

Specific level of the evidence-based movement Level of evidence-based competency to be developed	Accessibility (1) and Agentive Nature (2)	Types of Knowledge	Type of Professional Learning	Storage Medium + Knowledge Translation Tools	Specific Issues
<p>Evidence-based medicine (EBM), Evidence-based practice (evidence-based nursing, etc.)(EBP)</p> <p>Essentially individual evidence-based competency</p>	<p>1. Explicit knowledge (formalized, conceptual and operational objectives) 2. Agentive nature = the individual*</p> <p>* = The clinician, the nurse clinician, the health professional who is in a "singular symposium" with the patient</p>	<ul style="list-style-type: none"> • Reporting, propositional knowledge = <u>factual</u> knowledge (know-how, know-about) • The contextual and procedural knowledge also brought to bear, but in a markedly reduced role (essentially in adapting research results, whereby the clinician and the researcher are in a synergistic relationship) 	<p>Essentially <u>formal</u> professional learning that occurs inside instituted educational structures (universities, schools, training centres, etc.) with renewed professional development approaches based on concepts of:</p> <ul style="list-style-type: none"> ✓ Self-learning ✓ Learning technologies ✓ Virtual coaching ✓ Co-development groups 	<p><u>Technological</u> medium</p> <ul style="list-style-type: none"> ✓ <u>Codification tools</u>: structured organization of evidence in databases (e.g., systems of reference of explicit knowledge and their depositories, The Cochrane Library), data warehouses, inventories of best clinical practices ✓ <u>Dissemination tools</u>: performance support systems (e.g., knowledge-based CDSS) 	<p><u>Issue 1</u>: Create informational spaces (technological infrastructure for managing information: integrated electronic databases) <u>Issue 2</u>: Promote new approaches to professional development in instituted educational structures <u>Issue 3</u>: As a professional, train oneself in EBM/EBP and integrate them in one's practice <u>Issue 4</u>: Beyond one's personal disciplinary affiliation, promote a trans-disciplinary approach to EBP in the health sciences</p>
<p>Evidence-based healthcare management, evidence-based decision-making* (Evidence-based public health, evidence-based health promotion, evidence-informed health policy, etc.)</p> <p>Essentially collective evidence-based competency</p> <p>* considered outside the clinical arena and the physician-patient relationship</p> <p>© Lapaige Véronique (2008)</p>	<p>1. Tacit (subjective, experiential, contextualized, informal) and implicit knowledge</p> <p>2. Dominant agentive nature = <u>health organization</u> * to which the manager, health or public health professional belongs</p> <p>* = Quebec health and social services system, the regional care systems coordinated by regional agencies, the local health and social services networks, health and social service centres, specialized hospitals, clinical programs</p>	<ul style="list-style-type: none"> • <u>Contextual</u> knowledge, background knowledge linked to experience in the practice setting (know-why) • <u>Procedural</u> knowledge, <u>know-how</u> without power of expression • <u>Social</u> knowledge, related to the inter-relational aspect and emerging from group work or collective action • <u>Pragmatic</u> knowledge, taking the form of efficient or promising practices, success stories, etc. 	<p><u>Informal</u> professional learning (= learning founded in the inter-relational dimensions of work—colleagues, superiors—and in the confrontation of professional uncertainties) operating outside instituted educational structures and for which the content is structured according to an action logic</p> <p>Individual and organizational learning:</p> <ul style="list-style-type: none"> ➢ Qualifying individual learning at the basis of group learning; learning from peers; organization in which members are constantly and proactively learning new things ➢ Clear strategic intentions that foster learning 	<p><u>Human</u> medium (knowledge interiorized by the individual)</p> <ul style="list-style-type: none"> ✓ <u>Codification tools</u>: electronic data banks that codify tacit knowledge into explicit re-usable knowledge (e.g., Success Stories Casebook) <i>or</i> systems of reference of tacit knowledge that has become explicit after having been documented from problems in the field and presented as efficient, exemplary or promising practices ✓ <u>Dissemination tools</u>: Virtual or real practice communities, discussion forums, virtual or real coaching, mentoring 	<p><u>Issue 1</u>: Accept and assume the TRIPLE challenge of:</p> <ul style="list-style-type: none"> ✓ Synergy between tacit and explicit knowledge ✓ Action learning (practice communities, forums, real or virtual coaching) and competency management (personal or group) ✓ Transforming personal knowledge into collective value added (creation/development of a group intelligence) <p><u>Issue 2</u>: Developing integrated knowledge translation platforms to foster (explicit and tacit) knowledge networking, i.e., a transformation of informational spaces (e.g., explicit information systems of reference) into interactional/relational spaces (information ↔ individual and individual ↔ individual) and transformational spaces (reintegration in the information or in the knowledge resulting from the interaction that was validated in concrete action or in practice) <u>Issue 3</u>: MODE II Gibbons knowledge production and T2 practice-oriented translational research (= partnership between researchers [on the application of research knowledge] and managerial/policy audiences</p>