IS KNOWLEDGE BROKERING A SUCCESSFUL PRACTICE?
ASSESSMENT, EVALUATION, AND LEARNING
A REPORT ON THE FOURTH ANNUAL NATIONAL KNOWLEDGE BROKERING WORKSHOP AND PROFESSIONAL DEVELOPMENT DAY

Halifax, Nova Scotia
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Acknowledgements:

The foundation would like to thank the 120 knowledge brokers who participated in the Fourth Annual National Knowledge Brokering Workshop and Professional Development Day, held October 24-25, 2005 in Halifax, Nova Scotia. In particular, we would like to thank our keynote speaker, Eileen Waddington, and the representatives of the knowledge brokering demonstration sites, who spoke to us about their experiences thus far: Melanie Barwick, Carol Duncan and Sue Langlais, Gaye Hanson and Neil Elford, Cynthia Johnson, Jean-François Labadie, and Denis Roy. This report was written by Cynthia Cheponis, based on the speakers’ presentations and discussions held at the workshop and professional development day.

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**MAIN MESSAGES**

- Though colloquial evidence suggests knowledge brokering is a best practice, it needs to be assessed to ensure it is really contributing to improved decision-making in the health system and, ultimately, to patients’ health and lives.

- The foundation’s six knowledge brokering demonstration sites are being evaluated. While this evaluation will be challenging, given the sites’ unique contexts, we anticipate it will provide a “big picture” look at several different approaches to knowledge brokering in the Canadian health system.

- While the foundation works on this assessment of the demonstration sites, individual knowledge brokers can still help researchers and decision makers do some assessments of their own organizations and partnerships.
  
  - Decision makers and researchers that work together need to step back periodically and examine their partnerships, possibly using facilitated tools, to determine what is working well and what needs some fine-tuning.

  - Decision-making organizations that want to use research evidence can use the foundation’s self-assessment tool to determine how well they find and use research. With this initial assessment in place, they can then decide where they need to improve.
INTRODUCTION

As knowledge brokers from across Canada and around the world gathered in Halifax for the Canadian Health Services Research Foundation's Fourth Annual National Knowledge Brokering Workshop and Professional Development Day, the mood was one of reflection and self-assessment.

For years, the foundation has been working hard, building a strong community of knowledge brokers who strive to bridge health services researchers and health system decision makers. But how do we know our work is really making a difference? Though colloquial evidence suggests knowledge brokering is a best practice, as Irving Gold, the foundation's director of knowledge transfer and exchange, said in his opening remarks, “Maybe knowledge brokering is just one big worst practice! We don’t think it is, but we need to find out.”

That’s why the foundation devoted this year's workshop and development day to the topic of assessment; in particular, we provided participants with two assessment tools they can use to facilitate discussions in decision-making organizations. The first tool helps decision makers determine how well their partnerships are working, both at the strategic and team levels, and the second one helps them assess how able their organizations are to use research. Participants also learned about the six knowledge brokering demonstration sites and the foundation's plans to evaluate them so we can learn just what knowledge brokering can do for an organization and how.

SOME THOUGHTS ON PARTNERSHIPS

Before delving into the theme of assessment, the workshop kicked off with a keynote address by Eileen Waddington, an independent consultant from the United Kingdom and an expert on working in partnerships. She focused on her experiences with the British social care field, while noting there are similarities between that context and Canadian healthcare.

Ms. Waddington described the Social Care Institute for Excellence, which was launched in 2001 to “develop and promote knowledge about good practice in social care.” The institute is a knowledge brokering organization that brings together all the stakeholders in social care - including people who use social services - to produce evidence-informed practice guidelines and improve the use of research in practice.

She also discussed the value of creating a “team culture,” particularly in the field of social care, where staff members tend to focus on what they’ve learned from their peers rather than on the latest research findings. “Change often appears irrational,” said Ms. Waddington, even when it’s based on research. “So we have to create a safe environment and engage with people” so they will trust research results.

Of course, a team culture that involves researchers, decision makers, and practitioners is only one (albeit a very important) part of the puzzle. The other part is service users. British social care research increasingly involves this group; however, as Ms. Waddington noted, their involvement must be a true collaboration. “These people are fed up with being researched,” she said. “They’re not research fodder; they want to engage in a dialogue.”

It is also crucial that researchers be trained to work with service users and communicate with them clearly. “We have a wonderful stereotype in England that if people don’t understand - shout!” said Ms. Waddington. “So researchers just go back and quote their findings louder and in more detail, and surprisingly people still don't understand.”
ASSESSING PARTNERSHIPS

The professional development day was devoted to the assessment tools knowledge brokers can use in their work. Ms. Waddington presented her partnership and team assessment tools. The first tool is aimed at strategic partnerships, while the second one focuses on front-line teams.

“Working in partnerships is a key thing knowledge brokers need to concentrate on,” said Ms. Waddington. “People have this view that partnerships just spontaneously happen without paying attention to the dynamics.”

Ms. Waddington and her colleagues developed the tools while working at the University of Leeds. They were originally designed for the social services sector in the United Kingdom; however, Ms. Waddington told participants that it would be quite easy to adapt the tools’ language to fit partnerships in other sectors. Thus, using the partnership assessment tool, knowledge brokers can help health services researchers and health system decision makers working in teams examine their partnerships and determine how well they are working.

Each tool describes six basic principles that are necessary for successful partnerships. Under each principle are a number of statements related to it, ensuring a common language and framework. Partners are asked to rank the partnership based on each statement. Responses are then plotted on what Ms. Waddington called the “dartboard” – a circular graph with six sections (one for each principle). This gives the partners a visual representation of where the partnership is strong and where some remedial action may be needed.

Ms. Waddington emphasized that the tools are meant for developing and diagnosing partnerships, not for performance assessment. “The worst thing that can happen is someone goes into it for development reasons and then finds out at the end that their performance will be assessed on it or they’ll be punished in some way,” she said.

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THE SIX PRINCIPLES

Recognize and accept the need for partnership

Ms. Waddington briefly discussed each of the principles with the knowledge brokers in Halifax. The first, she said, “may seem self-evident. But it’s important to recognize the need for a partnership rather than be told to participate and go along with very bad grace.” The statements under this principle also ask partners if they have clearly identified what factors are helping or hindering the partnership.
Develop clarity and realism of purpose

The second principle asks partners if they are sure that the right people are sitting around the table and if all the people who are there know the reason why. It asks people if the partners have a shared vision and shared values and if realistic joint aims and objectives have been set.

Ensure commitment and ownership

The third principle looks at how committed the partners are to investing time in the partnership. “I’m sure we’ve all been part of groups where someone always comes late, leaves early, and tells you he’s the most important person in the room,” said Ms. Waddington. “Sometimes that person’s even the chair of the meeting!” If one member of a partnership acts like this, she said, that person can drag down the entire arrangement.

Develop and maintain trust

The fourth principle is “absolutely critical,” according to Ms. Waddington. For trust to exist, everyone has to be treated equally and fairly. It’s also important that partners have enough trust in each other to ride out any rough patches that come along. For example, if one partner organization is facing an internal difficulty and pulls out resources, “have you got the level of trust in the people around the table that they’ll come back after their crisis is over?” asked Ms. Waddington.

Create robust and clear partnership working arrangements

The fifth principle deals with having the right infrastructure in place to deliver what the partners want to deliver. This means ensuring transparency in the resources, both financial and non-financial, each partner is offering, making sure the partnership’s arrangements are as simple as possible, and developing structures that allow junior people in the organizations involved to move things forward in between meetings, rather than only making decisions during high-level face-to-face conferences.

Monitor, measure, and learn

Finally, the sixth principle is about continuous monitoring and learning. The partners need a set of “success criteria” to know when they’re meeting their aims and to learn from past mistakes to move forward. “People tend to repeat the same sort of behaviour time after time and then are surprised when things don’t work,” said Ms. Waddington.

Participants at the professional development day were enthusiastic about the tools and believed they could be good ways to provoke discussions between researchers and decision makers about how well their partnerships were working. While there were concerns about partners – particularly decision makers – not wanting to take the time to fill out the assessment tools, Ms. Waddington pointed out the investment aspect of using them. “Ask the decision makers to look back through their agendas and see how many hours they spend in meetings or doing other work on their partnerships. Isn’t half a day to see if their partnerships are working a good investment?” she asked. “Sometimes claiming a lack of time is a way to avoid dealing with unpalatable issues.”

Gaye Hanson, President, Hanson and Associates
The other tool participants received was the foundation’s self-assessment tool. This tool, officially re-launched at the professional development day after extensive development and testing, helps health services organizations determine how able they are to find research evidence and use it in their decision-making. Decision makers are asked a series of questions on the “four As,” that is, the four dimensions of research use: the ability to acquire, assess, adapt, and apply research in decision-making. They then use a discussion guide at the end of the booklet to determine their areas of strength and the areas in which they need to enhance capacity.

Knowledge brokers can use the tool to facilitate dialogue about the use of research evidence, and to identify the need and tailor support for its use. When it comes to facilitating dialogue, said Laura McAuley, the foundation’s senior program officer for impact and evaluation who presented the tool, knowledge brokers need to set aside time for an open and engaging discussion, and they need to make sure people who are influential and enthusiastic about research use are part of the self-assessment dialogue. For identifying needs, they need to focus on the “four As” of organizational research use capacity. Finally, in terms of tailoring support, knowledge brokers can help support capacity development efforts and bring down barriers by ensuring the appropriate internal and external resources are used to their full extent.

When asked how they would initiate a dialogue in the organizations they work with, the participants at the professional development day offered several interesting ideas. First, they said it was necessary to show decision makers the utility of the tool - they have to answer the question “what’s in it for me?” It would be beneficial for all levels of management to be involved, from middle managers up to the board of trustees. They also noted that some health services organizations have many different types of decision makers; for example, a hospital has nurses, physicians, and administrators. In these cases, it is necessary to determine the research-use capacity of each group, as their strengths and weaknesses are potentially very different.

Participants suggested using existing networks as a means of creating interest in the tool: committees, professional associations, journal clubs, etc. They also agreed that external facilitation of the tool would make the process smoother; as one broker said, “staff [members need to] feel free to say what they really think,” which may not happen if senior management is in the room. Above all else, participants agreed they need to find champions in the organizations who are committed to evidence-informed decision-making and who will act as a complementary internal facilitator, to help ensure the lessons learned from the self-assessment do not get lost.

While something may work beautifully in theory, it can fall apart in practice. That’s why, in 2004, the foundation held a competition to fund decision-making organizations that wanted to implement knowledge brokering practices. Until 2007, these demonstration sites will put knowledge brokering into action. Most importantly, they will be evaluated to determine the effect of knowledge brokering on their organizations.
Ms. McAuley spoke to the participants at the workshop about the evaluation plan for the demonstration site program. The sites will be evaluated individually, both in terms of their processes and their impacts; the overall program will be assessed in a similar fashion.

The overall goals that the sites will be assessed against are:

1. to stimulate the implementation of structures, processes, or people in health services organizations with the purpose of linking researchers with decision makers and facilitating their interactions; and
2. to increase the appropriate use of high-quality research evidence in the decision-making process of demonstration site organizations.

However, while the sites are all moving towards the same objectives, they are approaching them in very distinct ways. Each site has a unique context and faces different challenges to implementing knowledge brokering; therefore, to suit those contexts and meet the organizations’ needs, each site is developing different types of activities (see the appendix for a description of each site’s activities to date). “By looking at each site’s differences and similarities, we’ll get the big picture for the knowledge brokering demonstration site program,” said Ms. McAuley. While it will be a challenge to find a common ground, she stressed the need to respect and support the sites’ unique attributes.

For the overall program evaluation, Ms. McAuley stated very clearly that it will not be merely a compilation of the individual site evaluations – “the total is not just the sum of the parts!” The overall evaluation will be complementary to the site evaluations and will work with the sites’ stakeholders – decision makers and researchers both in and outside the sites’ organizations – to determine if knowledge brokering is indeed improving decision-making.

The evaluation team is taking a consultative approach, allowing the sites to share what they are learning and respecting their differences. The team will work with the sites to build common indicators and measurement approaches, collect data from the program as a whole and the individual sites, and conduct surveys and interviews with the affected and associated stakeholders.

Indicators will cover the structures, processes, and people the foundation is hoping to see put in place. In terms of structures, Ms. McAuley said the team will ask several questions such as:

- Is the role and function of knowledge brokering recognized at various levels of the organization?
- Is senior management engaged, to ensure sustainability?
- Has the organization dedicated resources, such as protected time and infrastructure for knowledge management?
“We want to see a culture change,” said Ms. McAuley. “We’d like to see decision makers looking for research and researchers looking for the chance to talk with decision makers.”

In terms of processes, the evaluators will look at the number of workshops and exchange events being organized by the sites, the number of requests for capacity development and skills training they receive, and the number of requests to be linked (decision makers with researchers and vice versa), among other things. “We want to see that the organization recognizes knowledge brokering is important and is creating opportunities to share,” said Ms. McAuley.

Finally, in terms of people, the evaluation team will focus on the sites’ success at building, developing, and increasing the number of relationships among researchers and decision makers. “We can’t do anything without a trusting, respectful, mutual learning relationship,” said Ms. McAuley, noting that the team will look for collaboration – hopefully repeat collaboration – among researchers and decision makers on research projects and satisfaction among stakeholders in terms of the timeliness and quality of information they’re getting from their new relationships.

While the demonstration sites have set themselves lofty goals, they are eager to work with the evaluation team to learn all they can about how and if knowledge brokering works in decision-making organizations.

CONCLUSION

As we continue to move knowledge brokering out of the realm of theory and into the real world of health system decision-making, it is worthwhile to ask ourselves if we’re doing it in the most effective way – and if we should indeed be doing it at all! While working on our own assessment, though, we must also help researchers and decision makers – the two communities we are trying to bridge – reflect on their practices. The foundation is dedicated to assessing and evaluating all aspects of knowledge brokering, and we are proud to have brought our community together to discuss these important matters.
APPENDIX: The Knowledge Brokering Demonstration Sites

In 2004, the foundation funded six demonstration sites to test the theory that knowledge brokering can improve the health system. At the workshop, each site presented on its work thus far.

KNOWLEDGE BROKERING FOR PEDIATRIC HEALTHCARE RESEARCH: FROM SCIENCE, TO LINKAGE, TO IMPACT

Melanie Barwick, Ontario

Melanie Barwick of the Hospital for Sick Children described how her demonstration site will evaluate the impact of its knowledge brokering activities in transferring research knowledge to people who can change practice and policy to improve children's health. The program’s goals are to increase health scientists’ knowledge transfer skills and to create exchange opportunities between scientists and decision makers.

So far, the site has hired a knowledge broker; done a baseline survey on scientists’ knowledge transfer strategies and practices; launched a Knowledge Transfer Training for Scientists program; and launched communications training for scientists. The knowledge transfer training program, in particular, has already shown great success, which Dr. Barwick says is a crucial first step. “As a scientist, I can say we’re not that good at linking with non-researchers,” she said. “But in the end what matters is not how much research we’ve done but how many children’s lives are improved as a result.”

PRACTICE ENHANCEMENT ACHIEVED THROUGH KNOWLEDGE

Carol Duncan and Sue Langlais, Alberta

Carol Duncan and Sue Langlais described their site, which is a collaboration of the Rural Health Bow Corridor, Canmore General Hospital, and the Calgary Health Region. Their knowledge brokering program enhances healthcare providers’ participation in evidence-informed decision- and policy-making. “We found that applying research findings to practice is the exception rather than the rule,” said Ms. Duncan. To reverse that, the site has two knowledge brokers to help interdisciplinary teams work through their Personal Learning Projects.

Ms. Langlais described how these projects begin with a problem or question a provider has regarding patient care and safety. Moving through a seven-step project, the problem is researched and shared on bulletin boards posted throughout the partner sites. “People are getting quite nosy and checking them out,” said Ms. Langlais, “even if they’re not doing one.” The demonstration site team makes recommendations based on the research, and it will evaluate outcomes to determine if the change was successful.

MANY JURISDICTIONS ONE SYSTEM – KNOWLEDGE TRANSFER AND KNOWLEDGE BROKERING FOR CROSS-JURISDICTION HEALTH SERVICES INTEGRATION AND FIRST NATIONS HEALTH

Gaye Hanson and Neil Elford, Alberta

Gaye Hanson and Neil Elford’s demonstration site is focusing on bringing together Western healthcare with traditional First Nations ways of living. “There are fascinating worldviews coming together that are incredibly different from each other,” said Dr. Elford. So far the project – which is a collaboration of the North Peace Tribal Council, the Northern Lights Health Region, Capital Health Region (Edmonton), and the First Nations and Inuit Health Branch of Health Canada – has held two discovery sessions, which brought together First Nations elders with non-native healthcare professionals, so the two groups could learn about each other.
“This is a messy, human process, but we’re learning a great deal from each other,” Ms. Hanson said. Some of the working principles emerging out of these sessions are that relationships are key; each participant group must honour and respect the others; participants must be comfortable with the “breaking trail” aspects of the project; and the multiple definitions of knowledge and ways of knowing need to be bridged to find solid ground for decisions that will improve the quality of health for First Nations people, of which healthcare delivery is only one aspect.

THE KNOWLEDGE BROKER TO RENEW THE DECISION-MAKING PROCESS IN A CHANGING REGIONAL HEALTHCARE SYSTEM

Denis Roy, Quebec

Denis Roy described how his demonstration site in la Montérégie is taking advantage of recent changes to the healthcare system in Quebec. The regional boards were abolished recently, and agencies were formed to integrate social care and healthcare into one network. The three goals of his project are to optimize the use of information sources by the agency and the local networks in decision-making; to implement a system that will give administrative and clinical leaders a way to use those information sources; and to create strategic alliances between researchers and decision makers.

So far, the site has created matrix teams of public health specialists and information management specialists to look at the evidence on 15 health issues, such as cancer and mental health, to create decision-making guidelines. They are working from a “whole systems” perspective that involves everyone in the local networks. “We’re taking advantage of the rebirth (of the local networks) to renew governance in the health system,” said Dr. Roy.

INTER-REGIONAL FRONT-LINE SERVICES KNOWLEDGE BROKERING ALLIANCE

Jean-François Labadie, Quebec

Jean-François Labadie’s demonstration site is an alliance of the health and social services centres of Bordeaux-Cartierville – Saint-Laurent and the Institut universitaire de gériatrie de Sherbrooke. The goals of the site are to encourage and support the use of research when planning and managing health and social services and to have the various stakeholders involved understand each other better.

The site has done baseline surveys to determine what factors make decision makers more likely to use research, how they get research evidence, how important they believe it is, and how often they use different sources of information in their decision-making. It is also holding meetings and seminars to bring researchers and decision makers together to try to improve their “reciprocal ignorance of their cultures,” as Mr. Labadie put it. “I often use the metaphor of a burning house to show how different the cultures are,” he said. “Decision makers put out fires, and researchers want to let the fire burn to understand how it spreads.”

EVIDENCE AND POLICY IN LONG-TERM CARE: BUILDING A BRIDGE WITH KNOWLEDGE BROKERING

Cynthia Johnson, Alberta

Cynthia Johnson’s demonstration site is focusing on the use of the Resident Assessment Instrument, a standardized tool that examines different aspects of the health of frail people who live in long-term care homes. Her project – a collaboration of the Capital Care Group, The Good Samaritan Society, Capital Health (Edmonton), Alberta Health and Wellness, the Alberta Centre on Aging, and the universities of Calgary and Alberta – will educate both researchers and decision makers about the benefits of using the data collected through the tool to make decisions about long-term care.

The site has already hired a knowledge broker and presented the tool to several groups at the organizational and regional levels. A research team has taken up the tool to study the effect of moving residents from one long-term care facility to another, and monthly meetings are being held to keep on top of the progress of the project and what may be affecting its success.