How effective ‘Knowledge Transfer and Exchange’ can enhance aphasia research and clinical practice

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Definitions/Information

(1) Knowledge Broker
You might also be interested in exploring the potential contribution of ‘knowledge brokers’ to our field. The job of a knowledge broker is to bring people — researchers, decision makers, practitioners and policy makers — together and build relationships among them that make knowledge transfer (the movement of knowledge from one place or group of people to another) more effective. This is a rapidly growing field in healthcare. The role of the broker depends on the organization, but there is a basic skill set in Canada:

- The ability to bring people together and facilitate their interaction
- The ability to find academic research and other evidence to shape decisions
- The ability to assess evidence, interpret it and adapt it to circumstance
- A knowledge of marketing, communication and Canadian healthcare
- Ability to identify emerging management and policy issues which research could help to resolve
- Familiarity with technology needed to link people via the internet

(2) Community of Practice
According to Etienne Wenger (1998), a community of practice defines itself along three dimensions:

i. **What it is about** – its *joint enterprise* as understood and continually renegotiated by its members.

ii. **How it functions** - mutual engagement that bind members together into a social entity.

iii. **What capability it has produced** – the *shared repertoire* of communal resources (routines, sensibilities, artefacts, vocabulary, styles, etc.) that members have developed over time. (see also Wenger 1999: 73-84)

A community of practice involves much more than the technical knowledge or skill associated with undertaking some task. Members are involved in a set of relationships over time (Lave and Wenger 1991: 98) and communities develop around things that matter to people (Wenger 1998). The fact that they are organizing around some particular area of knowledge and activity gives members a sense of joint enterprise and identity. For a community of practice to function it needs to generate and appropriate a shared repertoire of ideas, commitments and memories. It also needs to develop various resources such as tools, documents, routines, vocabulary and symbols that in some way carry the accumulated knowledge of the community. In other words, it involves practice: ways of doing and approaching things that are shared to some significant extent among members.

In Canada, we have established a Community of Practice (CoP) on ‘Communicative Access and Aphasia’ funded through the Seniors Health Research Transfer Network (SHRTN) by the Ontario Ministry of Health and Long-Term Care. We have used this to further knowledge transfer related to reducing language barriers to healthcare and to issues related to aphasia treatment. Members are primarily from Ontario and Canada but also include participants from the US and Europe depending on the topics being discussed. The CoP interaction is mostly via internet connection with online chat groups and simultaneous computer presentations. Technical support is provided by the Ontario Ministry of Health and Long-Term Care. A current Aphasia Institute research project is making extensive use of this Community of Practice for exchange of information at selected stages of the research process.
Click [http://www.aphasia.ca/TheCommunicator/ASHA%202008%20Nov%2017.pdf](http://www.aphasia.ca/TheCommunicator/ASHA%202008%20Nov%2017.pdf) to download a copy of the presentation “Knowledge transfer and exchange: Bringing aphasia research and practice together”.

**References and Selected Readings:**


