











Roya Moradi



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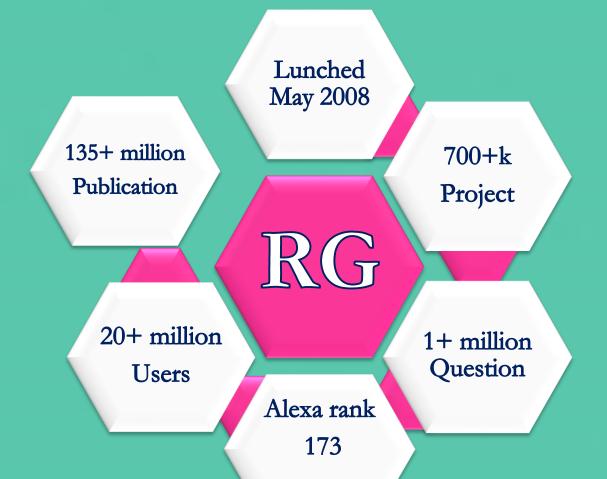
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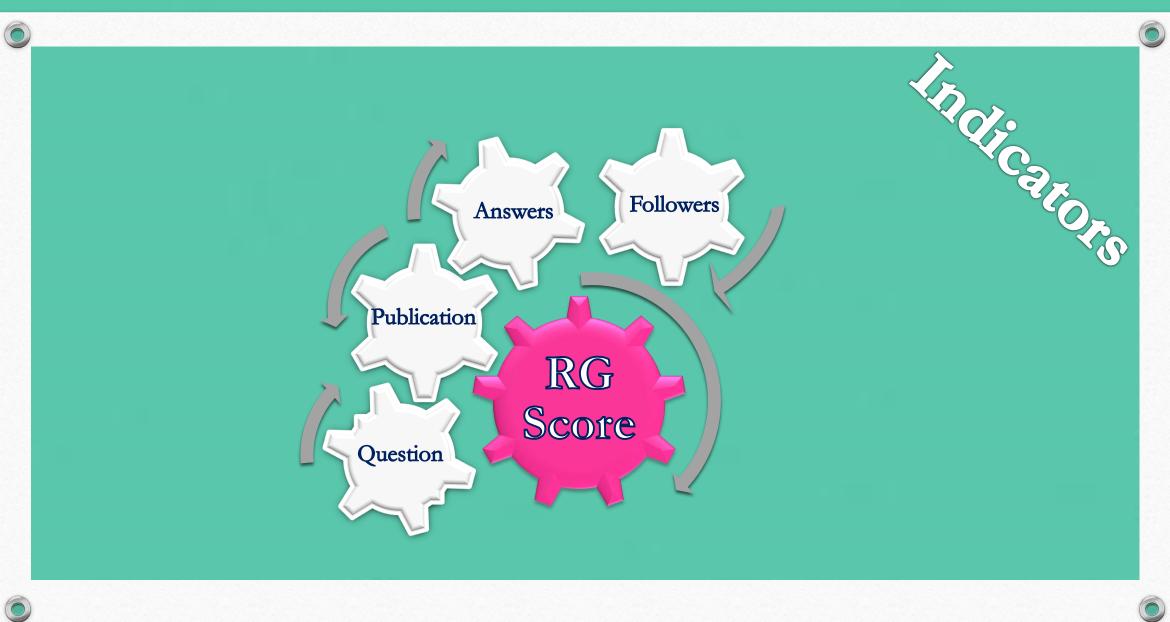






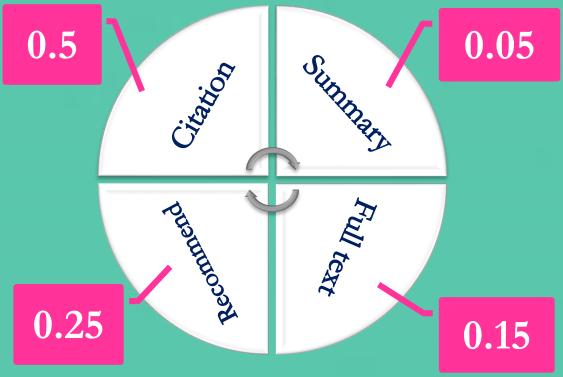






















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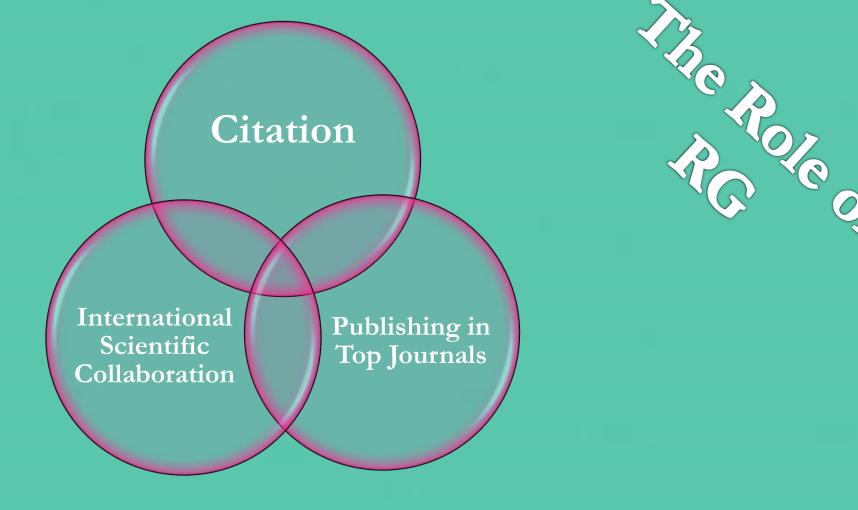
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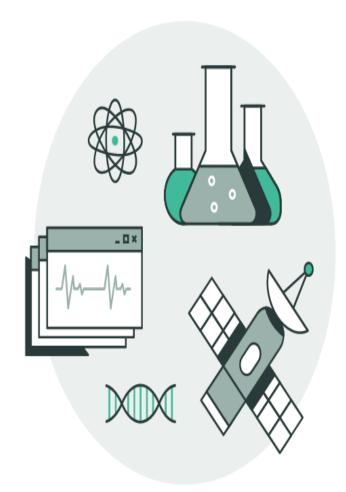












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Q "knowledge brokering"

Publications Authors Questions

Creating conditions for effective knowledge brokering: a qualitative case study

Article Oct 2022 · DOI: 10.1186/s12913-022-08559-1 · ISBN: 1472-6963

Prue Burns · O Graeme Currie · Ian McLoughlin · O Tracy Robinson · Amrik Sohal

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Creating conditions for effective knowledge brokering: a qualitative case study



October 2022 · BMC Health Services Research 22(1)

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Tracy Robinson

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References (67)

Prue Burns

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Abstract

Background Process improvement in healthcare is informed by knowledge from the private sector. Skilled individuals may aid the adoption of this knowledge by frontline care delivery workers through knowledge brokering. However, the effectiveness of those who broker knowledge is limited when the context they work within proves unreceptive to their efforts. We therefore need greater insight into the contextual conditions that support individuals to broker process improvement knowledge to the frontline of care delivery, and how policy makers and organizations might generate such conditions. Methods Our research took place in a healthcare system within an Australian State. We undertook a qualitative, embedded single case study over the four year period of a process improvement intervention encompassing 57 semi-structured interviews (with knowledge brokers, policy makers, and executive sponsors), 12 focus groups, and 137 h of observation, which included the frontline implementation of actual process improvement initiatives, where knowledge brokering took place. Results We identified four phases of the process improvement intervention that moved towards a more mature collaboration within which knowledge brokering by improvement advisors began to emerge as effective. In the first phase knowledge brokering was not established. In the second phase, whilst knowledge brokering had been initiated, the knowledge being brokered lacked legitimacy amongst frontline practitioners, resulting in resistance. Only in the fourth and final phase of the intervention did the collective experience of policy makers result in reflections on how they might engender a more receptive context for knowledge brokering. Conclusion We highlight a number of suggested actions that policy makers might consider, if they wish to engender contextual conditions that support knowledge brokering. Policy makers might consider: ensuring they respect local context and experience, by pulling good ideas upward, rather than imposing foreign knowledge from on high; facilitating the lateral diffusion of knowledge by building cultural linkages between people and organizations; strengthening collaboration, not competition, so that trans-organisational flow of ideas might be encouraged; being friend, not foe, to healthcare organizations on their knowledge integration journey. In sum, we suggest that top-down approaches to facilitating the diffusion and adoption of new

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Burns et al. BMC Health Services Research (2022) 22:1303 https://doi.org/10.1186/s12913-022-08559-1

BMC Health Services Research

RESEARCH ARTICLE

Open Access

Creating conditions for effective knowledge brokering: a qualitative case study



Prue Burns¹, Graeme Currie^{2*}, Ian McLoughlin³, Tracy Robinson⁴, Amrik Sohal³ and Helena Teede⁴











Burns et al. BMC Health Services Research (2022) 22:1303 https://doi.org/10.1186/s12913-022-08559-1

RESEARCH ARTICLE

Open Access

Creating conditions for effective knowledge brokering: a qualitative case study



Prue Burns¹, Graeme Currie^{2*}, Ian McLoughlin³, Tracy Robinson⁴, Amrik Sohal³ and Helena Teede⁴

Abstract

Background: Process improvement in healthcare is informed by knowledge from the private sector. Skilled individuals may aid the adoption of this knowledge by frontline care delivery workers through knowledge brokering. However, the effectiveness of those who broker knowledge is limited when the context they work within proves unreceptive to their efforts. We therefore need greater insight into the contextual conditions that support individuals to broker process improvement knowledge to the frontline of care delivery, and how policy makers and organizations might generate such conditions.

Methods: Our research took place in a healthcare system within an Australian State. We undertook a qualitative, embedded single case study over the four year period of a process improvement intervention encompassing 57 semi-structured interviews (with knowledge brokers, policy makers, and executive sponsors), 12 focus groups, and 137 h of observation, which included the frontline implementation of actual process improvement initiatives, where knowledge brokering took place.

Results: We identified four phases of the process improvement intervention that moved towards a more mature collaboration within which knowledge brokering by improvement advisors began to emerge as effective. In the first phase knowledge brokering was not established. In the second phase whilst knowledge brokering had been initi-









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Creating Conditions for Effective Knowledge Brokering: A Qualitative Case Study

September 2021

Prue Burns · O Graeme Currie · I Ian Mcloughlin · [...] · Helena Teede

Background: Process improvement in healthcare is informed by knowledge from the private sector. Following which, individuals broker such knowledge to the frontline of care delivery. Their effect is likely limited where the context proves unreceptive to brokering knowledge. We need greater insight into what organizational and system level conditions are necessary to support individuals to broker ... [Show full abstract]

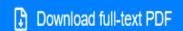
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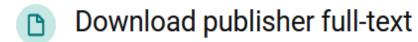






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Daniel Clement Agurokpon

asked a question related to Medicine

Are there recommended Virtual Laboratories/simulation software for Microbiologist?

3 answers Oct 26, 2022

Hello Scholars.

I am an undergraduate at the University of Cross River State, Nigeria currently pursuing a microbiology program. For familiarity and enhanced understanding of the course, I wish to seek recommendations on the virtual/simulation laboratory software that would be very helpful to me and my colleagues. With my interest in research too, I will be pleased if a research simulator is recommended to help widen my understanding of Microbiological research.

Your recommendations would go a long way to significantly contribute to my academic career as well as my colleagues.

Thank you

Relevant answer



Dipon Sarkar · Nov 9, 2022

Hi Daniel,

In the following links you can find ope-source software and web-based tools for predictive microbiology and risk analysis:

https://foodrisklabs.bfr.bund.de/microbial-modeling-exchange-wiki/

Article New software solutions for microbiological food safety asses...

Here are some of my favorites to use in teaching/demonstrating how microbes can grow in foods and lab culture media and respond to inactivation/stresses:

https://microrisklab.shinyapps.io/english/

https://foodmicrowur.shinyapps.io/biogrowth/

https://foodlab-upct.shinyapps.io/bioinactivationFE/

And these are two databases that also allows a bit of modelling:

https://www.combase.cc/index.php/en/

https://foodmicrowur.shinyapps.io/Ddatabase/











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Probable juvenile frontal of Daspletosaurus horneri (Dinosauria: Theropoda) from the Two Medicine Formation of Montana, with implications for tyrannosaurid ontogeny

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Jan 2023

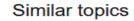


Changyu Yun

A partial left frontal (UCM 55499) of a small tyrannosaurid theropod from the Campanian Two Medicine Formation of Montana is described, and is considered to probably represent a juvenile of Daspletosaurus horneri. UCM 55499 compares favorably with the frontals of other young juvenile tyrannosaurid specimens, and its diminutive size suggests that th...

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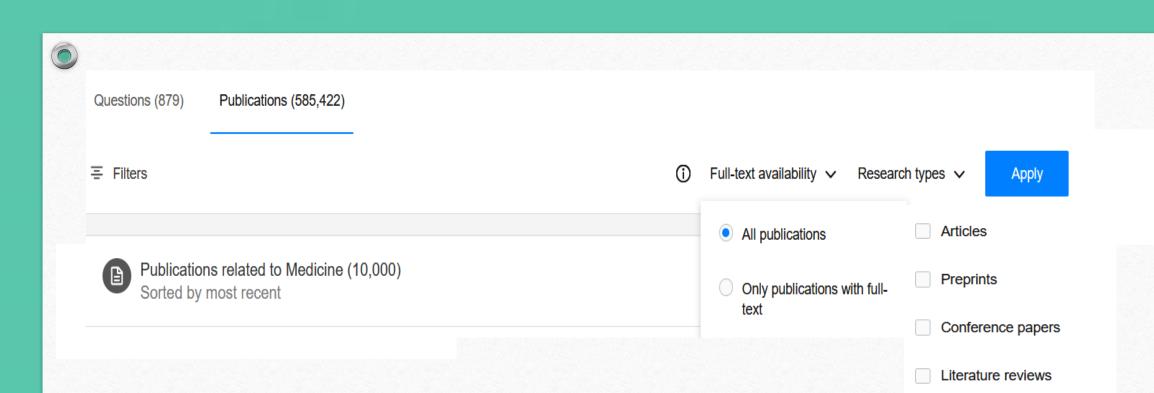


Antonio Nobrega

Universidade Federal Fluminense















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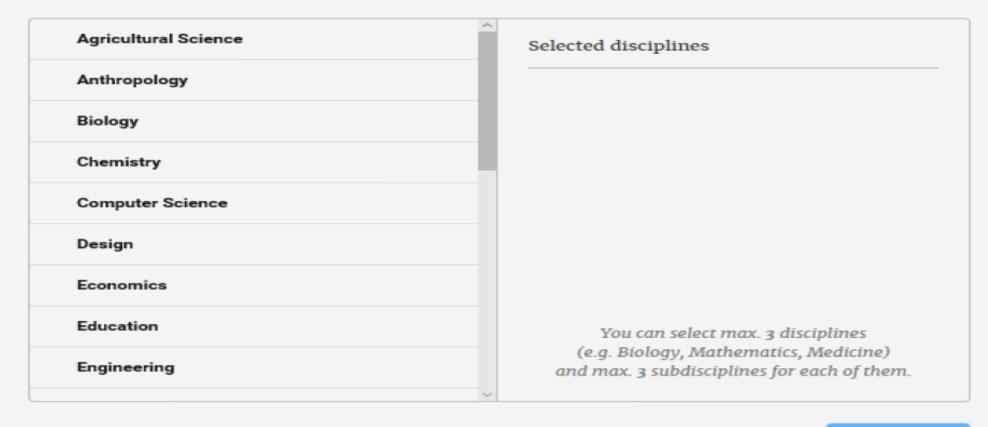








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