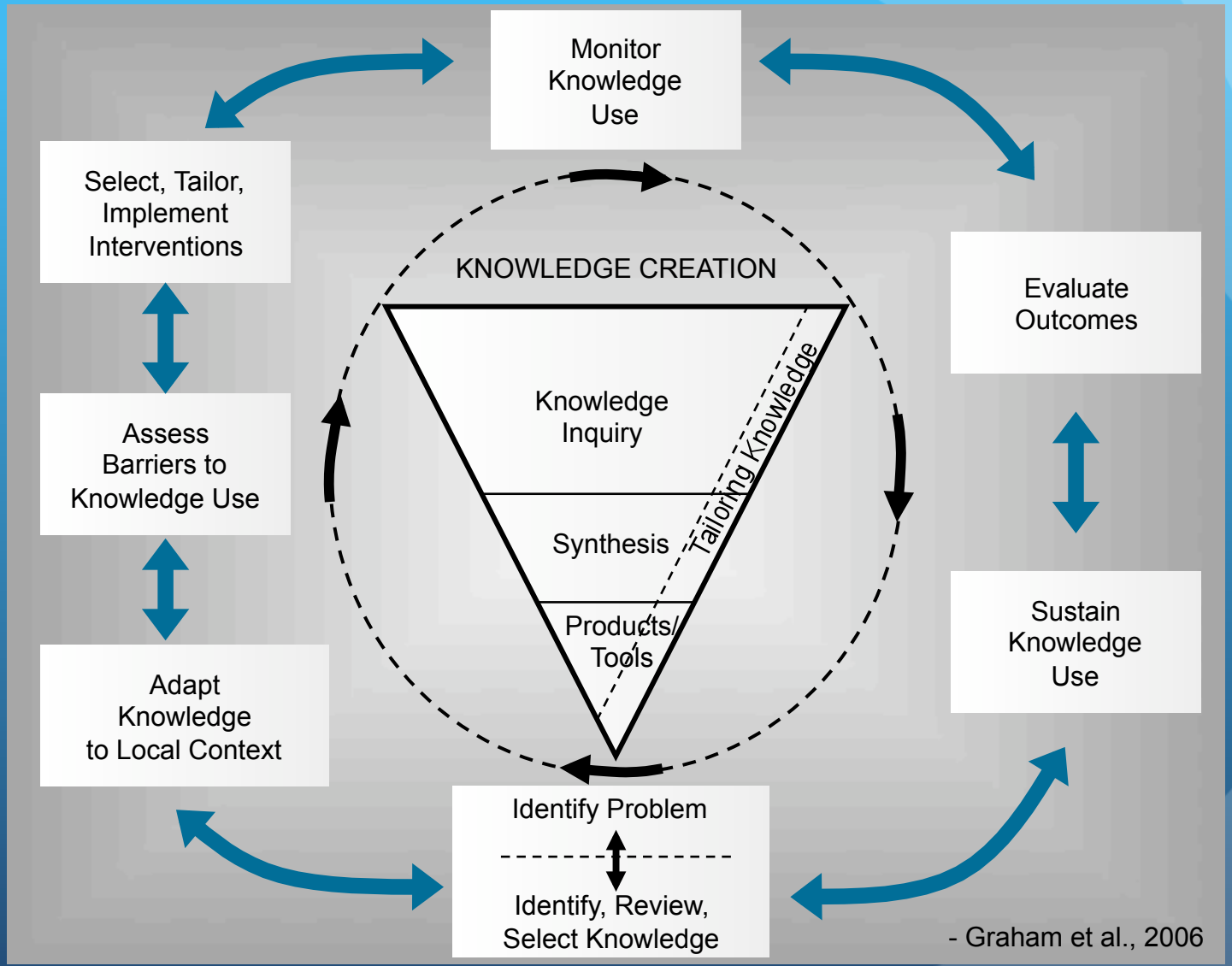
- Kitson et al., 1998; Rycroft-Malone et al., 2002; Kitson et al., 2008

KTE Cycle

- Knowledge Generation
- Knowledge Translation
- Knowledge Awareness and Access
- Knowledge Use
- Knowledge Accumulation and Retrieval

- Sullivan et al., 2004

Knowledge-to-Action Framework



KTE Theory

Network Theory

- Building Connections
- Building Leadership
- Building Innovation
- Building Collaborative Advantage
- Building Supportive Infrastructures
- Building Social Capital
- Building Commitment
- Building Legitimacy

- Horgan, 2009; Milward and Provan, 2006

Common Themes

- Awareness of and access to quality information
- **Knowledge generation informed by practice-based and lived experience**
- Facilitation strategies informed by evidence and culture/context considerations

Knowledge Exchange

Knowledge Brokering

- Round table of projects and priorities (30 minutes)
  - Goals
  - Partners
  - Scope
  - Challenges
- Reflection (10 minutes)
  - How was the experience of focused time for sharing?
  - What could improve these exchanges?
  - Now what?

Knowledge Exchange

“Discussion is an exchange of knowledge; an argument an exchange of ignorance.”

- Robert Quillen

KE Platforms

- In-person
- Virtual
- Communities of Practice

KTE Facilitators

KE In-Person

- How many of you prefer in-person?
- Why?
- What are some of the challenges?
- What can we do about them?

KTE Facilitators

KE Virtual

- Social Media
- Collaborative Technology

KTE Facilitators

Social Media

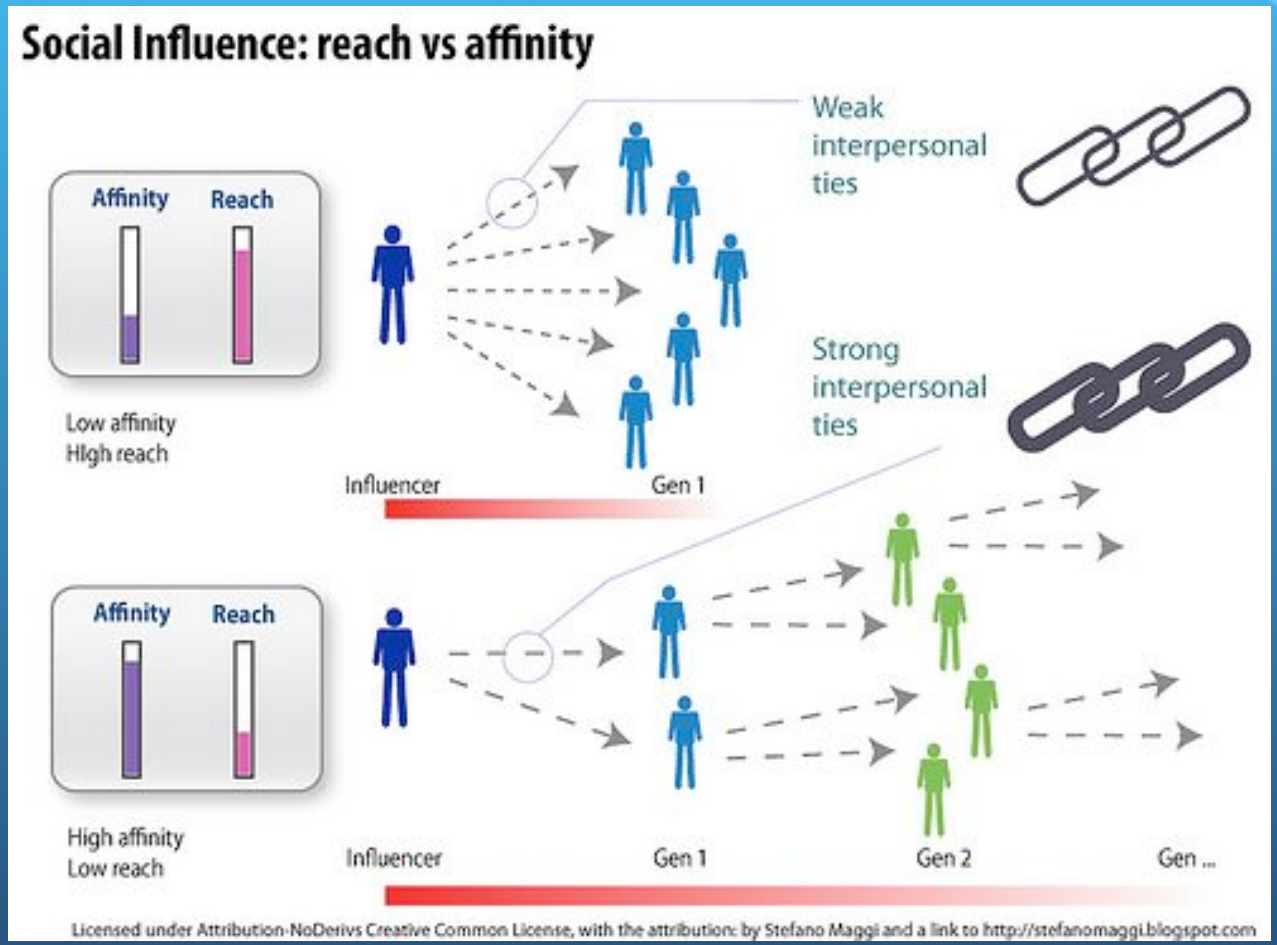
- Video Clip:
  - Social Media Revolution 2 (Refresh)

KTE Facilitators

Social Media

KTE Facilitators

Social Media



KTE Facilitators

Collaborative Technology

- Webinar
- Teleconference
- Videoconference
- Live chat

KTE Facilitators

KE in CoPs

Type of Group	Purpose	Who	Held together by?	How long?
Communities of Practice	**To develop members' capabilities; to build and exchange knowledge**	**Members who select themselves**	**Passion, commitment and identification with the groups expertise**	**As long as there is interest in maintaining the group**
Formal work group	To deliver a product or service	Everyone who reports to the group's manager	Job requirements and common goals	Until the next reorganization
Project team	To accomplish a specific task	Employees assigned by senior management	The project's milestones and goals	Until the project has been completed
Informal network	To collect and pass on (business) information	Friends and business acquaintances	Mutual needs	As long as reason to connect exists
Communities of Interest	Informational	Self-selection based on individual interest	Information access, sense of likemindedness	As long as there is interest in maintaining the group

KTE Facilitators

KE and IKT

National Knowledge Brokering Project

KTE Facilitators

Knowledge Brokering

"Knowledge brokering talent and persistence are key [in knowledge networks]"

- Paula Goering, Using Research to Influence Policy and Practice

KB in Canada

- System
- Organization
- Individual role
- Integrated role

KTE Facilitators

KB Domains

1. Research project-based
2. Network-based
3. Field/program-based
4. Topic/Issue-based
5. Organization-based

KTE Facilitators

KB Core Competencies

CANADIAN KNOWLEDGE BROKERING core competency framework

KNOWLEDGE BROKERING
in the Canadian Mental Health and Dementia Health Care System

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 "newness", 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.

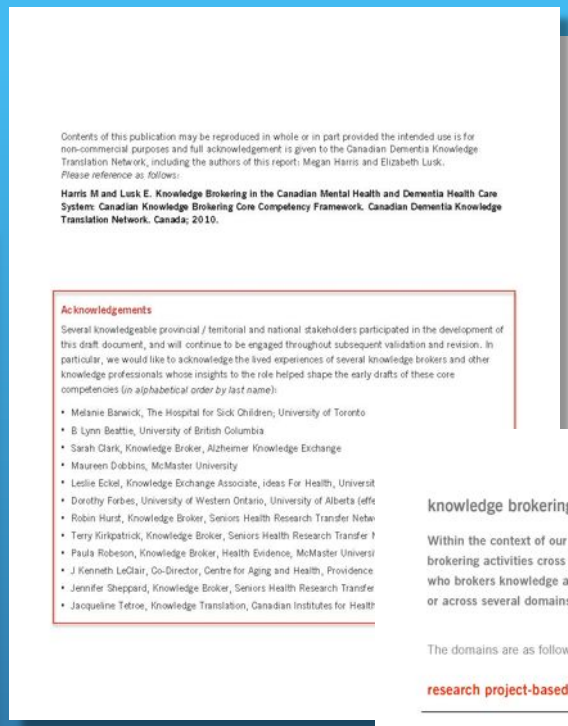
This draft core competency framework presents the competencies expected of the entry-level knowledge broker, identified and developed through evidence (research and experiential), and contributed to by knowledge translation practitioners and academics; validation of these competencies will commence in 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:*

Megan Harris, KTE Associate
e-Mail: meganharris@sympatico.ca • ph: 905.864.706

Version 02 / Last Updated: March 11, 2010



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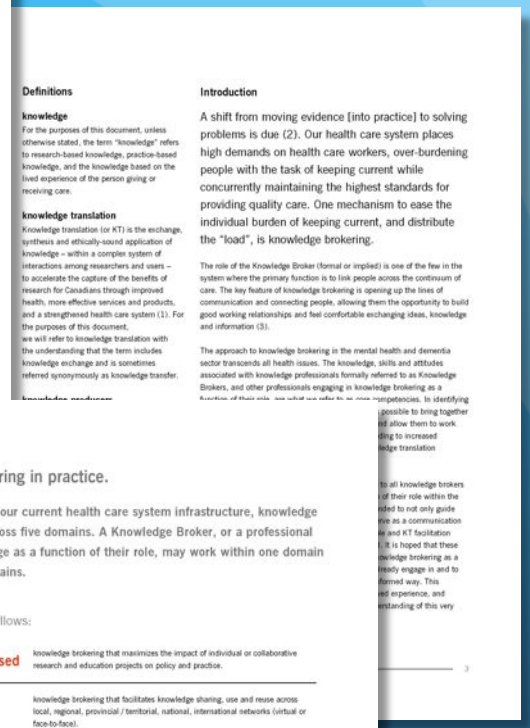
Please reference as follows:

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*):

- Melanie Barwick, The Hospital for Sick Children; University of Toronto
- B Lynn Beattie, University of British Columbia
- Sarah Clark, Knowledge Broker, Alzheimer Knowledge Exchange
- Maureen Dobbins, McMaster University
- Leslie Eckel, Knowledge Exchange Associate, ideas For Health, Universit
- Dorothy Forbes, University of Western Ontario, University of Alberta (effe
- Robin Hurst, Knowledge Broker, Seniors Health Research Transfer Netw
- Terry Kirkpatrick, Knowledge Broker, Seniors Health Research Transfer
- Paula Robeson, Knowledge Broker, Health Evidence, McMaster Universi
- J Kenneth LeClair, Co-Director, Centre for Aging and Health, Providence
- Jennifer Sheppard, Knowledge Broker, Seniors Health Research Transfer
- Jacqueline Tetroe, Knowledge Translation, Canadian Institutes for Health



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

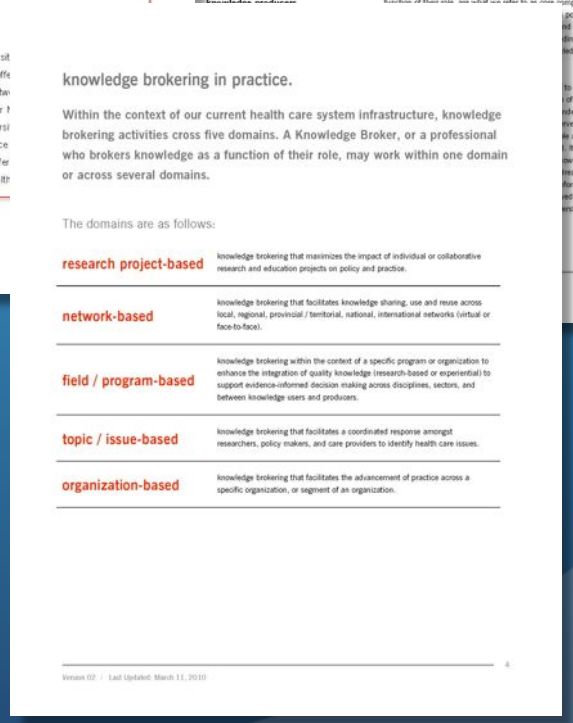
Knowledge translation (or KT) is the exchange, synthesis and ethically-sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, 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.

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



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:

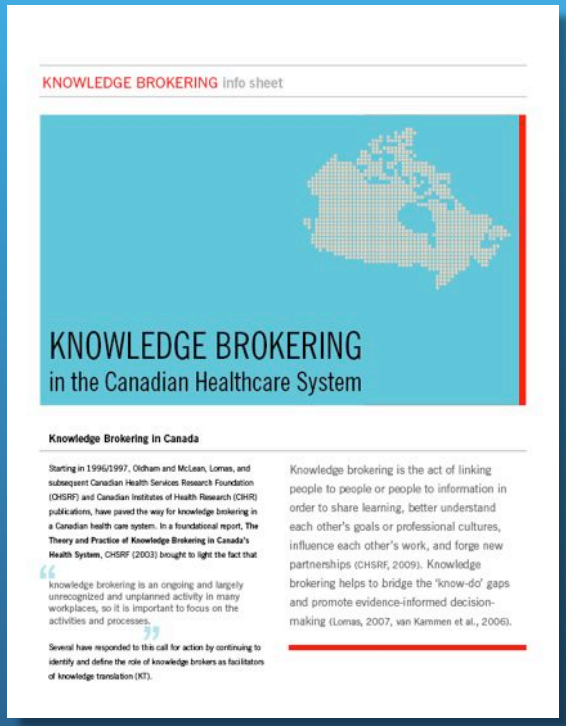
research project-based	knowledge brokering that maximizes the impact of individual or collaborative research and education projects on policy and practice.
network-based	knowledge brokering that facilitates knowledge sharing, use and reuse across local, regional, provincial / territorial, national, international networks (virtual or face-to-face).
field / program-based	knowledge brokering within the context of a specific program or organization 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.

Version 02 / Last Updated: March 11, 2010

KTE Facilitators

KB Research – A Story about IKT

KB Info Sheet



KNOWLEDGE BROKERING info sheet

KNOWLEDGE BROKERING
in the Canadian Healthcare System

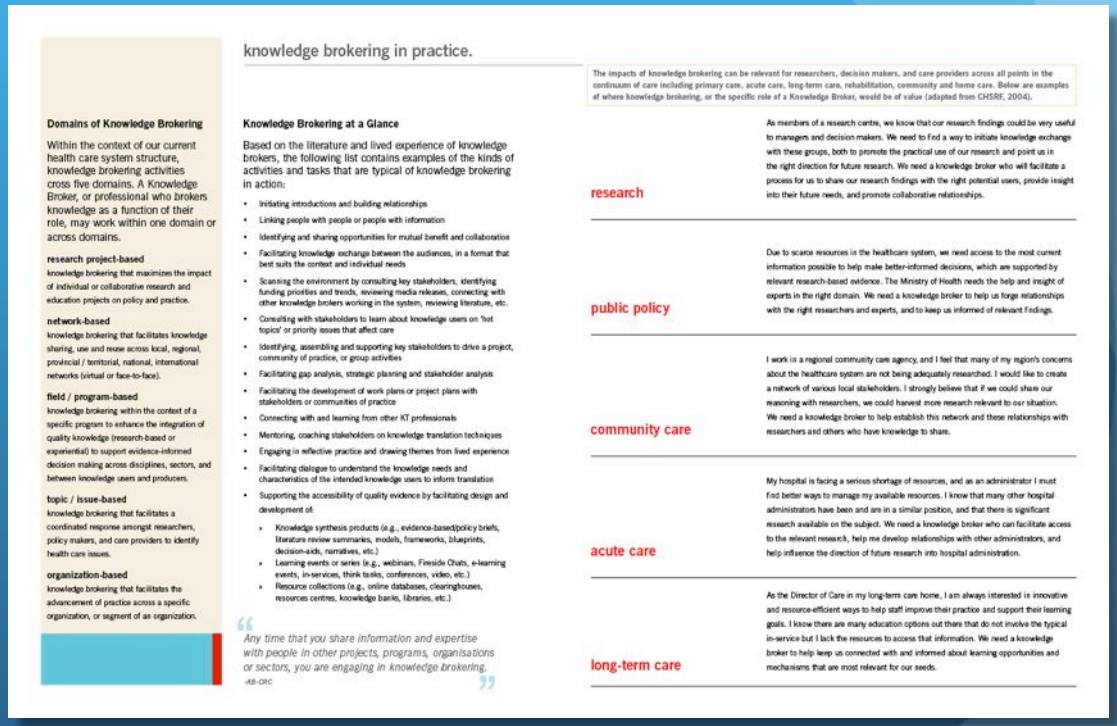
Knowledge Brokering in Canada

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., 2006).



Domains of Knowledge Brokering

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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 topics' 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
- Supporting the accessibility of quality evidence by facilitating design 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-ORC

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.

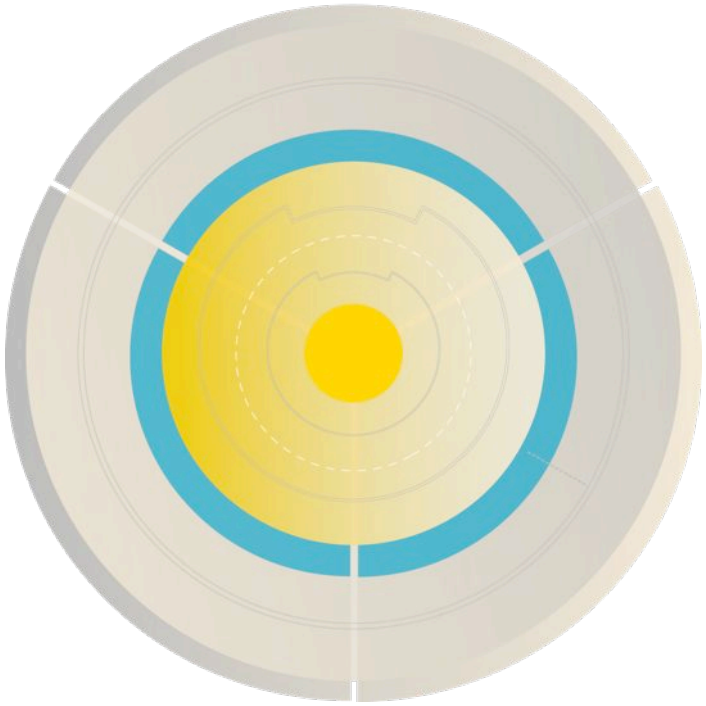
KTE Facilitators

What does a KB need to know?

- Video:
  - Thank You For Not Smoking

KTE Facilitators

THE BASICS:



CDRAKE model

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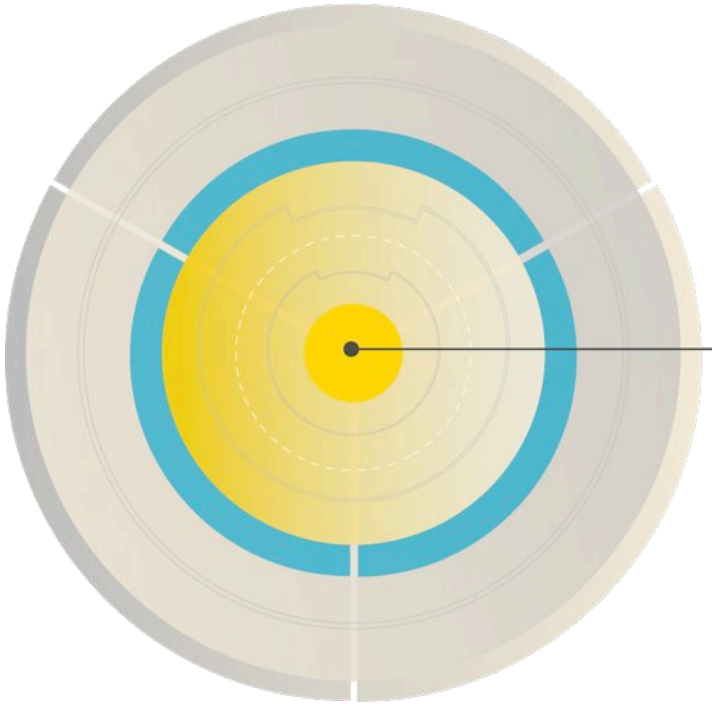

WHY:
target audience
driving needs

CDRAKE model

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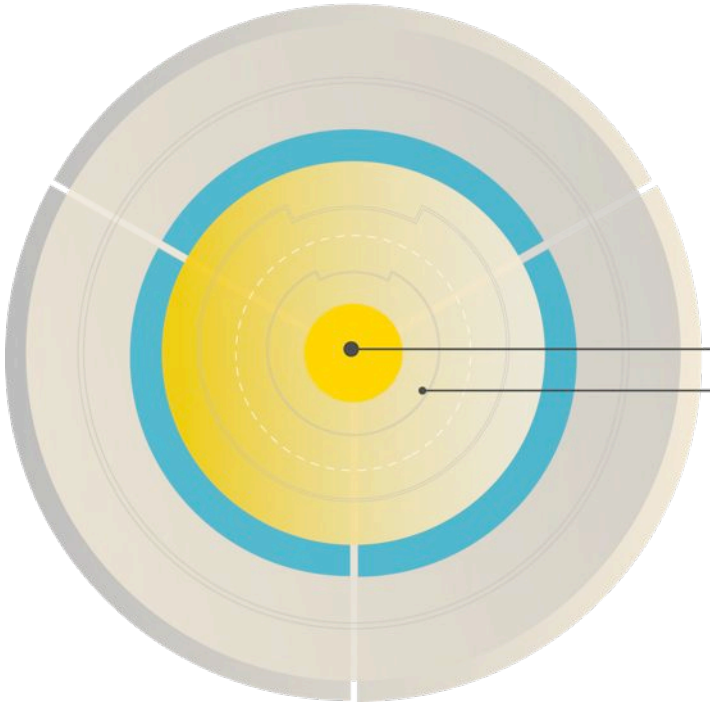

WHY:
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WHAT:
theory & practice:
theoretical frameworks
and approaches to
support successful
Knowledge Transfer
and Exchange (KTE)

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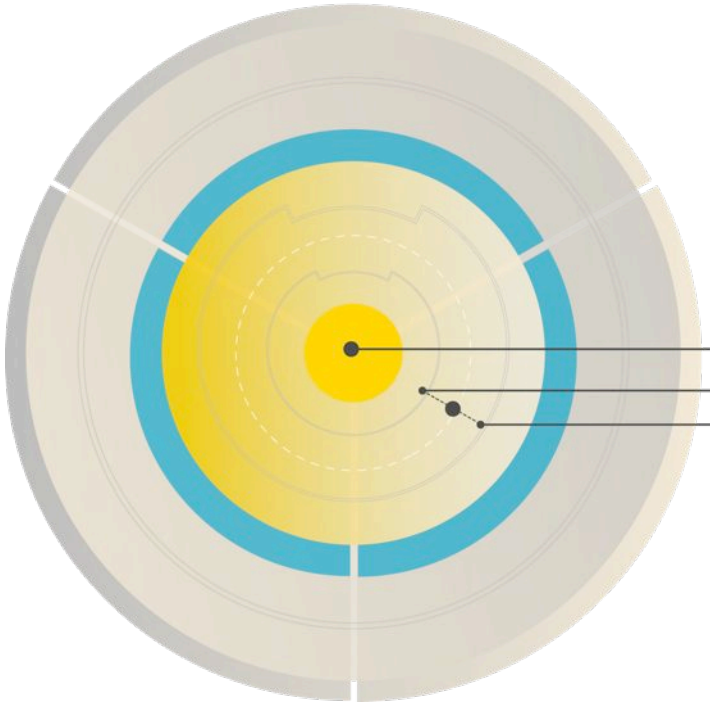

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network development:
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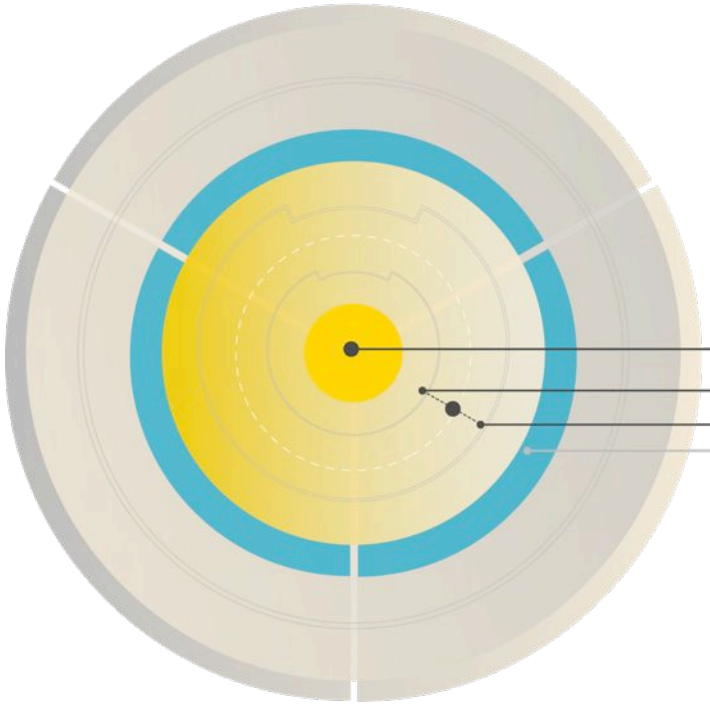

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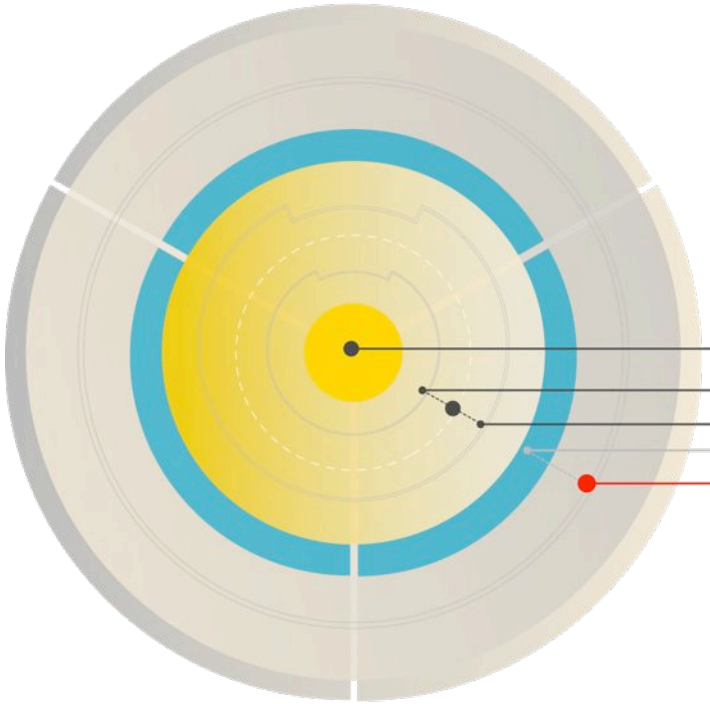

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HOW:
current components
and opportunities
for knowledge
exchange that exist
within CDRAKE

CDRAKE model

HOW THIS CAN BE USED:

HOW THIS CAN BE USED:

for practical purposes

As a communication tool to distinguish the components of our knowledge exchange network.

CDRAKE model

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To explore how a network can facilitate knowledge transfer and exchange (KTE).

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for theoretical purposes

To explore how a network can facilitate knowledge transfer and exchange (KTE).

To understand how KTE can improve the quality of life of persons with dementia and their caregivers.

CDRAKE model

WHY

Improve quality of life for persons with dementia and their care partners

CDRAKE model

WHAT: *theory & practice*

ongoing evaluation

practice-based experience

KTE models / frameworks

KTE mechanisms / facilitators

CDRAKE model

WHAT: *network development*

building leadership

building supportive infrastructure

building innovation

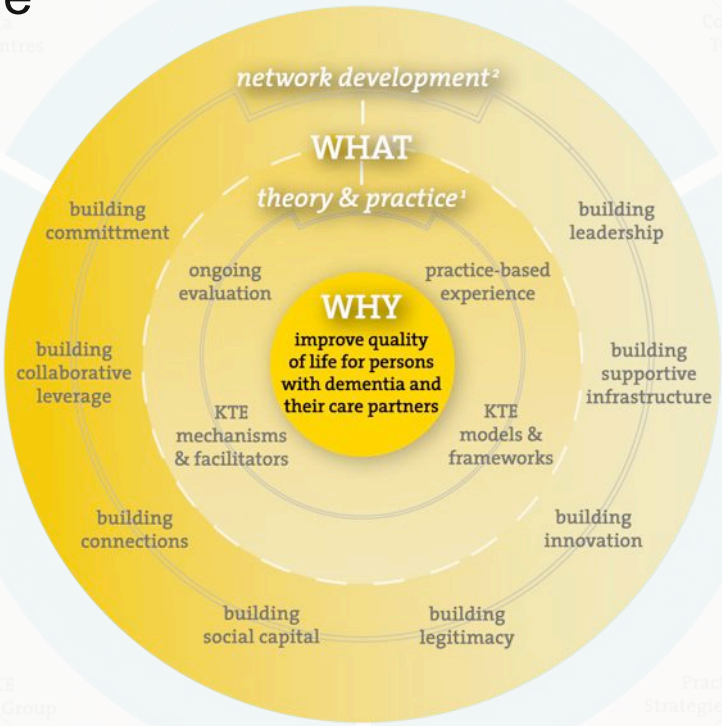
building legitimacy

building social capital

building connections

building collaborative leverage

building commitment



CDRAKE model

Strategic Goals

Supporting Continuous Quality Improvement

Nurturing Innovations

Building Strategic Partnerships

CDRAKE model

HOW

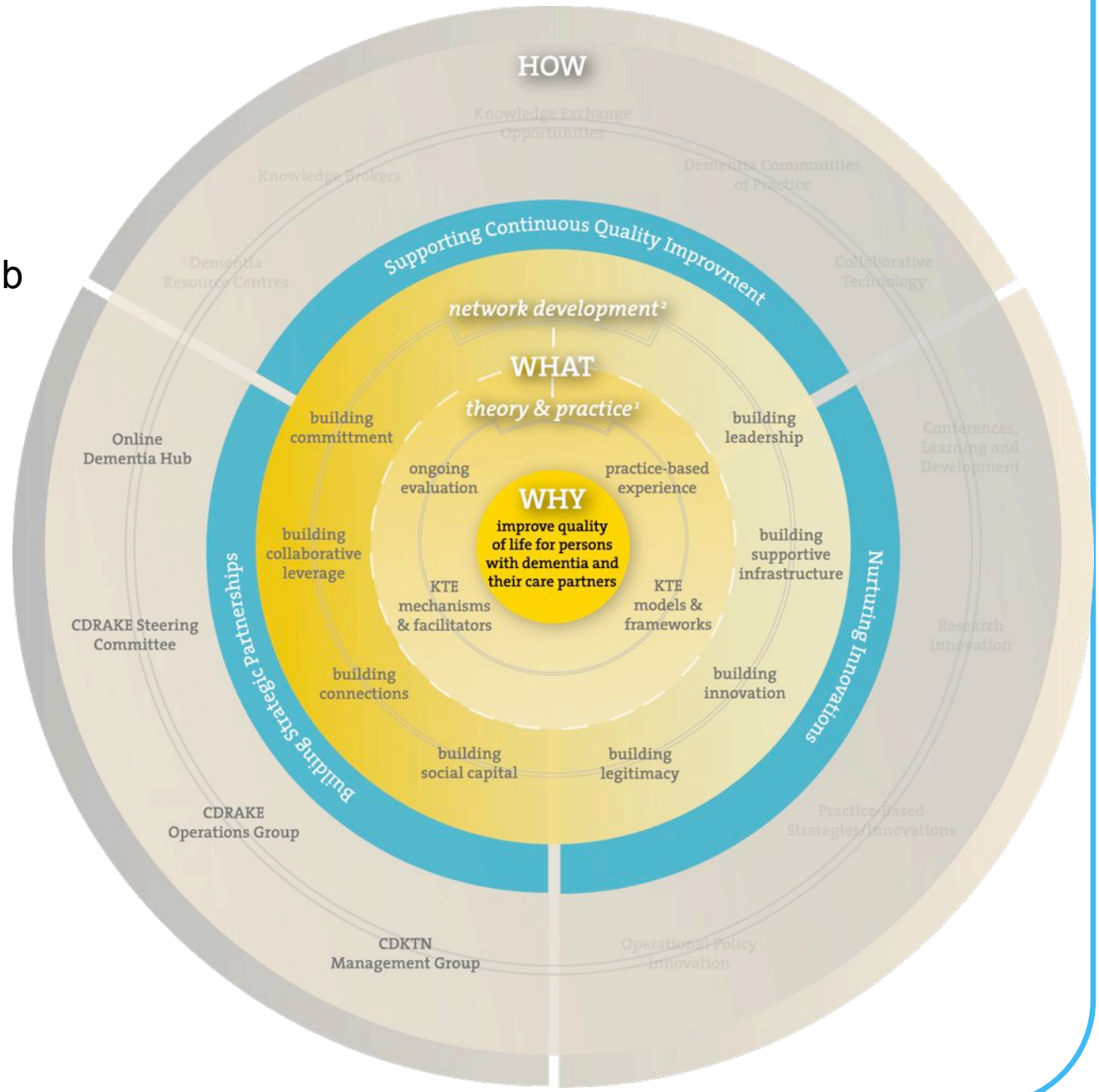
Building Strategic Partnerships

Online Dementia Hub

CDRAKE
Steering Committee

CDRAKE
Operations Group

CDKTN
Management Group



CDRAKE model

HOW

Supporting Continuous Quality Improvement

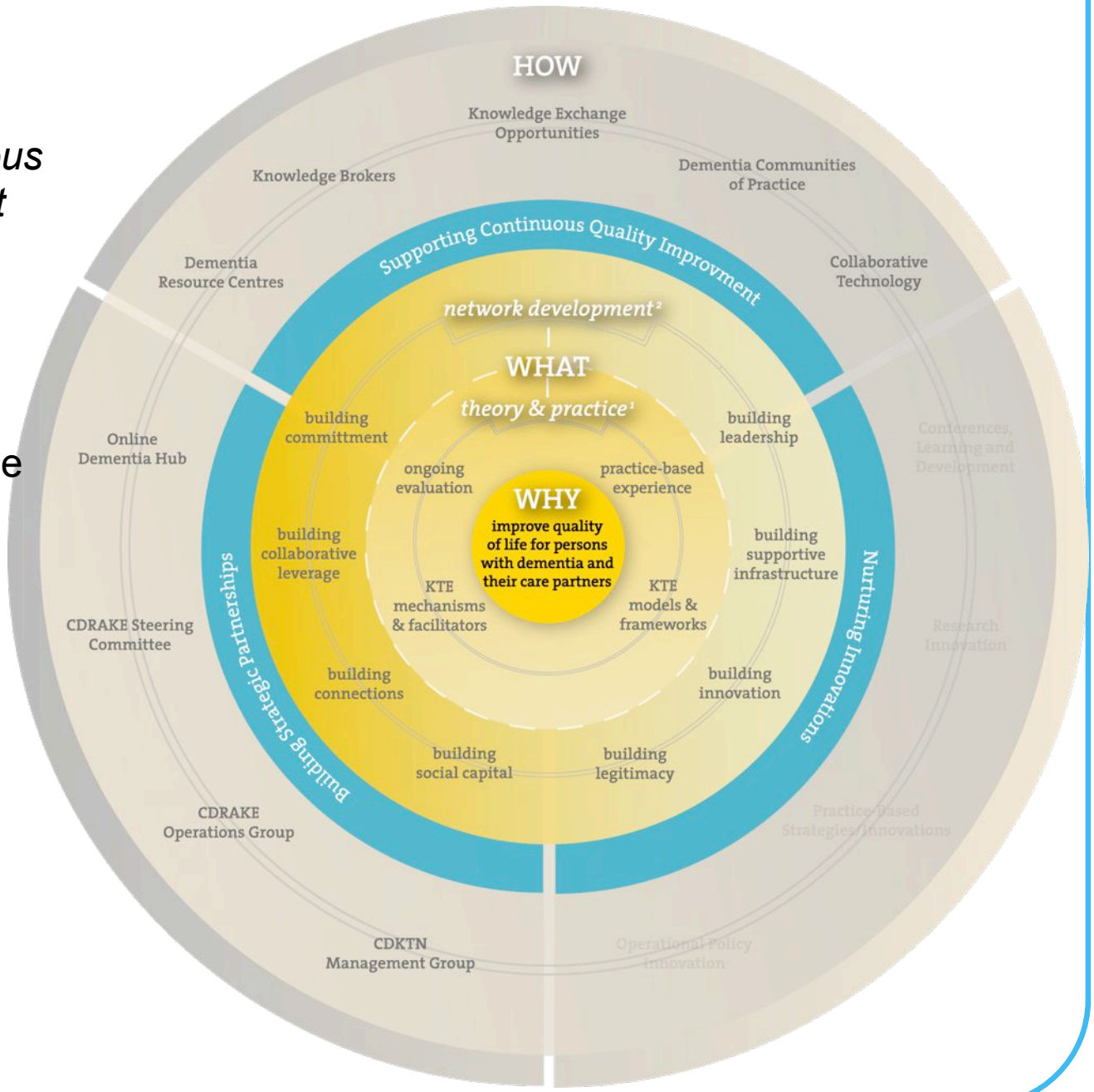
Dementia Resource Centres

Knowledge Brokers

Knowledge Exchange Opportunities

Communities of Practice

Collaborative Technology



CDRAKE model

HOW

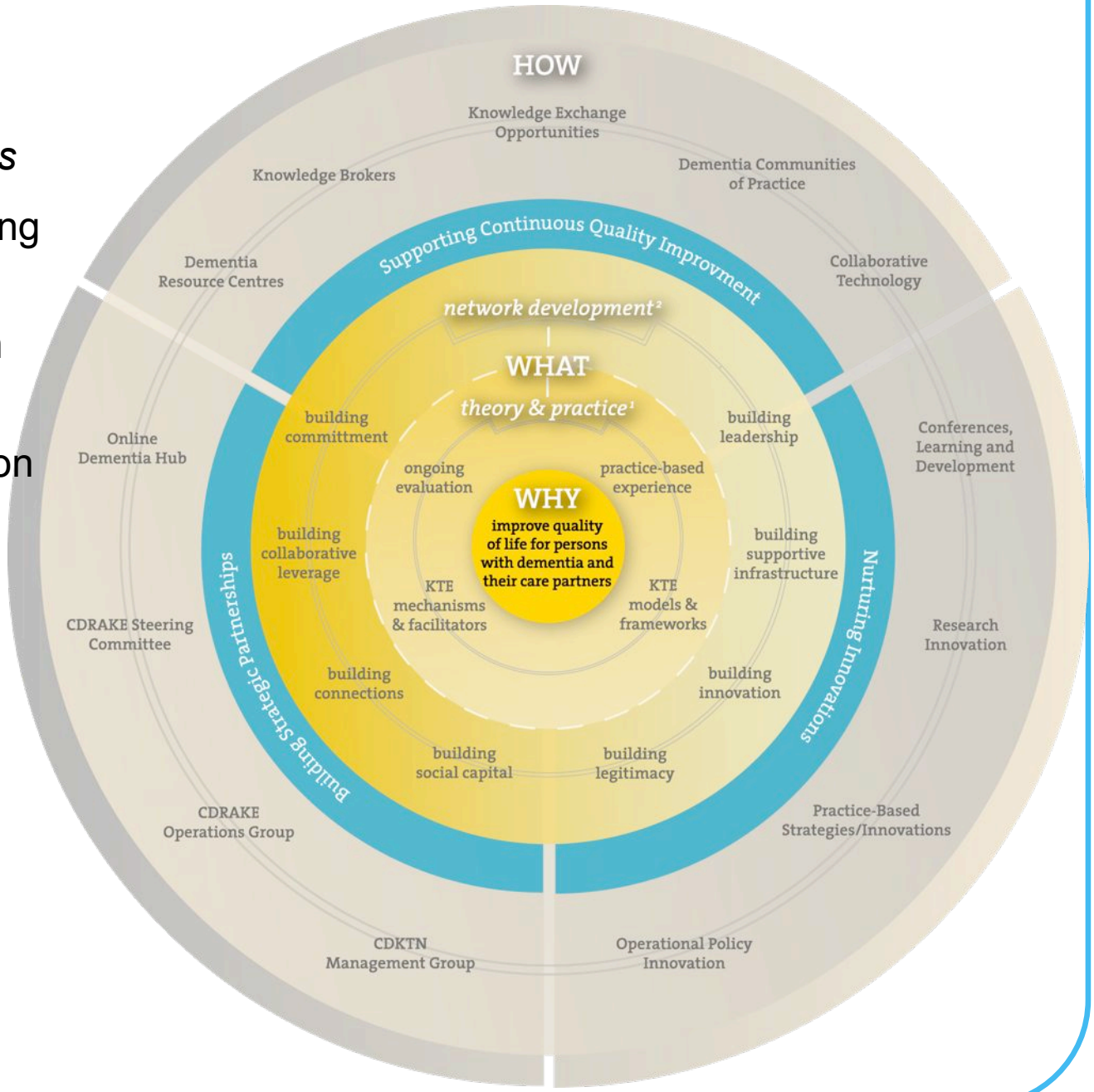
Nurturing Innovations

Conferences, Learning and Development

Research Innovation

Practice-Based Strategies / Innovation

Operational Policy Innovation



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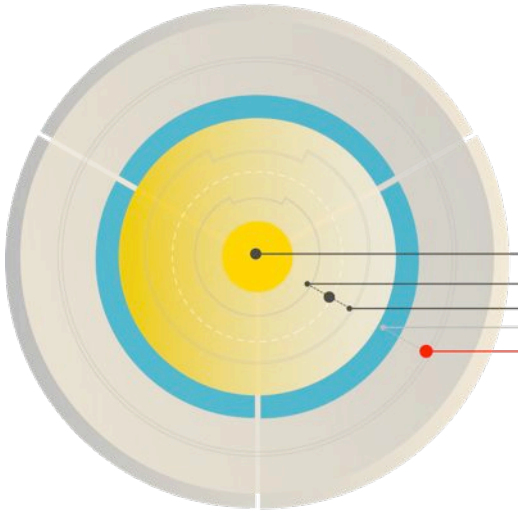

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To understand how KTE can improve the quality of life of persons with dementia and their caregivers.

CDRAKE model

To Participate…

www.dementiaknowledgebroker.ca

Back to the Why

- Video Clip:
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