Case Study Title: Knowledge Brokering in Pediatric Rehabilitation

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1. What is/was the context and key challenge(s) in your K* case study?
   a. When, where and how long did this initiative occur, or is it ongoing?

CanChild researchers have developed a group of clinical tools which can provide physicians and therapists with the evidence-based information they need to talk to families about gross motor development, appropriate goal setting, and prognosis for future motor development. Despite their widespread use in research for over 20 years, these tools had made only a slow progression into the clinical world. A 3 year CIHR-funded study was done to determine the effectiveness and impact of a multi-faceted knowledge translation strategy using Knowledge Brokers (KBs) to increase knowledge and use of these evidence-based measures by physiotherapists (PTs) working with children having cerebral palsy. This study took place from 2006-2009 with additional funding for end of grant dissemination activities.

2. Who are/were the players and why did/do they need to come together?
   a. What was/is the reach of the initiative?

This study took place in three provinces in Canada, engaged 25 Knowledge Brokers, 28 Children’s Rehabilitation Organizations, 122 front-line PTs.

3. How did/does K* play a role in the story, i.e. tools/techniques/approaches.

Knowledge Brokers were provided access to many resources from the study team (manuals, instructional DVD’s, user-friendly summaries, case scenarios, a private intranet discuss site), and were encouraged to select, tailor and implement interventions as they felt appropriate for their clinical context. In addition a workshop and several teleconferences and personal communications with the study team and other KBs allowed for a supportive community of practice.

4. What was/is the intended impact/contribution of K* and, if you can, tell us whether K* had an impact and how.

On-line surveys were completed by PTs at baseline, at the end of the 6 month intervention and again at 6 and 12 months post intervention. Self-reported knowledge of all measures increased and use of 3 of 4 measurement...
tools increased at 6 months. Changes were maintained at 12 month follow-up. Log books and semi-structured interviews allowed us to document the process and perspectives of KBs, PTs and centre administrators.

5. **What are the lessons from this example that others should know about/could be transferred, in general and particularly in a resource-limited context?**

1. KBs supported for 2 hours/week for 6 months positively influenced PT’s self reported knowledge and use of targeted measurement tools.
2. There was a lot of enthusiasm for the KB study by KBs, PTs and administrators. This enthusiasm spilled over to other PTs not formally involved in the study as well as to other disciplines not initially targeted.
3. There was no “one size fits all” method to Brokering. KBs must assess the varied needs and develop workable strategies and activities.
4. A greater resource commitment may be necessary when substantial research gathering, appraisal and synthesis are required or when evidence is less well established.

6. **Any other observations..:**

Several journal articles have been published describing the study results, KB and administrator perspectives.


Several user-friendly summaries can be found on the CanChild website ([www.canchild.ca](http://www.canchild.ca)). Search knowledge broker study.