This document was originally prepared as a companion to the ‘Knowledge Transfer and Exchange in Action’ session presented at the SHRTN Collaborative 2010 Annual Assembly Knowledge Exchange Learning Day on April 29, 2010 in Toronto, Ontario.

The purpose of this document is to provide an overview of some common Knowledge Transfer and Exchange definitions, theory and facilitation strategies as well as relevant recommended resources to support KTE in action.

To learn more about these KTE terms, theories and facilitation strategies, review the list of references and recommended resources outlined in this document.

Each of the resources are hyperlinked enabling you to click on the text outlining the resource, which will open up your web browser and take you to its online location. Where references are open source, the link will take you to the pdf of the complete article.

If you are a caregiver, you can access the suggested articles for free by contacting a SHRTN Information Specialist at www.shrtn.on.ca

Recommended Reference:
KTE Terms

IDEA IN BRIEF | Many definitions exist for Knowledge Transfer and Exchange terms (1); below are definitions that were either defined by Canadian institutions or were most often referred to in the literature.

Knowledge can be defined as information in action (2). 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) (3).

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

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 (5).

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 (5).

Integrated Knowledge Translation (IKT) approach is a different way of doing research that involves knowledge users in the research process itself. Researchers and knowledge users work together to identify research questions, decide on methodology, interpret findings, and disseminate findings. IKT aims to produce research results that are highly relevant and likely to be used by knowledge users to improve health and the health system (6).

End of Grant Knowledge Translation, the researcher develops and implements a plan for making knowledge users aware of the findings from a research project once available (6).

Knowledge Mobilization is the process of moving knowledge into active service for the broadest possible common good (7).

Knowledge Diffusion is the process by which an innovation is communicated through certain channels over time among members of a social system (8).

REFERENCES AND RECOMMENDED RESOURCES

The KTE Terms section is adapted from:


KTE Theory

IDEA IN BRIEF | Theoretical models or frameworks for knowledge transfer, translation or exchange attempt to explore and explain the determinants, processes, and results of KTE (Jacobson, 2007). There are several KTE theories, models and frameworks, though, below is a high level overview of four of the more widely referenced and endorsed theories applied in the Canadian healthcare system (Harris and Lusk, 2009).

The PARiHS Framework (Promoting Action on Research Implementation in Health Services) suggests that successful knowledge transfer is a result of the interplay between three key factors: evidence, context and facilitation.

Evidence: including research, caregiver experience, and person/consumer experience as it relates to seniors health and health care and knowledge gaps

Context: in which the evidence is being implemented, such as the context of seniors' healthcare or specific target audiences within, and the context of existing networks or stakeholders that could support knowledge transfer and exchange

Facilitation: including current best practices and effective strategies to support knowledge transfer and exchange that are appropriate to the needs of the situation

The Knowledge to Action Framework conceptualizes the relationship between knowledge creation and action, with each concept comprised of ideal phases or categories (CIHR Website, 2009). Certain milestones have been identified as necessary in bridging the knowledge-to-action gap. For practical purposes, these milestones are described as a series of steps in a process or cycle.

A knowledge creation “funnel” conveys the idea that knowledge needs to be increasingly distilled before it is ready for application. The action part of the process can be thought of as a cycle leading to implementation or application of knowledge. The action cycle represents the activities that may be needed for knowledge application.

Network Analysis Theory can guide how individuals and groups build collaborative advantage for knowledge exchange, and ultimately practice change (Horgan, 2009). The key planning and development strategies of this network analysis theory by Horgan (2009) is:

Building Connections: establish knowledge exchange framework

Building Leadership: inter-provincial, inter-sector, cross-cycle representation, and central core and periphery development

Building Innovation: facilitate national ‘calls to action’

Building Collaborative Advantage: establish a national reference group

Building Supportive Infrastructures: create a formal infrastructure, and facilitate national knowledge exchange opportunities

The Knowledge Transfer Cycle is a non-linear approach, which can be used in conjunction with the PARiHS framework and consists of the following:

Knowledge Generation: building reciprocal linkages between the researcher, educator, caregiver and policy maker to inform seniors' health research agendas.

Knowledge Translation: working in partnership with network members and relevant stakeholders to identify opportunities for knowledge translation and develop practical, evidence-based resources to facilitate the transfer of knowledge into practice.

Knowledge Awareness and Access: leveraging technology in order to provide researchers, educators, caregivers and policy makers with awareness of and access to relevant resources and explicit and tacit knowledge in the field of seniors' health.

Knowledge Use: facilitating the use of knowledge (transfer of knowledge into practice) by providing knowledge exchange support and resources to network members.

Knowledge Accumulation and Retrieval: accumulating ‘stories’, conducting evaluative research, and collecting knowledge in other forms, in order to build on successes and facilitate the development of new partnerships.
RECOMMENDED RESOURCES

PARiHS Framework


The Knowledge to Action Framework

Canadian Institutes of Health Research Website: www.cihr-irsc.gc.ca


Network Analysis Theory


Provan KG, Milward HB. Health services delivery networks: What do we know and where should we be headed? Healthc Pap 2006;7(2):32-6; discussion 68-75.


The Knowledge Transfer Cycle

KTE Facilitation Strategies

**IDEA IN BRIEF** KTE facilitators are evidence-informed processes or structures that will make easier and increase the likelihood of knowledge transfer and exchange enabling a strategic and deliberate approach. Facilitators can help groups, or individuals, to learn, find a solution, or reach a consensus, without imposing or dictating an outcome. As with KTE theory, a significant number of KTE facilitators have been identified. Below is a short and non-exhaustive list of KTE facilitators that have been adopted in the Canadian healthcare system and implemented across the SHRTN Collaborative.

**Networks and networking** in health care facilitate the successful flow of knowledge required for the development, dissemination and delivery of innovation to enable the system, its components and people working within to meet the transformational challenge required for effective and efficient care.

**RECOMMENDED RESOURCES**


National Collaborating Centres for Public Health (NCCPH): www.nccph.ca

Network Weaving, June Holley: www.networkweaving.com

Robeson RN, MScN. Networking in Public Health: Exploring the Value of Networks to the National Collaborating Centres for Public Health 2009, Apr.


SHRTN Collaborative:
- SHRTN: www.shrttn.on.ca
- AKE: www.akeontario.org
- ORC: www.shrttn.on.ca

**Knowledge Exchange Platforms** provide people with an opportunity to connect and share their experiences with one another to learn and improve practice. Knowledge exchange platforms can include both in-person and online opportunities. These systems could be communities of practice, interactive resource centre's, or user-friendly websites – the key is that the system is elegant, simple and effective in providing the user with quick online access to relevant knowledge and a means to share experiences with others. Online and toll-free teleconference technology can enhance accessibility and increase reach, however, in-person knowledge exchange can significantly accelerate relationship building between stakeholders, the development of a community of practice, or the advancement of innovations.

**RECOMMENDED RESOURCES**

Best Online Collaboration Tools 2009 - Robin Good's Collaborative Map: www.mindmeister.com/12213323

Beth’s Blog: How Nonprofit Organizations Can Use Social Media to Power Social Networks for Change by Beth Kanter: beth.typepad.com

CPsquare, The Community of Practice on Communities of Practice: cpsquare.org


Knowledge Translation KT+: plus.mcmaster.ca/kt


National Collaborating Centre for Methods and Tools (NCCMT): www.nccmt.ca

The summaries in this document are an interpretation and are not necessarily endorsed by the author(s) of the work cited.
**Performance Improvement** is a method for analyzing performance problems and setting up systems to ensure good performance. PI is applied most effectively to groups of workers within the same organization or performing similar jobs.

**RECOMMENDED RESOURCES**

- International Society for Performance Improvement: www.ispi.org

**Quality Improvement (QI)** is the first step on the path to enhancing care for patients and practice for staff. It provides basic tools and knowledge that healthcare settings can use to implement QI initiatives and improve care, satisfaction, and clinical outcomes (OHQC, 2010). Batalden and Davidoff (2007) propose defining QI as “the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.”

**RECOMMENDED RESOURCES**

- Institute for Healthcare Improvement: www.ihi.org
- Ontario Health Quality Council: www.OHQC.ca

**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).

**RECOMMENDED RESOURCES**

- The Theory and Practice of Knowledge Brokering in Canada’s Health System (2003, December). Canadian Health Services Research Foundation.