

# Knowledge Transfer: A Practice Perspective

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# [ Knowledge Transfer ]

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- Unless you are able to involve practitioners in the process your ability to truly manage knowledge is going to be seriously limited - because it is their knowledge (Wenger, 2004)
- Passive diffusion is not enough
- We need each other

# [Practitioner contribution: ]

- Fresh perspective
- High standard – useable knowledge
- Passion
- Together you maximize your capacity to make a difference



# [Practitioner contribution:]

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- Full attention to the ultimate question in clinical research: So what now?
- Failing to adequately address this question leads to uncomfortable existential issues
- Knights and ladies in shining armour helping academics steer away from the most undesirable dragons in the Ivory tower

# [Example:

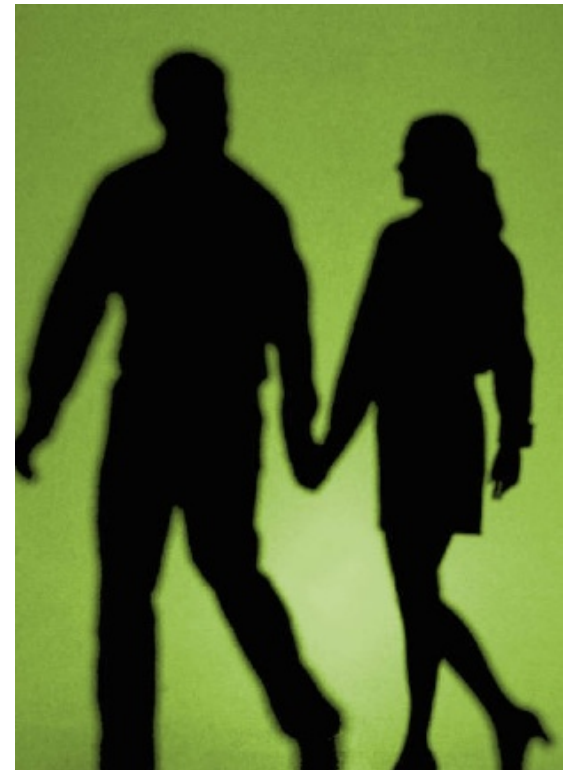
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- Problem: high prevalence of dating abuse and dating violence in the adolescent population
- Looking at solutions: What now?
- How should this knowledge change nursing and interdisciplinary practice in the community?
- What kind of interventions will work?

# [ Aim for: ]

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- Evidence-based practice and practice-based evidence (Margison, 2000)
- Diffusion of research into practice
- Effective and ineffective elements of usual practice



# [Working together will bring...]

- Relief, in shared responsibility, enriched communication and an enhanced product
- Challenge – creating the right environment can be difficult...balancing competing agendas/priorities

# What makes knowledge transfer work?

- Exchange of knowledge is a social process
- Relationship is central
- All the usual rules of relationship apply...





# [Key Ingredients]

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- Time, in the short term and over the long term
- Shared goals and activities - meeting face to face, working side by side (Tagliaventi & Mattarelli, 2006)
- High touch – communication technologies are ‘poor’ in terms of their knowledge transfer potential
- Financial resources – compensating clinicians for their time, adjusting your budget to spend time together

# [Key Ingredients con't]

- Commitment and trust
- Reciprocity – maximizing value for time for practitioners involved in the process
- Shared values and shared goals: centrality of the young women we worked with
- Integrity



# Who is likely to be successful in facilitating knowledge transfer?

- Look for interpersonal skills and emotional intelligence
- Critical thinking
- Power to influence change



# Real rewards from collaborative practice:

- Opportunity to enter into adolescent girls world
- New map of the clinical territory that we seek to explore with high-risk youth
- More effective assessment and intervention in the area of relationship violence and dating





- We have an experience that opens our eyes to a new way of looking at the world. This experience does not fully fit in the current practice of our home communities....We come back to our peers, try to communicate our experience, attempt to explain what we have discovered, so they too can expand their horizon. In the process we are trying to change how our community defines competence (Wenger, 2000).

# [ Conclusion ]

- Real progress in improving the health of adolescent women requires interdisciplinary, innovative and collaborative efforts
- New opportunities and challenges
- Hope for lasting integration of clinical research with clinical practice to improve both research and practice as a result

