

# Our Research **IN BRIEF..**



## **KNOWLEDGE BROKERS: A MODEL TO SUPPORT EVIDENCE-BASED CHANGES IN PRACTICE** **- TELECONFERENCE SUMMARY -**

Thank you to everyone who participated in our teleconferences. We had a total of 50 participants across the six teleconferences, including administrators, Knowledge Brokers (KBs) and physiotherapists (PTs) from Alberta, British Columbia and Ontario. This document summarizes the discussions and outlines ways to support knowledge brokering in your organization.

### **AN EFFECTIVE AND EFFICIENT APPROACH**

Overall, participants were enthusiastic about the KB role and believe it to be an effective and efficient approach for facilitating evidence-based practice. There was support for continued knowledge brokering in children's rehabilitation.

### **IDEAS FOR FUTURE BROKERING TOPICS**

Participants stated that topics of interdisciplinary interest would be preferred and several areas for moving evidence to practice were suggested, including infant motor development, Developmental Coordination Disorder, autism, participation, transitions, family-centred service, and models of service delivery.

Although the list of topics was long, there was some discussion about the challenge of finding a topic that would have a strong enough evidence base to move into practice. As well, participants noted that the topic of our KB study was quite defined and that challenges may be encountered if a broader topic is selected.

### **CHALLENGES TO IMPLEMENTING A KB ROLE**

Despite the enthusiasm, only a few organizations had moved forward with implementing an official KB role. Participants discussed practical issues that limit the implementation of this role, in particular, finances and time. These barriers appear to be particularly limiting in mid-sized organizations that are not small enough for informal processes to be effective, but are not big enough to have flexibility in their budget to allot a percentage of therapy time for knowledge brokering activities.

### **LIMITATIONS OF TYPICAL CONTINUING EDUCATION ACTIVITIES**

Given that knowledge brokering had not been widely implemented, many participants provided details about ongoing continuing education activities within their organizations (such as journal clubs and reporting back to colleagues after attending conferences). However, it was acknowledged that unlike knowledge brokering, many of these traditional approaches may not be evidence-based and a lack of follow-up makes it difficult to implement and sustain changes in clinical practice.

### **PARTICIPANT-IDENTIFIED KEY ELEMENTS OF KNOWLEDGE BROKERING**

Knowledge brokering can be implemented in many ways and researchers are just beginning to determine how best to do so. Teleconference participants identified the following key elements:

- KBs need dedicated time for the role and access to evidence-based resources; therefore, buy-in and financial support from administration is critical.
- KBs need to be aware of the supports and barriers to making changes within their practice environments and be able to tailor their approach to fit with the local context.
- KBs need to be enthusiastic, available and responsive to their colleagues' requests for information.
- KBs benefit from collaboration with other KBs.
  - Establishing a KB "community of practice" would enable KBs to make use of existing pools of knowledge, share resources and strategies for communicating information, and provide support for each other.
  - Collaboration among KBs was thought to be an important aspect of the brokering process because the KB role requires many different skills, including interpersonal skills for networking and communicating with colleagues, critical appraisal and synthesis skills, and the ability to be creative when designing ways to share information. By working together, KBs learn from one another, build on each other's strengths and don't have to do it all on their own.

### **POSSIBLE KB MODELS**

Given that the KB role is not well defined in the literature, participants discussed different possibilities for how knowledge brokering may look in children's rehabilitation. Some suggested models included:

1. Each organization has its own KB(s).
2. Several organizations share one or more "regional" KBs.
3. One or more provincial or national level KBs work to synthesize evidence and develop resources to share with KBs at various organizations – a KB for the KBs.

Overall, participants preferred the third option. That is:

- A centralized KB accesses, appraises and synthesizes the evidence, and packages it for distribution to local KBs (either regional or within each organization).
- Local KBs customize the knowledge and share it within their practice environment.
- The centralized KB may also be responsible for facilitating interaction between the local KBs and for

connecting KBs with researchers and clinicians who have expertise in particular areas.

Although this model was preferred, there are many questions about its practical application. For example:

- Who would fund and oversee a provincial or national KB?
- Who would decide the content areas?

A lot of work would be needed to implement a large-scale KB program; however, **much can be done** to start the ball rolling.

<p><b>WHAT CAN SERVICE PROVIDERS DO?</b></p>	<p><b>Be a KB about knowledge brokering!</b></p> <ul style="list-style-type: none"> <li>• Submit a summary of the KB Study to professional or parent newsletters in your area. An example submission is included in the “CanChild Today” newsletter, winter 2010 edition (<a href="http://www.canchild.ca">www.canchild.ca</a>).</li> <li>• Present the findings from the KB study at an upcoming team or agency level meeting. You can modify and use the slide presentation we will be sending to you.</li> <li>• Organize an inservice focused on developing skills that are needed within your team or organization (e.g., critical appraisal of research evidence) for putting knowledge brokering into practice.</li> <li>• Talk to your program director and/or CEO. We sent you and your CEO a one-page summary outlining the benefits of knowledge brokering. Arrange a meeting with your administrator(s) to discuss it.</li> </ul> <p><b>When developing your professional development plan, identify a desire to have more evidence-based strategies (such as a KB) available within your department on a day-to-day basis.</b></p>
<p><b>WHAT CAN THERAPY MANAGERS DO?</b></p>	<p><b>Educate staff, administrators and Board members about the benefits of knowledge brokering.</b></p> <ul style="list-style-type: none"> <li>• The one-page summary for CEOs identifies benefits related to families, staff and the organization.</li> </ul> <p><b>Work with clinicians to identify evidence-based topics they would like to explore as a team.</b></p> <ul style="list-style-type: none"> <li>• Network with other clinical programs and researchers to identify existing knowledge and resources related to the topics identified by clinicians.</li> <li>• Some provincial and national groups that were suggested by our participants include: <ul style="list-style-type: none"> <li>• <i>CanChild</i> Centre for Childhood Disability Research</li> <li>• Canadian Network for Child and Youth Rehabilitation (CN-CYR)</li> <li>• Ontario Association of Children’s Rehabilitation Services (OACRS) Best Practice Committee</li> <li>• University of British Columbia Physical Therapy Knowledge Broker</li> <li>• Alberta Research Centre for Child Health Evidence (ARCHE)</li> </ul> </li> </ul> <p><b>Encourage staff to participate in continuing education activities that are evidence-based.</b></p> <ul style="list-style-type: none"> <li>• Implement strategies that incorporate elements of a KB role, such as peer-to-peer learning, and opportunities for ongoing discussions and feedback when changes are made in clinical practice.</li> </ul> <p><b>Support clinicians who are interested in developing skills that are needed for the KB role.</b></p>
<p><b>WHAT CAN ORGANIZATIONS DO?</b></p>	<p><b>Make knowledge brokering a sustained activity in your organization.</b></p> <ul style="list-style-type: none"> <li>• Our study showed a KB role of 2 hours a week made a significant impact.</li> </ul> <p><b>Collaborate with other organizations.</b></p> <ul style="list-style-type: none"> <li>• The KB model could be implemented on a regional basis (perhaps with co-funding).</li> </ul>
<p><b>WHAT CAN RESEARCHERS DO?</b></p>	<p><b>Be a resource for KBs.</b></p> <ul style="list-style-type: none"> <li>• Develop materials that facilitate the uptake of evidence from your research into clinical practice.</li> <li>• Share slide presentations, training materials and other resources that support evidence-based practice.</li> </ul> <p><b>Be proactive.</b></p> <ul style="list-style-type: none"> <li>• Forward findings from your research to provincial and national groups that are working to move evidence into practice, such as CYN-CR or the OACRS Best Practice Committee.</li> </ul>

**ARE YOU INTERESTED IN LEARNING MORE ABOUT KNOWLEDGE BROKERING?**

Visit the *CanChild* website to view our:

- KB study final report: <http://www.canchild.ca/en/ourresearch/resources/FINAL2009KBStudyReportVersion3.pdf>
- “Keeping Current” on Knowledge Brokering: <http://www.canchild.ca/en/canchildresources/knowledgebrokering.asp>

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