Knowledge Mobilization in the Health Professions

Adopting a Systems Approach to Knowledge Mobilization

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Land Acknowledgement

I acknowledge the Indigenous Peoples who have stewarded the lands of Manitoba. I respect the Treaties that were made on these lands, and I am grateful for the opportunity to live and work here.

I further acknowledge the harms of the past and present, and I am committed to working in partnership with Indigenous Peoples to reconcile our relationships.

I recognize that this acknowledgement only holds meaning when I take action to address the disproportionate injustices that affect Indigenous Peoples and communities. With my work, I am committed to removing barriers and including Indigenous knowledges in medical education and health care.

Knowledge Mobilization in the Health Professions

Developed and presented by:

Cheryl Moser

Educational Specialist, ISME

No conflict of interest to declare

Dynamic Shattering of Ice Cubes: A Captivating Moment Captured in Motion, Portraying the Intricate Details of Crystalline Shards and Reflections Against a Dark Backdrop. Generated with AI. Adobe Stock. License no. 1086820556

Knowledge Mobilization in the Health Professions

1. Name, role, program
2. What is your experience with knowledge mobilization?
3. What are you hoping to get out of today's workshop?

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Dynamic Shattering of Ice Cubes: A Captivating Moment Captured in Motion, Portraying the Intricate Details of Crystalline Shards and Reflections Against a Dark Backdrop. Generated with AI. Adobe Stock. License no. 1086820556

Knowledge Mobilization in the Health Professions: A Faculty Development Series

1
SESSION
Adopting A Systems Approach to Knowledge Mobilization

2
SESSION
Creating a Knowledge Mobilization Plan

3
SESSION
Evaluating a Knowledge Mobilization Plan

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Knowledge Mobilization in the Health Professions: A Faculty Development Series

1

SESSION

Adopting A Systems Approach to Knowledge Mobilization

Learning objectives

- Discuss the aims, mechanisms, and measures of knowledge mobilization
- Describe a systems approach to knowledge mobilization

Today's workshop format was designed to contextualize what is meant by knowledge mobilization, and why a systems approach to knowledge mobilization is needed.

Overview

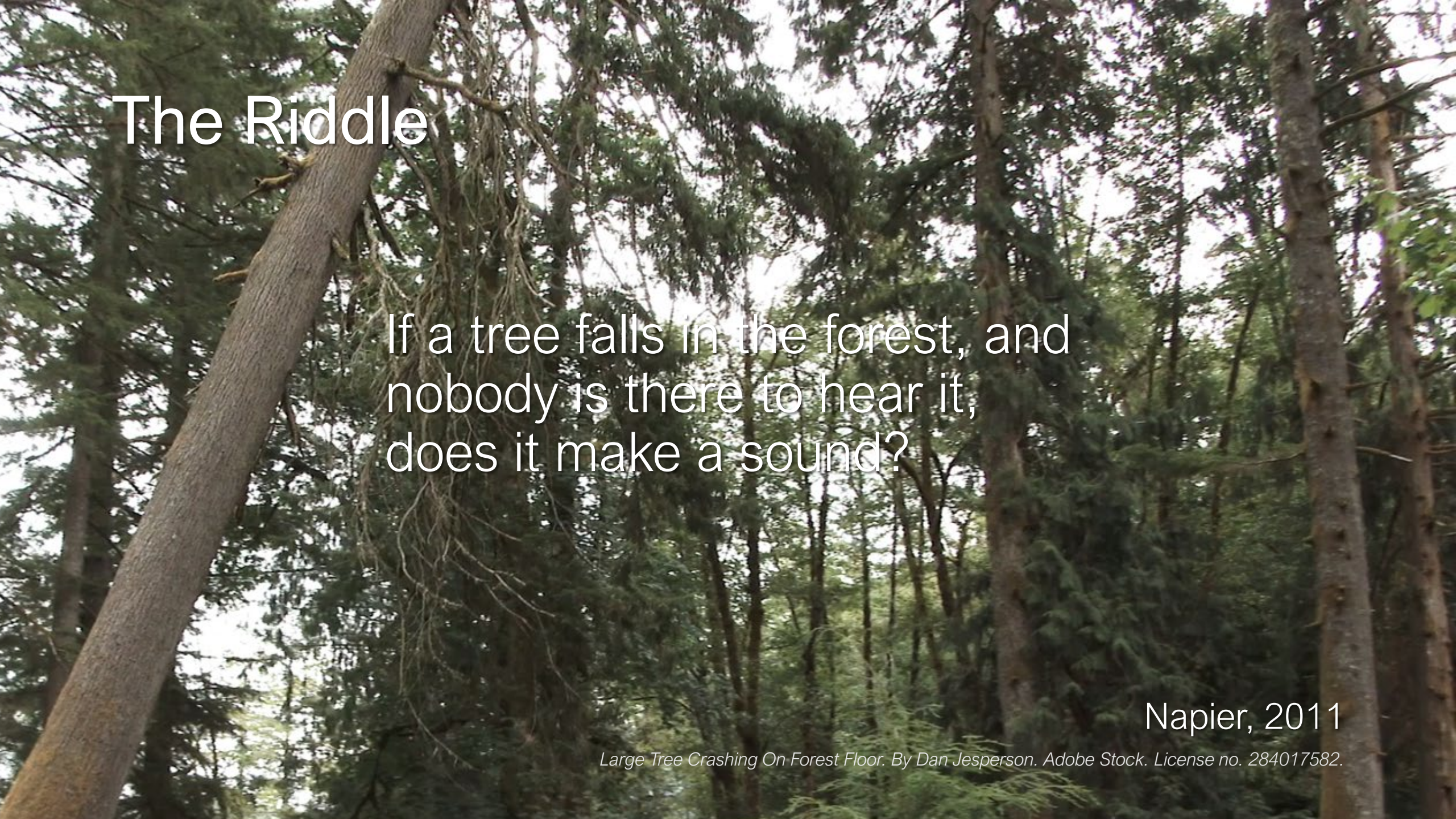
- Review of key concepts
- Definitions
- Origins, aims, mechanisms, measures
- Systems approach
- Recap, Q&A, ISME tools

Key Concepts

The Riddle

If a tree falls in the forest, and
nobody is there to hear it,
does it make a sound?

Napier, 2011



Large Tree Crashing On Forest Floor. By Dan Jesperson. Adobe Stock. License no. 284017582.

Join at menti.com | use code 9900 7019

What is knowledge?

All responses to your question will be shown here

Each response can be up to 200 characters long

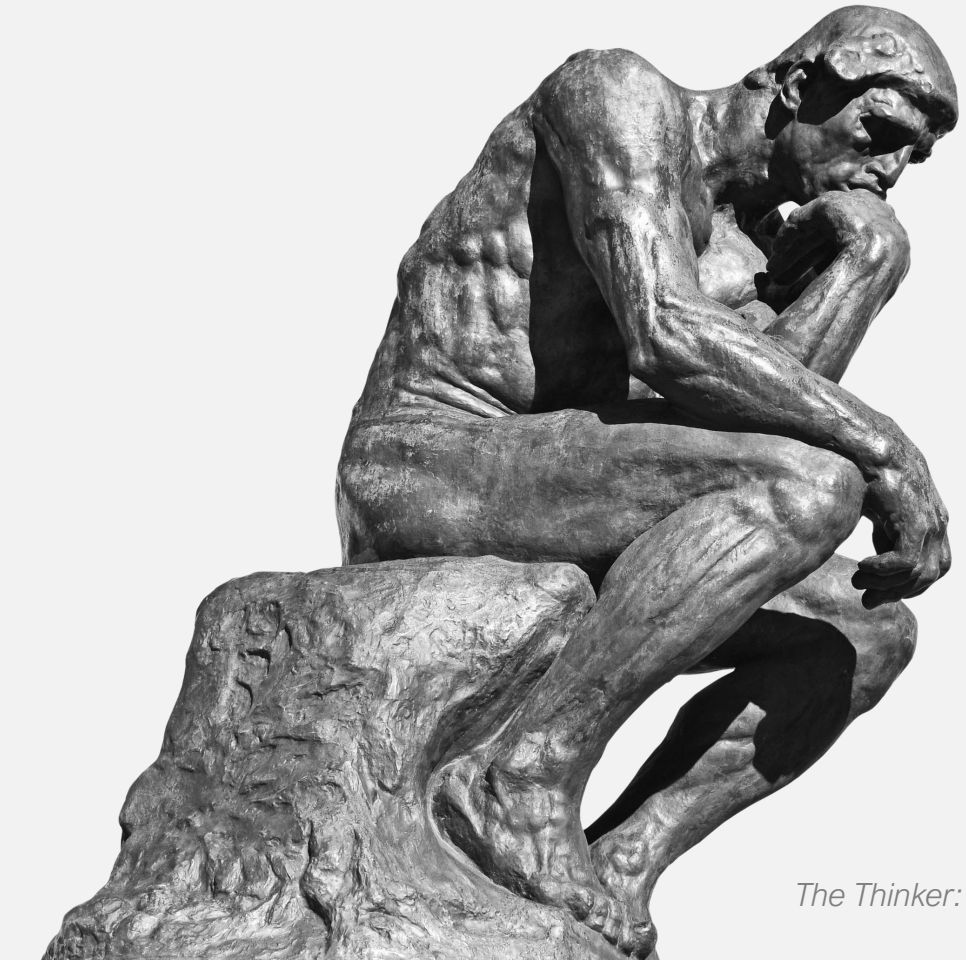
Turn on voting to let participants vote for their favorites

Menti

Knowledge Mobilization

Choose a slide to present

What is knowledge?



- Knowing is a human process
- Knowledge is the result
- Two colonial perspectives: rationalism and empiricism
- Agree that knowledge is a justified true belief
- Disagree about how we come to discover the truth or justify a belief

Zagzebski, 2017
Bolisani & Bratianu, 2018

The Thinker: A bronze sculpture by Auguste Rodin, isolated. By BOOCYS. Adobe Stock. License no. 914519497.

Another perspective

Indigenous Knowledges

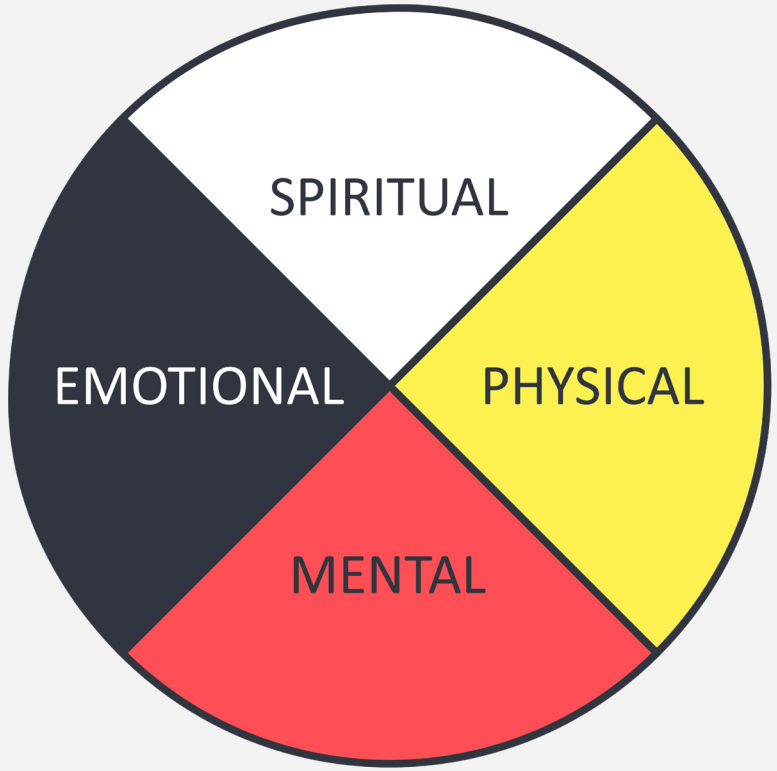
- Indigenous Knowledges are information and understandings that are unique to Indigenous Peoples, and founded on the ancestral relationship Indigenous Peoples have with their surroundings
- Indigenous Knowledges arise from Indigenous ways of knowing, which are the diverse, complex Indigenous approaches to learning and teaching that are shared from generation to generation within each Indigenous community

Lane et al., 1984
Mashford-Pringle & Shawanda, 2023

Another perspective

Indigenous ways of knowing

- Intergenerational information
- Historic experiences
- Practical application of skills
- Trust for inherited wisdom
- Practical experimentation
- A qualitative oral record
- Metaphor
- Storytelling



Medicine Wheel Teaching. A Canadian Indigenous conceptual tool looking at the whole and its parts. The interconnectedness of all that surrounds us and includes spiritual physical mental emotional aspects. By Irene. Adobe Stock. License no. 914519497.

Lane et al., 1984
Mashford-Pringle & Shawanda, 2023
Government of British Columbia, 2023

Whose knowledge matters?

What are some other forms of knowledge that you can think of?

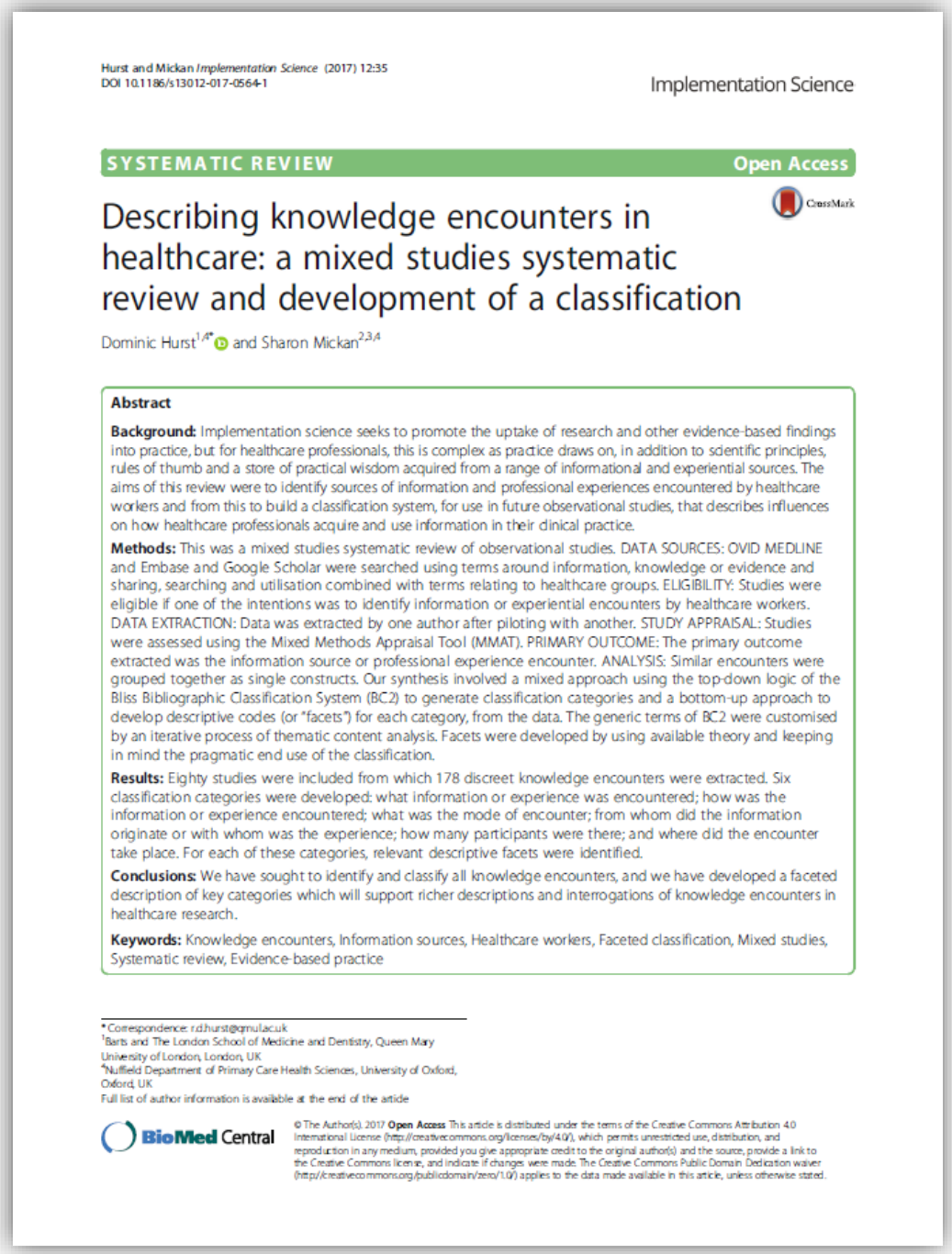
What other forms of knowledge do you value in your role?

Collins et al., 2002

Different people stand side by side together. By Stafeeva. Adobe Stock. License no. 538817262.

How is knowledge experienced in the health professions?

Hurst & Mickan, 2017



Hurst and Mickan *Implementation Science* (2017) 12:35
DOI 10.1186/s13012-017-0564-1

Implementation Science

SYSTEMATIC REVIEW Open Access

Describing knowledge encounters in healthcare: a mixed studies systematic review and development of a classification

Dominic Hurst[1,4*] and Sharon Mickan[2,3,4]

Abstract

Background: Implementation science seeks to promote the uptake of research and other evidence-based findings into practice, but for healthcare professionals, this is complex as practice draws on, in addition to scientific principles, rules of thumb and a store of practical wisdom acquired from a range of informational and experiential sources. The aims of this review were to identify sources of information and professional experiences encountered by healthcare workers and from this to build a classification system, for use in future observational studies, that describes influences on how healthcare professionals acquire and use information in their clinical practice.

Methods: This was a mixed studies systematic review of observational studies. DATA SOURCES: OVID MEDLINE and Embase and Google Scholar were searched using terms around information, knowledge or evidence and sharing, searching and utilisation combined with terms relating to healthcare groups. ELIGIBILITY: Studies were eligible if one of the intentions was to identify information or experiential encounters by healthcare workers. DATA EXTRACTION: Data was extracted by one author after piloting with another. STUDY APPRAISAL: Studies were assessed using the Mixed Methods Appraisal Tool (MMAT). PRIMARY OUTCOME: The primary outcome extracted was the information source or professional experience encounter. ANALYSIS: Similar encounters were grouped together as single constructs. Our synthesis involved a mixed approach using the top-down logic of the Bliss Bibliographic Classification System (BC2) to generate classification categories and a bottom-up approach to develop descriptive codes (or "facets") for each category, from the data. The generic terms of BC2 were customised by an iterative process of thematic content analysis. Facets were developed by using available theory and keeping in mind the pragmatic end use of the classification.

Results: Eighty studies were included from which 178 discreet knowledge encounters were extracted. Six classification categories were developed: what information or experience was encountered; how was the information or experience encountered; what was the mode of encounter; from whom did the information originate or with whom was the experience; how many participants were there; and where did the encounter take place. For each of these categories, relevant descriptive facets were identified.

Conclusions: We have sought to identify and classify all knowledge encounters, and we have developed a faceted description of key categories which will support richer descriptions and interrogations of knowledge encounters in healthcare research.

Keywords: Knowledge encounters, Information sources, Healthcare workers, Faceted classification, Mixed studies, Systematic review, Evidence-based practice

*Correspondence: r.d.hurst@qmul.ac.uk
[1]Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK
[4]Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK
Full list of author information is available at the end of the article

BioMed Central

© The Author(s). 2017 **Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated.

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Breakout Discussion

- When are you most influenced by new knowledge?
- Who influences what you know and do?
- Which knowledge encounters matter the most to you?

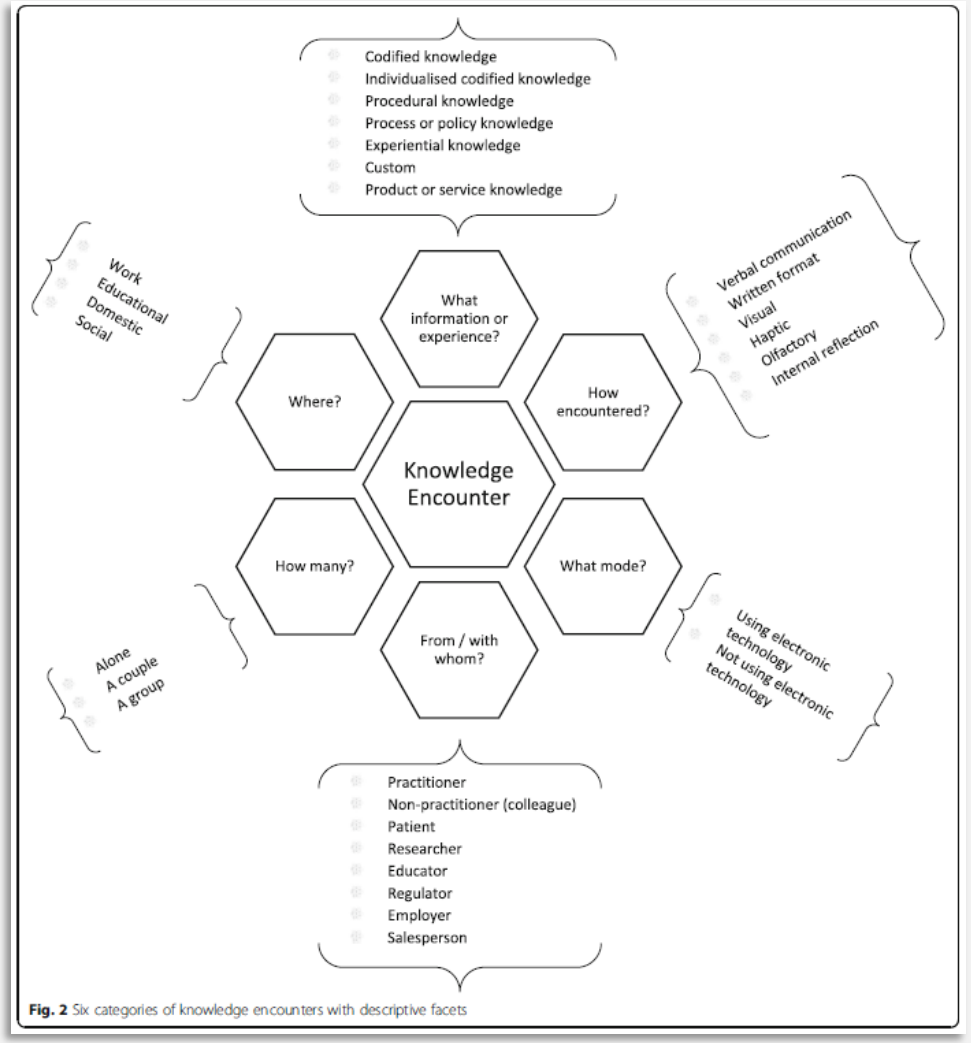


Fig. 2 Six categories of knowledge encounters with descriptive facets

Why think about knowledge mobilization?

- Personal motivation
- Employer incentive
- Social obligation
- Funding requirement
- Truth and Reconciliation

Definitions

Join at menti.com | use code 9900 7019

What is knowledge mobilization?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting to let participants vote for their favorites

Menti

Knowledge Mobilization

Choose a slide to present

Defining knowledge mobilization

Knowledge mobilization is an umbrella term encompassing a wide range of activities relating to the production and use of research results, including knowledge synthesis, dissemination, transfer, exchange, co-creation, and co-production by researchers and knowledge users.

Canadian Institutes of Health Research (CIHR)

Defining knowledge mobilization

The reciprocal and complementary flow and uptake of research knowledge between researchers, knowledge brokers and knowledge users—both within and beyond academia—in such a way that may benefit users and create positive impacts within Canada or internationally.

Social Sciences and Humanities Research Council (SSHRC)

SSHRC CRSH
Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Defining knowledge mobilization

Knowledge mobilization is a term that is often used to talk about impact. It describes all the things that we do to get knowledge into the hands of the right people to create solutions to society's most pressing problems. It helps us take the best of what we know and make it useful to the people in our communities who will put it to use.

Research Impact Canada (RIC)

RESEARCH IMPACT CANADA | TURNING RESEARCH INTO ACTION

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Defining knowledge mobilization

Indigenous ways of knowing underpin Indigenous healing practices and must be respected and considered alongside western medicine and research. Indigenous knowledge mobilization is distinct and needed; however, the question remains of how Indigenous knowledge has been most effectively mobilized in colonized spaces.

Hutchinson et al., 2023

Discussion

Knowledge mobilization is an umbrella term encompassing a wide range of activities relating to the production and use of research results, including knowledge synthesis, dissemination, transfer, exchange, co-creation, and co-production by researchers and knowledge users.

Canadian Institutes of Health Research (CIHR)

The reciprocal and complementary flow and uptake of research knowledge between researchers, knowledge brokers and knowledge users—both within and beyond academia—in such a way that may benefit users and create positive impacts within Canada or internationally.

Social Sciences and Humanities Research Council (SSHRC)

Knowledge mobilization is a term that is often used to talk about impact. It describes all the things that we do to get knowledge into the hands of the right people to create solutions to society's most pressing problems. It helps us take the best of what we know and make it useful to the people in our communities who will put it to use.

Research Impact Canada (RIC)

Indigenous ways of knowing underpin Indigenous healing practices and must be respected and considered alongside western medicine and research. Indigenous knowledge mobilization is distinct and needed; however, the question remains of how Indigenous knowledge has been most effectively mobilized in colonized spaces.

Hutchinson et al., 2023

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Origins

Origins

- Originated in the 1800s with malaria, quinine, and mauveine
- Knowledge should benefit people and industry
  - Evidence-informed decisions
  - Resource distribution
  - Service access and delivery
- Advanced in the 1900s with new legislation, research protocol

Research Impact Canada (RIC), 2020

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Mosquito isolated on transparent background. By Lumos Maxima. Generated with AI. Adobe Stock. License no. 619812873.

Health advocacy in Canada

Research Breakthroughs

Life-saving advances made possible by you.

Heart&Stroke

1954
Dr. Wilfred Bigelow performs first successful open heart surgery in Canada, using a technique developed through a Heart & Stroke research grant.

1964
Dr. William Mustard develops surgical procedure to correct "blue baby syndrome," a previously lethal heart defect.

1965
Diagnosing heart disease becomes easier thanks to ECG telemetry, which allows doctors to monitor patients' hearts remotely while they go about daily activities.

1968
One of the first heart transplant surgeries in Canada is performed.

1976
Dr. Henry Barnett conducts first clinical trial using Aspirin to prevent strokes.

1976
Prostaglandin E2 gives surgeons much needed time to repair defects in the hearts of newborns.

1980
Dr. Adolfo de Bold discovers atrial natriuretic factor (ANF), the hormone that controls high blood pressure, sparking a revolution in blood pressure research.

1983
Dr. Robert Côté perfects a clinical tool that measures neurological deficits following an acute stroke. This Canadian Neurological Scale is now used all over the world.

1987
A new surgical technique helps treat irregular heartbeats.

1987
Researchers pioneer the use of the clot-busting drug tPA for heart attacks.

1990
First genetic link to premature heart disease is discovered.

1997
Human genome mapping reveals more than 84,000 DNA sequences related to heart disease and stroke.

1999
Clot-busting drug tPA used to treat ischemic stroke — one of the biggest life-saving breakthroughs.

2000
ACE inhibitors are found to significantly reduce the risk of heart attacks and strokes.

2000
Dr. Lori West discovers that, unlike adults, newborns are able to accept hearts from incompatible donors.

2003
Canadian Stroke Strategy, a joint initiative with the Canadian Stroke Network, revolutionizes stroke management with a new integrated approach to prevention, treatment and rehabilitation.

2004
INTERHEART study, led by Dr. Salim Yusuf, discovers the existence of nine modifiable risk factors that account for over 90% of heart attacks worldwide.

2005
The gene responsible for heart arrhythmias is found.

2006
Researchers identify important gender differences in the development of high blood pressure.

2009
World's first in-utero surgery to correct congenital heart defects is performed in Canada.

2014
Researchers discover the cause of increased calcium in the heart, which can lead to an irregular heartbeat and sudden death.

2015
ESCAPE trial shows that treating major strokes by removing blood clots through blood vessels cuts deaths by 50% and reduces disability in survivors.

2016
Dr. Louise Pilote identifies gender — distinct from biological sex — as a unique risk factor for the recurrence of major cardiac events.

2016
The stroke strategy established in 2003 pays off as research proves integrated systems of stroke care reduce stroke deaths by 20%.

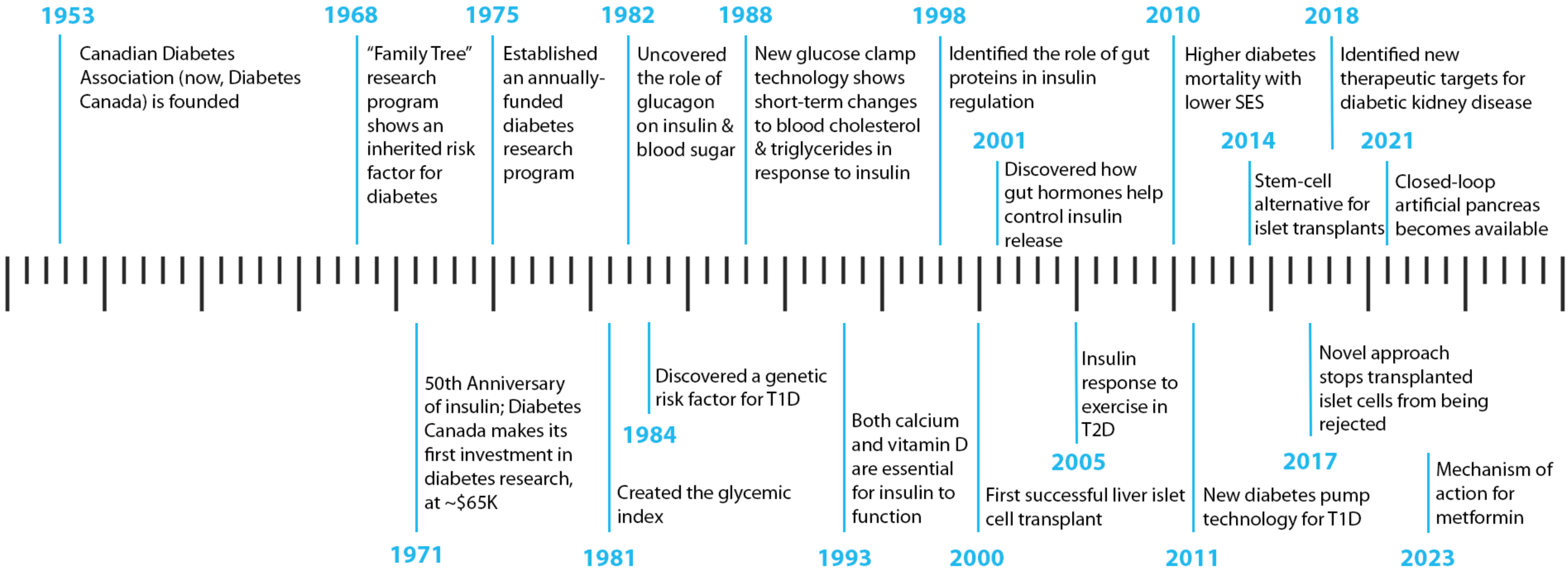
2018
Pioneering analysis quantifies the economic toll of stroke and heart disease on families, through reduced earnings and more.

2019
Discovery of a molecule linked to 1 in 5 cases of heart failure creates potential for preventing this debilitating condition.

Research Milestones

A timeline of Diabetes Canada funded research progress.

DIABETES CANADA



Health research in Canada

- 1990s, knowledge mobilization concepts emerge in Canadian health and social sciences research
- Knowledge must be used to establish meaningful connections between research and society

Canadian Tri-Council Model for Research Funding

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

2000 | CIHR Act describes knowledge translation as a legislated mandate; new framework in development

SSHRC CRSH
Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

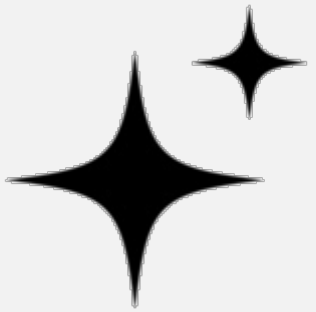
2009 | SSHRC includes knowledge mobilization as a mandatory element in their programming

NSERC CRSNG

2030 | NSERC aims to harmonize its knowledge mobilization approach with CIHR and SSHRC to increase the reach and impact of its research in society

Discussion

- How might a shift to AI technology change how we mobilize knowledge?
- How might a shift to AI technology impact on which knowledge gets mobilized?



Key Players

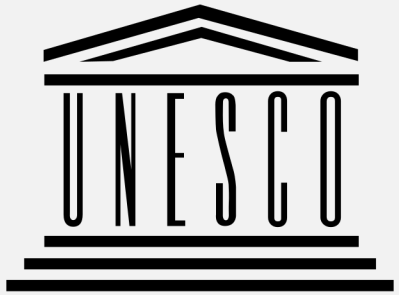
Who does knowledge mobilization?

- Three major types of agency
  - Large research producers
  - Intermediary agencies
  - Major funders

Davies et al., 2015

Who does knowledge mobilization?

- Canada has adopted an advocacy framework for open education resource (OER) development
- OERs are learning materials in any format that reside in the public domain (creative commons licensing) and can be freely accessed and used
- OERs as knowledge mobilization
  - Produce and implement knowledge with labor-saving potential
  - Support innovation
  - Facilitate barrier-free access to knowledge
  - Foster creative collaborations in all disciplines
- Anyone can produce and share an OER



Hewitt et al., 2021

Who does knowledge mobilization?

Ng et al., 2017

Perspect Med Educ (2017) 6:273–276
DOI 10.1007/s40037-017-0362-0

EYE-OPENER

Re-positioning faculty development as knowledge mobilization for health professions education

Stella L. Ng[1,2,3,4,5] · Lindsay R. Baker[1,3] · Karen Leslie[1,3]

Published online: 1 June 2017
© The Author(s) 2017. This article is an open access publication.

Abstract Faculty development as knowledge mobilization offers a particularly fruitful and novel avenue for exploring the research-practice interface in health professions education. We use this 'eye opener' to build off this assertion to envision faculty development as an enterprise that provides a formal, recognized space for the sharing of research and practical knowledge among health professions educators. Faculty development's knowledge mobilizing strategies and outcomes, which draw upon varied sources of knowledge, make it a potentially effective knowledge mobilization vehicle.

First, we explain our choice of the term knowledge mobilization over translation, in an attempt to resist the false dichotomy of 'knowledge user' and 'knowledge creator'. Second, we leverage the documented strengths of faculty development against the documented critiques of knowledge mobilization in the hopes of avoiding some of the pitfalls that have befallen previous attempts at closing knowing-doing gaps.

Through faculty development, faculty are indeed educated, in the traditional sense, to acquire new knowledge and skill, but they are also socialized to go on to form the systems and structures of their workplaces, as leaders and workers. Therefore, faculty development can not only mobilize knowledge, but also create knowledge mobilizers. Achieving this vision of faculty development as knowledge mobilization requires an acceptance of multiple sources of knowledge, including practice-based knowledge, and of multiple purposes for education and faculty development, including professional socialization.

Keywords Faculty development · Knowledge mobilization · Health professions education

Many scholars in health professions education (HPE) have debated the relationship between education research and education practice, typically aiming to improve how education science is used in education practice [1–4]. As a field, we are not alone; countless others have examined the research-practice interface. In any arena – e. g. clinical, educational, policy – the research-practice relationship represents an important opportunity, and a continued challenge. Knowledge translation, implementation science, and knowledge mobilization are just three examples of movements aimed at closing the apparent gaps between research and practice. Knowledge translation and mobilization are generally defined as dynamic and iterative processes of synthesizing and disseminating research knowledge into practice, while implementation science refers to the study of these processes [5, 6]. Yet all of these movements continue to face questions, such as: Where does practice-based knowledge fit in, which forms of knowledge do we hope to exchange or mobilize, and who creates and uses these various forms of knowledge and to what ends? [7].

We argue that positioning faculty development *as* knowledge mobilization offers a particularly fruitful and novel av-

Commentary by: J. van Tarwijk, DOI: 10.1007/s40037-017-0362-0

✉ Stella L. Ng
stella.ng@utoronto.ca

[1] Centre for Faculty Development, University of Toronto at St. Michael's Hospital, Toronto, Canada

[2] The Wilson Centre, University of Toronto at University Health Network, Toronto, Canada

[3] Faculty of Medicine, University of Toronto, Toronto, Canada

[4] Li Ki Shing Knowledge Institute, Toronto, Ontario, Canada

[5] Centre for Ambulatory Care Education, University of Toronto at Women's College Hospital, Toronto, Canada

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Breakout Discussion

- To what extent do you see yourself as a knowledge mobilizer?
- What role do you see faculty having in knowledge mobilization?
- How would you describe the relationship between knowledge mobilization and faculty development in health professions education?

Aims, Mechanisms, and Measures

Aims

Within academia

- Informs, advances, and improves aspects of research, such as
  - Research agendas
  - Approaches to research
  - Research methods
  - Theoretical models and frameworks
- Health professions education, faculty development

Beyond academia

- Informs people in government, business, professional communities, and society to engage in
  - Public debate
  - Policy development
  - Services design and delivery
  - Decision-making
  - Resource allocation
  - Professional practice guidelines

Mechanisms

RELATIONSHIPS

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

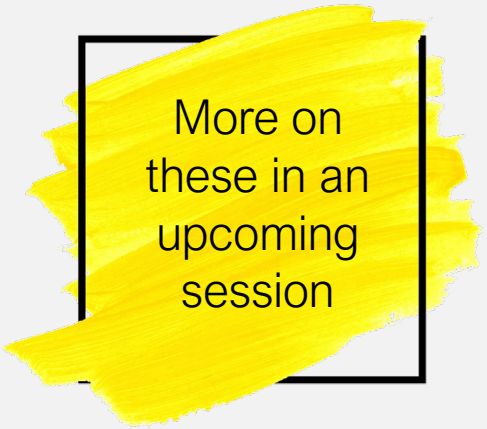
Different people stand side by side together. By Stafeeva. Adobe Stock. License no. 538817262.

Strategies

How do we do it?

- Public relations
- Media relations
- Government relations
- Advocacy
- Social influence
- Collaborative partnerships
- Research coproduction
- Patient engagement

- Organizational change management
- Communities of practice (networks)
- Health professions education
- Faculty development
- Technical innovation, now including AI

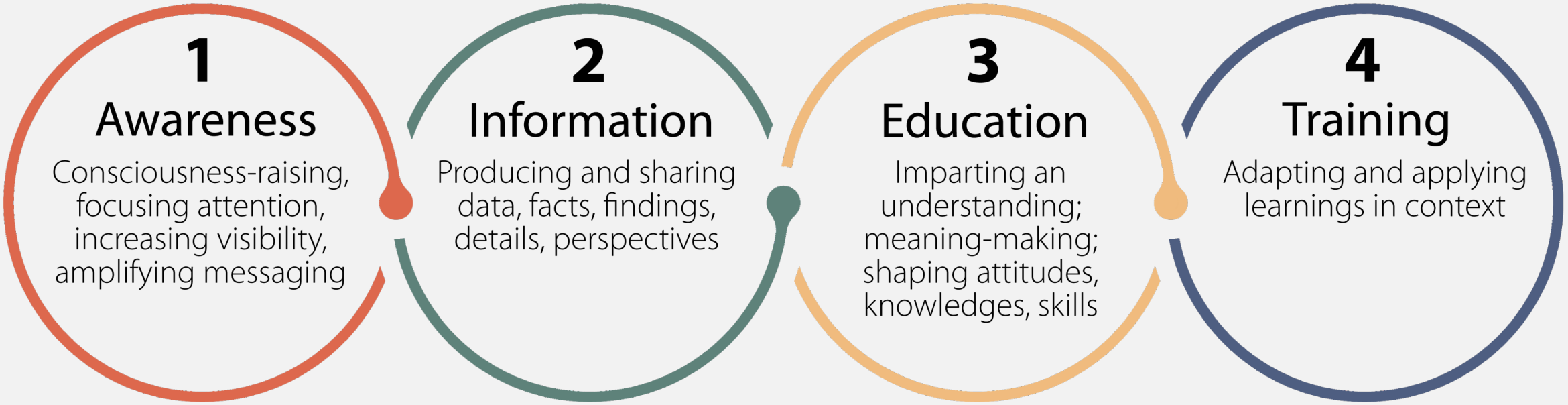


Boshoff, 2014

Communications

What do we do?

More on these in an upcoming session



ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Communications Campaigns in Knowledge Mobilization. ISME Teaching and Learning Tools. University of Manitoba. License CC BY-NC-ND 4.0.

Example

- Optimal rate for hand hygiene compliance among healthcare workers in hospitals
- Target compliance rate: 60-70%
- Higher compliance rates not associated with less infections

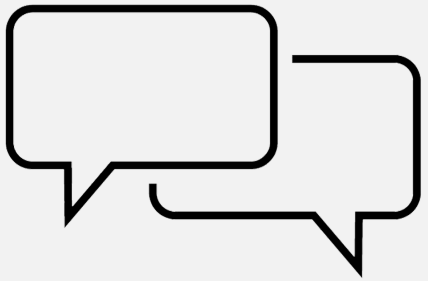
Mouajou et al., 2022

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

A healthcare worker thoroughly washes their hands with soap, underscoring the significance of hygiene practices in preventing infections and ensuring patient safety in medical environments. By Milos. Adobe Stock. License no. 1320956627.

Example

Healthcare workers in public hospital settings



Organizational change management

1 Awareness

Healthcare workers' hands are a primary source of hospital-acquired infections

2 Information

Target compliance rate for hand hygiene among healthcare workers is 60-70%

3 Education

Hand hygiene benefits, options, guidelines

4 Training

Hand hygiene frequency, protocol, local options, continual reminders

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Communications Campaigns in Knowledge Mobilization. ISME Teaching and Learning Tools. University of Manitoba. License CC BY-NC-ND 4.0.

Measures

How do we know if what we're doing is working?

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Silhouette of a person casting a fishing net in a wide arc against white. By Adames Art Studio. Generated by AI. Adobe Stock. License no. 1276073316.

Measures

How do we know if what we're doing is working?

Reach

Total number of unique, individual knowledge encounters

Impressions

Total number of knowledge encounters, including repeat encounters

Impact

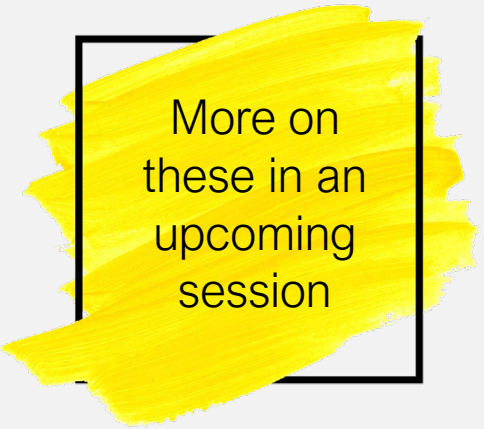
Magnitude and nature of change attributable to the knowledge encounters

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Silhouette of a person casting a fishing net in a wide arc against white. By Adames Art Studio. Generated by AI. Adobe Stock. License no. 1276073316.

Measures

- Short- and long-term public health outcomes
- Changes to health professions education, curriculum, faculty development
- Changes to public policy
- New attitudes, approaches, or ways of doing things
- New knowledges, innovations, products, programs, services
- New skills, technologies, and practices
- New strategic partnerships, ways of engaging
- Improved healthcare system design, access, and delivery
- Improved healthcare system functioning, coordination across healthcare sites
- Sustained efforts



Example

- How might you measure the success of your knowledge mobilization campaign?
- Which factors would you measure?

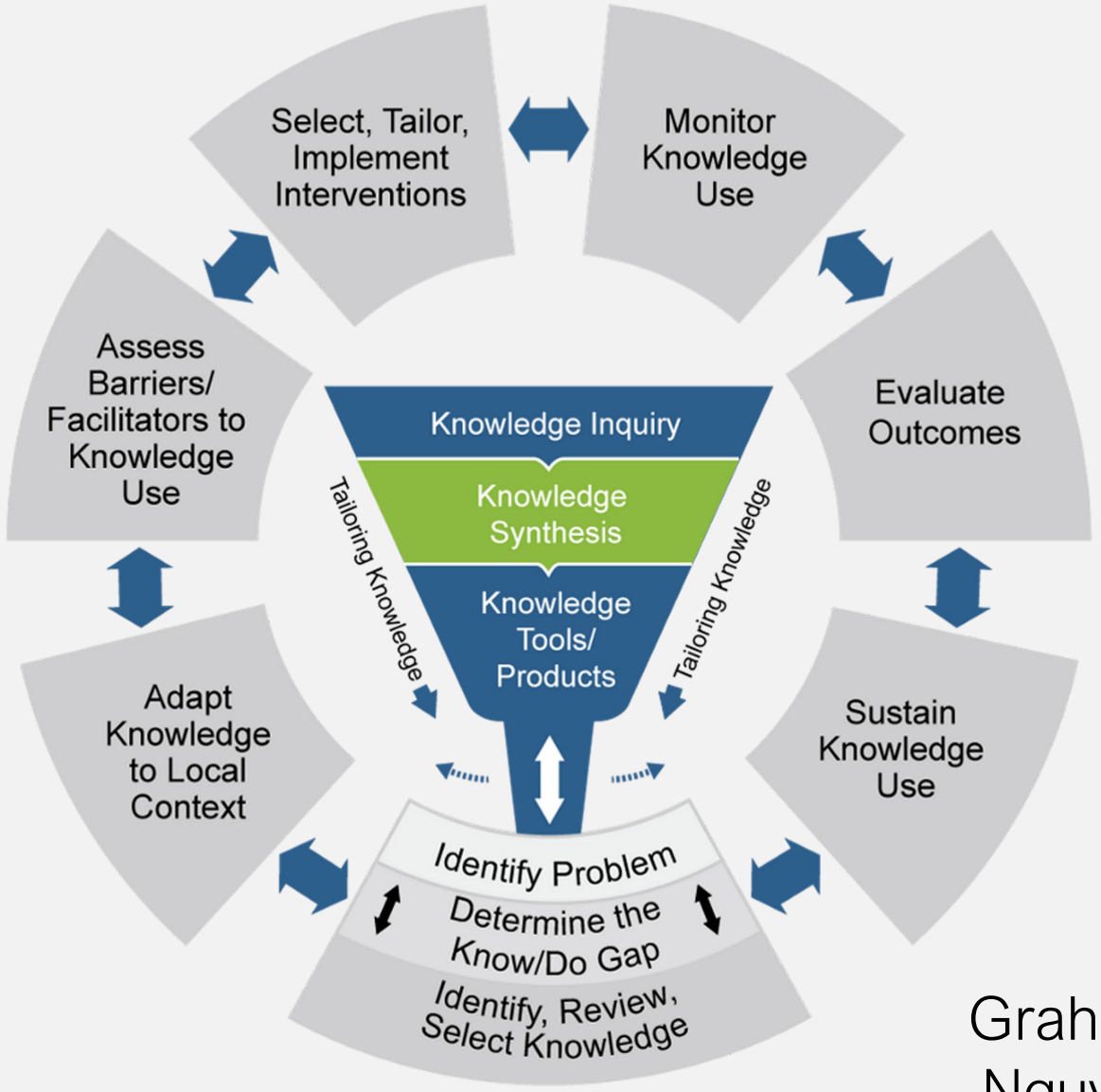
Mouajou et al., 2022

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

A healthcare worker thoroughly washes their hands with soap, underscoring the significance of hygiene practices in preventing infections and ensuring patient safety in medical environments. By Milos. Adobe Stock. License no. 1320956627.

Systems Approach

A Cyclical Approach to
Knowledge Translation



Graham et al., 2006
Nguyen et al., 2020
CIHR, 2024

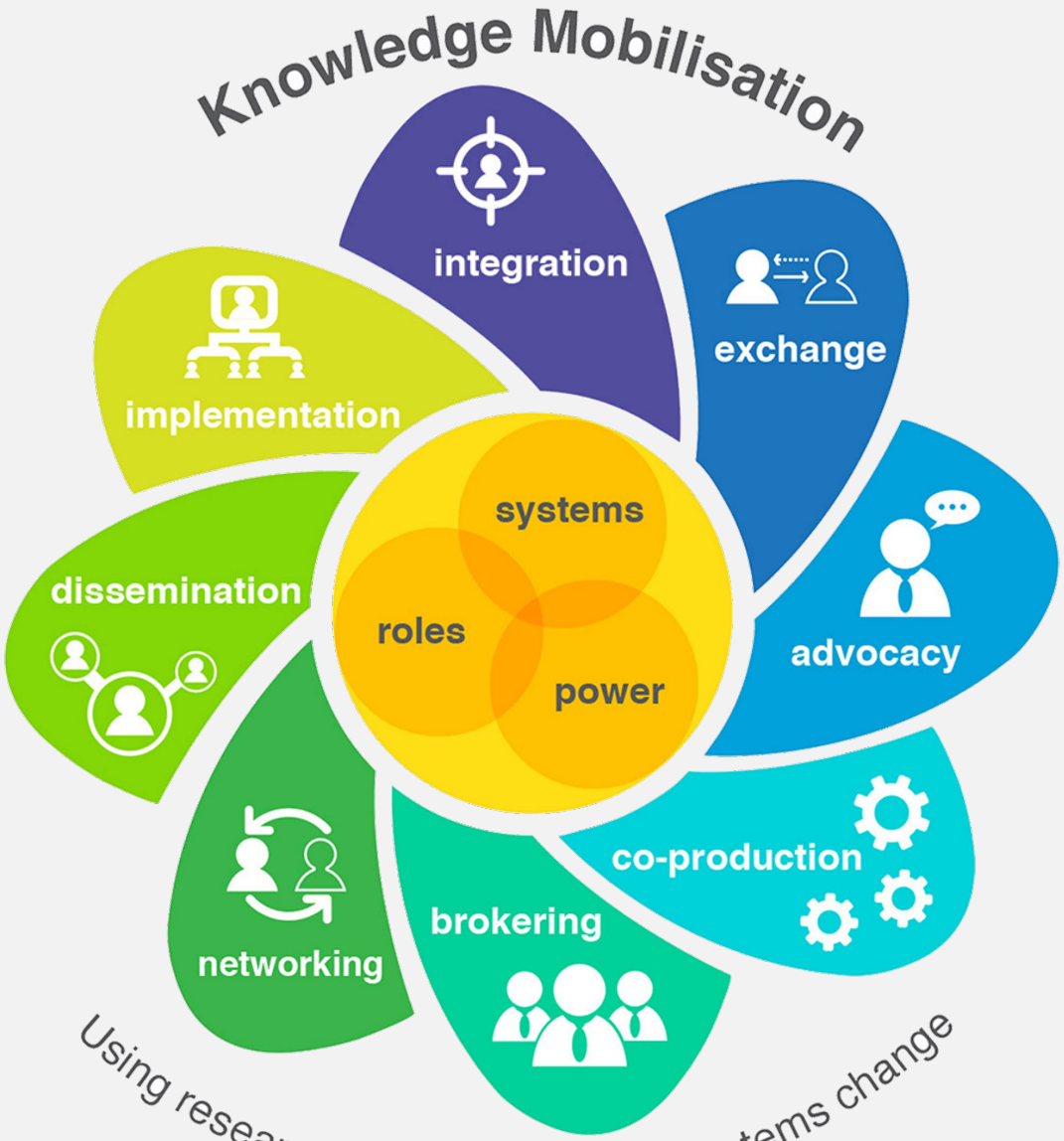
ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Why adopt a systems approach?

- To increase research impact through social processes
- Knowledge is coproduced and becomes meaningful through socialization

Haynes et al., 2020
Irving et al., 2023

A Systems Approach to
Knowledge Mobilization



ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

APPC, 2025

Integration

- What it is – building knowledge about knowledge and knowing
- What it does – advances the study and practice of knowledge mobilization
- How it works - addresses the complex, real-world contexts in which knowledge is produced, set in motion, and used

Davies et al., 2015

Exchange

- What it is – interactions between knowledge users and researchers that result in mutual learning
- What it does – collaborative problem-solving
- How it works – planning, producing, disseminating, and applying new or existing research evidence

CIHR, 2024
Davies et al., 2015

Advocacy

- What it is – advocating for evidence-informed action
- What it does – reduces structural, organizational, and cultural barriers to desired health outcomes
- How it works – creates the right knowledge context where influence is sought

Davies et al., 2015

Coproduction

- What it is – a partnership approach to research
- What it does – emphasizes interactive, knowledge-driven problem solving
- How it works – engages knowledge users in knowledge coproduction

Davies et al., 2015

Brokering

- What it is – promoting the flow and use of research evidence
- What it does – brokering new local research, or wider bodies of existing research
- How it works – knowledge brokers create interactive spaces where knowledge and expertise can interact

Davies et al., 2015

Networking

- What it is – establishing networks and communities of practice (CoPs)
- What it does – overcomes knowledge mobilization challenges using social influence, facilitated interaction
- How it works – shapes and shares expertise to increase the role of research-evidence

Davies et al., 2015

Dissemination

- What it is – tailoring the message for the medium and the audience
- What it does – amplifies key messages
- How it works – creatively engages knowledge users in dissemination planning

CIHR, 2024
Davies et al., 2015

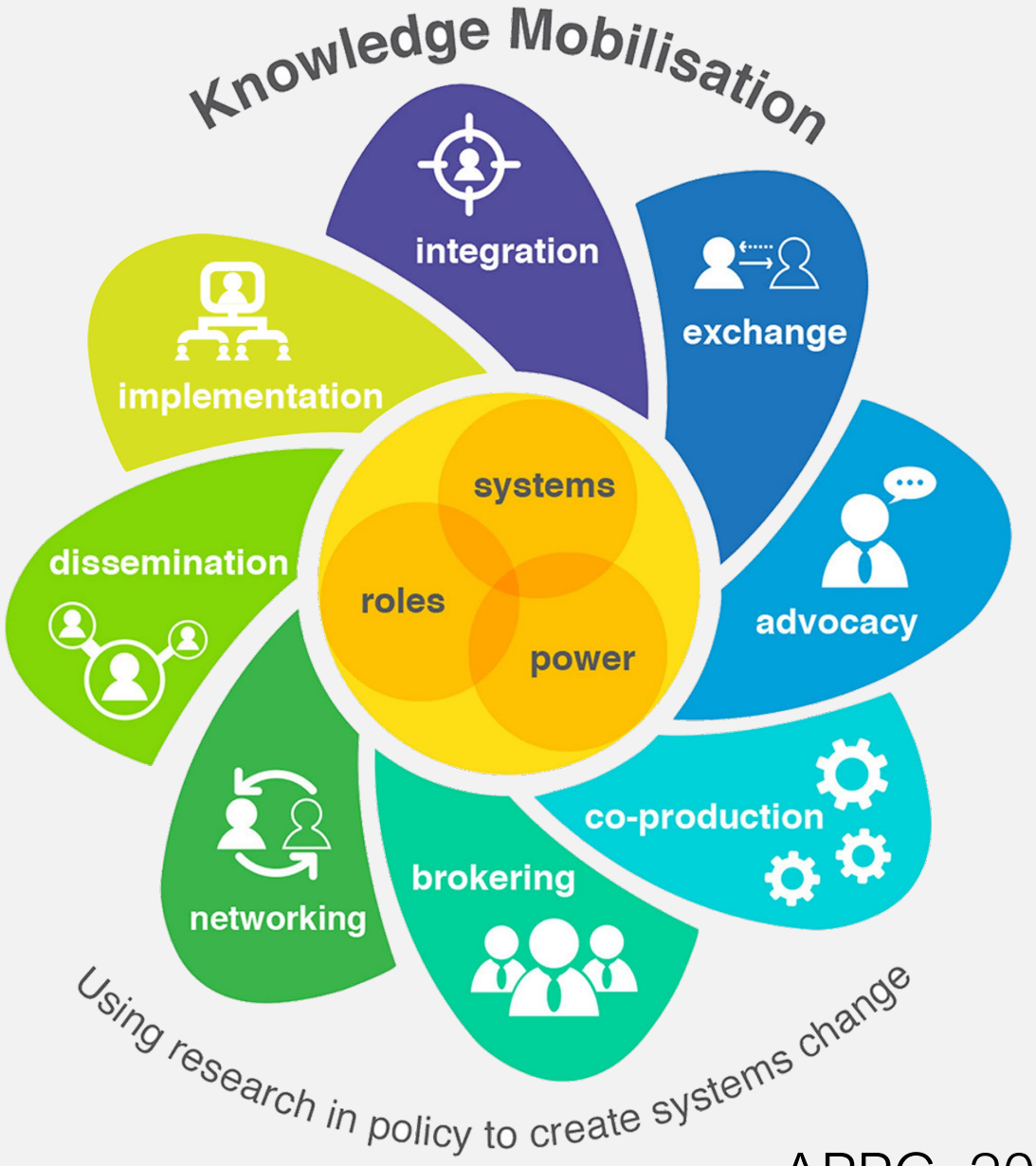
Implementation

- What it is – research in practice, research into practice
- What it does – provides hands-on support for local implementation, developing networks, and building local knowledge capacities
- How it works – improves practice through the application of research from within and outside of the organization

Davies et al., 2015

Discussion

- Which aspects of this framework do you find:
  - Most useful?
  - Least useful?
- Why?



APPC, 2025

Recap

- Knowledge mobilization is not science marketing
- Knowledge mobilization is not knowledge translation
- Knowledge mobilization does not use the knowledge-to-action framework
- Knowledge mobilization does not seek a universal truth

- Knowledge mobilization values many types of knowledge
- Knowledge mobilization is affected by relationships (social capital)
- Knowledge mobilization aims to increase research impact
- Knowledge mobilization uses common communications tools and techniques to accomplish its aims
- Knowledge mobilization aligns research products with those who can influence change

“There is no simple answer to the question of what counts as good evidence. It depends on what we want to know, for what purposes, and in what contexts we envisage that evidence being used.”

Nutley et al., 2013

Review of learning objectives

- Discuss the aims, mechanisms, and measures of knowledge mobilization
- Describe a systems approach to knowledge mobilization

Scan or click to access original ISME teaching and learning tools from this talk in Entrada

Next in this Series

Knowledge Mobilization in the Health Professions: A Faculty Development Series

1

SESSION

Adopting A Systems Approach to Knowledge Mobilization

2

SESSION

Creating a Knowledge Mobilization Plan

3

SESSION

Evaluating a Knowledge Mobilization Plan

ISME THE OFFICE OF INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

Q&A

ISME

THE OFFICE OF
INNOVATION AND SCHOLARSHIP IN MEDICAL EDUCATION

References

References

Australian Prevention Partnership Centre (APPC). (2022). Knowledge mobilization framework. Retrieved at: https://preventioncentre.org.au/resources/knowledge-mobilisation-framework/. Retrieved on March 7, 2025.

Bolisani, E., & Bratianu, C. (2018). The Elusive Definition of Knowledge. In Emergent Knowledge Strategies (Vol. 4, pp. 1–22). Springer International Publishing AG. https://doi.org/10.1007/978-3-319-60657-6_1

Boshoff, N. (2014). Types of knowledge in science-based practices.

Canadian Institutes of Health Research (CIHR). (2024). Knowledge Mobilization. Retrieved at: https://cihr-irsc.gc.ca/e/29529.html. Retrieved on March 7, 2025.

Collins, H. M., & Evans, R. (2002). The third wave of science studies: Studies of expertise and experience. Social studies of science, 32(2), 235-296.

Davies HTO, Powell AE, Nutley SM. (2015). Mobilising knowledge to improve UK health care: learning from other countries and other sectors – a multimethod mapping study. Southampton (UK): NIHR Journals Library; 2015 Jun. (Health Services and Delivery Research, No. 3.27.) Chapter 6, Archetypes of practice in knowledge mobilisation. Available from: https://www.ncbi.nlm.nih.gov/books/NBK299392/

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: time for a map?. Journal of continuing education in the health professions, 26(1), 13-24.

References

Government of British Columbia. (2023). Indigenous ways of knowing. Retrieved at: https://www2.gov.bc.ca/gov/content/environment/research-monitoring-reporting/reporting/indigenous-ways-of-knowing. Retrieved on: March 7, 2025.

Hewitt, T. (2021). Imagining the future of knowledge mobilization: Perspectives from UNESCO Chairs. Canadian Commission for UNESCO.

Hutchinson, P. J., McIlduff, C. D., Legare, M., Keewatin, M., Hagel, M., Chapados, M., & Acharibasam, J. B. (2023). Indigenous knowledge mobilization: Reflection on context, content, and relationship. AlterNative: An International Journal of Indigenous Peoples, 19(4), 902-913.

Hurst, D., & Mickan, S. (2017). Describing knowledge encounters in healthcare: a mixed studies systematic review and development of a classification. Implementation Science, 12, 1-14.

Lane Jr. P., Bopp, J., Bopp, M., Brown, L., and Elders. (1984). The sacred tree. Twin Lakes, WI: Lotus Press. Pp. 7-41.

Mashford-Pringle, A., & Shawanda, A. (2023). Using the medicine wheel as theory, conceptual framework, analysis, and evaluation tool in health research. SSM-Qualitative Research in Health, 3, 100251.

References

Mouajou, V., Adams, K., DeLisle, G., & Quach, C. (2022). Hand hygiene compliance in the prevention of hospital-acquired infections: a systematic review. Journal of Hospital Infection, 119, 33-48.

Napier, J. (2011). If a tree falls in the forest, does it make a noise? The merits of publishing interpreting research. In B. Nicodemus, & L. Swabey (Eds.), Advances in Interpreting Research : Inquiry in Action (pp. 121-152). (Benjamins translation library; Vol. 99). John Benjamins Publishing Company.

Natural Sciences and Engineering Research Council of Canada (NSERC). (2025). NSERC 2030: Discovery. Innovation. Inclusion. Retrieved at: https://www.nserc-crsng.gc.ca/NSERC-CRSNG/NSERC2030-CRSNG2030/papers-documents/paper_10-document_10_eng.asp?wbdisable=true. Retrieved on March 7, 2025.

Ng, S. L., Baker, L. R., & Leslie, K. (2017). Re-positioning faculty development as knowledge mobilization for health professions education. Perspectives on Medical Education, 6, 273-276.

Nguyen, T., Graham, I. D., Mrklas, K. J., Bowen, S., Cargo, M., Estabrooks, C. A., ... & Wallerstein, N. (2020). How does integrated knowledge translation (IKT) compare to other collaborative research approaches to generating and translating knowledge? Learning from experts in the field. Health research policy and systems, 18, 1-20.

Nutley S, Powell A, Davies H. (2013) What counts as good evidence? Provocation paper for the Alliance for Useful Evidence: Alliance for Useful Evidence;.

References

Research Impact Canada (RIC). (2020). RIC Knowledge Mobilization (KMb) modules. Retrieved at: https://researchimpact.ca/learning/kmb-modules/. Retrieved on March 7, 2025.

Social Sciences and Humanities Research Council (SSHRC) (2023). Knowledge Mobilization. Retrieved at: https://www.sshrc-crsh.gc.ca/funding-financement/policies-politiques/knowledge_mobilisation-mobilisation_des_connaissances-eng.aspx#a1. Retrieved on March 7, 2025.

Zagzebski, L. (2017). What is knowledge?. The Blackwell guide to epistemology, 92-116.