
Knowledge Mobilization Framework

A Guide to Support the Development and Implementation of Educational Initiatives that will Enhance our Capacity to Address the Needs of Children and Youth

Southern Alberta Child & Youth Health Network



October 2007

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The Knowledge Mobilization Framework and Checklists are available for download from www.sacyhn.ca
under "Publications".

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Acknowledgements

We would like to acknowledge the following contributions to the development of the Knowledge Mobilization Framework:

- Rebecca Ataya for her work on the early development of the Framework during her MSW practicum with the *Network*;
- The members of the SACYHN Education Working Group for their review of early drafts and their input into how the Framework might be used in a practice setting;
- The members of the SACYHN Evaluation Working Group for their academic perspectives on knowledge transfer and mobilization; and
- Ann Harding, Troy Stooke and Sybil Young for testing the Knowledge Mobilization Checklist on their initiatives.

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Table of Contents

Acknowledgements	i
Table of Contents	ii
1.0 Introduction	1
1.1 The Southern Alberta Child & Youth Health Network and Knowledge Mobilization	1
1.2 Purpose of the Knowledge Mobilization Framework	2
2.0 Background	3
2.1 The Knowledge Transfer and Health Networks Literature Review	4
2.2 The Knowledge Mobilization Schematic	5
2.3 Evaluating SACYHN’s Knowledge Mobilizing Initiatives	7
Appendices	8
Appendix A: The SACYHN Strategic Blueprint	9
Appendix B: Knowledge Mobilization Checklist	11
Appendix C: Abbreviated Knowledge Mobilization Checklist	23

1.0 Introduction

This document is intended to provide practical guidance to persons who are planning or developing educational initiatives within the broad context of the Southern Alberta Child & Youth Health Network (*Network* or SACYHN). More specifically, this document is intended to guide the development and implementation of initiatives that will mobilize knowledge about child/youth health and well being in a way that will enhance the capacity of families and service providers to address the diverse needs of children and youth. Examples of such initiatives include communication and awareness, information provision, and formal and informal learning opportunities.

The Knowledge Mobilization Framework is based on a literature review on knowledge transfer within health networks that was recently conducted by SACYHN (Gowdy, 2006, available at www.sacyhn.ca). The Framework may be revised based on emerging literature and/or feedback from those who use this tool.

The Framework contains:

- Information on why and how the Framework was created, as well as how it is intended to be used;
- The types of initiatives currently undertaken within the *Network* to mobilize knowledge;
- A schematic that depicts the overall process of developing and implementing initiatives that are intended to enhance capacity; and
- A checklist that can be used to guide the planning, development and implementation of knowledge mobilizing initiatives.

1.1 The Southern Alberta Child & Youth Health Network and Knowledge Mobilization

SACYHN brings together parents and youth, child serving ministries, First Nations communities, health regions, and provincial and local agencies to focus on optimizing the health and well being of children and youth. A primary focus for the *Network* is the provision of coordinated programs, services and information resources that respond to the unique needs of children, youth and families, and that are accessible and as close to home as possible. The *Network* also emphasizes the importance of building cross sector professional capacity to understand and address the health and well being needs of children and youth throughout southern Alberta.

Education is a key strategy in SACYHN's work to develop and share information and knowledge among families and service providers that will enhance their capacity to address the diverse health and well being needs of children and youth. Within the context of the *Network*, educational initiatives currently include:

- Communication and awareness initiatives (e.g., the SACYHN newsletter, the SACYHN website – including the Education Calendar);

- Information provision (e.g., Information Prescriptions, access to child health information, dissemination of research and evaluation findings); and
- Formal and informal learning opportunities (e.g., community education sessions, parent coffee hours, outreach clinics, conferences and workshops, lectures, staff exchanges across regions, professional practice rounds offered via telehealth, the use of telehealth by professionals to connect with their colleagues to collaborate and discuss best practice, and continuing professional development courses).

More detail about how the above initiatives fit into the bigger picture of the *Network* can be found in the SACYHN Strategic Blueprint (see Appendix A).

It is the *Network's* belief that sharing information that is accessible and reliable creates opportunities for individuals and organizations to impart, use and develop new knowledge and that these opportunities can lead to enhanced quality of care and service to children, youth and families. In other words, capacity is enhanced when knowledge is mobilized.

For example, initiatives that provide opportunities for collaboration and discussion among professionals who come from a variety of regions and sectors can result in the enhanced quality and coordination of services for children, youth and families. On a similar note, initiatives that support the development of shared knowledge between families and service providers regarding child/youth health and well being can enhance the ability of both families and service providers to be active partners in the care of children and youth. Thus, within the context of the *Network*, these initiatives are broadly categorized as *knowledge mobilization*.

Within the context of SACYHN, *knowledge mobilization* is viewed as the process by which personal and professional knowledge regarding child and youth health and well being is valued, shared, developed and implemented.

The Knowledge Mobilization Framework is designed to support *Network* members through the planning, development, implementation and refinement of initiatives that – according to current research and practice – will have the best chance at effectively mobilizing knowledge, and thus, enhancing our capacity to respond to the needs of children and youth.

1.2 Purpose of the Knowledge Mobilization Framework

The purpose of the Framework is threefold:

- To identify the types of knowledge-related initiatives believed to be most common within the *Network*, as well as how these initiatives are expected to result in knowledge mobilization, and, in turn, the enhanced capacity of families and service providers;
- To help *Network* members apply the research regarding effective knowledge transfer by highlighting key things to consider when designing or implementing an initiative; and

- To provide a direct link to the SACYHN Strategic Blueprint, a schematic that provides an overarching picture of the *Network* and how its work in knowledge mobilization fits into this bigger picture.

2.0 Background

Soon after its inception in 2001, SACYHN undertook a literature review to better understand networks and their effectiveness. In that literature review (Hill, 2002, available at www.sacyhn.ca), reference is made to the functions of networks in relation to education:

Networks enable identification of staff from a variety of agencies with their larger community, rather than with only their own organization (Hoge & Howenstine, 1997). This is an important function of the network. Providers are knowledgeable about the range and depth of services offered within their community and can feel more comfortable referring their clients when they know the names of, and have ongoing contact with those providers (p. 16).

The Network Literature Review also identifies education as a core function of networks and indicates that the ongoing education of service providers is a key factor for improving health within the community.

During the *Network's* first three years, an effort was made to open up educational initiatives – particularly those offered via telehealth from the Alberta Children's Hospital – to interregional and intersectoral participation. The interest and uptake was substantive and it was believed that interest would continue to grow. This enthusiastic response resulted in further discussion and a decision to attempt to be more strategic about educational initiatives to ensure alignment with the *Network's* vision and mission.

Specifically, it was concluded that educational initiatives are not about learning or professional development for their own sake, but are a means to:

- Strengthen partnerships – across sectors, across regions and between families and service providers – so that practice is influenced and services are improved;
- Enhance the capacity of families to address their own child's/youth's health issues;
- Foster parent-to-parent connections; and
- Enhance the health services experience of children, youth and families.

Furthermore, it was concluded that SACYHN's educational initiatives should be developed and implemented in a way that encourages families and service providers – from across regions and child serving sectors – to share knowledge and learn from one another. This interconnected model recognizes and values various forms of knowledge from various sources including:

- Tacit knowledge: knowledge which is personal; based on experience, wisdom and intuition; described as something that “we simply know”; is often difficult to articulate and difficult to communicate to others; and is usually shared one-to-one;

- Explicit or expert knowledge: knowledge which is based on evidence and is usually shared “by one person to many people” in formal settings such as in lectures or in books; and
- Knowledge arising from communities of practice: a context that facilitates the active integration of tacit and explicit knowledge, where knowledge is shared on an ongoing basis from “one to many” or “many to many”. Communities of practice are recognized to be essential for the implementation of change in organizations.

In April of 2005, the SACYHN Education Working Group was formed with a mandate to explore opportunities to foster meaningful, shared educational initiatives in support of SACYHN’s vision and mission. One of the first activities undertaken by the Education Working Group was to conduct a literature review to set a foundation for their work together.

2.1 The Knowledge Transfer and Health Networks Literature Review

A literature review was completed in January 2006 to provide SACYHN with a background of research and practice regarding the transfer of knowledge within a network context. The Knowledge Transfer and Health Networks Literature Review (Gowdy, 2006, available at www.sacyhn.ca) focused on knowledge transfer in voluntary health networks and where possible, those networks that addressed the health and well being of children and youth. The literature review further focused on elements specific to SACYHN’s educational initiatives, such as using videoconferencing to reach diverse communities across a large geographic span.

The literature reviewed thus far does not appear to indicate which, if any, network structures challenge or facilitate knowledge mobilization. However, there are interesting parallels between the purpose of a network such as SACYHN and the process of knowledge mobilization. For example, both networks and the process of knowledge mobilization:

- Work at multiple and interdependent levels;
- Must function in a non-linear format for intrinsic growth and development;
- Involve the establishment and sustaining of linkages among people; and
- Require local autonomy and the availability of ongoing support as requested to ensure continuity.

Because of the above similarities, key concepts about effective knowledge transfer were extracted from the literature review and summarized in a schematic that articulates SACYHN’s understanding of how its educational initiatives can enhance the capacity of families and service providers to meet the health and well being needs of children and youth in southern Alberta.

2.2 The Knowledge Mobilization Schematic and Checklist

The Knowledge Mobilization Schematic (see page 6) demonstrates the process of developing and implementing educational initiatives that are intended to enhance capacity. The elements in the Schematic and in the Knowledge Mobilization Checklist (see Appendix B) were extracted from the literature review described above.

To develop an initiative that will have the best chance at effectively building new knowledge, one should consider:

- Aspects of the initiative itself (what it is and how it will be implemented);
- The potential audience; and
- The broader organizational context.

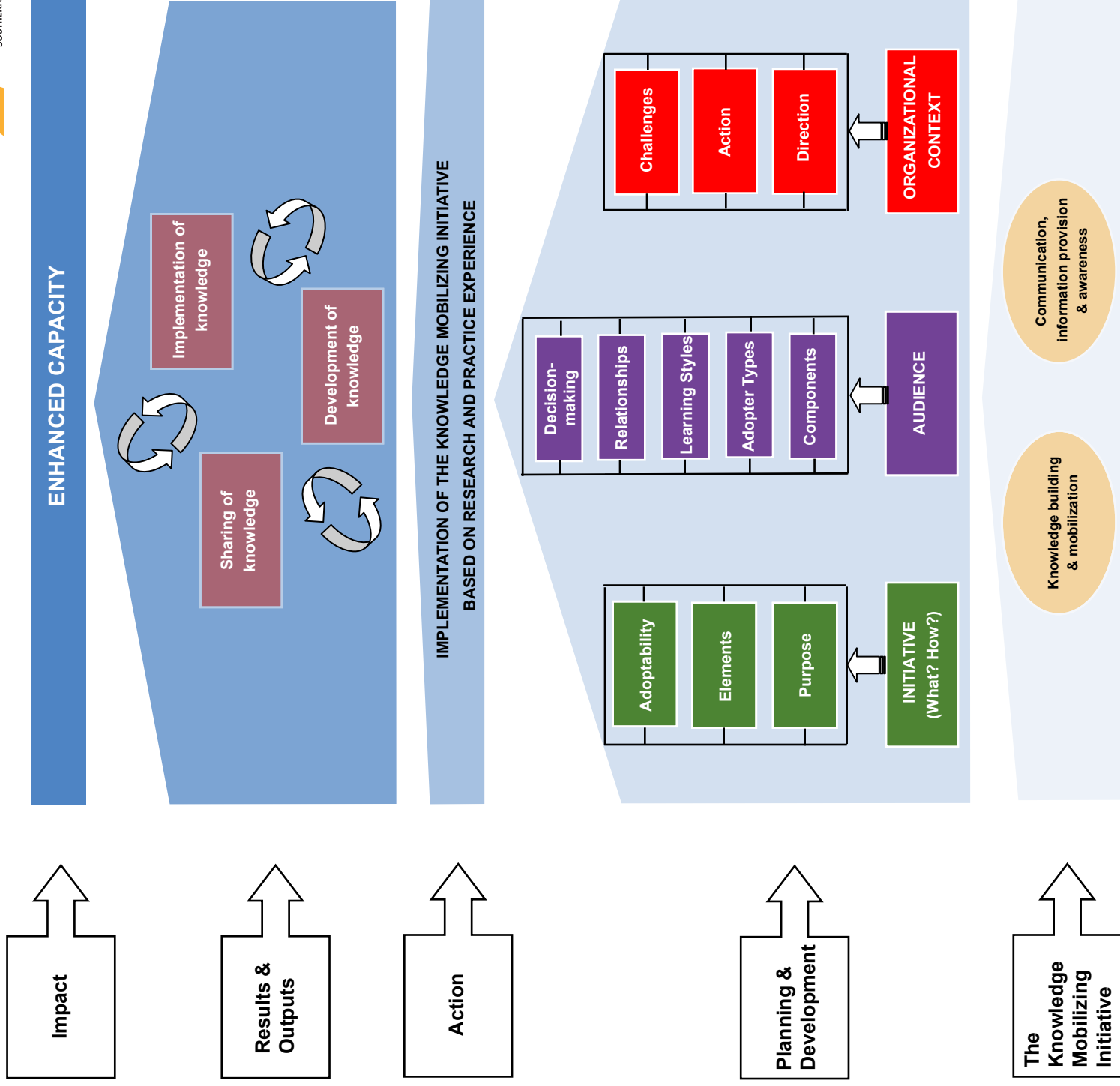
These three areas are highlighted in the Schematic and further divided into 48 components that are summarized in a checklist (see Appendix B for the full checklist and Appendix C for an abbreviated format). The Knowledge Mobilization Checklist is colour-coded to align with the planning and development areas depicted in the Schematic. The Checklist can be used to guide the planning, development, implementation and refinement of your knowledge mobilizing initiative. There is a good chance that knowledge will be developed, shared and implemented if:

- The assumptions that were made about the initiative, the audience and the organizational context are indeed correct; and
- The initiative is implemented as planned.

It is important to keep in mind that knowledge mobilization is an ongoing process that is not yet well researched in a network context such as SACYHN. Furthermore, the development, sharing and implementation of new knowledge may take place outside the direct context of the initiative itself. As we develop and implement new initiatives and evaluate to what extent these initiatives enhance capacity as intended, we can use this learning to refine the planning and development phase of the knowledge mobilization process.

Knowledge Mobilization Schematic

Updated October 10, 2007



2.3 Evaluating SACYHN's Knowledge Mobilizing Initiatives

The Southern Alberta Child & Youth Health Network has an interest in the development and evaluation of knowledge mobilizing initiatives. The SACYHN Strategic Blueprint is intended to guide all evaluation activities for the *Network*. The Knowledge Mobilization Schematic provides a more detailed look at potential evaluation areas specific to knowledge mobilization.

Evaluating SACYHN's knowledge mobilizing initiatives will:

- Help to improve the usefulness of this Framework; and
- Contribute to an improved understanding of how the *Network* can enhance the capacity of families and service providers through its educational initiatives.

To achieve this understanding, it is important to obtain feedback from all *Network* members who use the Framework. Therefore, *Network* members are encouraged to share their completed Knowledge Mobilization Checklists as well as findings from any evaluations undertaken of such initiatives (e.g., participant feedback, objective measures of participants' knowledge gained from workshops, examples of knowledge sharing and implementation) with the SACYHN Evaluation Coordinator. The SACYHN Evaluation Coordinator is available to provide guidance on a consultation basis for the development of any tools and processes required for such endeavours.

For more information regarding the theoretical grounding of SACYHN's evaluation approach, you are encouraged to consult Part II: Evaluating Networks (pages 35-37) of the *Network Literature Review: Conceptualizing and Evaluating Networks* (Hill, 2002) and the *Knowledge Transfer and Health Networks Literature Review* (Gowdy, 2006). Both reports are available on the SACYHN website at www.sacyhn.ca under "Publications".

Appendices

Appendix A: The SACYHN Strategic Blueprint

- Outlines how the *Network* intends to achieve its vision.

Appendix B: Knowledge Mobilization Checklist

- A guide to support the planning, development, implementation and refinement of educational initiatives. Includes definitions of the key concepts from the Knowledge Transfer and Health Networks Literature Review (Gowdy, 2006).

Appendix C: Abbreviated Knowledge Mobilization Checklist

- For those familiar with the key concepts and definitions used.

Appendix A: The SACYHN Strategic Blueprint

The SACYHN Strategic Blueprint outlines how the *Network's* guiding principles, key areas of activity, mission and goals are intended to reach four levels (individual, organizational, the *Network*, and the broader community), and how this is believed to contribute to achieving the *Network's* vision. As depicted in the Blueprint, key areas of *Network* activity include:

- Knowledge building and mobilization; and
- Communication, information provision and awareness.

These two key areas of *Network* activity are intended to support the building of sustained linkages among a variety of partners, linkages that will enhance the capacity of families and service providers to address the health and related needs of children and youth. This process is outlined in more detail in the Knowledge Mobilization Schematic.

Vision

Optimal health and well being for children, youth and families through *Network strength*.

Network Goals & Level of Reach

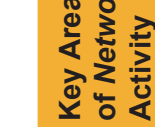
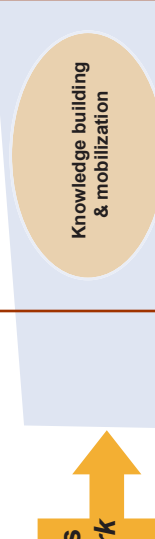


Mission

Capacity Building

Using our collective resources and expertise, the *Network* advances high quality, coordinated programs and services for children, youth and families.

Key Areas of Network Activity



Guiding Principles

SACYHN:

- is child and youth focussed and family centred
- considers all phases of children's development
- values diversity
- recognizes the unique health needs of Aboriginal families and ethno-cultural populations
- engages all sectors and service providers relevant to children, youth and families
- supports services that are accessible and as close to home as possible
- promotes successful transitions between services
- strengthens community responsiveness to the needs of families
- acknowledges the range of factors that determine health and well being
- uses research and education to guide planning

Appendix B: Knowledge Mobilization Checklist

To be used by *Network* members when planning, developing, implementing and refining education, communication, information provision, awareness and other knowledge mobilizing initiatives.

Note. The items contained in the Checklist may be more or less relevant to your initiative, depending on the type of the initiative and/or the stage of its development. Initial testing of the Checklist suggests a wide range of applicable contexts and that recording notes in a diary format (i.e., with dates beside comments) can aid in the ongoing development and refinement of the initiative.

All items in the Checklist are derived from the Knowledge Transfer and Health Networks Literature Review (Gowdy, 2006, available at www.sacyhn.ca).

Instructions:

1. Download the Microsoft Word version of the Knowledge Mobilization Checklist and save it to your computer. The document is most easily used in its electronic format. If you prefer to work from a paper copy, you may want to expand the boxes in the Checklist before printing to allow more room for handwritten comments. The different sections of the Checklist are shaded to match the corresponding areas in the Knowledge Mobilization Schematic.
2. Read through the entire Checklist to get a sense of how the items are interrelated.
3. Using the Checklist, consider several aspects of your initiative, including how the goal of the initiative relates to SACYHN's interest in capacity building and what outcome(s) you hope to achieve by implementing the initiative.
4. Work through all four sections of the Checklist, keeping a diary of your thoughts and reflections beside each of the 48 items. You are encouraged to revisit the items and your comments as often as needed.
5. As you work through the Checklist, consider:
 - a. Any areas where there are gaps in, or weak, evidence and what you might do to obtain further information; and
 - b. The degree of comparability between category items. For example, will the audience perceive that the speaker (i.e., the source) is credible? Will the planned delivery method work within this organizational context?
6. Please consider contributing to the *Network's* continued learning about effective knowledge mobilization. Return a copy of your completed Checklist to Laura L'Heureux, the SACYHN Evaluation Coordinator, at the Alberta Children's Hospital, Room C4 337-15, 2888 Shaganappi Trail NW, Calgary, AB, T3B 6A8. Tel: (403) 955-7186. Fax: (403) 955-7214. E-mail: laura.lheureux@calgaryhealthregion.ca.

Knowledge Mobilization Checklist

SECTION 1

1. Knowledge Mobilizing Initiative <ul style="list-style-type: none"> ▪ Its name & a brief description
2. Assessment of Need <ul style="list-style-type: none"> ▪ What evidence suggests a need for this initiative?
3. Capacity Building Goal <ul style="list-style-type: none"> ▪ How does your initiative relate to the <i>Network's</i> mission of “using our collective resources and expertise, the <i>Network</i> advances high quality, coordinated programs and services for children, youth and families”?
4. Intended Outcome <ul style="list-style-type: none"> ▪ What outcome(s) do you hope to achieve in the short-term? Over a longer period? ▪ Do you hope to achieve these outcomes for families? For service providers? For organizations? For the <i>Network</i>? For the broader community?

SECTION 2

INITIATIVE (What? How?)	Date(s) & Comment(s)
<p>Purpose</p> <p>An understanding of the intention and goals of the initiative will guide the development of the content, the method of delivery and the way in which the initiative is evaluated. The literature suggests that it is important to determine to what extent the initiative is <i>exchange driven</i> versus <i>creation driven</i>.</p> <p>Consider how the definitions below relate to your initiative.</p>	
<p>5. Exchange driven: Is the emphasis on sharing knowledge or providing information?</p>	
<p>6. Creation driven: Is the emphasis on sharing and developing knowledge, and the subsequent use of this knowledge by the intended audience?</p>	
<p>Elements</p> <p>Increasing the extent to which the source, content, and delivery method reflect both the purpose of the initiative and the needs of the audience will increase the chances that the initiative will build capacity.</p> <p>Consider each of the items below in relation to your initiative.</p>	
<p>7. Source: What is the perceived competence and credibility of the source? What is the motive? Is the relationship with other sources trusted by the recipient?</p>	
<p>8. Content: Are the research methods and outcomes that support the content credible? How is the content targeted to the audience's existing state of knowledge? Do content objectives target the intended audience?</p>	
<p>9. Medium/delivery method: Is the content shared in a reliable manner? Is the content presented in a variety of styles? Is the content presented clearly and attractively?</p>	

INITIATIVE (What? How?)	Date(s) & Comment(s)
<p>Adoptability</p> <p>Being aware of the adoptability of the initiative creates opportunities to tailor the way in which content is shared. Framing the presentation in a way that addresses issues such as the specific needs and experiences of the audience enhances the meaning and importance of the content to the audience, thereby increasing the likelihood of knowledge mobilization.</p> <p>Consider your initiative, including the content to be shared, from the following perspectives.</p>	
<p>10. Compatibility: How compatible is the new content (e.g., information, idea, innovation) with current values, beliefs and practices? How does it relate?</p>	
<p>11. Relative advantage: Will the audience view the new content as better than current practice? How is it better?</p>	
<p>12. Degree of complexity: Will the intended audience find it easy to use the new knowledge?</p>	
<p>13. Observability: Have the benefits of the innovation been demonstrated?</p>	
<p>14. Degree of risk: Is there any opportunity for testing prior to formal adoption? How will risk be minimized?</p>	
<p>15. Reinvention: Is there opportunity for the audience to rework the knowledge to meet specific needs?</p>	

SECTION 3

AUDIENCE	Date(s) & Comment(s)
<p>Components</p> <p>Audience members could have a wide range of previous knowledge and experience, as well as varied contexts in which to receive and apply new knowledge. Tailoring the initiative to the primary target audience will increase the audience member's affiliation with the new knowledge and influence knowledge uptake.</p> <p>Identify the groups who will comprise the bulk of your target audience(s), along with other groups likely to access the content. Note any important considerations for each group and think about how your strategy may be similar or different for each. A list of potential audiences is provided below as an example.</p>	
<p>16. Potential audiences (examples):</p> <ul style="list-style-type: none"> Allied health care workers Children and youth Community service providers Educators Mental health professionals Nurses Paraprofessionals Parents and caregivers Physicians Social workers Others 	

AUDIENCE	Date(s) & Comment(s)
<p>Adopter types</p> <p>It is important to recognize that audiences will likely be comprised of individuals with varying levels of openness to change as well as a willingness and/or ability to adopt new knowledge. In the literature, this is typically referred to as <i>adopter types</i>.</p> <p>Think about your target audience(s) and how you might structure your initiative to reach each group listed below. The literature suggests, for example, that the early identification of those who are innovative, open to change and influential can be useful in creating champions for the initiative and furthering the uptake, use and creation of knowledge.</p>	
<p>17. Considering your target audience(s), who is eager to try new ideas, open to change, willing to take risks, well-connected, and innovative?</p>	
<p>18. Considering your target audience(s), who is open to change, but more thoughtful about getting involved; sought out by others for advice and opinions; and likely to adopt change earlier than most?</p>	
<p>19. Considering your target audience(s), who is typically cautious and deliberate about deciding to adopt a new innovation, more of a “follower” (if compared to the “leaders” described above)?</p>	
<p>20. Considering your target audience(s), who is typically skeptical about adopting new ideas, has a low tolerance for ambiguity, or may be difficult to win over? Who may resist or oppose the new ideas?</p>	

AUDIENCE	Date(s) & Comment(s)
<p>Learning styles</p> <p>Presenting content/messages in a variety of ways (e.g., lectures, hand-outs, discussion groups, and informal exchanges) increases the chance that you will tap into an individual's preferred learning style and thus, increases the ease with which audience members can approach the new knowledge. Learning style is impacted and influenced by many variables, including gender and cultural socialization.</p> <p>Consider how your initiative takes into account the following ways of learning.</p>	
<p>21. Learning by sharing experience: Focuses on sharing experiences and feeling-based judgments; audience and presenter have a comfort with ambiguity</p>	
<p>22. Learning by observation: Focuses on abstract concepts and ideas</p>	
<p>23. Learning through conceptualization: Focuses on a logical and analytical orientation to learning; reflects a respect for structure</p>	
<p>24. Learning by active experimentation: Focuses on the practical application of ideas; includes hands-on activities</p>	

AUDIENCE	Date(s) & Comment(s)
<p>Relationships</p> <p>Knowledge mobilization takes place within the context of relationships. Research indicates that when the following factors are present, the potential for the development of knowledge increases.</p> <p>Consider how your initiative incorporates the following elements.</p>	
<p>25. Face-to-face contact: Are there opportunities for face-to-face interaction? Are there opportunities for spontaneous conversation? Are outreach strategies used to involve geographically separated audience members?</p>	
<p>26. Communication: Is communication open and honest? Are participants engaged in listening? Is the language/meaning of words and acronyms understandable to all participants?</p>	
<p>27. Mutual learning: Is shared learning encouraged? Are opportunities for working together provided?</p>	
<p>28. Local consensus process: Are there opportunities to make the content meaningful at a local level?</p>	

AUDIENCE	Date(s) & Comment(s)
<p>Decision-making</p> <p>People generally go through several stages in a decision-making process. For example, the process typically begins with an awareness of new information and the development of a positive attitude toward the information before proceeding with any further consideration.</p> <p>It is important to recognize the decision-making stage of your audience in order to shape the content and delivery method in a way that is non-threatening and developmentally appropriate. Consider each item below in relation to your initiative.</p>	
<p>29. Knowledge: Audience members are not yet aware of the content (e.g., information, idea, innovation) or have previously received incorrect or outdated information</p>	
<p>30. Persuasion: Focuses on developing positive attitudes about the knowledge which has been acquired</p>	
<p>31. Decision: Audience members have made a conscious choice to adopt the information/idea/innovation</p>	
<p>32. Implementation: Audience members are using the information/idea/innovation</p>	
<p>33. Confirmation: The information/idea/innovation is being used, has been adapted, or has been abandoned</p>	

SECTION 4

ORGANIZATIONAL CONTEXT	Date(s) & Comment(s)
<p>Direction</p> <p>The organizational context sets the stage for the process of knowledge mobilization. The following elements will enhance the knowledge mobilization process.</p> <p>It is important to note that the organizational context of the audience members may differ from the context of the <i>Network</i>. Consider the ways in which the <u>organization</u> demonstrates the following components for change in relation to your initiative.</p>	
<p>34. Clear vision: The organization has developed a clear vision for their work</p>	
<p>35. Leadership: The development of leadership skills is encouraged; leaders are prepared to change</p>	
<p>36. Slack for change: There is recognition of the fact that change takes time and energy, and can be stressful for those involved</p>	
<p>37. Reinvention: Changes made to the information/idea/innovation are viewed not as resistance, but as a positive attempt to meet needs</p>	
<p>38. Promoting outcomes: The outcomes of knowledge mobilization are made relevant to the wider community</p>	

ORGANIZATIONAL CONTEXT	Date(s) & Comment(s)
<p>Action</p> <p>From a <i>Network</i> perspective, the following elements will create an environment that is conducive to knowledge mobilization.</p> <p>Consider how the following elements are present within your initiative.</p>	
<p>39. Action plan: A detailed plan of action, goals, and intention</p>	
<p>40. Resources: Human resources, technical resources and financial support are adequate to support knowledge uptake</p>	
<p>41. Documentation: Documentation and dissemination processes are in place</p>	

ORGANIZATIONAL CONTEXT	Date(s) & Comment(s)
<p>Challenges</p> <p>Elements that hinder knowledge mobilization are typically related to the quality of the content being shared or to the response of potential users. Anticipating and identifying challenges reduces the potential effect of such barriers.</p> <p>Consider the extent to which the following conditions exist as related to your initiative, and what steps can/have been taken to address them.</p>	
<p>42. Organizational: Risk-taking discouraged; organizational stress; no champion for project; high staff turnover/burnout</p>	
<p>43. Content: Risk not acknowledged; benefits not demonstrated; lack of understanding of needs; fears of the community</p>	
<p>44. Medium/delivery method: No opportunity for face-to-face contact; information overload; inadequate resources; unclear expectations</p>	
<p>45. User/audience: Low tolerance for change; risk-taking discouraged; regulatory restrictions; inadequate resources; conflicting beliefs and ideology; high turnover</p>	
<p>46. Threat to role: Distrust of outside information; change is viewed as a threat to personal/professional role; power issues among professions/sectors, within organizations, or between individuals</p>	
<p>47. Geographic isolation: Long distances to travel for face-to-face meetings; financial costs associated with travel; limited access to resources and services</p>	
<p>48. Diversity issues: Historic mistrust of “outside” efforts to help or create change; power issues within the community; knowledge that challenges cultural beliefs and values; delivery method that is not congruent with cultural ways of knowing; barriers created by language and literacy level; gender biases</p>	

Other elements considered: *(add date beside each comment)*

▪

Appendix C: Abbreviated Knowledge Mobilization Checklist

Please consider contributing to the *Network's* continued learning about effective knowledge mobilization. Return a copy of your completed Checklist to Laura L'Heureux, the SACYHN Evaluation Coordinator, at the Alberta Children's Hospital, Room C4 337-15, 2888 Shaganappi Trail NW, Calgary, AB, T3B 6A8. Fax: (403) 955-7214. E-mail: laura.lheureux@calgaryhealthregion.ca.

All items in the Checklist are derived from the Knowledge Transfer and Health Networks Literature Review (Gowdy, 2006, available at www.sacyhn.ca).

SECTION 1

1. Knowledge Mobilizing Initiative
2. Assessment of Need
3. Capacity Building Goal
4. Intended Outcome

SECTION 2

INITIATIVE (What? How?)	Date(s) & Comment(s)
Purpose	
5. Exchange driven	
6. Creation driven	
Elements	
7. Source	
8. Content	
9. Medium/delivery method	
Adoptability	
10. Compatibility	
11. Relative advantage	
12. Degree of complexity	
13. Observability	
14. Degree of risk	
15. Reinvention	

SECTION 3

AUDIENCE	Date(s) & Comment(s)
Components	
16. Potential audiences	
Adopter types	
17. Eager to try new ideas, open to change, willing to take risks, well-connected, and innovative	
18. Open to change, but more thoughtful about getting involved; sought out by others for advice and opinions; likely to adopt change earlier than most	
19. Cautious and deliberate about deciding to adopt a new innovation; more of a “follower” (if compared to the “leaders” described above)	
20. Skeptical about adopting new ideas; low tolerance for ambiguity; difficult to win over; resists new ideas	
Learning styles	
21. Learning by sharing experience	
22. Learning by observation	
23. Learning through conceptualization	
24. Learning by active experimentation	

AUDIENCE	Date(s) & Comment(s)
Relationships	
25. Face-to-face contact	
26. Communication	
27. Mutual learning	
28. Local consensus process	
Decision-making	
29. Knowledge	
30. Persuasion	
31. Decision	
32. Implementation	
33. Confirmation	

SECTION 4

ORGANIZATIONAL CONTEXT	Date(s) & Comment(s)
Direction	
34. Clear vision	
35. Leadership	
36. Slack for change	
37. Reinvention	
38. Promoting outcomes	

ORGANIZATIONAL CONTEXT	Date(s) & Comment(s)
Action	
39. Action plan	
40. Resources	
41. Documentation	
Challenges	
42. Organizational	
43. Content	
44. Medium/delivery method	
45. User/audience	
46. Threat to role	
47. Geographic isolation	
48. Diversity issues	

Other elements considered: *(add date beside each comment)*

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