The Road Ahead:
Knowledge Bank Progress Report

Megan Harris and Elizabeth Lusk

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AN INTEREST IN THE TOPIC AND A HUNGER FOR HIGH QUALITY, EVIDENCE-BASED RESOURCES THAT ARE EASY TO USE. VOLUNTEERS ON OUR PROJECT COMMITTEES ARE HIGHLY CONNECTED AND PROMOTE USE OF KTE TOOLS TO COLLEAGUES.

HOW DO YOU HELP AND SUPPORT PEOPLE/ ORGANIZATIONS MOVE FORWARD (MAKE CHANGES/ IMPROVEMENTS) WHO ARE ONLY WILLING TO PUT THEIR TOE IN THE WATER?

COMMUNITIES OF PRACTICE ARE KEY. GIVEN THE CHOICE OF ATTENDING A CoP EVENT AND A MAJOR CONFERENCE WITH THE GURUS, I WOULD CHOOSE A CoP EVENT. THE INFORMATION IS GEARED TO EMERGING OR PRESENT ISSUES THAT I AS A PRACTITIONER NEED TO HAVE SOLUTIONS.

RELATIONSHIPS ARE IMPORTANT - KNOWING WHERE TO GO, WHO TO CALL TO GET WHAT YOU NEED

WHEN IT COMES TO INFORMATION, WE ARE OFTEN A "JUST-IN-TIME" SOCIETY. WE DON'T WANT TO KNOW ANYTHING UNTIL WE NEED TO KNOW IT. HOWEVER, SOMETIMES WHEN IT COMES TO THE TIME THAT WE NEED TO KNOW SOMETHING, WE'RE IN A CRISIS AND IT WOULD HAVE BEEN HELPFUL TO HAVE SOME OF THE NEEDED INFORMATION EARLIER. (AN EXAMPLE WOULD BE INDIVIDUALS WHO DEVELOP A DEMENTIA OR WHO FALL AND HAVE COMPLICATIONS AND THEN THERE IS A NEED TO NAVIGATE THE SYSTEM.) SO, HOW DO WE EFFECTIVELY SHARE INFORMATION WITH PEOPLE WHO DON'T QUITE NEED IT YET?

THE TERMINOLOGY AND OVERLAP OF CONCEPTS STILL MESSES ME UP!!

FOR SUCCESSFUL KT TO OCCUR, MANAGEMENT OR ADMINISTRATIVE SUPPORT IS ESSENTIAL. WITHOUT THIS, EFFECTIVE TRANSFER WILL NOT OCCUR (OR WILL NOT BE SUSTAINED). THE KNOWLEDGE SOUGHT MUST BE OF IMPORTANCE TO USERS - IT MUST ADDRESS ISSUES/CONCERNS THAT THEY HAVE. IT MUST BE PRACTICAL AND FEASIBLE TO USE/APPLY IN THEIR PARTICULAR SETTING. IT MUST ALSO BE FLEXIBLE SO THAT INDIVIDUALS OR ORGANIZATIONS CAN ADAPT THE KNOWLEDGE TO FIT THEIR UNIQUE CIRCUMSTANCES. MUCH OF THIS COMES DOWN TO APPRECIATING AND RESPECTING THE KNOWLEDGE, SKILLS, REALITIES AND PERSPECTIVES OF THOSE AROUND THE KT TABLE (RESEARCHERS, USERS, POLICY MAKERS).

HOW TO SPEED UP THE PROCESS … THERE IS A NEED FOR LIAISONS TO CONNECT AND TRANSLATE THE KNOWLEDGE BETWEEN THE TWO LEVELS ON A MORE TIMELY BASIS

HOW TO CREATE A MORE DYNAMIC LOOP BETWEEN THE TRADITIONAL ACADEMIA. I WOULD LIKE TO LEARN MORE ABOUT HOW TO FRAME RESEARCH QUESTIONS BASED ON END-USER NEEDS, COLLABORATIVE AND QUANTITATIVE RESEARCH DESIGN, FRAMING OF RESEARCH AND TRANSLATION TO THOSE WHO CAN BENEFIT FROM QUALITATIVE AND QUANTITATIVE RESEARCH/ KNOWLEDGE ACCESSIBLE AND USEABLE TO BECOME MORE OF A COLLABORATIVE KNOWLEDGE LEARNED. I WOULD LIKE RESEARCH/ KNOWLEDGE DEVELOPMENT TO BECOME MORE OF A COLLABORATIVE PRACTICE RATHER THAN SOMETHING THAT IS DONE ON PEOPLE TO THE BENEFIT OF PRACTITIONERS.

WHAT I WOULD LIKE TO SEE IS BROADER RESPECT FOR DIFFERENT KNOWLEDGE SOURCES AND WAYS OF KNOWING / RESEARCHING (EXPERIENTIAL, INDIGENOUS KNOWLEDGE, AND RECOGNIZING THE CONCEPT OF KNOWLEDGE OF CONSUMERS AND FAMILIES). THE 'EXPERTISE' WITHIN THE REALM OF CLOSELY TO HAVING 'EXPERTISE' HAS BEEN TIED TRADITIONAL ACADEMIA. I WOULD LIKE TO SEE MORE OF

www.KTEknowledgebank.ca

Preface

Knowledge transfer and exchange has increasingly been seen as an important vehicle for advancing effective, efficient, and accessible health care. The collective wisdom and collaborative interfaces between researchers, practitioners, policy makers, and consumer groups has been identified as critical to the transformational change required to bring policy to practice, practice to policy, science to services, and services to science. A growing and increasingly important population with significant needs, challenges and complex, chronic disorders are seniors, seniors with mental health challenges, and those with dementia.

The Canadian Networking the Networks initiative represents a Canadian partnership to accelerate knowledge transfer to practice. In order to leverage the knowledge and expertise across the country, this initiative is developing a knowledge bank to identify and assemble evidence – both tacit (experiential) and explicit – to highlight strategies and processes that may be effective in supporting knowledge diffusion, exchange, management, mobilization, transfer, and translation to be applied in the seniors' mental health and dementia sectors. Preliminary data and findings have been combined and captured in a database. Accomplishments to-date have been outlined in this knowledge bank progress report. This report is being disseminated to delegates attending the Seniors' Mental Health and Dementia Accelerating Knowledge Transfer and Exchange Think Tank, a Canadian Networking the Networks Initiative on March 29 – 30, 2009 at the Élisabeth Bruyère Research Institute in Ottawa, Ontario. Following the Think Tank, the knowledge bank progress report and database will be made available to researchers, caregivers, policy makers/workers, and seniors through a publicly accessible website: **www.KTEknowledgebank.ca**

The Accelerating Knowledge Transfer and Exchange Invitational Think Tank is sponsored by the Canadian Institutes for Health Research, Institute of Neurosciences, Mental Health and Addictions and the Public Health Agency of Canada, Division of Aging and Seniors, and is being coordinated through the Canadian Coalition for Seniors' Mental Health (CCSMH). Other partnering agencies include:

> Mental Health Commission of Canada (MHCC)
> Canadian Dementia Knowledge Transfer Network (CDKTN)
> National Initiative for the Care of the Elderly (NICE)
> Alzheimer Knowledge Exchange (AKE)
> Seniors Health Research Transfer Network (SHRTN)

The Think Tank will provide the opportunity for experts and stakeholders in the fields of mental health, dementia, aging, and knowledge transfer and exchange, to help us meet the goals and objectives of this Think Tank, including:

- To identify and engage local, provincial, and national organizations involved in knowledge exchange in the area of seniors' mental health and/or dementia in a partnership.
- To highlight the successful exchanges and to raise the profile of seniors' mental health and dementia for ongoing support.
- To understand how strategies in knowledge exchange from mental health and dementia sectors can be applied to all other sectors of senior health.
- To create a Community of Practice for knowledge exchange in seniors' mental health, dementia, and a knowledge bank.
- To use technology and creative communication systems to create a Community of Practice and engage in collaborative initiatives across the country.
- To streamline the knowledge exchange processes in the field of seniors' mental health and dementia to increase the knowledge and power of stakeholders and advocates.

The outcomes of this Think Tank will also be used to help the Seniors Advisory Committee provide guidance to the Mental Health Commission of Canada as they initiate the national Knowledge Exchange Centre.

The following report addresses the intent, methods and preliminary results per the creation of a knowledge bank to capture knowledge exchange, diffusion, management, mobilization, transfer, and translation processes, strategies and best practices to be applied in the context of seniors' mental health and dementia.
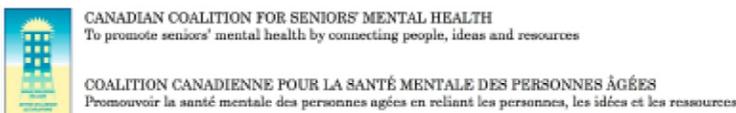
Acknowledgements

The Knowledge Bank is a project that has been initiated by the Canadian Networking the Networks Initiative working group*. The Alzheimer Knowledge Exchange (AKE) and Seniors Health Research Transfer Network (SHRTN) led the initial development phase of this potentially powerful tool for researchers, caregivers, policy makers/workers, and seniors.

The authors wish to express their thanks to:

- Jan Figurski, SHRTN Library Service Coordinator, and Shannon Buckley, SHRTN Information Specialist for conducting literature searches and providing access to evidence to inform the development of this tool; and
- Karen Parrage, AKE Resource Coordinator, for researching and coordinating access to an online database tool in support of providing infrastructure for the knowledge bank.

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*Canadian Networking the Networks Initiative working group, March 2009 (*alpha order*)

Dr. Diane Buchanan
Queen's University
National Initiative for the
Care of the Elderly

Dr. David Conn
Baycrest
Canadian Coalition for
Seniors' Mental Health

Sheila Cook
inFacilitation

Scott Dudgeon
Alzheimer Society
of Canada

Megan Harris
Alzheimer Knowledge
Exchange

David Harvey
Alzheimer Society
of Ontario
Alzheimer Knowledge
Exchange

Sherri Helsdingen
Canadian Coalition for
Seniors' Mental Health

Eric Hong
Yee Hong Centre for Geriatric Care
Mental Health Commission
of Canada

Salinda Horgan
Queen's University
Ontario Federation of
Community Mental Health
and Addiction Programs

Ken Le Clair
Alzheimer Knowledge
Exchange
Canadian Dementia
Knowledge Transfer Network
Queen's University
National Initiative for the
Care of the Elderly

Deirdre Luesby
Seniors Health Research
Transfer Network

Elizabeth Lusk
Seniors Health Research
Transfer Network

Karen Parrage
Alzheimer Knowledge
Exchange

Simone Powell
Division of Aging and Seniors,
Public Health Agency of Canada

Sophie Sapergia
Mental Health Commission
of Canada

Paul Stolee
Canadian Dementia
Knowledge Transfer Network
Faculty of Science,
University of Waterloo
Faculty of Epidemiology
and Biostatistics,
University of Western Ontario

Kimberley Wilson
Canadian Coalition for
Seniors' Mental Health

Contents

This report outlines progress made to date on the Canadian Networking the Networks Initiative Knowledge Bank project. The report does not outline all of the resources captured; it is a high-level overview of this project. Throughout the report and on the cover 'word art' are quotes collected by respondents who completed the Knowledge Transfer and Exchange (KTE) leaders survey; some quotes are statements regarding what works and some are questions articulating what respondents would like to learn more about regarding KTE.

The preliminary "Knowledge Bank" is currently housed online at: **www.KTEknowledgebank.ca**

Executive Summary

The Knowledge Bank

www.KTEknowledgebank.ca

This knowledge bank project involved the creation of a central repository of resources to facilitate a greater understanding of the current landscape of knowledge transfer and exchange theories and practices both within and outside seniors' mental health and dementia sectors. The principle objectives are to enhance knowledge accessibility, identify current practices, and articulate knowledge gaps and opportunities and to recognize what we need to do to move forward to support better care for people with mental illness and / or dementia. The Knowledge Bank database and website is envisaged to serve as a national platform to sustain continual sharing of knowledge in the context of a proposed Community of Practice for seniors' mental health and dementia.

Target Audience

The preliminary findings of this project will be useful to health professionals, policy makers, decision makers in government or health administration, planners and educators with a mandate for knowledge transfer and exchange within or outside the context of seniors' mental health and dementia. In the long-term, the knowledge bank may evolve to be applicable to a wider audience including public consumers.

Activities

The Canadian Networking the Networks initiative working group was convened in December 2008, with provincial and federal partners (see acknowledgements section), to begin brainstorming and collaboration efforts. The group identified the need to create and develop a knowledge bank to facilitate a greater understanding of the current landscape of knowledge transfer and exchange theories and practices both within and outside the sector. A task group from the Alzheimer Knowledge Exchange (AKE) and Seniors Health Research Transfer Network (SHRTN) was identified to take the lead.

The project had four main goals / deliverables:

1. **Explicit Knowledge Collection**
   - Develop research questions to provide the process;
   - Conduct literature searches of both peer reviewed and grey literature databases with the assistance of information specialists familiar with the topics;
   - Search and accumulate abstracts and overviews as an adjunct to references;
   - Collate explicit knowledge findings.

2. **Tacit Knowledge Collection**
   - Identify leaders and stakeholders in knowledge transfer and exchange across Canada;
   - Develop and implement a survey to gather knowledge and practice based evidence of those working in the field;
   - Collate tacit knowledge findings.

3. **Creation of the Knowledge Bank**
   - Investigate and secure a web based platform to bring together knowledge bank components;
   - Build a database housing both explicit and tacit knowledge and resources;
   - Create a website to facilitate public access to the knowledge bank.

4. **Publish a Knowledge Bank Progress Report**
   - A report on findings and progress with respect to developments to date harnessing both explicit and tacit knowledge collections, for dissemination to Think Tank participants; the document can assist in discussion in terms of moving forward with the partner initiatives and the development of a potential community of practice.

Methods

Research questions and findings were organized under the following themes:

1. Processes and strategies
2. Content and evidence
3. Culture and context
4. Facilitation and technology

These elements integrate the best practice thinking from:

a. the knowledge management perspective;

b. the knowledge transfer / translation and exchange perspective via the widely accepted Promoting Action on Research Implementation in Health Services (PARIHS) framework; and

c. the network theory and practice field.

This triad of perspectives informed the development and organization of the research questions and organization of the knowledge bank. Criteria for these constructs were established to preserve consistency through the process of identifying the theme(s) relevant per each resource identified.

Accomplishments

Explicit Findings: The literature searches yielded a total of 492 resources as related to knowledge exchange, diffusion, management, mobilization, transfer, and translation processes, strategies and best practices. Twenty of these resources were specific to the mental health sector and nine were specific to the dementia sector. A total of 365 resources were themed according to the four constructs. Some resources met the criteria for more than one theme. There were 245 resources categorized within 'processes and strategies'; 111 within content and evidence; 221 within 'culture and context'; and 161 within 'facilitation and technology'. Where abstracts were not available, appropriateness of fit was judged by the resource title and publication source. A total of 127 resources were not themed due to insufficient information.

Tacit Findings: A total of 53 surveys were completed by national knowledge transfer and exchange opinion leaders representing a response rate of 34%. Survey respondents included educators (23%); researchers (18%); knowledge brokers (13%); policy makers / workers (13%); paid caregivers (6%); unpaid caregivers (6%); students (2%) and other – e.g. consultants, executives, administrators (21%).

Survey Highlights

Lessons Learned

Top 5 response themes for effective knowledge transfer processes and / or strategies:

17%	Supportive organizational culture (addressing barriers and enablers)
14%	Knowledge exchange (informal and formal)
13%	Early and active collaboration between care providers, researchers, policy makers and stakeholders
10%	Information in relevant context (appropriately translated knowledge)
8%	Evidence-based guidelines and tools (use of)

Top 5 response themes for moving knowledge into practice in the work place:

27%	Supportive organizational culture (giving responsibility, resources, clear expectations, and opportunities to 'try it out')
20%	Opportunities for knowledge exchange, support to attend (informal and formal)
12%	Information in relevant context (appropriately translated knowledge for application in practice and responds to direct need)
11%	Access to evidence and information
8%	Coaching, mentoring, modelling, extension

Resources

Resources or networks respondents find helpful as sources of knowledge or information:

- A total of 41 organizations; 3 education and / or training programs; and 27 other sources including colleagues, e-newsletters, print materials, websites etc. were mentioned. (*see page 18 of this report*)

Top 5 response themes regarding technologies respondents find effective when seeking knowledge or information:

34%	Teleconferences, videoconference, online meetings
23%	E-mail listserves
21%	Internet searches/websites
15%	Webinars, e-learning tools
7%	Online discussion forums

Existing programs, in either academic or non-academic settings that are effective for providing training in knowledge transfer and exchange: Respondents outlined 26 programs (*see page 19 of this report*)

'Key' models, frameworks, articles and / or evidence referred to or applied in practice. Complete results from this question are outlined in Appendix B.

37	Approaches, Frameworks and Models
19	Peer Reviewed Journals
18	Agency, Association, Community of Practice, Institution, Network, Organization
16	Handbooks, Guidelines and Toolkits
14	Websites
6	Reports and Working Papers
5	Books and chapters
4	Communication Notes, Technical Briefs, Tip Sheets
3	People
2	Conferences, Conference Papers and Proceedings
2	Education and Training Programs

Knowledge Gaps and Critical Issues Identified by Stakeholders

Below are the key questions and issues that survey respondents would like to learn more about:

Processes and strategies

- How to measure use of evidence and results of skill development

Content and evidence

- What knowledge transfer and exchange (KTE) theoretical frameworks are most accepted
- What key levers enable or inhibit KTE
- How to achieve a broader respect for the variety of valuable knowledge sources – the experiences of practitioners, consumers and families

Culture and context

- What works in different settings
- How to influence organization change
- How to effectively share information with people who don't need it yet

Facilitation and technology

- How to sustain interest
- How to speed up the process - there is a need for liaisons to connect and translate knowledge in a timely way
- How to motivate across low, middle and late adopters
- How to secure real resources to support Communities of Practice

The Road Ahead

The development of a knowledge bank is one strategy and in the absence of other strategies, will not succeed in fully supporting knowledge transfer as a process to improve quality of care in the realm of seniors' mental health and dementia. In the spirit of knowledge transfer and exchange, we hope that this seed project will inspire you to join in collective action to share with everyone and work toward growing a knowledge bank with true currency.

"
HOW DO WE MOTIVATE FOLKS TO GET EXCITED
ABOUT NEW KNOWLEDGE TO DO SOMETHING
WITH IT THAT WILL IMPROVE PRACTICE?
"

Introduction

Mental illness and dementia are not normal processes of aging. All seniors deserve to receive services and care that promote their health and respond to their mental illness and / or dementia related needs. Achieving the best care is dependant on caregivers, practitioners, policy makers and researchers accessing, translating and utilizing the best knowledge, and filling the knowledge gaps with relevant and timely evidence. This is a major challenge for those working within the mental health and dementia sectors.

In health care, there is a palpable professional movement toward continuous quality improvement by fostering knowledge transfer and exchange principles for the purposes of moving knowledge into action to improve care. Yet, there is an abundance of information that clinical practitioners do not have either the time, resources or skills to a) sift through and read; b) consider evidence applicability and transferability to a variety of circumstances; and c) translate and implement the breadth of sometimes conflicting evidence into real world applications.

Access to timely and relevant synthesized and practical evidence that incorporates both explicit and experiential knowledge to support quality practice in the seniors' mental health and dementia sectors continues to be a challenge. The systematic translation of evidence-based research findings, tools, and information into practice is critical (1) to improving the quality of care for those living with mental health and / or dementia. It has also been noted that practitioners tend to favour knowledge that is collectively reinforced by their colleagues, internalized, and emerge as tacit guidelines (2). This highlights the often noted divide between the desire to use best practices and their implementation (3).

Through meaningful collaboration, leaders in the mental health and dementia sectors can help remove access barriers, which will substantially increase the diffusion and utilization of academic research and practice-based evidence (4). Social and in-house policy and management practices are other important constructs to consider and engage. Managers and policy makers need to support other practitioners as well as apply the same ideas and principles to their own practice (5) to make thoughtful program and policy choices.

It has been suggested, "*if we fail to bridge these gaps, most clinicians, patients, educators, learners, researchers, policy makers, and other members of society may never benefit from the information that could best guide their decisions in health care*" (6). Engaging care providers, researchers and policy makers in knowledge exchange through social networks can facilitate the flow and use of meaningful information, when it is needed, to support evidence-informed decision making, leading to better care for people with mental illness or dementia across the continuum of care. Translational research is an important area to continue to pursue requiring long-term collaborative commitment among researchers and practitioners (1). The challenge lies in sharing with transparency between multiple divisions, organizations, networks and geographically dispersed offices.

The partners of the Canadian Networking the Networks Initiative came together with the understanding that organizations operating within (formal) networks are more likely to experience knowledge transfer (i.e. the movement of knowledge and evidence into practice), and the associated benefits of knowledge transfer, than would organizations operating outside of a network (7). Through this partnership, it is our hope that each organization strives to contribute to the collective knowledge base thereby increasing their respective capacity to advance their unique mission and vision by applying the 'best practice' knowledge of knowledge transfer and exchange. Networks can facilitate and shape knowledge transfer and learning processes by creating channels for knowledge exchange and reducing the risk of learning (8).

Why a Knowledge Bank?

Health care practice is most likely to be enhanced by intertwining best evidence with best informatics techniques (9). The Canadian Networking the Networks Initiative identified an opportunity to leverage the successes of 'knowledge banks', sometimes referred to as an information clearinghouse or information portal, such as The Cochrane Collaboration and the National Collaborating Centre for Methods and Tools' Registry of Knowledge Translation Methods and Tools for Public Health. The intention is to fill a gap by identifying, collecting and facilitating free and easy public access to both explicit and tacit knowledge as it relates to knowledge transfer and exchange in the seniors' mental health and dementia sectors. "*Evidence processing has been greatly accelerated by centralization of information for the development of current awareness publications and cumulative 'best evidence' databases*" (9).

It has been shown that databases that tend to favour the transfer of knowledge are those that can be codified and reduced to data (10). It is therefore our challenge to develop a way to cultivate the continual sharing and transfer of experiential or tacit knowledge, so we can fully benefit from this valuable asset. In addition, tacit knowledge can be elusive and in order for the collective of stakeholders to benefit from this wisdom, a mechanism to support tangible access is required (11). As advancements are made from both a technical and cultural perspective via an increased willingness to share, capturing and expressing tacit knowledge without the need for it to become explicit is not beyond the reach of information technology – for instance, through the sharing of knowledge within a shared network or portal (11).

By combining the best thinking of researchers and lived experience of practitioners (including care providers, policy makers/workers, educators, etc.), the knowledge bank has the potential to provide the user with information ranging from theoretical models to practical strategies for application and solution finding.

The Knowledge Bank Framework

Although the terms may differ slightly, and different authors may place varying degrees of emphasis on particular components, it is suggested that four inter-dependent elements support the management of knowledge and movement of that knowledge into practice (12,13).

1. **Processes** and **strategies** that are used to collect, manage, and disseminate information;
2. Condition and availability of the **content** or **evidence**;
3. **Culture** or **context** in which seniors' mental health and dementia care occurs; and the
4. **Facilitation** infrastructure, including **technology**.

These elements integrate the best practice thinking from the knowledge management perspective, as noted by Dubois and Wilkerson (13) and the knowledge transfer/translation and exchange perspective via the widely accepted Promoting Action on Research Implementation in Health Services (PARIHS) framework (14,15). These two perspectives are often, but not always, defined within the context of an organization; however, seniors' mental health and dementia spans organizations and sectors. As such, the knowledge network perspective is also considered in our approach (16). By nurturing integration (17) and awareness of these four constructs and making a concerted effort to achieve balance across them, users of the knowledge bank can expect greater impact and outcomes. This triad of perspectives has informed the development and organization of the research questions outlined in the methods section.

Target Audience

Health professionals, caregivers, policy makers, decision makers in government or health administration, planners and educators

While the greater initiative has a clear focus on the applicability of knowledge transfer and exchange principals in the context of seniors' mental health and dementia, it should be noted that in this early development phase, we have chosen to capture knowledge and evidence as it relates to knowledge transfer and exchange applied across sectors, across industries and across the globe with the intent to capture all that is or could be considered valuable. The end-user can access this expansive knowledge base, and consider elements that are applicable and / or transferable to and within their respective context(s). The knowledge bank, as a tool, can be used by those both within and outside the context of seniors' mental health and dementia.

Terms and Concepts

Speaking the same language, or at least, understanding the language being spoken to you, is a key component and facilitating mechanism in the professional movement to enhance the implementation of evidence-based practice.

We know there is inconsistency in the use of the various terms leading to confusion, which has implications for clear and concise communication as related to knowledge transfer terms and concepts (18). As such, the definitions outlined are meant to ground the knowledge bank user with a common understanding of how the following terms have been interpreted.

Many definitions exist for these terms; the authors attempted to integrate definitions that were either defined by Canadian institutions or were most often referred to in the literature as well as leverage the concepts referred to in relevant disciplines, including, knowledge transfer and exchange, knowledge management, education and health care in general.

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"

Knowledge can be explicit (i.e. available in written form or oral history), tacit (i.e. information not in written form), and potential (i.e. knowledge buried in data that is collected but not yet used). There are many definitions of knowledge, rather than subscribe to one Carlile (19) summarizes several to consider:

Knowledge is "information that can be used in a decision process" Knowledge "consists on recordings of transactions or events…as such, data do not carry meaning unless understood in the context in which it was gathered" "Knowledge is commonly distinguished from data and information. Data represent observations or facts out of context that are, therefore, not directly meaningful. Information results from placing data within some meaningful context" "The primary difference between information and knowledge is relevance, a personal applicability…"

Knowledge Diffusion is the process by which an innovation is communicated through certain channels over time among members of a social system (20).

Knowledge Exchange is the mutual sharing of research and data knowledge (i.e. explicit knowledge) and/or of practice and experience based knowledge (i.e. tacit knowledge) for the purpose of improving practice. Knowledge exchange can take place face-to-face, over the telephone, or online in real-time, or it can take place by capturing and sharing stories. The sharing of evidence via knowledge exchange is an important contributor to the success of knowledge transfer (21).

Knowledge Management is the systematic processes by which knowledge needed for an organization to succeed is created, captured, shared and leveraged (22).

Knowledge Mobilization is the process of moving knowledge into active service for the broadest possible common good (23).

Knowledge Transfer is the process of moving knowledge into practice. This process is successful when research and practice-based evidence is clear and relevant, the context shares the characteristics of a learning organization, and facilitation mechanisms are appropriate to the needs of the community of practice members (21).

Knowledge Translation 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 (24). Knowledge translation is sometimes referred synonymously as knowledge transfer.

Methods

The collection to date included a compilation of both practice-based knowledge via a stakeholder survey, and a series of literature searches to accumulate the explicit, or evidence-based knowledge. In the early stages of developing the knowledge bank, it was important to cast the net wide and not limit the resources to those specific to the mental health and dementia sectors. It is believed that experience of knowledge management initiatives in non-health care organizations can offer useful insights, and strategies, to implement evidence-based practice in health care (25).

The following sections will outline the methods for both the explicit and tacit knowledge collection.

Research Questions

The main emphasis of both the explicit and tacit collection was to answer the following questions, organized under the following themes - 01. Processes and strategies; 02. Content and evidence; 03. Culture and context; and 04. Facilitation and technology. All the questions were searched with and without "seniors' mental health and / or dementia" at then end of each question outlined in Table 2.

Criteria for Themes

The resources in the knowledge bank were themed by scanning abstracts for key words, including but not limited to those listed in Table 2. Some resources met the criteria for more than one theme. Where abstracts were not available, appropriateness of fit was judged by the resource title and publication source. If the title and publication source were deemed insufficient, the resources were left uncategorized.

Explicit Knowledge Collection

Two librarians working in different libraries were provided the research questions (as outlined in Table 2). Primary literature was collected through a search of the following databases:
Academic OneFILE In Knowledge Ontario, Cumulative Index to Nursing and Allied Health Literature (CINHL), ERIC database, Medline, Ovid MEDLINE(R), PsycINFO, Pubmed, and Wilson Business Abstracts.

Table 1: Key words used, in various combinations, to conduct the literature search.

Adult Education	Health Education	Long-term Care	Quality of Care
Communities of Practice	Homes for the Aged	Mental Health	Quality of Health Care
Dementia	Job Performance	Mental Health Services	Quality of Services
Diffusion of Innovation	Knowledge Diffusion	Model	Quality of Work Life
Education	Knowledge Exchange	Networks	Research Transfer
Education, Medical	Knowledge Innovation	Organizational Effectiveness	Research Utilization
Education, Professional	Knowledge Networks	Organizational Learning	Seniors
Geriatrics	Knowledge Transfer	Outcome Assessment (Health Care)	Treatment Outcomes
Gerontology	Knowledge Translation	Performance Improvement	
Group Performance	Learning Methods		

Table 2: Themes, research questions and theming 'key word' criteria.

Process and strategies   01.

Research Questions:

- What successful knowledge transfer/translation strategies exist for engaging policy makers, caregivers, and researchers across sectors/organizations to improve practice, and close learning gaps?
- How does knowledge exchange advance professional practice?
- How does building networks impact knowledge mobilization?
- What processes support successful transfer of knowledge into practice?
- How does knowledge management affect transfer of knowledge into practice?

Theme Criteria: Frameworks, Introductions to concepts, Theoretical overviews, Methods, Models, Processes, Strategies, Taxonomy, Toolkits

Content and evidence   02.

Research Questions:

- How do policy makers, caregivers and researchers access data and/or information and/or skills and/or expertise/ experience to support evidence-informed decision-making and/or policy?

Theme Criteria: Access to, Evidence, Explicit, Guidelines, Quality data, Tacit, Utilization

Culture and context   03.

Research Questions:

- What cultural and/or contextual components are required to support transfer of knowledge into practice?

Theme Criteria: Barriers/Enablers (organizational), Context, Culture, Knowledge sharing, Organizational learning/learning organization, Other: mention of a specific audience, sector, or profession, Social/social capital, Translation (i.e. for specific audience), Trust

Facilitation and technology   04.

Research Questions:

- How does technology support the transfer of knowledge into practice?
- How does access to technology support evidence-informed decision-making?
- What facilitates and/or supports the transfer of knowledge into practice?

Theme Criteria: Barriers/Enablers to KTE, Communities of Practice, Data mining, Facilitate/facilitation, Information Specialist, Information System/ Information Technology, Knowledge Broker, Knowledge Exchange, Knowledge Management System, Linking / change agents, Mapping, Networks/networking, Training

Tacit Knowledge Collection

Tacit knowledge from the lived experiences of those working in the field was collected through respondent's participation in a seven question online survey, distributed through e-mail (Mail Chimp). A total of 156 leaders, as identified by the Canadian Networking the Networks Initiative working group, were invited to complete the survey, and asked to forward the survey to colleagues with a mandate for knowledge transfer and exchange within the context of seniors' mental health and dementia.

Prior to answering the survey questions, respondents were asked to consider the following scenarios. These are real world examples that were meant to help stimulate thinking and responses to the survey questions that followed.

Please note that the word "practice", for the purposes of this survey and the knowledge bank progress report, refers to the work and responsibilities of any professional. For example, the caregiver's practice is to provide care, the researcher's practice is to conduct research, and the policy maker's practice is to create and influence policy.

Real World 'Practice' Scenarios

As a Director of Care, you have been given a set of new care guidelines or standards that your organization is expected to implement. Where do you start? What resources would you need?

You work for the government and your Assistant Deputy Minister has requested a policy brief on current trends and innovations with respect to impact of dementia on Alternate Level of Care (ALC) hospital stays in Canada. You know this brief has the potential to affect legislation. How do you access and translate good evidence?

In today's newspaper you read an article about some emerging research related to the topic of your work. You would like to learn more about this research, share the information with your colleagues, and begin applying some of the recommendations in your daily practice. How do you access the article/research findings? How will you share the information with others? What support would you need to apply the researchers recommendations?

During your lunch break, you heard about an innovative approach to care that one of your colleagues is using with success. How do you learn more about using this approach? How could others learn about it and begin using it in their practice?

You have recently completed (or are currently planning) a research project. How do you share your results with colleagues that could benefit from them? How do you (or how do you engage others) to translate your work into tools or other forms? How do you plan ahead for others using your results?

The survey questions were organized in the following categories:

- Lessons learned. What works?
- Resources. From who? From what? From where?
- Knowledge Gaps. What do you need and / or want to know more about?

Table 3: KTE leaders survey questions

Lessons learned. *What works?*

1. In general, what effective processes and / or strategies are you aware of that support the transfer of knowledge into practice?
2. Specifically in your work place, what helps people move knowledge into practice?

Resources. *From who? From what? From where?*

3. How do you get your information to help you improve your practice? Specifically, what current resources or networks do you find helpful as sources of knowledge or information?
4. What technologies have you found to be effective when seeking knowledge or information? For example: teleconference calls; online knowledge exchange sessions; online discussion forums; message boards; blogs; e-mail list serves etc.
5. Are you aware of any existing programs (in academic or non-academic settings) that are effective for providing training in knowledge transfer and exchange? If yes, please describe the program(s) briefly.
6. Please identify the 'key' models, frameworks, articles and / or evidence you refer to or apply in your practice? Please include authors, websites, and references, if possible.

Knowledge gaps. *What do you need and / or want to know more about?*

7. With respect to any or all of the following concepts: knowledge diffusion, exchange, management, mobilization, transfer, and translation processes, strategies and best practices; what would you like to learn more about?

Respondents were also asked to provide a list of their affiliations as well as indicate each and all the roles they fulfil in their professional practice, per the following categories:

- Policy maker/worker
- Researcher
- Paid caregiver
- Unpaid caregiver
- Educator
- Knowledge Broker
- Librarian
- Other (please specify)

Results

Explicit Knowledge

Summary of (Preliminary) Findings

The literature searches conducted according to the research questions outlined in the methods section yielded a total of 492 resources. The references were compiled and abstracts or overviews were added where possible. A total of 365 resources were themed according to the following four constructs: processes and strategies; content and evidence; culture and context; facilitation and technology. Some resources met the criteria for more than one theme. Where abstracts were not available, appropriateness of fit was judged by the resource title and publication source. A total of 127 resources were not themed due to insufficient information.

The resources were also categorized into the following resource types: books and chapters; communication notes and technical briefs; conference papers and proceedings; dissertations; handbooks, guidelines and toolkits; initiatives and projects, peer reviewed journals; reports and working papers; and websites.

This section provides a summary of the knowledge bank resources types, number of resources retrieved per sector, theme, and highlights resources specific to the mental health and / or dementia sectors.

Table 4: Resource type and breakdown per sector

Resource Type	KTE	Dementia	Mental Health
Books and chapters	33	0	0
Communication Notes and Technical Briefs	2	0	0
Conference Papers and Proceedings	18	0	0
Dissertations	5	0	0
Handbooks, Guidelines and Toolkits	7	0	0
Initiatives and Projects	1	0	0
Peer Reviewed Journals	405	7	18
Reports and Working Papers	18	0	2
Websites	3	1	1
TOTAL	**492**	**9**	**20**

Table 5: Number of resources retrieved per theme

Processes and strategies	Culture and context	Content and evidence	Facilitation and technology
245	221	111	161

Table 6: MENTAL HEALTH Resources

Peer Reviewed Journal Articles				
Full Citation (Vancouver Style)	Processes and strategies	Culture and context	Content and evidence	Facilitation and technology
Aarons GA. Measuring provider attitudes toward evidence-based practice: consideration of organizational context and individual differences. Child Adolesc Psychiatr Clin N Am 2005;14(2):255-71, viii.		✓		
Aarons GA. Mental health provider attitudes toward adoption of evidence-based practice: the Evidence-Based Practice Attitude Scale (EBPAS). Ment Health Serv Res 2004;6(2):61-74.		✓		
Aarons GA. Transformational and transactional leadership: association with attitudes toward evidence-based practice. Psychiatr Serv 2006;57(8):1162-9.		✓		
Bartels SJ, Dums AR, Oxman TR, Schneider LS, Areán PA, Alexopoulos GS, and others. Evidence-based practices in geriatric mental health care. Psychiatr Serv 2002;53:1419–31.			✓	
Chambers DA. Advancing the science of implementation: a workshop summary. Adm Policy Ment Hlth 2008;35(1-2):3-10.	✓			
Cleary M, Freeman A, Walter G, Hunt GE. Making evidence based practice a reality for mental health nursing. Contemp Nurse 2005;20(2):278-289.	✓	✓	✓	✓
Glisson C, Landsverk J, Schoenwald S, Kelleher K, Hoagwood KE, Mayberg S, et al. Research network on youth mental health assessing the organizational social context (OSC) of mental health services: implications for research and practice. Adm Policy Ment Health 2008;35(1-2):98-113.		✓		
Hardisty DJ, Haaga DA. Diffusion of treatment research: does Open Access matter? J Clin Psychol 2008;64(7):821-39.	✓		✓	
Isett KR, Burnam MA, Coleman-Beattie B, Hyde PS, Morrissey JP, Magnabosco JL, et al. The role of state mental health authorities in managing change for the implementation of evidence-based practices. Community Ment Health J 2008;44(3):195-211.		✓	✓	✓
Isett KR, Burnam MA, Coleman-Beattie B, Hyde PS, Morrissey JP, Magnabosco J, et al. The state policy context of implementation issues for evidence-based practices in mental health. Psychiatr Serv 2007; 58(7):914-21.		✓	✓	
Kimberly J, Cook JM. Organizational measurement and the implementation of innovations in mental health services. Adm Policy Ment Health 2008;35(1-2):11-20.	✓	✓		✓

Table 6: MENTAL HEALTH Resources (*continued...*)

Peer Reviewed Journal Articles				
Full Citation (Vancouver Style)	Processes and strategies	Culture and context	Content and evidence	Facilitation and technology
Panzano PC, Roth D. The decision to adopt evidence-based and other innovative mental health practices: risky business? Psychiatr Serv 2006;57(8):1153-61.	✔	✔		
Racine DP. Reliable effectiveness: a theory on sustaining and replicating worthwhile innovations. Adm Policy Ment Health 2006;33(3):356-87.	✔	✔		
Rigby M, Lindmark J, Furlan PM. The importance of developing an informatics framework for mental health. Health Policy 1998;45(1):57-67.				✔
Rosenheck R. Stages in the implementation of innovative clinical programs in complex organizations. J Nerv Ment Dis 2001;189(12):812-21.	✔	✔		
Smolders M, Laurant M, Roberge P, van Balkom A, van Rijswijk E, Bower P, et al. Knowledge transfer and improvement of primary and ambulatory care for patients with anxiety. Can J Psychiatry 2008;53(5):277-93.	✔	✔		
Sullivan MP, Kessler L, Le Clair K, Stolee P, Berta W. Defining Best Practices for Specialty Geriatric Mental Health Outreach Services: Lessons for Implementing Mental Health Reform. Can J Psychiatry 2004;49(7).	✔	✔	✔	✔
Whittaker JK, Greene K, Schubert D, Blum R, Cheng K, Blum K, et al. Integrating evidence-based practice in the child mental health agency: A template for clinical and organizational change. Am J Orthopsychiatry 2006;76(2):194-201.	✔		✔	✔

Reports and Working Papers				
Full Citation (Vancouver Style)	Processes and strategies	Culture and context	Content and evidence	Facilitation and technology
Barwick M, Boydell KM, Stasiulis E, Ferguson HB, Blase K, Fixsen D. Knowledge transfer and implementation of evidence-based practices in children's mental health. Children's Mental Health Ontario, 2005.	✔	✔	✔	✔
The Provincial Centre for Excellence for Child and Youth Mental Health at CHEO. Knowledge exchange literature review - main findings and implications. March 2006. PCECYMH at CHEO.	✔	✔	✔	✔

Table 7: DEMENTIA Resources

Peer Reviewed Journals				
Full Citation (Vancouver Style)	Processes and strategies	Culture and context	Content and evidence	Facilitation and technology
Bartels SJ, Dums AR, Oxman TR, Schneider LS, Areán PA, Alexopoulos GS et al. Evidence-based practices in geriatric mental health care. Psychiatr Serv 2002;53:1419–31.			✓	
Janes N, Sidani S, Cott C, Rappolt S. Figuring it out in the moment: a theory of unregulated care providers' knowledge utilization in dementia care settings. Worldviews Evid Based Nurs 2008;5(1):13-24.	✓	✓		
Keller HH, Smith D, Kasdorf C, Dupuis S, Schindel Martin L, et al. Nutrition education needs and resources for dementia care in the community. Am J Alzheimers Dis Other Demen 2008; 23(1): 13-22.		✓	✓	
Kovach CR, Morgan S, Noonan PE, Brondino M. Using principles of diffusion of innovation to improve nursing home care. J Nurs Care Qual 2008; 23(2):132-9.	✓	✓	✓	✓
Kümpers S, Mur I, Hardy B, Maarse H, van Raak A. The importance of knowledge transfer between specialist and generic services in improving health care: a cross-national study of dementia care in England and The Netherlands. Int J Health Plann Manage 2006 Apr-Jun;21(2):151-67.	✓	✓		✓
Phinney A. Promoting self-care through knowledge translation: a way to reach people with early-stage dementia. Can J Nurs Res 2008; 40(3):135-9.				
Simpson MR, Stevens P, Kovach CR. Nurses' experience with the clinical application of a research-based nursing protocol in a long-term care setting. J Clin Nurs 2007; 16(6):1021-8.	✓	✓	✓	✓

"
HOW DOES CONTEXT INFLUENCE KNOWLEDGE TRANSFER: WHAT WORKS AND WHAT DOESN'T WORK IN SPECIFIC SETTINGS?
"

Tacit Knowledge

Summary of Findings

After a collection period of 10 days, a total of 53 surveys were completed. The survey had a 34% response rate, based on 156 'leaders' invited to respond.

Figure 1. Breakdown of survey respondents role(s)*

Survey Respondents

Legend:
- Educator
- Other (please specify)
- Researcher
- Knowledge Broker
- Policy maker/worker
- Paid caregiver
- Unpaid caregiver
- Student
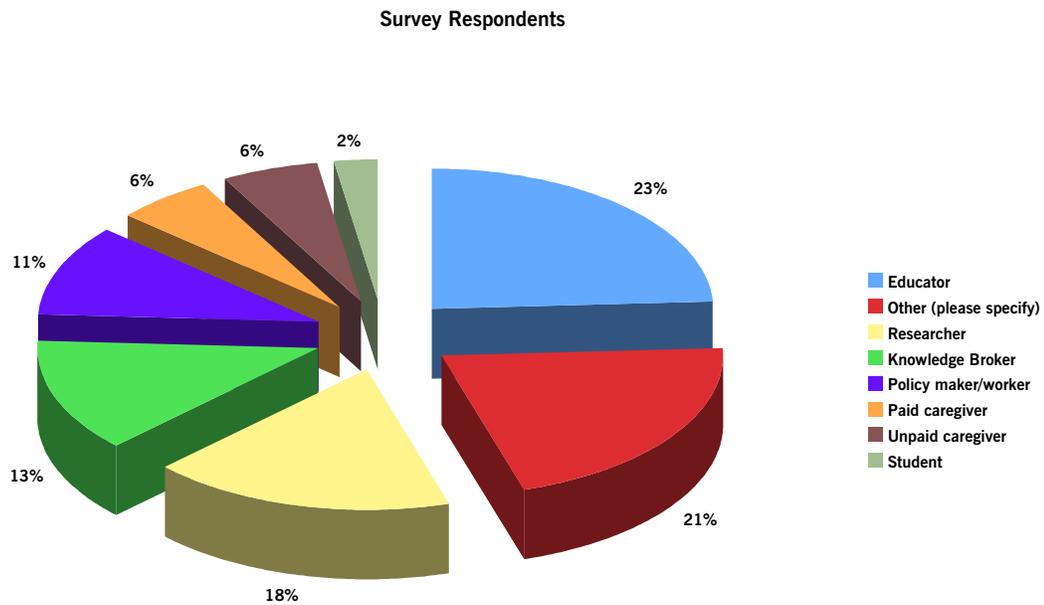
*Respondents were asked to choose all that apply, and / or to specify by selecting other. See below.

Other (please specify):

Advocate	Leadership Staff
Always a Learner	Manager
Clinical Director	Mentor-Leader
Clinician, Manager	Partner
Consultant	Physician
Consultant, Seniors Mental Health Services	Policy Advocate and Critic
Director of a Health and Education Centre	Primary Health Care Provider
Executive Director	Project Manager
Facilitator	Skills Training
Geriatrics Knowledge Translation Specialist	Trainer for Seniors' Mental Health & Addictions - to both
Information Specialist	providers and older adults
KM Specialist (moving from Government to consultant)	University / Clinic Administrator

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Survey respondents were also asked to list their affiliations. (e.g. organization, agency, association, institution, network, community of practice, theme team etc.). Please see **Appendix A** for a complete list.

The following section provides a summary of the most frequently cited survey response themes.

Lessons learned.

Table 8. Top 5 response themes for effective knowledge transfer processes and / or strategies.

17%	Supportive organizational culture (addressing barriers and enablers)
14%	Knowledge exchange (informal and formal)
13%	Early and active collaboration between care providers, researchers, policy makers and stakeholders
10%	Information in relevant context (appropriately translated knowledge)
8%	Evidence-based guidelines and tools (use of)

Table 9. Top 5 response themes for moving knowledge into practice in the work place.

27%	Supportive organizational culture (giving responsibility, resources, clear expectations, and opportunities to 'try it out')
20%	Opportunities for knowledge exchange, support to attend (informal and formal)
12%	Information in relevant context (appropriately translated knowledge for application in practice and responds to direct need)
11%	Access to evidence and information
8%	Coaching, mentoring, modelling, extension

Resources.

Table 10. Resources or networks respondents find helpful as sources of knowledge or information.

Specific organizations, research or practice networks mentioned:

Active Living Coalition for Older Adults

Activity Professionals of Ontario

Alzheimer Knowledge Exchange

Alzheimer Society (Ontario and Canada)

American College of Sports Medicine

American Society for Training and Development

Canadian Academy of Geriatric Psychiatry

Canadian Alliance on Mental Illness and Mental Health

Canadian Association on Gerontology

Canadian Centre for Activity and Aging

Canadian Coalition of Alternative Mental Health Resources

Canadian Coalition of Seniors Mental Health

Canadian Geriatrics Society

Canadian Health Services Research Foundation

Canadian Institute for Health Information

Canadian Institute for Health Research

Canadian Mental Health Association

Canadian Policy Research Networks

Canadian Research Network for Care in the Community

Caregivers Alliance

Change Foundation

CHNetworks

Dementia Networks

Elder abuse prevention networks

Falls Coalition

Florida Coalition on Aging and Mental Health

Gambling International

Geriatric Nursing Education Consortium listserv

Geriatric Outreach Team Exchange annual meeting and Leadership Forum

HSInet

Local Health Integrated Networks

Mental Health Commission of Canada

National Initiative for Care of the Elderly

National Network of Mental Health

Older People's Advocacy Alliance

Ontario Hospital Association

Ontario Long-term Care Association

Registered Nurses Association of Ontario

Seniors Health Research Transfer Network

Share Care

The Hartford Institute for Geriatric Nursing

Specific programs:

Gentle Persuasive Approach • P.I.E.C.E.S. • U-First!

Other information sources:

Allied Health Professional Development databases

Alzheimer's Australia

APA PsychNet

Canadian Association on Gerontology

CHAIN UK

Cochrane Database of Systematic Reviews

Colleagues

Communities of practice

Guidelines

Health-evidence

Information Specialists

Journals/research databases

KT+

KU-UC e-newsletter

Libraries

NURSEONE.ca

Pioneer Network US

Presentations/ conferences/workshops

Print materials (newsletters, grey literature)

Psychiatry Online

Psychogeriatric Resource Consultants

PsychServices

Public Education Coordinators

Public Health +

PubMed

SAMHSA

Statistics Canada website

Table 11. Top 5 response themes regarding technologies respondents find effective when seeking knowledge or information.

34%	Teleconferences, videoconference, online meetings
23%	E-mail listserves
21%	Internet searches/websites
15%	Webinars, e-learning tools
7%	Online discussion forums

Table 12. Existing programs, in either academic or non-academic settings that are effective for providing training in knowledge transfer and exchange.

Alzheimer Knowledge Exchange

Athabasca University (knowledge management training in MBA)

Balance of Care project

Brock University

National Initiative for Care of the Elderly (NICE) with CIHR funding - knowledge exchange institute for Canadian nursing educators *modelled on the GNEC model*

Canadian Institute for Health Research

Carole Estabooks, Faculty of Nursing, University of Alberta Annual Knowledge Transfer distance graduate course

Cochrane

CHSRF Course (John Lavis), EXTRA program

McMaster University (Evidence-based health care course)

Murry Alzheimer Research Education Program (training for grad and undergrad students)

National Collaborating Centres

National Initiative for the Care of the Elderly

Ontario Network for the Prevention of Elder Abuse (train the trainer program)

P.I.E.C.E.S.

PASE

PRoxemics Plus +

Registered Nurses Association of Ontario

SEARCH Canada

Seniors Health Research Transfer Network (Information Specialists and Knowledge Brokers)

Sick Kids Knowledge Transfer Training Course

U-First!

University of Alberta

University of Ottawa (grad course on KTE)

University of Toronto Dalla Lana School of Public Health

University of Western Ontario (Anita Kothari)

Table 13. 'Key' models, frameworks, articles and / or evidence referred to or applied in practice. Complete results from this question are outlined in Appendix B.

37	Approaches, Frameworks and Models
19	Peer Reviewed Journals
18	Agency, Association, Community of Practice, Institution, Network, Organization
16	Handbooks, Guidelines and Toolkits
14	Websites
6	Reports and Working Papers
5	Books and chapters
4	Communication Notes, Technical Briefs, Tip Sheets
3	People
2	Conferences, Conference Papers and Proceedings
2	Education and Training Programs

Knowledge gaps.

Table 14. Top 5 response themes regarding what concepts respondents would like to learn more about.

19%	Knowledge translation
18%	Knowledge transfer
17%	Knowledge mobilization
15%	Knowledge diffusion
15%	Knowledge exchange
15%	Knowledge management

Table 15. Knowledge gaps and critical issues identified by stakeholders

Process and strategies	01.

- How to measure use of evidence and results of skill development

Content and evidence	02.

- What knowledge transfer and exchange (KTE) theoretical frameworks are most accepted
- What key levers enable or inhibit KTE
- How to achieve a broader respect for the variety of valuable knowledge sources – the experiences of practitioners, consumers and families

Culture and context	03.

- What works in different settings
- How to influence organization change
- How to effectively share information with people who don't need it yet

Facilitation and technology	04.

- How to sustain interest
- How to speed up the process - there is a need for liaisons to connect and translate knowledge in a timely way
- How to motivate across low, middle and late adopters
- How to secure real resources to support Communities of Practice

The Knowledge Bank

What It Is

The knowledge bank in it's current state houses the results of a preliminary primary literature search as well as the results of a survey of KTE leaders, per the research and survey questions outlined in the methods section of this progress report.

The Knowledge Bank is a database that we aspire will be populated with the following content:

- Education program information
- Grey literature
- Inventory of leaders
- Job aides
- Knowledge transfer tools
- Peer reviewed literature

- Policy briefs
- Practice guidelines
- Reports
- Websites
- White papers

What It Is Not

The Knowledge Bank is not a systematic review, meta-analysis, nor a critical review of the literature.

Where Can I Find It?

www.KTEknowledgebank.ca

How Do I Use It?

Go to **www.KTEknowledgebank.ca** You're in!

To Navigate

Currently, the left hand side navigation panel outlines the following categories:

- Books and chapters
- Communication notes and technical briefs
- Conference papers and proceedings
- Dissertations
- Handbooks, guidelines and toolkits

- Initiatives and projects
- Peer reviewed journals
- Reports and working papers
- Websites

To Search

Click on the category you are interested in from the left hand side navigation panel

You will see a page with citations for the resources within this category

You can search by entering key words in the 'search entries' bar at the top of the page and click 'Apply'

To Add Resources

At the bottom of each category page is a form

Add the details requested and click 'Submit Form'

The Road Ahead

As illustrated by the research that outlined the constructs used to frame the knowledge bank development and organization, what's needed to cultivate knowledge transfer and exchange is greater than that of technology and "access". The development of a knowledge bank is one strategy and in the absence of other strategies, will not succeed in fully supporting knowledge transfer as a process to improve quality of care in the realm of seniors' mental health and dementia.

The knowledge bank is currently housed in a centralized format however the future could involve exploration of decentralized peer-to-peer technology (P2P) to better facilitate knowledge sharing (26).

Moreover, capturing evidence and knowledge in a static database does not address the dynamic nature of knowledge flows and knowledge-based activity (27). Another element for us to work together on and trouble-shoot through is how to avoid de-contextualization of tacit knowledge so as to avoid "knowledge dilution"; it is suggested that the support of sociocultural inputs should be considered (28). As the collective of knowledge transfer and exchange leaders work to assess social capital and it's influences on knowledge sharing, we should continually consider how to apply it to our own "practice".

Wasko and Faraj found that "*people contribute their knowledge when they perceive that it enhances their professional reputations, when they have the experience to share, when they are structurally embedded in the network and that contributions occur without regard to expectations of reciprocity from others or high levels of commitment to the network*" (29).

In the spirit of knowledge transfer and exchange, we hope that this seed project will inspire you to join in collective action to share with everyone and work toward growing a knowledge bank with true currency.

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Appendix A

The survey respondents represent the organizations outlined below. Some respondents (28) indicated more than one affiliation. Where possible, acronyms were spelled out, however, in some instances we were unable to identify the affiliation based on the acronym provided.

AABB

Active Living Coalition for Older Adults

Activity and Aging Community of Practice

ADKTN

Alzheimer Knowledge Exchange

Alzheimer Society of Canada

Alzheimer Society of Ontario

Alzheimer Society of Niagara - Board of Directors

Alzhiemer Knowledge Exchange Steering Committee

American Association on Intellectual and Developmental Disabilities (AIDD)

Aphasia Institute

Arthur Labatt Family School of Nursing

Autism Treatment Services of Canada (ATSC)

Brain Injury Association

Brenda Strafford Centre for Excellence in Gerontological Nursing

Brock University Department of Nursing

BUILT Network

Canada Research Chairs

Canada's Knowledge Strategy Exchange Network - Past Chair, Conference Board

Canadian Academy of Geriatric Psychiatry

Canadian Agency for Drugs and Technologies in Health

Canadian Alliance on Mental Illness and Mental Health

Canadian Association of Social Workers

Canadian Association on Gerontology

Canadian Association on Gerontology - Board of Directors

Canadian Caregivers Coalition

Canadian Centre for Activity and Aging

Canadian Coalition for Seniors Mental Health

Canadian Coalition of Alternative Mental Health Resources

Canadian Collaborative Mental Health Initiative

Canadian College of Family Physicians

Canadian Dementia Knowledge Translation Network

Canadian Geriatrics Society

Canadian Health Services Research Foundation - Lead faculty, EXTRA training program

Canadian Healthcare Association

Canadian Mental Health Association

Canadian Nurses Association

Canadian Pensioners' Concerned Health Committee - Mental Health working group

Canadian Psychological Association

Canadian Society of Consulting Pharmacists

Caregivers Network Self-help Resource Centre

CCNRC

CDHA

Central East Local Health Integration Network - Seamless Care for Seniors Steering Committee

Centre for Research in Dementia and Personhood

Child Health Evaluative Sciences

College of Family Physicians of Canada

College of Nurses Ontario

Collingwood Community Mental Health Services

Concordia University

Council of Canadians with Disabilities

Dalhousie University

Edmonton KM Network (KMNetwork.ca)

Geriatric Psychiatry Service

Government of PEI - Department of Health

Haliburton, Kawartha, Pine Ridge District Dementia Network

Hamilton Dementia Network

Hamilton Family Health Team

International Initiative for Mental Health Leadership

Interrelate (international coalition)

Local Health Integrated Networks

LOFT Community Services

LOFT Community Services (supportive housing) - Board member

McMaster University

McMaster University - Department of Family Medicine

Mental Health Commission of Canada

Ministry of Health & Long Term Care

National Initiative for the Care of the Elderly (NICE)

National Initiative for the Care of the Elderly (NICE) - Curriculum Committee

National Initiative for the Care of the Elderly (NICE) - Dementia Theme Team

National Network for Mental Health

North Simcoe Muskoka Dementia Network

North Simcoe Muskoka Palliative Care Network

Northwestern Ontario RSN

Nursing Best Practice Research Institute

Older Persons Mental Health & Addictions Network of Ontario (deceased)

Ontario Association for Non-profit Homes and Services for Seniors

Ontario Association of Counsellors, Consultants, Psychotherapists and Psychometrists (OACCPP)

Ontario Community Support Association (OCSA)

Ontario Federation of Community Mental Health and Addiction Programs

Ontario Gerontology Association

Ontario Knowledge Exchange

Ontario Long-term Care Association

Ontario Mental Health & Addiction Knowledge Exchange Network

Ontario Network for Prevention of Elder Abuse

Ontario Non-Profit Housing Association

Ontario Physiotherapy Association

Ontario PsychoGeriatric Association

Ontario Rehabilitation Research Advisory Network

Osteoporosis Strategy of Ontario

Peterborough Regional Health Centre

Prevention of Seniors Abuse Network - Simcoe County

Problem Gambling Internationals

Project Management Institute

Providence Care

Psychiatric Assessment Services for the Elderly (PASE)

Public Health Agency of Canada

Queen's University - Department of Psychiatry

Regional Geriatric Program - Central

Research to Action Program in Dementia

Royal Victoria Hospital, Barrie

Saint Elizabeth Health Care

Schlegel-UW Research Institute for Aging

Seniors Health Research Transfer Network

Seniors Issues Critic - Green Party of Canada

St. Joseph's Healthcare Hamilton

Team Exchange Executive

The College of Occupational Therapists

The Hospital for Sick Children

The Mental Health and Addiction Quality Practice Council

The Ontario Society of Occupational Therapists

The Regional Geriatric Programs (RGPs) of Ontario

Thunder Bay RHSC

Toronto Central Local Health Integration Network (TCLHIN) - Community Seniors Mental Health Framework Committee

University of Calgary

University of Manitoba - Campus Health, Psychiatry

University of New Brunswick - Associate & Adjunct Professor

University of Toronto - Departments of Psychiatry and Dalla Lana School of Public Health

University of Waterloo

University of Western Ontario

University of Western Ontario - School of Pharmacy

Yee Hong Centre for Geriatric Care

Appendix B

Question six in the tacit knowledge survey of KTE leaders had respondents identify 'key' models, frameworks, articles and / or evidence that they may refer to or apply in their practice. Responses were then organized within the following categories: Agency, Association, Community of Practice, Institution, Network, Organization; Books and chapters; Communication Notes, Technical Briefs, Tip Sheets; Conferences, Conference Papers and Proceedings; Education and Training Programs; Handbooks, Guidelines and Toolkits; Approaches, Frameworks and Models; Peer Reviewed Journals; People; Reports and Working Papers; and Websites.

Stars were placed alongside items that were mentioned more than once, with each star representing the number of respondents who referred to the resource.

Agency, Association, Community of Practice, Institution, Network, Organization

Advocacy Centre for the Elderly

Alzheimer Knowledge Exchange (AKE) Psychogeriatric Community of Practice

British Columbia Psychogeriatric Association

Canadian Network for Prevention of Elder Abuse

Canadian Health Services Research Foundation (CHSRF)

Canadian Institutes of Health Research (CIHR)

IDEAS Institute (Environmental design in LTC)

International Network on Elder Abuse

National Clearinghouse Family Violence

National Council on Aging

National Initiative for the Care of the Elderly (NICE)

Ontario Long Term Care Association (OLTCA)

Public Health Agency of Canada (PHAC)

Registered Nurses' Association of Ontario (RNAO)

Seniors Health Research Transfer Network (SHRTN)

The Canadian Research Network for Care in the Community

The John A Hartford Center of Geriatric Nursing Excellence

World Health Organization

Approaches, Frameworks and Models

Adult Learning Theory

Authentic Partnership Approaches

Behavioural Therapy

Best Friends Approach - David Troxel

CIHI KT Framework

CIHR Model

Client Centered

Cognitive Behavioural Therapy

Consumer-Focused Recovery as a Model For System Transformation

Creative Analytic Practice (Richardson)

Developmental Theory

Dialogical and Radical Education Approaches

Evidence-Based Practice Theory

Geriatric Mental Health Framework by the MOHLTC

Government Of Alberta's Knowledge Transfer Framework

Health Promotion / Illness Prevention - Social Determinants Of Health

Interprofessional Models Of Primary Care

Kotter's Change Model

McMaster Lens For Occupational Therapists

Medical Model In Explaining Mental Illnesses

Model Of Human Occupation

Motivational Interviewing

Ottawa Model

PARIHS Framework *******

Participatory Action Research Approaches

Performance Improvement Process Adapted by Diane Harris and Mary Broad

Population Health Approach, Determinants Of Health : http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php

Psycho-Social Rehab

Rational Emotive Therapy

Recovery Model

Rogers' Diffusion Model

SHRTN Framework

Social Disability Model To Explain Stigma And Discrimination

Stages Of Change Model In Discussing Addictions Issues : http://www.addictioninfo.org/articles/11/1/stages-of-change-model/page1.html

Work On Depression Scales For Older Adults

Books and chapters

Brown JS, Duguid P. The social life of information. Boston: Harvard Business School Press; 2000.

Heath C, Heath D. Made to Stick: Why Some Ideas Survive and Others Die. Random House; 2007.

Lave J, Wenger E. Situated learning: Legitimate peripheral participation. Cambridge: Cambridge University Press; 1991.

Orr JE. Talking about machines: An ethnography of a modern job. Ithica: Cornell University Press; 1996.

Wenger E. Communities of practice: Learning, meaning, and identity. Cambridge: Cambridge University Press; 1998.

Communication Notes, Technical Briefs, Tip Sheets

- Cultural Safety to address power and cultural imbalances:
  http://www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf

- P.I.E.C.E.S. - TIPS library of help sheets

- SHRTN Communications (The SHRTN Exchange, General E-Mails)

- SHRTN Resources

Conferences, Conference Papers and Proceedings

- Can Cons Conference on Dementia
- Canadian Colloquium on Dementia

Education and Training Programs

- P.I.E.C.E.S **
- U-First!

Handbooks, Guidelines and Toolkits

	Alzheimer's Australia Living With Dementia - Help Sheets
	APA ECT Guides
	BC ECT Guides
	Biological Model
	CANMET Guidelines
******	CCSHM Guidelines
	Delirium / End of Life Guidelines
	GiiC (Geriatrics, Interprofessional Practice And Interorganizational Collaboration Toolkit)
	Government of Alberta, Knowledge Transfer Guide to Processes and Techniques http://Www.Pao.Gov.Ab.Ca/Practitioners/?File=Learning/Knowledge/Knowledge-Mgmt&Cf=9
	National Guidelines for Seniors' Mental Health
	ONPEA Core Curriculum & Resource Guide; www.onpea.org
	RNAO Clinical Practice Guidelines / Standards – e.g. Least Restraint
	RNAO Delirium, Dementia, Depression Algorithym
****	RNAO Toolkit: Implementation of Best Practice Guidelines
	TMF Person-Directed Care Toolkit
	UK Best Practice Guidelines

Peer Reviewed Journals

Bechky BA. Sharing meaning across occupational communities: The transformation of understanding on a production floor. Organ Sci 2003;14:312-330.

Boreham N, Morgan C. A sociocultural analysis of organisational learning. Oxf Rev Educ 2004;30:307-325.

Boreham N. A theory of collective competence challenging the neo-liberal individualisation of performance at work. Br J Educ Stud 2004;52:5-17.

Brown JS, Duguid P. Local knowledge: Innovation in the networked age. Management Learning 2002;33:427-437.

Brown, JS, Duguid P. Organizing knowledge. Calif Manag Rev 1998;40:90-111.

Brown, JS, Duguid, P. Knowledge and organization: A social-practice perspective. Organ Sci 2001;12:198-213.

Gauthier N, Ellis K, Bol N, Stolee P. Beyond knowledge transfer: a model of knowledge integration in a clinical setting. Healthc Manage Forum 2005;18:33-37.

*** Graham I, Logan J, Harrison M, Straus S, Tetroe J, Caswell W, et al. Lost in knowledge translation: time for a map? J Contin Educ Health Prof 2006;26:13-24.

Graham K, Logan J. Using the ottawa model of research use to implement a skin care program. J Nurs Care Qual. 2004 Jan-Mar;19(1):18-24; quiz 25-6.

Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic literature review and recommendations for future research. Millbank Quarterly 2004;82:581-629.

Harvey G, Loftus-Hills A, Rycroft-Malone J, Titchen A, Kitson A, McCormack B, Seers K. Getting evidence into practice: the role and function of facilitation. J Adv Nurs 2002;37(6):577-88.

** Kitson A, Harvey G, McCormack B. Enabling the implementation of evidence based practice: a conceptual framework. Qual Health Care 1998;7:149-158.

*** Kitson AL, Rycroft-Malone J, Harvey G, McCormack B, Seers K, Titchen A. Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. Implement Sci 2008;7;3:1.

Kontos PC, Poland BD. Mapping new theoretical and methodological terrain for knowledge translation: contributions from critical realism and the arts. Implement Sci 2009 Jan 5;4:1.

McCormack B, Kitson A, Harvey G, Rycroft-Malone J, Titchen A, Seers K. Getting evidence into practice: the meaning of 'context'. J Adv Nurs 2002;38(1):94-104.

Rycroft-Malone J, Harvey G, Seers K, Kitson A, McCormack B, Titchen A. An exploration of the factors that influence the implementation of evidence into practice. J Clin Nurs 2004;13(8):913-24.

** Rycroft-Malone J, Kitson A, Harvey G, McCormack B, Seers K, Titchen A, et al. Ingredients for change: revisiting a conceptual framework. Qual Saf Health Care 2002;11(2):174-80.

Rycroft-Malone J, Seers K, Titchen A, Harvey G, Kitson A, McCormack B. What counts as evidence in evidence-based practice? J Adv Nurs 2004;47:81-90.

Wathen CN, Watson GK, Jack SM, Caldwell S, Lewis N. From Big to Small: A Process for Developing Policy-Relevant Research Summaries. Healthc Policy 2008;4(1):60-69.

People

- Alzheimer Knowledge Exchange Broker
- Ian Graham's work (CIHR)
- Roger Chevalier - good author

Reports and Working Papers

- Canadian Psychiatric Association (CPA) Position Papers
- Government of Nova Scotia Facility Standards for LTC; Pioneer Network document - The Environmental Side of the Culture Change Movement: Identifying Barriers and Potential Solutions to furthering Innovation in Nursing Homes
- Institute for Clinical Evaluative Sciences (ICES) reports (sent by emails)
- Loft Community Services has a research study on the effectiveness of supportive housing. It is available on its website at www.loftcs.org. It is titled "More than Bricks and Mortor: Supportive Housing for Older Adults and Senior's with Mental Health Challenges"
- Mental Health Literacy - http://www.camimh.ca/files/literacy/MHL_REPORT_FINAL.pdf
- Ontario Health Technology Series

Websites (http://)

www.afmnet.ca	Advanced and Foods & Materials Network
www.agingincanada.ca	Alcohol and Seniors by Charmaine Spencer
www.alzheimers.org.au	Alzheimer's Australia Living With Dementia
www.ccsmh.ca	Canadian Coalition for Seniors' Mental Health (CCSMH)
www.ccamhr.ca	Canadian Coalition of Alternative Mental Health Resources - Members section
www.chsrf.ca	Canadian Health Services Research Foundation (CHSRF)
ktclearinghouse.ca	Canadian Institutes of Health Research (CIHR)
www.crncc.ca	Canadian Research Network for Care in the Community
www.medscape.com	Medscape
www.nccmt.ca	National Collaborating Centre for Methods and Tools
www.ontario.cmha.ca	Older Persons' Mental Health and Addictions Network of Ontario
www.piecescanada.com	P.I.E.C.E.S. & TIPS library of help sheets
www.statcan.gc.ca	Stats Canada
www.u-first.ca	U-First

I FIND LOCAL COMMUNITIES OF PRACTICE WITHIN THE MINISTRY, HEALTHCARE LOCALLY, PROVINCIALLY AND NATIONALLY TO BE VERY RICH OPPORTUNITIES TO HEAR ABOUT INNOVATIONS AND ADVANCES IN MY FIELD. CONFERENCES ARE ALSO IMPORTANT SOURCES OF INFORMATION AND CONTACTS.

HOW DO YOU MOVE THE "MIDDLE ADOPTERS" ALONG? AND WHAT DO YOU DO, IF ANYTHING, WITH THE LATE ADOPTERS - OR THE 'NEVER GOING TO CHANGE ANYTHING' GROUP?

[KTE] PROCESSES AND STRATEGIES MUST FIRST BE PRESENTED FROM THE CONTEXT OF THE LEARNER. CASE BASED SCENARIOS AS EXAMPLES TO INITIATE PEOPLE THINKING ABOUT THEIR OWN PRACTICE AND FACILITATION OF USE OF NEW STRATEGIES THAT ARE BASED ON BEST PRACTICE, WHICH IS DEMONSTRATED.

I CAN'T IMAGINE LIFE WITHOUT THE INTERNET AND READY ACCESS TO ONLINE JOURNALS. CONFERENCES, WORKING ON COMMITTEES, AND NETWORKING ARE A REAL LIFELINE.

I AM AWARE OF MANY PERSONS AND MANY NETWORKS. I DRAW ON THEM WHEN NEEDED. MOST PEOPLE I WORK WITH OR HAVE CONTACT WITH, WILL CONTACT ME BECAUSE OF MY EXTENSIVE NETWORK OF CONTACTS AND KNOWLEDGE OF THE SYSTEM. I ACCESS A LIBRARIAN TO DO LITERATURE SEARCHES AND RETRIEVE ARTICLES FOR ME.

DIGESTED KNOWLEDGE TRANSLATED INTO SHORT - ONE PAGE FORMATS OF KEY FINDINGS FOR PARTICULAR AUDIENCES ARE CRITICAL [TO SUPPORT KTE].

MANY ORGANIZATIONS THAT PRODUCE HIGH END RESEARCH STRUGGLE OR FALL SHORT IN THEIR ABILITY TO TRANSLATE THAT INTO PLAIN LANGUAGE AND INCORPORATE THAT AT THE BEDSIDE. THIS WAS A COMMON COMMENT AT THE COCHRANE SYMPOSIUM IN OTTAWA A FEW YEARS BACK.

DOES FUNDING AND TRAINING KNOWLEDGE EXCHANGE JUST REALLY THE CONVERTED, OR CAN IT ACTUALLY BRING OUT A CHANGE IN BEHAVIOUR?

I'M NOT SURE THAT I DO REALLY APPLY A MODEL. I SUPPOSE THAT'S BAD!

IN MANY WAYS, ORGANIZATIONS AND INDIVIDUALS NEED TO BE 'PRIMED' BEFORE EMBARKING ON A KT ACTIVITY. SUCCESSFUL KT IS MORE LIKELY TO OCCUR WHEN THERE IS AN ORGANIZATIONAL CULTURE THAT VALUES AND PROMOTES INNOVATION, CREATIVITY, TRIAL AND ERROR WITH REFLECTION SO YOU LEARN FROM WHAT DID/DID NOT WORK. EXPECTATIONS MUST BE MADE EXPLICIT E.G., BEFORE SENDING SOMEONE TO TRAINING THINK ABOUT WHY THEY ARE BEING SENT, WHAT THEY WILL BE EXPECTED TO DO ONCE THEY RETURN, AND HOW THEY'LL BE SUPPORTED TO HELP TRANSFER THEIR NEW KNOWLEDGE INTO PRACTICE - AND SHARE THIS WITH THOSE ATTENDING THE TRAINING AND OTHERS IN THE ORGANIZATION. INVOLVE ALL PARTIES EARLY ON - THIS WILL DEMONSTRATE RESPECT FOR THE KNOWLEDGE THAT IS USEFUL AND IMPORTANT. ONE SIZE DOES NOT FIT ALL - HOW INFORMATION IS TRANSFERRED/ SHARED NEEDS TO VARY, DEPENDING ON THE INDIVIDUAL/ORGANIZATION, THEIR NEEDS AND CIRCUMSTANCES.