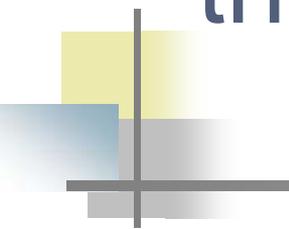


Communities of practice: A knowledge exchange strategy in the Canadian North



Alwyn Moyer RN PhD

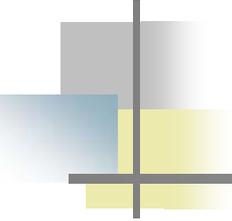
Liz Diem RN PhD

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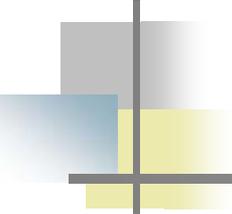
Terry Creagh RN BSc

Margot Suttis RN BSc



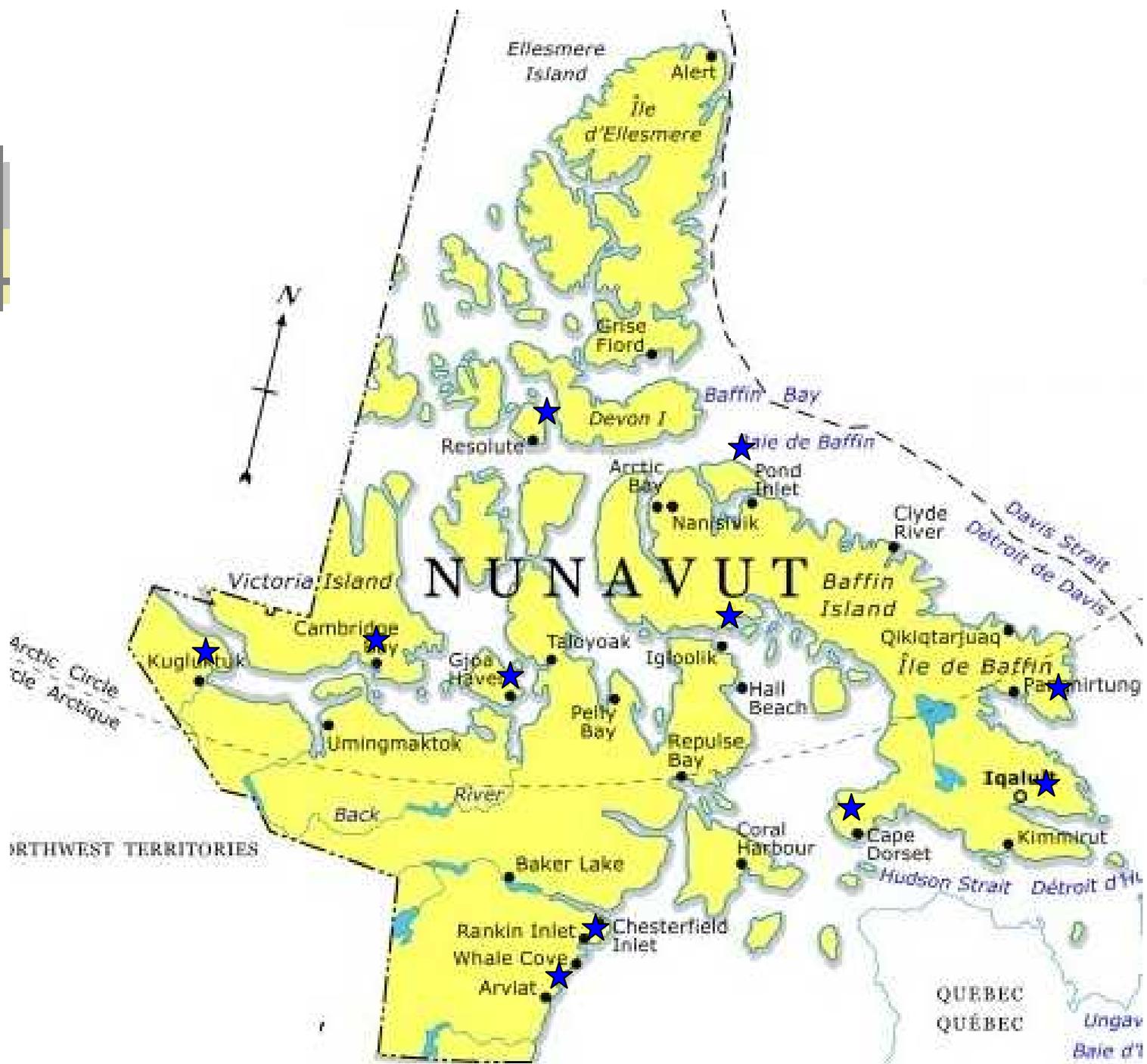
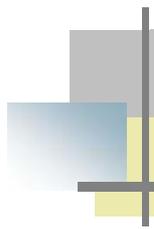
...& Members of Nunavut CoP

- Mary Bender, Wen Bogues, Diane Chenier, Mehrun Forth, Signi Frederickson, Barb Harvey, Lourdes Hernandez, **Kristine Hutchison**, Millie Knaebel, Anna Lobo, Lizzie Makkik, Julie Massicotte, Barb Mueller, Esther Powell, Cathy Rose, Linda Sawyers, **Jelte Schaafsma**, Cielo Smith, Leela Subramaniam, Sheila Thompson



Community of Practice *Project Overview*

- Aimed to promote knowledge exchange among community health nurses
- 3 Sites : Variation in geography and health care delivery systems
 - **Nunavut**
 - **Ontario:** Cornwall and Ottawa
 - **British Columbia:** Vancouver Coastal
- Builds on the CCHN Standards
- Funded through CHNAC by PHAC



What is a community of practice?

- People with shared interests
 - Coming together for a common purpose
 - Creating a forum for exchanging information
 - Research, best practices
 - Experiential - tacit - learning
 - Developing practice knowledge and common practices

Pilimmaksarniq - Inuit principle



**Pass on knowledge & skills through
observation, doing and practice**

Key Steps in Setting up a Community of Practice (Wenger, 2007)

- Define the area of shared enquiry and key issues
- Form relationships and a sense of belonging

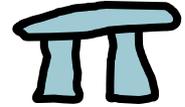


- Create the body of knowledge
 - methods, stories, cases, tools, documents

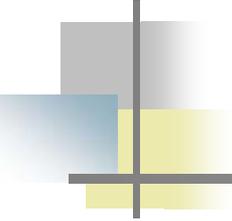


Our Model

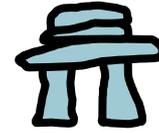
Phase 1: Bringing together the Community of Practice



- Workshop Launch
 - Iqaluit, February 2008
 - **20** participants
 - Employed by Government of Nunavut
 - Public health units, health centres, home health
 - Front line, education, administration
 - Nursing students from Arctic College



Focus of Workshop

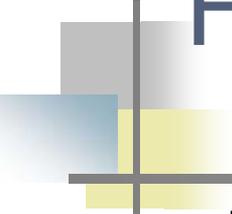


- **Building social relationships**
 - Vast territory, 3 regions / time zones
 - Fly in communities - travel is costly
 - Few opportunities to find out what nurses in similar roles were doing in other regions
- **Identifying a common purpose:**
 - Link to Nunavut programs and priorities, e.g. new Public Health Strategy
 - Prenatal women & families with children 0-6
 - Meeting nutritional needs
- **Practical arrangements for meeting**



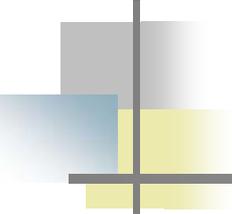
Phase 2: Working Together

- Formalizing our structure and process
 - Met by teleconference every 2-4 weeks
 - Developed our process
 - Agenda and reading material sent out one week ahead of meeting
 - Discussion documented in meeting notes
 - Tried to balance relationships and group work
 - Check-in, updates, to build social connections
 - Encouraged new members
 - Tried to keep to purpose but be open to new ideas
 - Refined the focus



Focus on *Nunavut-specific* Practice

- Nurses identified gaps in understanding
 - drop-in programs
 - how to work with community programs like the Canada Prenatal Nutrition Program (CPNP)
- CPNP aims to improve birth outcomes by providing nutrition, social support and skills for 'at risk' pregnant women & new mothers
 - Complements nurses work in the health centres
 - Brings together a focus on maternal health and nutrition in the communities across Nunavut
 - Provides access to families and the community



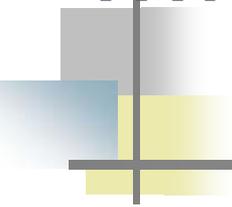
How we addressed the issue

- Shared what we knew
- Compiled information from Health Canada / CPNP web site, GN programs
- Searched literature for best practices around drop-ins, post-natal home visiting
- Talked to the experts: Regional Nutritionist
- Field work - Student summer project
 - Interviews, observation, document review

Phase 3: Developing the Shared Body of Knowledge



- Resource Inventory
- Nursing services
 - Labour & delivery: Iqaluit, Rankin Inlet
 - Post-partum: Some home visiting by PHN/CHR
 - Well woman & well child clinics
- Community services
 - **Widely available:** CPNP; Play groups; Women's church groups, Breast feeding challenge
 - **Limited:** Newborn drop-in, Parenting for high risk; Food banks, Mom & tots programs - story time, swimming



...Report

- Documented ‘promising practices’ of community programs & health providers worked together
- Identified strengths & challenges
- Proposed ways in which the Community of Practice might support collaboration between nursing services and community programs

Strengths

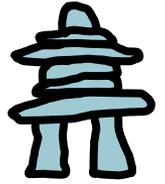
Challenges

Many successful drop-in programs and services	Gap between health & community programs
Common perception that collaboration / cooperation strengthens communities	Cooperation not ideal - not a strong relationship to build on <ul style="list-style-type: none">➤ Health services seen as not culturally / socially relevant
Links between health centres and CPNP could be improved -CHR a valuable resource	Barriers <ul style="list-style-type: none">➤ Nursing workload➤ Frequent staff turnover➤ Community programs offered outside work hours
Promising models of integrated practice	Lack of systemic support for multi-disciplinary practice

How could we use this information to improve maternal-child health?

- Build on existing programs/services to strengthen links with mother/family drop-in programs
- Draft Guidelines for nurse collaboration with
 - Community programs like CPNP
 - Community Health Committees - responsible for getting funds for community programs
 - Boarding home clients (Nunavut / outside)
- Develop process for getting the information out to those who might use it:
 - Nurses, students, CPNP coordinators

Phase 4: Toward Sustainability



- Nunavut is reviewing the final report and considering options
- Communities of practice need resources to be successful
- The challenge is to get the right balance between practitioner leadership and organisational support

CoP Evaluation: Did we provide the critical success factors?

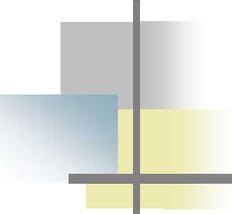
Wenger, 2002; Garcia & Dorohovich, 2005; Barwick, 2008

For the Community

- A focus that energizes the core group
- A skilful and reputable coordinator
- Involvement of experts
- Attention to the details of practice
- Right rhythm and mix of activities

For Organization

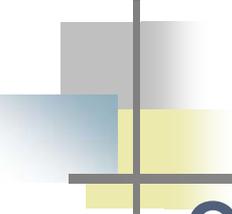
- The focus has strategic relevance
- Visible management sponsorship, but no micro-management - formal and informal
- Adequate resources
- Consistent attitude



Results of Process Evaluation

Successes

- Developed active core of members and enabled the structure and function to evolve
- Supported collaboration & knowledge exchange
 - Created forum for debate and information sharing
 - Topics important to members
 - Built on organization's values & goals
 - Built personal relationships among members
 - Least successful in creating easy access to website for sharing resources



Potential for the Canadian North

Communities of Practice can...

- Stimulate discussion and debate on health relevant to CCHN Standards
- Decrease practice isolation
- Increase information sharing
- Promote development and effective sharing of resources
- Provide support for novices, nurses new to the North & short-term contract nurses