Tacit Knowledge and Self-Directed Knowledge (SDL): A Direct Relationship

By Robert L. Thivierge, MD, FAAP, FRCPC

Tacit knowledge is the type of bank we use in clinical action that dictates how we do things. If we make a comparison with an iceberg, the bottom part would be the tacit knowledge zone, while at the top would sit our bank of formal knowledge.

This latter bank is composed of what we have learned and have retained since medical school, and knowledge that we periodically add from what is published or presented by our peers. Typically these data and information are related to disease management and expressed in clinical practice guidelines (CPG) on any given clinical theme. They outline the *best* pathways to follow in any general situation. As you are probably aware, a few thousand CPGs have been sent to primary care physicians over the last decade in North America.

How we apply formal knowledge to a specific clinical situation is filtered through our tacit knowledge zone (the bottom part of the iceberg). Acting as the repository for our accumulated personal reflections on our actions, our experiences, and our clinical judgments, this zone is sometimes called "practice wisdom." This bank has to do with patient management and we draw on the information stored there to decide on the *right* approach to take with a particular patient.

Dr. Thivierge is professor of pediatrics and vice-dean, continuing medical education, Université de Montréal; staff, Hôpital Ste-Justine, Montreal, Quebec.

Editorial

The tacit knowledge zone can be illustrated as three layers:

1-the base is the site where we store all the information we gather from constantly scanning (readings, media, web) medical information;

2-the mid-layer is related to our clinical encounters with patients, composed of what we learn from our patients and our decisions; and

3-the top layer consists of intentional decisions we make to know more about one particular topic.

At this level, we are reaching self-directedness as far as our continuing professional development (CPD) is concerned. In other words, I *do* learn from my pratice and *yes* my practice can be enhanced by my self-directed learning (SDL).

SDL is our primary source for CPD and tools are now available from the CCFP (MAINPRO-C credits) and the Royal College of Physicians and Surgeons of Canada (Web Diary and section 4 credits) to enhance practice reflection, peer-sharing of tacit knowledge and global personal CPD enhancement.

To return to the iceberg analogy, we could consider that the entire iceberg forms for each of us, our own personal intellectual capital — a blending of both our levels of formal and tacit knowledge.

In fact the above considerations are extracted from my own Web Diary from the RCPSC and are an integral part of a personal learning project (PLP) that I planned this year. This project is an important one regarding my own SDL CME