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Chapter 3

**CO-DEVELOPING A KNOWLEDGE
EXCHANGE NETWORK TO FACILITATE
ACCESS TO CLINICAL BEST PRACTICES
DURING CARE TRANSITIONS OF PATIENTS
WITH CHRONIC DISEASES:
AN EXAMPLE IN ONCOLOGY**

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ABSTRACT

Despite numerous Quebec initiatives to improve transitional care for patients with chronic diseases such as cancer, clinical teams and patients still encounter some difficulties during these transitions. This article presents a review of the literature on the involvement of clinical teams and patient-as-partners in the changes made to clinical practices. It also highlights the main issues that arise during the implementation of a

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knowledge exchange strategy with a *Forum for Knowledge Exchange* (FKE) that aims to guide clinical teams and patients to improve the continuum of care in oncology. The FKE is an interactive space for researchers, nurses, other healthcare professionals, and patient-as-partners where they can share their knowledge, both tacit and scientific. This study uses a participative methodology and is conducted in six clinical settings that span the continuum of care in oncology. Patients-as-partners are an integral part of the implementation process, as active participants rather than in a simply advisory role. This strategy should help improve transitions between the different phases of the care continuum. The co-construction of knowledge stemming from this clinical research study should lead to a renewal of clinical practices and thus guide clinical decision-making in multidisciplinary teams and patients.

Keywords: nursing, oncology, information and communications technology (ICT), care transitions, participatory research, patients-as-partners, patient participation

INTRODUCTION

Numerous Quebec initiatives have sought to improve transitional care for patients with chronic diseases such as cancer, but they have not yet led to the expected outcomes [1]. Clinical teams and patients need to increase their involvement at different stages of the care process in order to optimize the experiences of patients. Managing care transitions for oncology patients is at the heart of the issue for nurses, other health care professionals, and patients in order to improve the quality of care they receive. The planning of care in the continuum, follow-up, support, and communication between professionals are all still poorly coordinated and present significant shortcomings [2], especially since in Canada, there are no rules governing care transitions such as the planning of the discharge during the transition from one step to another. According to the scientific literature, good management of discharge planning would have positive effects on the quality of care and the physical and emotional well-being of patients and their caregivers. A detailed hospital discharge plan would reduce the length of hospital stays [3], diminish readmission costs [4], and optimize the transitions between different levels of care [5]. According to Naylor and collaborators [6], a 10% decrease in the rate of re-hospitalization was observed in patients benefitting from discharge planning, which included follow-ups by nurses on the management of physical

symptoms, the taking of medication, sleep assessment, pain relief, and the emotional state of patients and their caregivers. Some authors underline the key role played by educating patients/caregivers, coordinating services, and implementing regular follow-ups as essential elements to optimize hospital discharge planning [7, 8].

This article presents a review of the literature on the involvement of clinical teams and patients-as-partners in the changes made to clinical practices through a community of practice. It also highlights the main issues that arise during the implementation of a knowledge exchange strategy with a *Forum for Knowledge Exchange* (FKE) that aims to guide clinical teams and patients to improve the continuum of care in oncology.

A COMMUNITY OF PRACTICE: INFORMED DECISIONS AT YOUR FINGERTIPS

Inspired by past practices such as mentoring, a community of practice is an informal network of persons who share their passion and expertise in a common professional field [9]. However, more formal and structured communities of practice have developed, backed by organizations (St-Onge and Wallace, 2003). According to Prax [10], the community of practice is based on the flow of knowledge and constitutes “an ideal forum for collective intelligence, innovation, creation and collective knowledge.”

“A community of practice is a “space” for co-development where members can exchange knowledge in order to improve their practice.”
[11]

According to Wenger, the community of practice is essential for organizations in an increasingly knowledge-based economic reality. For Davel and Tremblay [12], communities of practice are a strategic path to developing and sharing tacit knowledge and are vital tools in the knowledge economy. They are viewed as informal groups defined not only by their members but also by their methods and interpretation of events. Members of this type of community maintain relationships with one another, participate in activities over time, and develop relationships with other communities of practice [13]. Knowledge transfer and the ways in which practices are perpetuated are the cornerstone of a community of practice. Its identity is dependent on the

relationships and activities born of these social interactions, of specific skills and experiences in a dynamic process over time [13].

More specifically, the community of practice is a group of persons who collaborate (through interactive platforms such as forums, videoconferencing, email, etc.) in order to develop innovations or solve problems encountered in their specific professional practice, gradually leading to joint learning through the sharing of individual knowledge and expertise [14].

THERE IS A COMMUNITY OF PRACTICE IF....

A community of practice does not refer to a service or a network [15], rather it is a group of professionals who share knowledge, establish common practices, and develop them in a common field of interest [12]. Members freely exchange creative experiences and knowledge that promote the emergence of new approaches to problem resolution [16]. A community of practice is established when a group of people, informally linked and who share a professional practice or field of expertise and a common professional goal [17], exchange, share, and learn with and from each other.

There are three types of communities of practice: 1) Loosely structured and poorly organized informal communities; 2) more developed, established communities benefitting from organizational support and characterized by the development of new knowledge/skills in the members of their practice; and 3) structured communities of practice with strategic imperatives whose goal is organizational performance. The *Réseau infirmier, un partenaire de soins* (RIUPS) (The nursing network: a partner in care) falls into the second category.

A community of practice is defined as [9, 12, 16, 17, 18].

Table 1. Characteristics of a community of practice

A common interest
Established, mutual relationships that can be harmonious or contentious
A mutual commitment to doing things together
Knowledge of what others know, what they can do, and an eventual contribution to collective action
Shared methods of communication and a history
Shared ideas that influence members' vision of the world
Development of knowledge and expertise in a field that is improved by the quality of the interactions and common interests

THE FOUNDATIONS OF A COMMUNITY OF PRACTICE

Communities of practice are built on three principles [17]: mutual commitment; a common undertaking; and a shared inventory of resources that allows members to communicate and solve problems. The communities contribute to creating and transforming practices, ideas, and the organizational culture [19]. Mutual commitment is a fundamental factor to development [17] and determines its evolution, results, and longevity. Belonging to a community of practice is the result of a commitment to actions whose meaning is dependent on the relationship between the members of the community. Mutual commitment is founded on the complementarity of skills and the capacity of individuals to effectively combine their knowledge with that of others. The necessity of linking skill sets is particularly evident in communities where mutual commitment implies complementary contributions. Thus, learning occurs through an intellectual process on the one hand and through membership to the group and active participation in the interactions that occur on the other [9], evolving over time. These groups are normalized while remaining heterogeneous, each member's diversity contributing to a shared history [9], an understanding, and a coordination of a joint venture towards a shared objective. This process unfolds through the development of shared catalogues of ideas and modes of operation, of the shared product that is the result of the interactions between members.

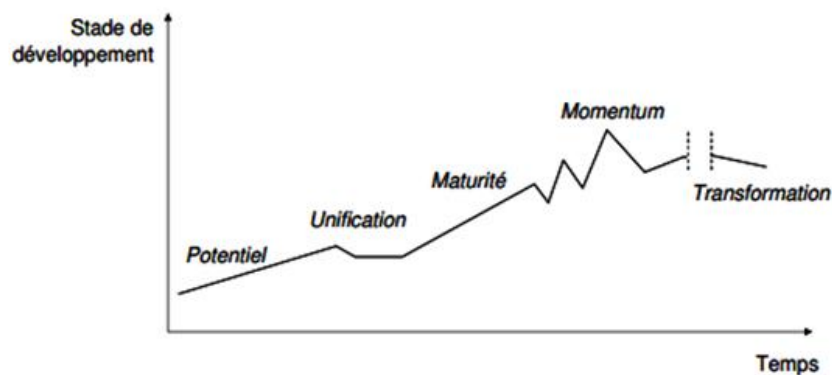
For Wenger, McDermott, and Snyder [9], commitment is a central issue, whereas for Gherardi et al. [13], the methods of organization support the exchange and perpetuation of practices [13], placing the emphasis on the notion of productive and efficient practices that are not necessarily exempt from conflict. According to Gherardi and Nicolini [20], individuals must learn to obey the rules of a given practice. Socialization within a community of practice refers to the process by which novices adopt the language, the ethics and the culture of the community that supports their practice. Knowledge is integrated and circulated within the community, and, since learning is evidence of membership, it requires commitment and relies on socializations processes [12]. The process necessitates a mutual effort by novices and the community [15] as their command of the practices improves [13, 15].

However, certain favourable conditions to the creation and optimization of these communities of practice must be present in order to promote their development. These are:

1. Organizational support and managers [21].
2. Effective project management [21].
3. Support for training [21].
4. Efficient organization of the community [22].

Sometimes, practices can extend outside their communities to latch on to others by creating different networks of interactions within a group of communities of practice linked by interconnected fields [12, 20].

The development of a community of practice follows five stages (Figure 1) and is dependent on the environment, history, and cultural, economic, and sociopolitical contexts that can influence its development as well as the financial, material and human resources at its disposal, such as those related to organization [9].



Source: Source: Davel and Tremblay (2011) adapted from Wenger et al. (2002, p. 69).

Figure 1. Phases of development of a community of practice.

During the first stage, Potential, prospective participants to the community of practice see the value in working together. In the second stage, Coalescing, the community is launched, spaces are defined, events take shape, leaders are enlisted, relationships are developed between participants, and the activities, which will eventually evolve, are determined [9]. As of this stage, documenting the process and activities is essential, as is coordinating the community, which requires time in order to identify the interests “of” and “for” the organization and to develop the technical knowledge required to moderate an online community and networking skills. During the third stage in the development process, Maturing, the community broadens the field of interest and evolves, often in a non-linear manner. Its values and objectives

crystallize, as do its direction, roles, the limits of its scope of activity, and its relationships with other organizations/communities. Gradually, these steps are better defined and it is at this stage that the services of a documentalist are required. The Stewardship stage follows. Organizational tensions appear and it is imperative to maintain intellectual and emotional interest and stay abreast of the main developments in the fields of interest. Leadership and membership to the community can be realigned, and relationships and resources from outside the organization are often developed. The final stage of development, Transformation, is crucial because identity issues are rarely completely resolved and the development of the area of interest is not always unanimous. According to Wenger et al. [9], the best communities of practice are those that promote debates that lead to their effectiveness and productivity and spur major transformations, whereas others are gradually dissolved.

According to the scientific literature, participation in a community of practice leads to improved organizational performance [12], the development of a culture of sharing [12], specialized vocabulary [16, 23], and a framework [16, 23].

However, Snyder and Wenger [16] identified additional advantages of communities of practice such as contributing to a strategy, solving problems, sharing innovative practices, creating new products and services, developing professional skills, and recruiting new members.

In this sense, communities of practice tend to be, in certain fields, “more advanced” than the traditional teaching methods available and present an opportunity for quicker adaptation to the needs and realities of organizations, all while providing a way to distribute information that sometimes requires less logistical planning.

LEARNING METHODS

Communities of practice arouse interest because they provide less conventional opportunities for learning. The European Commission [24] identifies three types of learning methods:

- 1. Formal learning.** Traditionally takes place in an educational or training institution, structured (in terms of objectives, time or resources), is intentional on the part of the learner and leads to certification.

2. **Non-formal learning.** Structured learning (in terms of objectives, time or resources), taking place outside of an educational/training institution, non-formal, but is intentional on the part of the learner.
3. **Informal learning.** Learning that is not structured (in terms of objectives, time or resources), but results from daily activities and situations related to work, family life or leisure that can be intentional, but generally is not. This type of learning is generally random and unplanned.

Yet, communities of practice provide opportunities for non-formal and informal learning, depending on the joint venture linking them. Since, according to Jalali [25], learning methods and modes of communication are changing, and adapting to these new methods of communication is not a choice, but rather a necessity, communities of practice made up of a group of individuals who collaborate (for example through interactive platforms such as forums, videoconferencing, email, etc.) [14] are a promising way forward. In fact, given the context of budget cuts where time and travel are becoming a luxury organizations can no longer afford, and the fact that modes of communication are rapidly evolving, the community of practice presents a viable solution for the future, adapted to the realities faced by the new generation providing healthcare services to patients with chronic diseases, for example.

A VIRTUAL COMMUNITY OF PRACTICE

In light of the above, virtual communities of practice, specifically those that use the Internet as a means of communicating and collaborating in order to engage in a process of co-learning, are modern learning processes that aim to consolidate and document formal and informal knowledge, through a network.

“Individuals learn in their work settings, where knowledge is acquired and shared in a less formal environment than that of a traditional training session. Interacting, exchanging information, discussing actual problems encountered during their practice with colleagues, exploring various ways to innovate, all create a situation where they are developing their knowledge.” [26]

The Internet provides a loosely structured, effective means of communication that preserves records of the exchanges.

“When a virtual community of practice is established, the online forum provides a place where participants can communicate and collaborate. Participants see the importance of exchanging information, of cooperating or collaborating to tackle a complex task, of solving a difficult problem that is nearly impossible to solve alone, or of formulating critical thoughts that require logical and viable answers.”
[26]

INTERACTION: THE FOUNDATION OF LEARNING

In a traditional community of practice, interactions are conducted in person, whereas in a networked community of practice, collaboration and interaction take place online, in conjunction with and as a complement to face-to-face meetings. In a virtual community of practice, face-to-face meetings gradually diminish and are eventually almost completely eliminated. Knowledge sharing can occur either synchronously or asynchronously. Synchronous communication occurs in real time (during face-to-face activities, videoconferencing, online chat sessions, etc.). Asynchronous communication takes place in delayed time and electronic forums are now used for this purpose. Participants no longer need to be present on the forum at the same time, and with Internet access, they can be in different geographical locations and still be able to browse the community of practice’s electronic forum.

The Internet facilitates interactions by removing the constraints of time and place, and also creates a record of message history. The electronic forum provides a place for participants to communicate and work. They exchange information, cooperate, or collaborate [27, 28] to tackle a complex task, solve a problem, or stimulate reflection. In the healthcare field, medical knowledge evolves rapidly, and nurses, for example, have increasingly less time and resources for training. Thus, communities of practice are becoming indispensable to ensure their knowledge and skills stay up to date. Knowledge transfer occurs quickly and reaches a large number of people, who in turn contribute, through the community, to broadening the knowledge of others by participating and sharing their experiences.

TOWARDS A WIDER COMMUNITY: THE INVOLVEMENT OF PATIENTS-AS-PARTNERS

Recently, communities of practice in the healthcare sector have benefitted from the contributions of a new partner: patients. Indeed, the relationship between patients and healthcare professionals has been one of the latter's concerns for many years [29, 30]. For a long time, this relationship was observed almost exclusively from the perspective of healthcare professionals and organizations. Consequently, access to patients' perspectives on the system and healthcare services was almost non-existent. Few studies have focused on the patients' viewpoints, despite results showing significant disparities between the perceptions of healthcare professionals and patients regarding needs and the quality of care [31]. In recent years, a study of the literature seems to indicate that healthcare professionals and researchers are increasingly interested in patients' perspectives and experiential knowledge of the care process [32, 33]. Since 50% of the population of Western countries is living with at least one chronic disease, and 80% of Internet users search for health-related information online [34], it is imperative to ensure they participate in the care process, and, consequently, in the communities of practice in order to adequately meet their actual needs. It is with this in mind that the *Direction collaboration et partenariat patient* (Patient collaboration and partnership department) of the Université de Montréal's Faculty of Medicine is developing a new relational model based on the partnership between patients and healthcare professionals: the *Montreal Model* [35]. It recognizes the "patients' knowledge, gained from living with health or psychosocial problems, their experiences, and their understanding of the care process, as well as the impact of these problems on their personal lives and that of their caregivers", which is complementary to scientific knowledge [36].

This relational model views patients-as-partners in all the decisions concerning them and considers them experts in the organization of care.

***The Réseau Infirmier, un Partenaire de Soins (RIUPS)* (The Nursing Network: A Partner in Care): An Evolving Community of Practice**

In the current context of Quebec healthcare network reform, which makes access to training more difficult for nurses and other healthcare professionals,

one of the objectives of the RIUPS is to increase the effectiveness of communities of practice. The clinical settings associated with the project have observed a significant interest in the RIUPS community of practice from those who wish to keep up with current knowledge and benefit from the expertise and tools from every care setting.

The RIUPS provides an opportunity for inter-organizational networking, access to specialized literature, and a forum for discussion that can be recommended to patients. The RIUPS is a place to exchange experiences, know-how, and scientific knowledge between patients, their caregivers and healthcare professionals. It focuses on what patients and their caregivers experience, feel, try out, witness, and learn throughout their care process. These experiences take place within the framework of the various relationships they develop with the many healthcare professionals they encounter over time and during their treatments. The RIUPS is not a reference website for professionals, but rather a forum for interactions to better understand the experiences of others. The RIUPS recognizes that the voice of patients and their caregivers is essential, needs to be heard, and should be taken into account by healthcare professionals, so they can adapt their clinical practice to the actual needs of patients and their caregivers.

It is in view of this that, since 2013, the research conducted by the Université de Montréal's RIUPS has focused on the best ways to make study findings and innovations developed by partner institutions available to nurses, healthcare professionals and patients. The strengthening of the collaboration between Université de Montréal's Faculty of Nursing and the institutions part of the healthcare network has enabled the development of an interactive nursing and interprofessional community that stays current by organizing knowledge exchange activities between nurses and other professionals, researchers, managers, decision-makers, and patients/caregivers¹.

Indeed, patient involvement is a promising avenue towards improving the health of the population and finding solutions to the problems the healthcare system is facing [37, 38, 39, 40, 41]. Experiential knowledge could contribute to improving the quality of care and of life for both patients and healthcare professionals.

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“Successful patient involvement, the level of patient participation at different stratum of the healthcare system, and the satisfaction expressed by all the actors who experienced this partnership approach are encouraging factors when considering long-term improvement of practices and of the health condition of populations with chronic diseases.” [35].

The RIUPS was created with this in mind. The RIUPS is a community, which is supported, developed, and that benefits from organizational support characterized by the acquisition of new knowledge/skills by members in their practice. It falls into the second category of community of practice presented earlier in this chapter. The network is a clinical innovation, which includes an interactive portal, the Forum for Knowledge Exchange (FKE). The Forum is an interdisciplinary online portal that aims to bring together researchers, nurses, doctors, other professionals, managers, decision-makers, and patients-as-partners in a new space to share scientific and experiential knowledge with the aim of improving care. This tool provides support to healthcare teams to promote knowledge transfer and quick access to the best clinical practices in hospital discharge planning and care transition in general, and more specifically in oncology. The Forum for Knowledge Exchange, led by teams of professionals and patients-as-partners in clinical settings, aims to meet the needs to interact, exchange and share of actors in a same clinical field in order to co-construct new knowledge that is better adapted to the needs of people. As opposed to traditional platforms, which are more static and used mainly for filing documents, the Forum uses Web 2.0 technologies to promote interactions. Users have access, through a private link, to a documentation section and a collaborative work section (journal club, webinars, message boards, etc.). To optimize its visibility, the RIUPS is also on Twitter (https://twitter.com/RIUPS_FSI) and Facebook ([https:// www.facebook.com/riups.fsi](https://www.facebook.com/riups.fsi)).

The *Direction générale de cancérologie* (DGC), the organization in charge of implementing an integrated oncology network in Quebec (Canada), has focused its efforts on the steps preceding the cancer diagnosis and surgery to consolidate the continuum of care and meet ministry standards [42]. However, patients’ reinsertion into the community has not yet been studied. According to the province of Ontario’s Excellent Care for All strategy, “Reducing avoidable readmissions of patients discharged from hospital is an important area for improving the quality and safety of health care and making more effective use of health care resources in Ontario.” p.6 [43]. This strategy

highlights the importance of using evidence-based data to ensure better care transitions and avoid hospital readmissions [43].

Even though some studies have shown that using scientific knowledge has positive effects on patients' conditions [44], others have underlined the lack of impact on their health due to the gaps in sharing and implementing clinical practice guidelines [45]. These findings have led to the development of knowledge transfer strategies to facilitate their integration into the renewal of clinical practices. Among these strategies, key elements that encourage knowledge exchange are developing an organizational culture that fosters knowledge exchange [46] and identifying individuals in leadership positions as "champions" [7, 47, 48]. However, the exchange of new scientific knowledge in clinical practice remains underused by healthcare professionals in general [49, 50] as well as by nurses [50].

The Forum for Knowledge Exchange, hosted by nurse leaders and clinical knowledge development teams from clinical settings in a context of discharge planning and oncology care transitions, provides a way to group knowledge so all participants can access it and work together to develop new knowledge.

Hospital discharge planning refers to the various methods implemented in institutions to prepare transitions in patient care (e.g., identifying needs, assessing capabilities, recommending the optimal service). The transitions reference the different steps cancer patients experience in various oncology care contexts, including, among others, when they are discharged, relocated within the same institution, or reintegrated in the community [16]. This project takes into account the perspective of the patients and their caregivers from the beginning of the Forum for Knowledge Exchange and throughout its development. Patients and their caregivers are encouraged to participate in the activities provided on the Forum and to reflect with healthcare professionals on the best ways to improve hospital discharge planning and transitions in oncology care. Their mandate will eventually be broadened.

The Forum for Knowledge Exchange is established and available online (riups.org). Contributions are made on a weekly basis and interest is sustained. The administrative infrastructure is now stable. Contact persons are identified for each setting to ensure the steady transfer of information to the teams and improve the flow of information between the RIUPS and the members of the designated teams. The recent involvement of members of the designated teams in the activities of the RIUPS outside their settings indicates that the community is gaining momentum and is thus on the road to "Stewardship". Tools have already been added to the Forum by the clinical teams, and using

the Forum for inter-team collaborations to develop a transition planning tool is in progress. Figure 2 present the governance structure of the RIUPS.

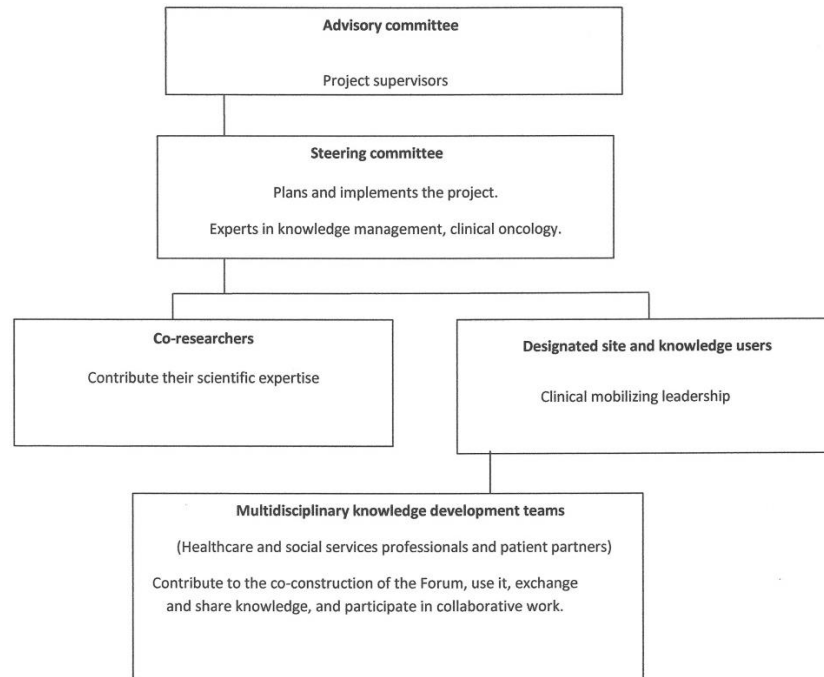


Figure 2. Project governance structure.

Five patients-as-partners are continually involved in the community of practice and have become a driving force in the co-construction of the clinical project. They participate in the steering committee, in meetings of knowledge users (nurses who host the clinical teams, including the patients-as-partners from their clinical setting), in patients-as-partners committees, etc. as stakeholders in the project. They have created videos and written articles available on the Forum, they contribute to the message boards, and play an important leadership role in the development of upcoming activities and the promotion of the project in the settings. They are ambassadors for the RIUPS within clinical settings and the community. They recruit new patients-as-partners to take into account a range of situations. Initially, patients-as-partners were referred by the clinical teams, but new patients-as-partners have joined the project through word of mouth. The involvement of patients-as-partners plays an essential role in the path to permanence of the RIUPS community of

practice. Moreover, their participation has evolved and they have developed a leadership during the implementation process, which has a positive impact not only on the development of the community of practice of which they are members in equal standing to healthcare professionals but also on the clinical settings that have already begun to rethink their practice. Indeed, the role of the patients-as-partners and their approach during meetings is leading other teams to a new level of participation in the project, within an important context of organizational restructuring. The willingness of professionals to consider the perspective of patients during their care is seen as value added and an opportunity to improve care and services, both for patients and healthcare professionals. Collaborative work between clinical settings and patients occurs within the community of practice and the role of the research team becomes secondary.

Recent observations on the activities of the RIUPS show that meetings between patients-as-partners and settings promote exchanges in a process of mutual reinforcement. Relationships between patients-as-partners and various clinical settings are forged increasingly easily. The patients-as-partners' leadership in the community of practice is contributing to the optimal development of the RIUPS. Working in partnership with patients within a relational process contributes to knowledge co-construction, bilateral exchanges, shared power, equal relationships, teamwork, co-learning, autonomy, openness, empathy, mutual trust, satisfaction for patients and professionals, and improved communication. It provides a broader vision based on mutual objectives, centered on needs and expectations, individual or personal, that is rooted in reality. It is apparent that the RIUPS community of practice has positive effects on the quality of care in terms of effectiveness, through a better assessment of needs, increased efficiency, and improved coordination of care, all while facilitating the adaptation and improvement of the quality of care.

However, this community of practice also presents some challenges. Partnership implies a shift in paradigm at the clinical and organizational levels. Indeed, one must get to know the person in front of them; develop the capacity for adaptation and an openness to change; and unite the multiple competing visions, values and beliefs. Moreover, working in partnership within the community of practice requires a redefinition of everyday priorities according to the complexity, number, and lack of resources in the healthcare system, and a flow of information between professionals and patients (coordination, continuity of care).

CONCLUSION

The development of a community of practice, of which patients-as-partners are an integral part, contributes to the improvement of the quality of care and services provided to patients and their caregivers during hospital discharge planning and transitions in oncology, through co-construction and a more widespread use of scientific knowledge and the renewal of clinical and organizational practices. The various actors who are part of the project are engaged in an ongoing process of co-construction and knowledge exchange, which aims to transform their clinical practices and have a positive impact on patients.

Policy-makers participating in the project will be motivated to develop advanced healthcare policies by relying on the project's findings and to influence the decisions made in their institutions, thus contributing to the improvement of decisions made by professionals as well as by patients themselves. The use of the Forum will have the effect of locally transforming clinical practices in discharge and transition planning in oncology and placing them within a global, inter-institution continuum of care. Eventually, the use of the Forum should be expanded to include other health issues in order to better meet the actual needs of patients.

Virtual communities of practice will probably become increasingly prevalent in modern organizations given the financial and organizational contexts, which are making replacements and travel more difficult, and referring to best practices is becoming increasingly important. Since emerging healthcare professionals are already immersed in the social media world and the shift is now well underway in education, the health sector will have no choice but to follow suit in order to continue to provide services of the highest quality and to adapt to new realities. In this context, virtual communities of practice present a quick, inexpensive path to best practices and to a network enabling the instantaneous transfer of knowledge between healthcare professionals. Even though this network cannot meet all the needs alone:

“In response to learning and innovation needs as a whole within an organization, they (the communities of practice) are making way for new collaboration models in the Internet age. This important technological development is linked to the knowledge economy, which requires increased collaboration in order to improve competitiveness on a larger scale.” [26].

Due to the evolution of methods of communication, the healthcare system and its practitioners must adapt to this new reality in order to continue to provide quality care, and communities of practice such as the RIUPS are a promising way forward for patients with chronic diseases. Universities are falling into step [25], and since this is no longer a choice, in the short-term, healthcare organizations will have to adapt, spurred by the new generation raised with social media. These new technologies, which facilitate knowledge transfer, will allow healthcare professionals and patients who are part of the RIUPS to not only take advantage of a knowledge exchange bent on promoting best practices but also benefit from a network that fosters real collaboration. Overall, partners will save time while drawing participants' attention to their personal concerns, thus ensuring the results of these collaborations are better suited to the needs of each. The efforts and energy invested in developing the RIUPS will surely be outweighed by the positive effects, for both patients and professionals, which the network will have on healthcare practices.

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BIOGRAPHICAL SKETCH

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Research and Professional Experience:

Hélène Lefebvre is a full professor at Université de Montréal's Faculty of Nursing; a visiting professor at the School of Public Health of the Université libre de Bruxelles; a visiting professor at Université Aix-Marseille; and a visiting researcher at the research laboratory of the Faculty of Nursing at Paris University 13. She is co-director of the Interdisciplinary Research Group on Adaptation and Resilience (GIRR) at the Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal (CRIR). She is also a member of the *Réseau de recherche en intervention en sciences infirmières du Québec* (RRISIQ) (Quebec Research Network on Nursing Interventions), as well as a researcher at the Quebec Rehabilitation Research Network (REPAR). She heads the *Réseau infirmier, un partenaire de soins* (RIUPS) (The nursing network: a partner in care), which promotes knowledge exchange to improve clinical practices and patient care. She is the principal investigator appointed by the CIHR for the project "Developing a clinical innovation in oncology: toward an improved continuum of care and services." She also conducts studies on the social participation and resilience of individuals with chronic diseases or disabilities, from an educational intervention perspective, through continuity of services and the community and social integration of these individuals. She is a leader in social participation, healthcare partnerships, patient partnerships, community integration intervention, and the exchange of

knowledge developed through the relationship between nurses, interveners, managers, individuals and families who are partners in care in inter and cross-sectoral contexts.

Conferences

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- Lefebvre, H., Levert, M.-J. (May 2015) Les espaces publics promoteurs de l'autonomie et d'efficacité dans leur fréquentation? 1^{er} congrès québécois de recherche en adaptation. *Rencontre des forces vives et de l'excellence en réadaptation physique*. May 21-22. Boucherville.
- Lefebvre, H., Brault, I. Roy, O., Levert, M.-J. (May 2015). Réseau infirmier: un partenaire de soins. 6^{ème} Congrès international du SIDIIEF. *Le défi des maladies chroniques : un appel à l'infirmière*. May 31. Montréal.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (submitted September 2015). *Soutenir le processus de résilience familiale par l'utilisation de stratégies d'interventions interprofessionnelles : proposition d'un programme d'intervention novateur*. Congrès annuel de Lésion cérébrale Canada, Montréal, Quebec.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (Guest speaker – September 2015). *Soutenir le processus de résilience familiale par l'utilisation de stratégies d'interventions interprofessionnelles : une étude issue du milieu de la réadaptation*. 33^e journées d'études de l'Association des infirmières de rééducation et réadaptation, Poitiers, France, Europe.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (accepted June 2015). *Soutenir le processus de résilience familiale par l'utilisation de stratégies*

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- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (Guest speaker – February 2015). *Resilience in families of adolescents with traumatic brain injuries: development of a support intervention.* Interprovincial Student Journal Club. Canada.
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- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (Guest speaker – October 2014). *La résilience familiale : considérer les forces inhérentes et le potentiel de grandir de la famille.* Rencontre clinique de la direction des services ambulatoires. Montreal Children's Hospital, Montréal, Québec.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (Guest speaker – May 2014) *Soutenir le processus de résilience familiale par l'utilisation de stratégies d'interventions interprofessionnelles : une étude issue du milieu de la réadaptation.* Nursing Grand Rounds of the Jewish Rehabilitation Hospital, Laval, Québec.
- Rothan-Tondeur, M., Lefebvre, H., Eymard, C. (2015) PIRI, Partenariat International pour la Recherche Infirmière. 6^e Congrès mondial des infirmières et infirmiers francophones du Secrétariat International des Infirmières de l'Espace Francophone. May 30 to June 5, 2015. Montréal, Canada.
- Gulpa N., Lefebvre, H., Roy, O. (2015). Intervention permettant une meilleure prise en charge des autosoins par la clientèle adulte de chirurgie intestinale. 6^e congrès Mondial, *Défi des maladies chroniques : un appel à l'expertise infirmière.* Secrétariat international des infirmières et infirmiers de l'espace francophone. May 30 to June 5, 2015. Montréal.
- Blain S, Lefebvre H, Levert M-J, Desrosiers J, Carbonneau H, Thériault P-Y, Couturier Y, Larivière N and Levasseur M. (2014). Accompagnement Personnalisé d'intégration Communautaire (APIC) des personnes âgées en perte d'autonomie : résultats préliminaires. *10^e Journée scientifique du 1^{er} cycle de la FMSS de l'Université de Sherbrooke.* September 12.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (2014). Soutenir la résilience de familles dont un adolescent est atteint d'un traumatisme crâniocérébral en soutien à la résilience. REPAR. May.

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- Brault, I., Lefebvre, H. and Roy, O. (2013). *La planification du congé en oncologie : le rôle du Portail d'échanges des savoirs*. Congrès ADELFSFSP Santé Publique et Prévention, Bordeaux, France. October.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (2013). *Resilience in families of adolescents with traumatic brain injuries: development of a support intervention*. 90th Annual American Congress of Rehabilitation Medicine Conference, Progress in Rehabilitation Research, Orlando, Florida. November.
- Levasseur, M., Lefebvre H. (2013) Un accompagnement personnalisé en soutien à la participation sociale d'aînés en perte d'autonomie : validation et développement d'un partenariat autoportant. *81^e Congrès de l'Association francophone pour le savoir (ACFAS) – Colloque “La participation sociale des aînés : diversités, égalités et solidarité”*. May 6-10. Quebec.
- Lefebvre, H. and Levert, M.-J. (2013). Un accompagnement personnalisé dans la communauté peut-il soutenir la résilience des personnes ayant des incapacités? Colloque International sur la résilience, ACFAS, May 6-10. Quebec.
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- Michallet, B. and Lefebvre, H. (November 2013). *Les défis de la participation sociale des aînés ayant des incapacités : Interagir pour des politiques, des recherches et des pratiques porteuses de changement*. Colloque “Les défis de la participation sociale des aînés ayant des incapacités: Interagir pour des politiques, des recherches et des pratiques porteuses de changement”, RIPPH. Quebec.
- Lefebvre, H., Levert, M.-J., Perroux, M., Le Dorze, G., Croteau, C., Therriault, P.-Y. and Michallet, B. (2013, mai). *Que disent les personnes ayant un traumatisme crânien de leur fréquentation des lieux publics?* Colloque Innovation et recherche en santé : l'approche Living Lab, ACFAS, Quebec.

- Michallet, B., Lefebvre, H. and Chouinard, J. (May 2013). *Résilience et réadaptation en déficience physique; pour un renouvellement des pratiques cliniques et organisationnelles*. Colloque International sur la résilience, ACFAS, Quebec.
- Kehayia, E., Swaine, B., Ahmed, S., Archambault, P., Fung, J., Lamontagne, A., Le Dorze, G., Lefebvre, H., Longo, C., Overbury, O. and Poldma, T. (April 2013). *From rehabilitation to participation and inclusion of people with disabilities: creating and transforming environments for all*. The Pacific Rim International Conference on Disability and Diversity, Hawaii.
- Berger, V., Eymard, C., Lefebvre, H. (2013). *Stratégie d'implantation d'un outil pédagogique et didactique d'évaluation du risque de constipation du patient hospitalisé : Exemple d'une recherche collaborative*. Apprentissage, Didactique, Evaluation, Formation, Université de Provence, en association avec l'Institut National de Recherche Pédagogique, l'Unité Mixte de Recherche P3.
- Levert, M.-J., Perroux, M., Le Dorze, G., Croteau, C., Therriault, P.-Y. and Michallet, B. (April 2013). *Que disent les personnes ayant un traumatisme crânien de leur fréquentation des lieux publics?* Poster. Carrefour des connaissances, Centre de réadaptation Lucie-Bruneau, Montréal. April 9.
- Levert, M.-J., Lefebvre, H., Perroux, M., Le Dorze, G., Croteau, C., Therriault, P.-Y. and Michallet, B. (April 2013). *Accompagnement personnalisé en intégration communautaire en soutien à la résilience*. Carrefour des connaissances, Centre de réadaptation Lucie-Bruneau, Montréal. April 9.
- Michallet, B., Lefebvre, H. and Chouinard, J. (October 2012). *Résilience: pour un renouvellement des pratiques cliniques et organisationnelles en réadaptation*. 11th Congress of World Association for Psychosocial Rehabilitation, Milan, November 10-13, 2012.
- Malo, D., Levert, M.-J., Levasseur, I., Lefebvre, H., McKerral, M., Roy, O., Thériault, P.-Y., Guindon, A. and Dostie, M. (October 2012). *Préserver l'autonomie fonctionnelle des personnes âgées ayant subi un traumatisme cranio-cérébral léger (TCCL) : Adaptation, implantation et évaluation de l'intervention d'Accompagnement personnalisé d'intégration communautaire (APIC)*. Présentation par affiche. Colloque «Vieillir au XXI^e siècle : approches préventives, diagnostiques et restauratives», Montréal, Canada.
- Malo, D., Levert, M.-J., Levasseur, I., Lefebvre, H., McKerral, M., Roy, O., Thériault, P.-Y., Guindon, A. and Dostie, M. (November 2012). *Preventing functional decline of frail elders following mild traumatic*

- brain injury*. Poster presentation. 11th World Congress of the World Association of Psychosocial rehabilitation, Milan, Italy.
- Lefebvre, H., Levert, M.-J., Bottari, C., Gélinas, I., Croteau, C., Le Dorze, G., Samuelson, J., Perroux, M. Vincent, P. and Mitche, P. (October 2012). *Accompagnement personnalisé d'intégration communautaire*. Poster presentation. Journée Annuelle de Santé Publique, Montréal.
- Rochette, A., Racine, E., Lefebvre, H., Lacombe, J., Bastien, J. and Tellier, M. (October 2012). *Systematically including relatives as clients into the rehabilitation process after stroke: related ethical issues perceived by relatives, patients and health professionals*. Canadian Stroke Congress, Calgary.
- Gauvin-Lepage, J. and Lefebvre, H. (October 2012). *Résilience de familles dont un adolescent est atteint d'un traumatisme craniocérébral : développement d'une intervention de soutien*. Brain Injury Association of Canada.
- Boyer, L., Tardif, J. and Lefebvre, H. (June 2012). A Collaborative Research on the Evaluation of Nursing Competencies. *The 4th International Nurse Education Conference Changing the landscape for nursing and healthcare education: evidence-based innovation, policy and practice*. Baltimore. June 19.
- Boyer, L., Tardif, J., Lefebvre, H., (May 2012). *Des critères congruents avec l'évaluation du développement des compétences infirmières*, Congrès international du SIDIEF 2012, Geneva, Switzerland, May 22.
- Boyer, L., Tardif, J., Lefebvre, H. (May 2012). *Des cibles de l'apprentissage cohérentes avec le concept de compétence : Une prémisse pour la validité de l'évaluation des compétences*, Congrès de l'Association internationale de pédagogie universitaire (AIPU), Trois-Rivières, Quebec, May 14.
- Lefebvre, H. (June 2012). *Résilience et Accompagnement citoyen Personnalisé en Intégration dans la communauté : résultats d'une étude longitudinale*. 1^{er} Congrès Mondial sur la Résilience De la recherche à la pratique, Paris.
- Thériault, P.-Y., Lefebvre, H., Levert, M.-J. and Briand, C. (June 2012). *Mieux accompagner des accompagnateurs-citoyens par l'approche de la psychodynamique du travail : un pas de plus pour supporter la résilience*. 1^{er} Congrès Mondial sur la Résilience De la recherche à la pratique, Paris.
- Gauvin-Lepage, J. and Lefebvre, H. (May 2012). *Resilience in families of adolescents with severe traumatic brain injuries: development of a support intervention*. American Family Therapy Academy Annual Conference, Theme: Family Resilience, San Francisco, US.

- Soulard, N. and Lefebvre, H. (May 2012) *Le développement et l'implantation d'un outil d'évaluation de la pratique professionnelle des infirmières débutantes en milieu clinique. V^e congrès mondial des infirmières et infirmiers francophones (SIDIEF)*, Geneva, Switzerland.
- Lefebvre, H. (May 2012). *Accompagnement citoyen d'intégration dans la communauté en soutien à la résilience des personnes ayant des incapacités. V^e congrès mondial des infirmières et infirmiers francophones (SIDIEF)*, Geneva, Switzerland. Retrieved: http://www.sidiief.org/~media/Files/7_0_Publications/7_1_PublicationsSIDIEF/7_1_9_PresentationsCongresMondiaux/7_1_9_3_PresentationsCongres2012/SP117.4-Lefebvre-Helene.ashx
- Lefebvre, H., Roy, O., Dumais, R. and Lanctôt, L. (May 2012). *Réseau infirmier du RUIS de l'Université de Montréal: l'échange des savoirs dans une approche collaborative. V^e congrès mondial des infirmières et infirmiers francophones (SIDIEF)*, Geneva, Switzerland.
- Gauvin-Lepage, J. and Lefebvre, H. (March 2012). *Resilience of families who have a teenager with severe head injuries: Development of an intervention of support. 9th World Congress on Brain Injury. International Brain Injury Association*, Edinburgh, Scotland.
- Rochette, A., Racine, E., Lefebvre, H., Lacombe, J., Bastien, J. and Tellier, M. (March 2012). *Systematically including relatives as clients into the rehabilitation process after stroke: related ethical issues perceived by relatives, patients and health professionals. Canadian Stroke Congress*, Calgary.
- Lefebvre, H., Levert, M.-J., Botari, C., Gélinas, I., Croteau, C., Le Dorze, G., Therriault, P.-Y., Samuelson, J. and Perroux, M. (March 2012). *Accompagnement citoyen personnalisé d'intégration communautaire : Tuteur de résilience?* Poster presentation. Carrefour des connaissances, Centre de réadaptation Lucie-Bruneau, Montréal.
- Therriault, P.-Y., Lefebvre, H., Levert, M.-J., Béland, C. and Bélec-Dupuis, M. (March 2012). *S'intéresser aux accompagnateurs pour mieux soutenir le processus d'accompagnement des personnes ayant un TCC sévère.* Poster presentation. Carrefour des connaissances. Centre de réadaptation Lucie-Bruneau, Montréal.

Invited Conferences

- Lefebvre, H. (2015). Enjeux liés au transfert des connaissances. *Groupe de contact en sciences infirmières*. November 30. Brussels.

- Lefebvre, H. (2015). Modèle humaniste des soins infirmiers – UdeM-Inspiration pour la pratique. CHU Charleroi. December 1st.
- Lefebvre, H. (2015). Le Réseau infirmier un partenaire de soins. Université Libre de Bruxelles, Erasme. December 2.
- Lefebvre, H. (2015). Modèle humaniste des soins infirmiers – UdeM-Inspiration pour la pratique. Université Libre de Bruxelles, Erasme. December 3.
- Lefebvre, H. (2015). Pourquoi est-ce important pour les patients de participer en tant que partenaire de la formation, de la clinique et de la recherche. 5^e Colloque inter-régional Recherche paramédical grand Sud-Ouest. Bordeaux. September 24-25.
- Lefebvre, H. (2015). L'Evidence based practice : un lien entre la pratique, la formation et la recherche. 2^{eme} Journées Francophone de la recherche en soins. *Recherche industrielle et académique : lien entre sciences et pratiques cliniques*. Angers. France, April 9-10.
- Lefebvre, H. (2015). Une recherche pour et avec les patients. 2^{eme} Journées Francophone de la recherche en soins. *Recherche industrielle et académique : lien entre sciences et pratiques cliniques*. Angers. France, April 9-10.
- Lefebvre, H. (2015). Transfert de connaissances en co-construction avec les milieux cliniques. *1ere Journée scientifique sur la recherche en science infirmière et paramédicale : Enjeux et perspectives*. Marseille, France. April 21.
- Lefebvre, H. (2015). Enjeux et défis du partenariat de soins. Atelier Partenariat de soins. Les patients partenaires : partage d'expériences et mise en réseau des pratiques. *1ere Journée scientifique sur la recherche en science infirmière et paramédicale : Enjeux et perspectives*. Marseille, France. April 21.
- Lefebvre, H. (2015). Le patient partenaire dans la recherche, la formation et le soin. *1ere Journée scientifique sur la recherche en science infirmière et paramédicale : Enjeux et perspectives*. Marseille, France. April 21.
- Lefebvre, H., Berger, V., Eymard, C. (2015). Un Portail d'Échanges et de Savoirs (PES) en soutien aux équipes cliniques en oncologie : Une innovation clinique pour le transfert des connaissances entre le Québec et la France. Bordeaux. January 27.
- Cara, C. Lefebvre H. (2015). Le Modèle humaniste UdeM, une inspiration pour la clinique. Brussels. February 3. Belgium.
- Cara, C. Lefebvre H. (2015). Le Modèle humaniste UdeM, une inspiration pour la gestion. Brussels. February 4. Belgium.

- Cara, C. Lefebvre H. (2015). Le Modèle humaniste UdeM, une inspiration pour la formation. Brussels. February 5-6. Belgium.
- Lefebvre, H. (2014). Modèle humaniste de soins-UdeM. Préparé en collaboration avec Chantal Cara. École d'été, Institut de santé publique, épidémiologie et développement, Université de Bordeaux. June 5.
- Lefebvre, H. (2014). Épistémologie de sciences infirmières et modèle humaniste. Conférence publique. DIU Faculté de médecine, Université Aix-Marseille. December 10. Marseille.
- Lefebvre, H. (2014). Pratique infirmière avancée. Conférence publique. DIU Faculté de médecine, Université Aix-Marseille. December 10. Marseille.
- Lefebvre, H. (2014). Apport de la recherche infirmière en cancérologie *Rencontres de la cancérologie française 2014*. December 3. Paris.
- Lefebvre, H. (2014). Le transfert de connaissances en recherche infirmière. *Troisième journée APHP sur la recherche infirmière et paramédicale*" Hôpital Pitié Salpêtrière. Assistance Publique Hôpitaux de Paris. November 28. Paris.
- Lefebvre, H. (2014). La place de l'infirmière clinicienne au sein du système de santé et ses interactions: Point de vue Canadien. *Fédération nationale des étudiants en soins Infirmiers (FNESI)*. November 22. Nantes.
- Lefebvre, H. (2014). Partenariat de soins. Conférence publique. DIU Faculté de médecine, Université Aix-Marseille. November 17. Marseille.
- Lefebvre, H. (2014). Épistémologie de sciences infirmières et modèle humaniste. Conférence publique. DIU Faculté de médecine, Université Aix-Marseille. November 24. Marseille.
- Lefebvre, H. (2014). *Planification de congé et transitions des soins en oncologie*. 1^{ère} journée scientifiques *Réseau infirmier un partenaire de soins* Faculté des sciences infirmières Université de Montréal. October 15. Montréal.
- Lefebvre, H. (2014). La pratique infirmière avancée. Conférence publique. DIU Faculté de médecine, Université Aix-Marseille. April. Marseille.
- Lefebvre, H. (2014) Un accompagnement citoyen personnalisé en intégration communautaire en soutien à la résilience. Conférence publique. École doctorale École des hautes Études en Santé Publique. March. Rennes.
- Lefebvre, H. (2014) Quand la recherche et la clinique vont de pair: Illustration d'un partenariat entre la recherche, la clinique et la communauté. Conférence publique. École de Santé Publique, Université Libre de Bruxelles. March. Brussels.

- Lefebvre, H. (2014) Proposition d'un cadre de référence : Le modèle humaniste des soins UdeM. Association internationale de recherche en sciences infirmières. April. Paris.
- Lefebvre, H. (2013). Vers un partenariat de formation et de recherche en sciences infirmières : Pour le développement continu des compétences. Conférence publique. Université Libre de Bruxelles. November. Brussels.
- Lefebvre, H. (2013) Le transfert des connaissances infirmières dans le milieu clinique. 1^{res} Journées Francophones de la Recherche en Soins. April 11-12. Angers, France.
- Lefebvre, H. (2013) Lien entre recherche et pratique. Journée d'études de l'Association de recherche en soins infirmiers. Paris, January 25.
- Lefebvre, H. (2013). Quand la recherche rime avec la clinique : Quinze ans de partenariat entre la recherche, la clinique et la communauté. Conférence inaugural. EHESP Paris/Rennes. January 22.
- Lefebvre, H., Levert, M.-J. (2012) Un Accompagnement citoyen personnalisé peut-il soutenir la résilience des personnes ayant un traumatisme crânien? Colloque de l'Association québécoise des traumatisés crâniens. Montréal, November 22-23.
- Lefebvre, H. (2012). Comment développer un partenariat entre équipes de soins, patients et familles? *Les rencontres interdisciplinaires du comité d'éthique : Mieux communiquer pour prévenir les conflits*. Hôpital du Sacré-Cœur de Montréal. Montréal, November 15.
- Lefebvre, H. (2012) La recherche en sciences infirmières vers l'amélioration des pratiques cliniques et un soin aux patients qui fait la différence. (2012) 2^{ème} Colloque inter-régional. Recherche paramédicale. Évolution de la recherche en soins. Bordeaux. September 28.
- Lefebvre, H. (2012) Rôle et importance de la recherche pour les pratiques en soins infirmiers. XXXIX Congrès Sniil. October 2-4, 2012. Montréal.
- Lefebvre, H. (2012). Modèle humaniste de soins-UdeM. In collaboration with Chantal Cara. École d'été, Institut de santé publique, épidémiologie et développement, Université de Bordeaux. June 5.
- Lefebvre, H., (2012). Quand pratique clinique et recherche se marient par la voie d'un partenariat personnes, familles, cliniciens et chercheurs Réaliste ou utopique? École d'été, Institut de santé publique, épidémiologie et développement, Université de Bordeaux. June 5.
- Lefebvre, H. (2012) Réseau infirmier-Partenaires de soins. École d'été, Institut de santé publique, épidémiologie et développement, Université de Bordeaux. June 5.

Research projects

2013-2014 Networking grant

Project title: *Internationalisation des programmes et de la recherche à la Faculté des sciences infirmières*

Applicant: Hélène Lefebvre

Co-applicant: Francine Girard

Organization: DRI (\$15,000)

2013-2016 CIHR PHSI Operating grant

Project title: *Developing a clinical innovation in oncology: for a better continuum of care and services for cancer patients*

Principal investigator: Hélène Lefebvre

Co-investigators: Isabelle Brault, Damien Contandriopoulos, Sylvie Lemay, Marie-Josée Levert, Francine Girard, Caroline Larue and Januz Kaczorowski

Decision-makers: Odette Roy and Sylvie Dubois

Organization: CIHR-PHSI (\$291,916); FRS (\$291,916); FRQS (\$80,000)

2013-2016 Grant program: *Partnership for social development*

Project title: *Pour une offre régionale en accompagnement de PIMO*

Coordinators: Marie-Josée Deit and Marie-Josée Vaillancourt (dir. PIMO)

Co-investigators: Hélène Lefebvre and Marie-Josée Levert

Organizations: Human Resources and Skills Development Canada – HRSDC (\$617,000); Centraide, for one year (\$25,000); *Québec Ami des Aînés: Soutien aux actions communautaires*, for one year (\$100,000)

2013-2015 QNRA grant

Project title: *Soutien à la participation sociale d'aînés en perte d'autonomie: validation auprès d'organismes communautaires et développement d'un partenariat autoportant.*

Coordinators: Mélanie Levasseur and Hélène Lefebvre

Co-investigators: Denise Malo, Andrée Sévigny, Hélène Carbonneau and Marie-Josée Levert

Potential collaborators: Ginette Aubin, Isabelle Wallach, Noémie Royer, Julie Beauchamp, Marie-Eve Bédard and Julie Castonguay

Organization: QNRA (\$10,000)

2013-2014 CIHR Catalyst Grant

Project title: *Adaptation et validation d'une intervention d'Accompagnement Personnalisé d'Intégration Communautaire (APIC): vers une optimisation des services offerts pour répondre aux besoins de participation sociale des personnes âgées en perte d'autonomie*

Principal investigator: Mélanie Levasseur

Co-researcher: H el ene Carbonneau, Yves Couturier, Johanne Desrosiers, Nadine Larivi ere, H el ene Lefebvre, Denise Malo, Pierre-Yves Therriault,  Emilie Raymond, Andr ee S evigny, Andr e Tourigny, Serge  Emond and Marie-Jos ee Levert

Organization: CIHR (\$100,000)

2012-2016 CRIR research centre grant

Coordinators: Eva Kehayia and Bonnie Swaine

Program title: A Rehabilitation Living Lab: Creating Enabling Physical and Social Environments to Optimize Social Inclusion and Social Participation of Persons with Physical Disabilities

Co-investigators: Members of the CRIR including H el ene Lefebvre

Organization: FRSQ (\$568,857 per year for four years)

2012-2014 Quebec Nursing Intervention Research Network grant

Principal investigators: Sylvie Cossette and Nancy Feely.

Organization: FRSQ (\$515,000)

2011-2013 Operating grant

Project title: *Pr eserver l'autonomie fonctionnelle des personnes  ag ees ayant subi un traumatisme cranioc erebral l eger (TCCL): Adaptation, implantation et  evaluation de l'intervention d'Accompagnement personnalis e d'int egration communautaire (APIC).*

Coordinator: Denise Malo

Co-investigators: H el ene Lefebvre, Isabelle G elinas, Marie-Jos ee Levert and Michelle McKerral

Organization: FRSQ (\$150,000)

2012-2013 Project grant

Project title: *Communaut es de pratique: transfert de connaissance et innovation*

Coordinator: Dahlia Kayri

Co-investigators: H el ene Lefebvre, Guylaine LeDorze and Lise Poissant

Organization: MSSS (\$80,000)

2011-2013 Operating grant

Project title: * Evaluation d'une intervention d'accompagnement personnalis e en int egration dans la communaut e pour les personnes ayant un traumatisme cranioc erebral*

Coordinator: H el ene Lefebvre

Co-investigators: Carolina Bottari, Claire Croteau, Isabelle G elinas, Guylaine Le Dorze, McKerral Michelle, Luc Noreau and Pierre-Yves Therriault

Collaborators: J er ome Gauvin-Lepage, Jacques Drolet and Nathalie Boucher

Organization: CIHR (\$120,783) MOP 114933

2011-2013 Operating grant

Project title: *Évaluation d'une intervention d'accompagnement personnalisé en intégration dans la communauté pour les personnes ayant un traumatisme crânio-cérébral*

Coordinator: Hélène Lefebvre

Co-investigators: Carolina Bottari, Claire Croteau, Isabelle Gélinas, Guylaine Le Dorze, McKerral Michelle, Sylvie Nouseux, Luc Noreau and Pierre-Yves Therriault

Collaborators: Jérôme Gauvin-Lepage, Jacques Drolet and Nathalie Boucher

Organization: CIHR (\$71,912) MOP110933

Professional Appointments:

Tenured professor, Faculty of Nursing, Université de Montréal

Honors:

People's Choice Poster Award: Brault, I., Lefebvre, H., Levert, M-J, Roy, O (2015). A Web Knowledge Exchange Portal for Better Discharge Planning in Oncology. International Conference on Cancer Nursing (ICCN), July 8-12, 2015. Vancouver, British Columbia, Canada.

Florence Prize - Rayonnement International, *Ordre des Infirmières et infirmiers du Québec*

Finalist - Women of Distinction Award YWCA.

David Strauss Award ACRM-BI-ISIG, *projet accompagnement personnalisé d'intégration dans la communauté pour les personnes ayant un traumatisme crânien.*

Provost Award for Excellence, *Innovation pédagogique en collaboration*, with Paul Lebel, Marie-Claude Vanier, Pierre-Yves Thériault and Richard Ratelle (\$3,000)

Contest award for clinicians with the best poster presentation. Grisé, M.-C., Lefebvre, H. and Trempe, C. (April 12, 2007). *Intégration de la visioconférence dans le processus de transfert inter établissements – Perception des personnes ayant une lésion médullaire, des proches et des intervenants.* Poster presentation. Journée scientifique du REPAR, Montréal, Canada.

Excellence in Research Award - Canadian Association of Schools of Nursing (CASN)

Contribution Award for Excellence – Quebec Public Service for the continuum of care in traumatology of the *Institut d'administration publique de Québec.*

Contribution Award - Quebec Minister of Education for the book: *L'examen clinique dans la pratique infirmière* (Brûlé, Cloutier in collaboration Doyon)

Contribution Award for Excellence - *Canadian Journal of Education*, 16(3).

Publications Last 3 Years:

Books and research studies

Lefebvre, H. and Michallet, B. (dir.) (2011). Résilience: pour voir autrement l'intervention de réadaptation. *Revue développement humain, handicap et changement social*, 19(1). 214 pages.

Printed manuals and research reports

Lefebvre, H., Levert, M.-J., Gélinas, I., Croteau, C., Le Dorze, G. and Therriault, Y. (2015). Évaluation d'une intervention d'accompagnement personnalisé en intégration dans la communauté pour les personnes ayant un traumatisme craniocérébral. CIHR Report. 40 pages.

Lefebvre, H., Levert, M.-J., Gélinas, I., Croteau, C., Le Dorze, G. and Therriault, Y. (2014) Effets d'un d'accompagnement à l'intégration communautaire sur le devenir de personnes ayant un traumatisme crânien modéré ou sévère en post réadaptation. CIHR Report. 35 pages.

Lefebvre, H., Levert, M.-J., LeDorze, G., Croteau, C. and Therriault, P.-Y. (2013). *Un accompagnement citoyen personnalisé auprès de personnes ayant subi un traumatisme craniocérébral*. 45 pages. CIHR 2011-2013.

Beauregard, L., Guindon, A., Noreau, L., Boucher, N. and Lefebvre, H. (2013) *Le retour à la communauté après une lésion médullaire : l'expérience des personnes et leurs proches*. 77 pages. FRSQ 2010-2012

Book chapters

Gauvin-Lepage, G. and Lefebvre, H. (2015). Le contexte. In Rothan-Tondeur M. *Recherche infirmière : guide pour la rédaction d'un protocole de recherche*. Maloie éd.

Gauvin-Lepage, G. and Lefebvre, H. (2015). La problématique. In Rothan-Tondeur M. *Recherche infirmière : guide pour la rédaction d'un protocole de recherche*. Maloie éd.

Gauvin-Lepage, G. and Lefebvre, H. (2015). Les questions et les hypothèses de recherche. In Rothan-Tondeur M. *Recherche infirmière : guide pour la rédaction d'un protocole de recherche*. Maloie éd.

- Gauvin-Lepage, G. and Lefebvre, H. (2015). Le but et les objectifs de recherche. In Rothan-Tondeur M. *Recherche infirmière : guide pour la rédaction d'un protocole de recherche*. Maloie éd.
- Gauvin-Lepage, G. and Lefebvre, H. (2015). La justification. In Rothan-Tondeur M. *Recherche infirmière : guide pour la rédaction d'un protocole de recherche*. Maloie éd.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (2015). Résilience de familles dont un adolescent est atteint d'un traumatisme craniocérébral : développement d'une intervention de soutien. In F. Julien-Gauthier et C. Jourdan-Ionescu (sous la dir.), *Résilience assistée, réussite éducative et réadaptation* (pp. 93-97). Québec, Quebec: CRIRES books online. Available at URL: <http://lel.crires.ulaval.ca/public/resilience.pdf>
- Bertin, S., Longo, C., Poldma, T., Kehayia, E., Swaine, B., Ahmed, S., Archambault, P., Fung, J., Lamontagne, A., Lefebvre, H., Le Dorze, G. and Overbury, O. (2013). *Diversity as a catalyst for co-constructing knowledge holistically: Transforming experiences within an innovative research Living Lab known as MALL* (Mall As Living Lab). 17 pages.

Research publications or scholarly works in peer reviewed journals

- Boyer, L., Tardif, J, Lefebvre, H. (2015). From a medical problem to a health experience: How nursing students think in clinical situations. *Journal of Nursing Education*, 54(11). 625-632.
- Lefebvre, H., Brault, I., Levert, M.-J., Roy, O., Proulx, M., Alarie, S., Larivière, S. in collaboration. Beauchamps, J., Carignan, M., Compagna, L., Déry, J., Leboeur, I., Tremblay, C. (2015). Le développement d'une innovation clinique en oncologie: pour un meilleur continuum de soins et de services pour les patients atteints de cancer. *Revue francophone internationale de recherche infirmière*. <http://www.em-premium.com/article/1017666>
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (2015). Family resilience following a physical trauma and efficient support interventions: A critical literature review. *Journal of Rehabilitation*, 81(3), 34-42.
- Van Schingen, É., Ladegaillerie, G., Lefebvre, H., Challier, M. P. and Rothan-Tondeur, M. (2015). La mobilité professionnelle des infirmières hospitalières. *Soins*, 60(798), 25-30.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (2015). Resilience in families with adolescents suffering from traumatic brain injuries. *Rehabilitation Nursing*. 0. 1-9.

- Berger, V., Eymard, C., Lefebvre, H. (2015). Stratégie d'implantation d'une échelle d'évaluation du risque de constipation : Un modèle de transfert des connaissances. *Revue francophone Internationale de recherche infirmière*. 1(01). 11-22.
- Gauvin-Lepage, J., Lefebvre, H. and Malo, D. (2014). Family resilience: Defining the concept from a humanist perspective. *Interdisciplinary Journal of Family Studies*. XX(2).22-36
- Bérubé, M., Gélinas, C., Bernard, F., Gagné, A., Laizner, A. and Lefebvre, H. (2014). Evaluation of the feasibility and acceptability of a nursing intervention program aiming to facilitate the transition of SCI patients and their family from ICU to a trauma unit. *International Journal of Orthopaedic and Trauma Nursing* 18(4). 214-226.
- Lefebvre, H. (2014). L'infirmière cadre intermédiaire : rôle stratégique dans l'évolution des pratiques cliniques. *Revue Soins Cadres*. No. 785. 20-22.
- Lefebvre, H., (2014). Struggles of people with traumatic brain injury in public places. *ALTER, European Journal of Disability Research* 8 (2014) 183–193. www.sciencedirect.com/science/article/pii/S187506721400039X
- Rochette A., Racine E., Lefebvre, H., Lacombe J., Bastien J., Tellier M. (2014) Actual and ideal services in acute care and rehabilitation for relatives post-stroke from three perspectives: relatives, stroke-client and health professionals. *Patient Educ Couns.* 94(3):384-9. doi: 10.1016/j.pec.2013.10.028. Epub Nov. 5, 2013.
- Vanier, M. C., Therriault, P.-Y., Lebel, P., Nolin, F., Lefebvre, H., Brault, I., Drouin, E. and Fernandez, N. (2014). Innovating in teaching of collaborative practice with a large Student cohort at Université de Montréal. *J Allied Health*. 42(4), e97-e106.
- Michallet, B., Lefebvre, H., Hamelin, A. and Chouinard, J. (2014). Résilience et réadaptation en déficience physique : proposition d'une définition et éléments de réflexion. Resilience and rehabilitation in physical disability: Proposal for a definition and elements of reflection. *Revue Québécoise de Psychologie*. 35 : 1, 163-182.
- Perroux, M., Lefebvre, H., Malo, D. and Levert, M.-J. (2013). Qu'en est-il des besoins des personnes ayant un traumatisme cranio-cérébral léger avec des séquelles persistantes? *Revue de santé publique*. 25(6). 719-728. <http://www.cairn.info/revue-sante-publique-2013-6-page-719.htm>
- Berger, V., Eymard, C. and Lefebvre, H. (2013). Enjeux éthiques de l'infirmière dans la prévention de la constipation des patients hospitalisés : honte, peur et d'intimité. *Éthique et santé*, 10, 216-220.

- Lefebvre, H., Levert, M.-J., Le Dorze, G., Croteau, C., Gélinas, I., Therriault, P.-Y., Michallet, B. and Samuelson, J. (2013). Un accompagnement citoyen personnalisé en soutien à l'intégration communautaire des personnes ayant subi un traumatisme craniocérébral : vers la résilience ? *Recherche en soins infirmiers*, 115, 105-121.
- Lefebvre, H., Roy, O., Satahli, S. and Rothan-Tondeur, M. (2013). Liens entre recherche et pratique : Échange des savoirs, utilisation des données probantes et renouvellement des pratiques. *Revue recherche en soins infirmiers*, 114, 31-45.
- Levert, M.-J. and Lefebvre, H. (2013). Les technologies de la communication au service des personnes vivant avec une maladie chronique. *Point*, 20-23.
- Rochette, A., Racine, E., Lefebvre, H., Lacombe, J., Bastien, J. and Tellier, M. (2013). Actual and ideal services in acute care and rehabilitation for relatives post-stroke from three perspectives: relatives, stroke clients and health professionals. *Journal of Rehabilitation Medicine*, 46(1), 16-22.
- Therriault, P.-Y., Lefebvre, H., Guindon, A., Levert, M.-J. and Briand, C. (2013). Accompagnement citoyen personnalisé en intégration communautaire : un défi pour la santé mentale? *Revue santé mentale au Québec*, 38(1), 165-188.
- Beauregard, L., Guindon, A., Noreau, L., Lefebvre, H. and Boucher, N. (2012). Community Needs of People Living With Spinal Cord Injury and Their Family. *Spinal Cord Injury Rehabilitation*. 18(2), 112-125.
- Lefebvre, H. and Levert, M.-J. (2012). Services vs. perceived needs: A status report in Québec and France on persons with moderate or severe traumatic brain injuries. *Journal of Trauma Nursing*, 19(4), 197-207.
- Lefebvre, H. and Levert, M.-J. (2012). Les proches de personnes ayant un traumatisme crânien ont-ils des besoins particuliers? *Développement humain, handicap et changement social*. (Journal of Human Development, Disability and Social Change). «Milieux urbains, politiques municipales et personnes ayant des incapacités», 19(3), 87-100.
- Lefebvre, H. and Levert, M.-J. (2012). Needs experienced and services according to mild brain injury patients and families. *Revista de Enferm Universidade Federal do Piauí I. Brasilia*, 1(2), 128-134.
- Lefebvre, H. and Levert, M.-J. (2012). The close relatives of people who have had a traumatic brain injury and their special needs. *Brain Injury*, 26(9), 1084-1097.
- Gauvin-Lepage, J., Lefebvre, H. and Noiseux, S. (2011) Intervention en soutien à la résilience familiale : une recension des écrits. Résilience :

pour voir autrement l'intervention en réadaptation. *Développement humain Handicap et changement social*, 19(1), 153-160.

Maryse Larivière

Université de Montréal

Education: M. A. Sociology, B. Sociology, C. Social Sciences

Address: Faculty of Nursing

Université de Montréal

CP. 6128 Succ. Centre-Ville

Montréal, Quebec Canada H3T 3J7

Research and Professional Experience:

Economy, sociology of work and organizations, education, personnel management and HR challenges, company training and assessment in various industries, communities of practice in knowledge-intensive sectors, industrial clusters, work-family-education balance, retirement and career wind down, organizational support for informal caregivers.

Jan. 2015 – Present

Coordinator

Réseau infirmier, un partenaire de soins (RIUPS).

Faculty of Nursing, Université de Montréal.

Oct. 2007 – June 2014

Coordinator and administrative assistant

Research professional

Community-University Research Alliances on “Work-life Articulation Over the Lifecourse” (CURA- WAROL) www.teluq.ca/aruc-gats

Canada Research Chair on Socio-Organizational Challenges of the Knowledge Economy - TÉLUQ

Dec. 2006 - May 2007

Research professional

Ministère de l'emploi et de la solidarité sociale et la Commission des partenaires du marché du travail (CPMT).

Jan. 2002 – Sep. 2006

Research and planning assistant

Centre interdisciplinaire de recherche/développement sur l'éducation permanente (CIRDEP) at Université du Québec à Montréal (UQAM).

Jan. 2000 - May 2002

Research assistant

Centre interuniversitaire de recherche sur la science et la technologie (CIRST) at Université du Québec à Montréal (UQAM).

Study conducted for the *Groupe interuniversitaire de recherche en formation – emploi (GIRFE)*

Sep. 2000 - June 2001

Teaching assistant

Qualitative methodology workshop – Required 3rd year undergraduate course.

Université du Québec à Montréal (UQAM).

March 2000 - July 2000

Research assistant

Comité sectoriel de la main-d'œuvre des technologies de l'information et des communications TechnoCompétences.

Publications Last 3 Years:

Lefebvre et al. (2015). Une innovation pour un meilleur continuum de soin en oncologie: développement et implantation d'un portail web d'échange des savoirs. *Revue francophone internationale de recherche infirmière* <http://dx.doi.org/10.1016/j.refiri.2015.10.003>

Diane-Gabrielle Tremblay, Maryse Larivière and Donna Lero (2013). *La conciliation emploi-famille-soins : quel soutien des entreprises pour les proches aidants?* Note de recherche no. 2013-07 de l'ARUC sur la gestion des âges et des temps sociaux.

Tremblay, Diane-Gabrielle and Larivière, Maryse (2013). *La conciliation emploi-famille-soins : quel soutien des entreprises pour les personnes qui doivent soutenir des parents vieillissants ou un conjoint malade ?* Note de recherche no 2013-1 de l'ARUC sur la gestion des âges et des temps sociaux.

Larivière, M., D-G, Tremblay. (2013). *Temps professionnels, temps prescrits, temps familiaux et personnels chez les périsoignants et organisateurs communautaires.* Note de recherche no 2013-6 de l'ARUC sur la gestion des âges et des temps sociaux.

Larivière, M., D-G, Tremblay, and E. Mascova. (2013). *Défis professionnels et personnels, action syndicale et paradoxes. La conciliation emploi famille chez les conseillers syndicaux et employés de bureau dans une*

organisation syndicale. Note de recherche No 2013-02 de l'ARUC sur la gestion des âges et des temps sociaux.

Tremblay, D-G. and M. Larivière. (2013). *La conciliation emploi-famille-soins : quel soutien des entreprises pour les proches aidants?* ARUC/GATS. Note de recherche no 2013-05 de l'ARUC sur la gestion des âges et des temps sociaux.

Michelle Proulx

Université de Montréal

Education: PhD, Public Health, Université de Montréal

Address: 801 Gameroff # 5
Lachine (Québec), Canada

Research and Professional Experience:

Michelle Proulx has been self-employed since fall 2008 and has worked on various freelance projects in nursing, education sciences, and for rehabilitation centers in Greater Montreal (qualitative analyses, drafting reports and grant applications, scientific articles). Since 2013, she has worked on several mandates for the team working on the “Developing a clinical innovation in oncology: toward an improved continuum of care and services” project, focusing on research activities (analyses, summaries) and knowledge transfer, including moderating the activities of the Forum for Knowledge Exchange (FKE). She also collaborates on knowledge transfer projects for the Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal (CRIR) (consulting and preparing situation reports on knowledge acquisition in rehabilitation centers in Greater Montreal, supporting teams in the development of knowledge transfer projects in clinical settings) and works in the field of health promotion as part of the Interdisciplinary Research Group on Adaptation and Resilience (GIRR) (e.g., use of public places by and social participation of elderly people following a traumatic brain injury).

Conferences, Fieldwork and Research projects:

“Expérience de fréquentation des lieux publics par des personnes âgées avec TCC en présence d’un accompagnateur-citoyen : projet pilote.” Analyses and summaries for the preparation of a scientific article. Interdisciplinary Research Group on Adaptation and Resilience (GIRR). 2014.

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- “Implementation Process and Impact of SAGEs (Specialists in the Application and Generalization of Expertise) as Change Agents in a Rehabilitation Center: The Clinician’s Perspective.” Quebec Rehabilitation Research Network (FRQS). 2014.
- “L’expérience de la parentalité suite à un traumatisme cranio-cérébral d’un parent et les impacts chez les enfants: État de connaissances.” Interdisciplinary Research Group on Adaptation and Resilience (GIRR). 2014.
- “Supporting people with TBI in their use of public spaces: Identifying facilitating factors and obstacles.” Faculty of Nursing. Université de Montréal. 2014.
- Creating a databank using Zotero software for the Quebec Nursing Intervention Research Network (RRISIQ). Faculty of Nursing. Université de Montréal. 2013-2015.
- “Évaluation qualitative sur la situation en matière d’appropriation des connaissances dans les établissements de réadaptation de la grande région de Montréal et intérêt pour une vision, des moyens et actions interétablissements.” Brief on management and knowledge exchange for the RUIS of Université de Montréal and McGill University. 2013.
- “Projet APIC : Un accompagnement citoyen personnalisé en soutien à l’intégration communautaire des personnes ayant subi un traumatisme cranio-cérébral: Vers la résilience?” Research report, Faculty of Nursing. Université de Montréal. 2013.
- “Un service d’aide offert par des enseignants experts : la réussite de l’étudiant au cœur de leurs préoccupations.” Analyses and drafting for the preparation of a scientific article. Faculty of Medicine and Health Sciences, Université de Sherbrooke. 2013.
- “RESPECT: A Website to Deal with Mistreatment.” Analyses and drafting for the preparation of a scientific article. Faculty of Medicine and Health Sciences, Université de Sherbrooke. 2013.
- “Achieving a Maximum Level of Vaccination for Medical Students: A Rigorous Ethical and Legal Framework Procedure.” Analyses and drafting for the preparation of a scientific article. Faculty of Medicine and Health Sciences, Université de Sherbrooke. 2013.
- “Développement professionnel des enseignants: regard sur le projet d’un directeur adjoint de contre.” Analyses and drafting for the preparation of a scientific article. Department of Education Management, Université de Sherbrooke. 2013

“La recherche-action-formation: rencontres et tensions.” Analyses and drafting for the preparation of a scientific article. Department of Education Management, Université de Sherbrooke. 2013.

Professional Appointments:

Self-employed and freelance worker in the fields of health and education.

Grants:

Canadian Institutes of Health Research (CIHR) / Hypertension Canada, \$38,000 (2003-2005).

ANÉIS Program (strategic training program in the analysis and assessment of health interventions, in partnership with CIHR/FRSQ), Université de Montréal, \$5,000 (2004).

Faculty of Graduate Studies, Université de Montréal, \$4,000 (2000); \$2,500 (2001).

Health Promotion Research Centre, \$10,500 (1993).

Publications:

Lefebvre, H., Brault, I., Levert, M.-J., Roy, O., Proulx, M., Alarie, S., Larivière, S. In collaboration Beauchamps, J., Carignan, M., Compagna, L., Déry, J., Leboeur, I., Tremblay, C. (2015). Le développement d'une innovation clinique en oncologie: pour un meilleur continuum de soins et de services pour les patients atteints de cancer. *Revue francophone internationale de recherche infirmière*. <http://www.em-premium.com/article/1017666>

Levert, M.-J., Lefebvre, H., Gélinas, I., McKerall, M., Roy, O., Proulx, M. (2015) “Expérience de fréquentation des lieux publics par des personnes âgées avec TCC en présence d’un accompagnateur-citoyen: projet pilote.” *Revue canadienne du vieillissement* (accepted for publication).

Marie-Josée Levert

Assistant Professor, Faculty of Nursing, Université de Montréal
Researcher, Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal
Co-Director, Interdisciplinary Research Group on Resilience and Community Rehabilitation

Education: Post-doctoral (Rehabilitation), McGill University; PhD (Psychology), Université du Québec à Montréal

Research and Professional Experience:

Dr. Levert's research focuses on developing innovative community interventions to support resilience of individuals living with various chronic diseases. She has held numerous grants as principal investigator and co-investigator, including grants from the CIHR and the FRQ-S. She has presented at many conferences, both nationally and internationally, and has co-authored over 60 peer-reviewed articles, monographs and book chapters.

Professional Appointments:

Assistant Professor, Faculty of Nursing, Université de Montréal

Honors:

People's Choice Poster Award: Brault, I., Lefebvre, H., **Levert, M-J**, Roy, O. (2015). A Web Knowledge Exchange Portal for a Better Discharge Planning in Oncology. International Conference on Cancer Nursing (ICCN), July 8-12, 2015. Vancouver, British Columbia, Canada.

Publications Last 3 Years:**Peer reviewed articles**

- Levert, M.-J., Gélinas, I., Lefebvre, H., McKerral, M., Roy, O., Proulx, M. (accepted). Expérience de fréquentation des lieux publics par des personnes âgées ayant subi un TCC en présence d'un accompagnateur-citoyen : projet pilote [Experience of public places frequentation by older adults who sustained a traumatic brain injury: a pilot project]. *Canadian Journal on Aging*.
- Levert, M.-J., Lefebvre, H. (2014). L'accompagnement citoyen : une solution efficace pour soutenir le continuum de soins en post-réadaptation. *Le point en administration des services de santé*, 9(4), 42-53.
- Lefebvre, H., Levert, M.-J., LeDorze, G., Croteau, C., Gélinas, I., Therriault, P.-Y., Michallet, B., Samuelson, J. (2013). Un accompagnement citoyen personnalisé en soutien à l'intégration communautaire des personnes ayant subi un traumatisme craniocérébral : vers la résilience? *Recherche en soins infirmiers*, 115, 105-121.
- Therriault, P.Y., Lefebvre, H, Guindon, A., Levert, M.-J., Briand, C. (2013). Accompagnement citoyen personnalisé en intégration communautaire : un défi pour la santé mentale ? *Santé mentale au Québec*, 38(1), 165-188.

- Lefebvre H., Levert M.-J. (2012). Services vs. perceived needs: A status report in Québec and France on persons with moderate or severe traumatic brain injuries. *Journal of Trauma Nursing*, 19(4), 197-207.
- Lefebvre, H., Levert, M.-J. (2012). The close relatives of people who have had a traumatic brain injury and their special needs. *Brain Injury*, 26(9), 1084-1097.

Odette Roy

Associate Professor, Faculty of Nursing, Université de Montréal

Education: MSc. (Nursing), MAP (Masters in Public Administration), Ph.D.

Research and Professional Experience:

- Lefebvre, H., Brault, I., and Roy, O. - Developing a clinical innovation in oncology: toward an improved continuum of care and services – Canadian Institutes of Health Research (CIHR) (PHSI) – Application submitted and approved – \$660,000 grant - July 2013.
- Lefebvre, H., Roy, O., Brault, I. et al., - Developing a clinical innovation in oncology: toward an improved continuum of care and services – *Fonds de recherche du Québec en santé* (FRQS) – Application accepted – \$80,000 grant - January 2013.
- Savignac, P., Roy, O., Foulem, J. – Exploration de l'efficacité d'une approche pédagogique en 4 temps visant le développement de capacités éthiques : prendre conscience de la situation, l'expression du souci éthique et l'écoute du récit – Funding from the HMR Foundation – \$12,500 - May 2014.
- Tremblay, N., Roy, O., et al. – Implantation d'un outil de la détresse psychologique atteinte de cancer : portrait de la clientèle et perception de la clientèle ainsi que des infirmières - Funding from the HMR Foundation (\$75,000) and the Canadian Association of Nurses in Oncology (\$5,000) - June 2014.
- Malo., D., Levert, M.-J., Gélinas, I., Lefebvre, H., Mc Kerral, M., Roy, O. – Réseau TCCL - Préserver l'autonomie fonctionnelle des personnes âgées ayant subi un traumatisme craniocérébral léger (TCCL) : adaptation, implantation et évaluation de l'intervention d'accompagnement personnalisé d'intégration communautaire (APIC) - *Fonds de recherche du Québec en santé* (FRQS), Accepted – 2012 -

\$149,728 grant.

Roy, O., Senneville, J. – Moyens pour prévenir les conséquences de l'immobilisation prolongée lors d'une hospitalisation – *Comité des usagers de l'Hôpital Maisonneuve-Rosemont* – June 2013 – \$13,500 grant.

Professional Appointments:

Board of directors

Secrétariat international des infirmières et infirmiers de l'Espace Francophone (SIDIIEF) – Vice-president of the Board – *Consortium partenaire de l'Est* – 2014-2016.

Secrétariat international des infirmières et infirmiers de l'Espace Francophone (SIDIIEF) – Member of the Board – *Consortium partenaire de l'Est* - 2009-2014.

Scientific Committee – International symposium of the GRIISIQ (Quebec Nursing Intervention Research Network) – 2009-2012.

Board of directors of the FERASI Centre (Training and expertise in nursing administration research), Université de Montréal – Faculty of Sciences – 2008-2012.

Board of directors of the *Centre d'innovation en formation infirmière (CIFI)* – Université de Montréal – Faculty of Nursing – 2008-2012.

Scientific committees or committees of experts

Ordre des infirmières et infirmiers du Québec (OIIQ), Member of the committee – National Bank Innovation Award – 2012- 2015.

Ordre des infirmières et infirmiers du Québec (OIIQ), Member of the committee – Heritage Fund – 2011-2015.

FRESIQ, Member of the scientific committee. January 2001 to November 2005.

Professional committees

Ordre des infirmières et infirmiers du Québec (OIIQ). Committee of Heritage Fund Grants – (Clinical practice representative) – 2011-2013.

Ordre régional des infirmières et infirmiers de Montréal-Laval – Awards Committee – 2006-Present.

Ordre des infirmières et infirmiers du Québec (OIIQ). Professional Review Board – 2005-Present.

Honors:

Merit Insignia, *Ordre des infirmières et infirmiers du Québec (OIIQ)* - 2015;

Merit Award, Quebec Interprofessional Council (CIQ) - 2015;

Award of Recognition, *Secrétariat des infirmières et infirmiers de l'Espace Francophone* (SIDIEF) – 2009;

Florence Award, *Ordre des infirmières et infirmiers du Québec* (OIIQ) - 2004.

Publications Last 3 Years:

Lefebvre, H., Brault, I., Levert, M.-J., Roy, O., Proulx, M., Alarie, S., Larivière, M. “Une innovation pour un meilleur continuum de soin en oncologie: développement et implantation d’un portail web d’échange des savoirs.” *Revue francophone international de recherche infirmière*.

Roy, O., Gagnon, R. La contention physique. In Voyer, P., *Soins aux personnes âgées*. Edition du nouveau pédagogique inc. 2013.

Lefebvre, H., Roy, O., Sahtali, S., Rothan-Tondeur, M. “*Lien entre recherche et pratique: échange des savoirs, utilisation des données probantes et renouvellement des pratiques.*” *Revue SOINS*, 2014.

Roy, O., *Plaidoyer en faveur de la santé de la population: vers une pleine reconnaissance de la contribution infirmière – SIDIEF - Libreville (Gabon) – 2013.*

Roy, O. *Centre d'excellence en soins infirmiers: 10 ans de leadership et d'innovation*. Résumé dans Colloque des CII-CIR 2013 – Culture de qualité et gestion des risques – Montréal, May 1, 2013.

Roy, O., *Le Centre d'excellence en soins infirmiers : structure innovante au service d'une culture de recherche en soins infirmiers - Première journée francophone de la recherche en soins – Angers (France) – April 11-12, 2013.*

Sophie Alarie

Université de Montréal

Education: M.Sc. Criminology

Université de Montréal

Address: Faculty of Nursing

Université de Montréal

CP. 6128 Succ. Centre-Ville

Montréal, Quebec Canada H3T 3J7

Research and Professional Experience:

Sophie Alarie has worked in the field of research since 1993 and has been a research professional at the Université de Montréal since 2004. Since 2003, she has coordinated the evaluation of different programs and from 2009 to 2013 she was the assistant to the director of the International Forum of Public Universities. Her research focus includes Program evaluation, evaluative research, drug/alcohol-related crimes, rehabilitation Interventions of criminalized or not drug/alcohol users, homelessness, the patient-as-partner in research, and harm Reduction.

Professional Appointments:

Program Evaluation, Drug/Alcohol-related crimes, Rehabilitation Interventions of Criminalized or Not Drug/Alcohol users, Homelessness, Harm Reduction.

Publications Last 3 Years:

Lefebvre, H., Brault, I., Levert M.-J., Roy O., Proulx, M., Alarie S., Larivière, M. (2015). Une innovation pour un meilleur continuum de soin en oncologie: développement et implantation d'un portail web d'échange des savoirs. *Revue francophone internationale de recherche infirmière*, 1-10. Doi: 10.1016/j.refiri.2015.10.003

Isabelle Brault

Université de Montréal

Education: PhD**Address:**

Faculty of Nursing
Pavillon Marguerite-d'Youville
C.P. 6128 succ. Centre-ville
Montréal (Quebec) H3C 3J7

Research and Professional Experience:

Isabelle Brault, RN, PhD, is an Assistant Professor at the Faculty of Nursing, Université de Montréal, and a researcher at the Quebec Nursing Intervention Research Network and the *Institut de recherche en santé publique* of Université de Montréal. She is the leader of interfaculty interprofessional

education (IPE) courses of Collaboration in health care at the Faculty of Nursing of Université de Montréal. Since June 2014, she has been vice president of the Interfaculty Operational Committee for Interprofessional Education on Collaboration and Partnership in Care. Her research focus includes evaluative research on interprofessional education on collaboration and partnership in care, nursing administration, clinical governance and knowledge transfer.

Professional Appointments:

Assistant Professor, Faculty of Nursing, Université de Montréal

Honors:

People's Choice Poster Award: Brault, I., Lefebvre, H., Levert, M-J, Roy, O. (2015). A Web Knowledge Exchange Portal for Better Discharge Planning in Oncology. International Conference on Cancer Nursing (ICCN), July 8-12, 2015. Vancouver, British Columbia, Canada.

Publications Last 3 Years:**Peer reviewed articles**

- Lefebvre, H., Brault, I., Levert, M-J., Roy, O., Proulx, M., Alaire, S., Larrivière (2015). Une innovation pour un meilleur continuum de soin en oncologie: développement et implantation d'un portail web d'échange des savoirs. *Revue francophone internationale de recherche infirmière*. <http://dx.doi.org/10.1016/j.refiri.2015.10.003>
- Brault, I, Denis, J-L, Sullivan, T. (2015). Using Clinical Governance Levers to Support Change in a Cancer Care Reform. *Journal of Health Organization and Management* 2015; 29 (4) 482-97. doi: 10.1108/JHOM-02-2015-0025.
- Brault, I, Therriault, PY, Lebel P, St-Denis, L. (2015) Implementation of interprofessional learning activities in a professional disciplinary practicum: the emerging role of technology. *Journal of Interprofessional Care*. 2015 May 8: 1-6.
- Contandriopoulos, D, Brousselle, A, Dubois, C-A, Perroux M, Beaulieu M-D, Brault I, Kilpatrick K, D'Amour D and Sansgter-Gormley E (2015). A process-based framework to guide nurse practitioners integration into primary healthcare teams: results from a logic analysis. *BMC Health Services Research*, 15:78

- Brault I, Kilpatrick K, D'Amour D, Contandriopoulos D, Chouinard, V, Dubois C-A, Perroux M, Beaulieu M-D (2014). Role Clarification Processes for Better Integration of Nurse Practitioners into Primary Healthcare Teams: A Multiple-Case Study. *Nursing Research and Practice*. Volume 2014 (2014), Article ID 170514, 9 pages. <http://dx.doi.org/10.1155/2014/170514>
- Poisson, C., Alderson M., Caux, C., Brault, I. La détresse morale vécue par les infirmières: état des connaissances. *Recherche en soins infirmiers*, June 2014; 117: 65-74.
- Vanier, M-C; Therriault, P-Y; Lebel, P; Nolin, F; Lefebvre, H; Brault, I; Drouin, E; Fernandez, N. (2013). Innovating in Teaching Collaborative Practice with a Large Student Cohort at Université de Montréal. *Journal of Allied Health*, Volume 42, Number 4, Winter 2013, pp. 97E-106E(10).
- Dubois, C-A., Pomey, M-P., Girard, F., Brault, I. (2013). Conceptualizing performance of nursing care as a prerequisite for better measurement: a systematic and interpretive review. *BMC Nursing*, 12 (1).

Book Chapter

- Lefebvre, H., Brault, I, Roy, O. (2015). *Une innovation clinique pour accompagner le changement dans les pratiques infirmières* dans *Accompagner le changement dans le champ de la santé*. De Boeck-Estem, éditeurs. Chapter 3; pp. 39-50.