



Promoting Evidence-Informed Decision Making by Public Health Nurses: The Role of Communities of Practice

Presented By

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Sponsors

- **Central Health Region, NL & Labrador**
- **Dept of Health & Community Services, NL**
- **Dalhousie & Memorial University Schools of Nursing**
- **Public Health Agency of Canada**
- **Atlantic Networks for Prevention Research**



Project Team

Researchers

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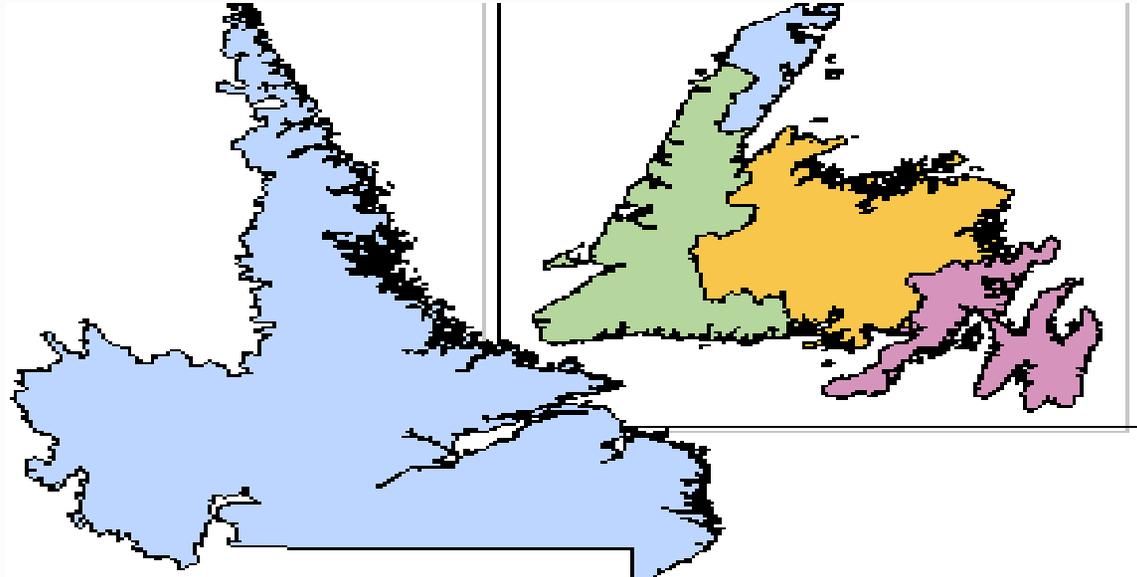
Decision Makers

- **Rosemarie Goodyear**, Central Health NL
- **Bev White**, Central Health
- **Valerie Nicholson**, Dept of Health, PEI
- **Faye Skaarup**, River Valley Health, NB
- **Elizabeth Wright**, PHAC
- **Linda Young**, Capital DHA, NS
- **Barb Holmes**, (Research Assistant)



Purpose of Presentation

Describe the design, rationale, methods, findings, and next steps of a Consensus Building Workshop held on March 4, 2008 in Central Health Region, Gander, NL



Consensus Building Workshop - Setting

**Population & Public Health Division, Central Health Authority,
Gander, NL**



Central Region Characteristics

- **Second largest region in province with 7 islands**
- **Population-96,000**
 - 177 communities
 - Community services delivered from 30 sites
 - Aging and declining population
 - Employment rate (2000) 70.8%
 - Personal income/capita-\$17,800
 - 64.1% rate their health status as very good to excellent
 - 49.9 % of those 20 years and older do not have a high school diploma











Public Health Nursing

- **PHN: Population ratio** - approximately 1:4-5000
- **Service delivery:** generalist model with matrix model of supervision
- **Three clinical areas:**
 - Clinical services
 - Health promotion & wellness
 - Program planning & evaluation
- **Population & Public Health Division:**
 - 1 Director, 3 Managers
 - 40.8 FTE for public health nursing
 - 8 regional consultants (6 nurses, 2 nutritionists)



Anticipated Outcomes of Workshop

- **Identify** practice –based working definitions of **EIDM** and **communities of practice**
- **Identify** the linkages between them **specific to Public Health Nurses**
- **Identify a menu of strategies** to promote **EIDM** through communities of practice
- **Contribute** to the development of a **public health intervention program**



Evidence –Informed Decision Making

(DiCenso, Guyatt, & Ciliska, 2005)

- Integration of **‘best’ practice research evidence** with other dimensions of **clinical decision making** such as:
 - Practice expertise
 - Client preferences & actions
 - Client setting & circumstances
 - Health care resources



Evidence-Informed Decision Making in Nursing

- **Canadian Nursing Practice Standards** (CHNAC, 2003; CNA, 2003)
- **Gap** between dissemination of research evidence & change in practice & policy (Ciliska, 2006)
- Influenced by **multiple forms of knowledge** (Carper, 1978; White, 1995)
- **Knowledge utilization models** underestimate nursing practice complexity & tacit knowledge (Thompson et al., 2006)



Communities of Practice

(Wenger, McDermott, & Snyder, 2002)

“Groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge & expertise in this area by interacting on an ongoing basis.”



Communities of Practice

(Lave & Wenger, 2002; Wenger et al., 2002)

- **Domain of knowledge**
- **Community of people**
- **Shared practice**

additionally

- **Mutual engagement**
- **Joint enterprise**
- **Shared repertoire**



Consensus Building Workshop - Methods

- **Reflective Questions**
- **Meeting with Directors in Central Health**
- **Learner Assessment: prior to workshop**
- **Focus Groups**
 - **Facilitator orientation**
- **Concept Mapping**
- **Ethics Release Form**



Focus Group Activities

- **Brainstorming** : Generating concepts on EIDM
- **Concept Mapping** on EIDM
- **Brainstorming** : Generating concepts on
Communities of Practice
- **Concept Mapping** on Communities of Practice
- **Brainstorming & survey** on Strategies

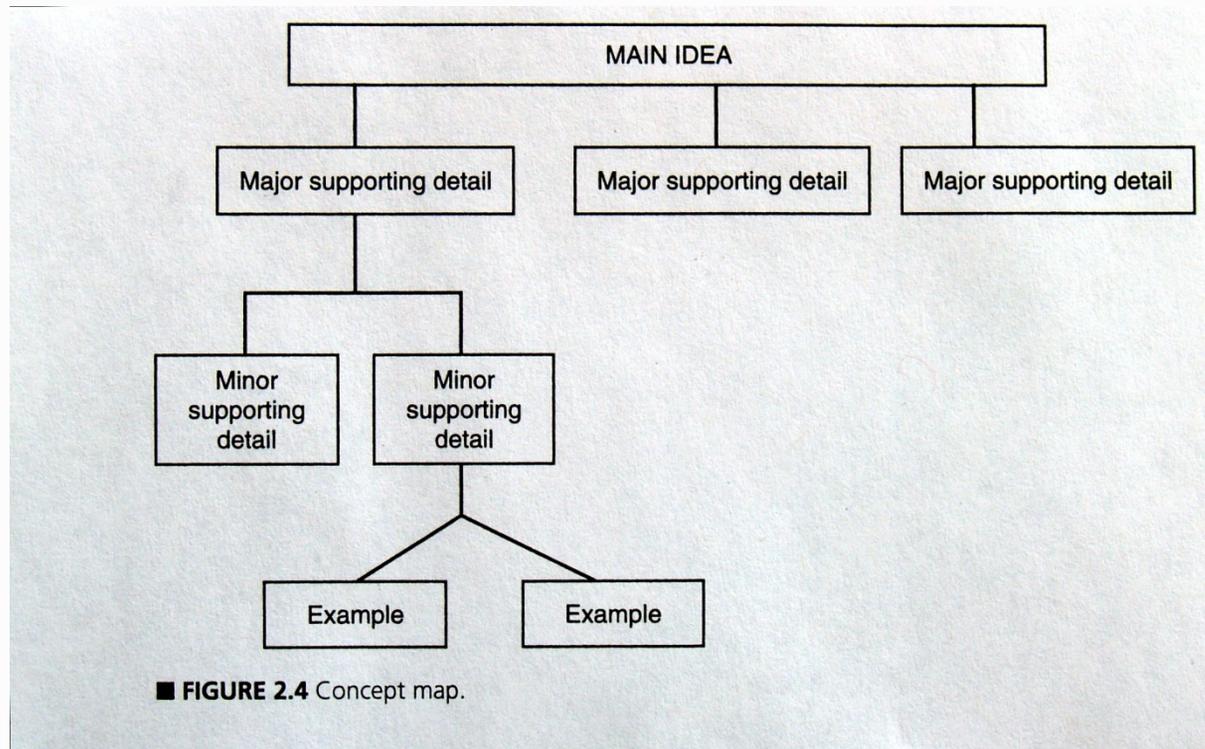


Overview of Concept Mapping

- A **concept map** is a **graphic representation** of knowledge on a particular topic or in an area of study
- **Generally consists of 6 interrelated steps:**
 1. **Central issue**
 2. **Brainstorm** ideas
 3. **Form concepts** from the ideas
 4. **Represent** the concepts as a **map**
 5. **Create links** between concepts
 6. **Interpret & refine** the map



Concept Mapping





Workshop Participants

- **Participants -61**
 - **PHNs-37**
 - **LPN-1**
 - **Consultants -7** (5 nurses, 2 nutritionists)
 - **Researchers & Public Health Management-16**



Demographic Profile

- **PHN Participants -35**
 - **Highest Level of education - 32/35 BN/BScN**
 - **Practice Environment (office context):**
 - Multiple PHN office - **19**
 - Single PHN office - **16**
 - **Yrs of Experience-14 (40%) (0-5), 14 (40%)(11->25)**
- **Public Health Consultants - 7**
 - **Highest Level of Education - 6/7 baccalaureate**
 - **Yrs of Experience (Nurse Consultants)- 1-32 yrs with 4/5 > 12 yrs**



Learner Assessment

(Scale 1-4)

| Question | N=32 PHNs | N= 5 Nurse Consultants |
|---|--------------|---------------------------|
| Importance of EIDM to the individual | 3.7 | 4.0 |
| Importance of EIDM to the organization | 3.7 | 4.0 |
| Importance of Communities of Practice to individual | 3.5 | 3.8 |
| Importance of Communities of practice to organization | 3.4 | 4.0 |
| | | |



Focus Group Questions

1. When you **(PHN)** encounter a new challenge/situation with clients, or in the community, how do you **gather information** to make a decision on how to address the issue?
2. What is your experience as a **PHN consulting with groups of peers** (informal & formal groups with public health colleagues and/or community partners) about a practice issue?
3. How do you **(PHN) use information from peer groups** (communities of practice) to support practice decisions? Does it **enable EIDM?**
4. What **strategies would help enhance PHNs' peer group's access and use of evidence** when engaged in collective problem solving around practice decisions?

1. Question:



When you (*PHN*) encounter a new challenge or situation with clients, or in the community, how do you *gather information* to make a decision on how to address the issue?

- **Explicit or Research/Evidence-based Knowledge:** reputable internet sources, statistical data, practice guidelines, Central Health research activities, policy manuals
- **Tacit or Practice Expertise Knowledge:** personal experience, client situation, *****consultations with peers**



Question 1 Continued

- **Health Care Environment Challenges**
 - **Infrastructure resources**
 - **Information & knowledge systems**
 - **Workforce competency & capacity**
 - **Community accessibility to resources & readiness**
 - **Building collaborative partnerships**



Situation
(Information needed)

CDC Crisis

Increase participation
New roles
Health Promotion
Forming Coalitions

TIMING

Locate It

Workshops
Consultants
Conferences
Policy & Procedures
Past Experiences (nurses experiences)
Professional Development
National Guidelines
Immunization Guide (CIG)

Peers
Community Partners
Public (Community Advisory Committee- CAC)
Client History
Legitimate Internet Sites
Scope of Practice
Regulatory Bodies
CPS

TIMING & TRUST

Appraising

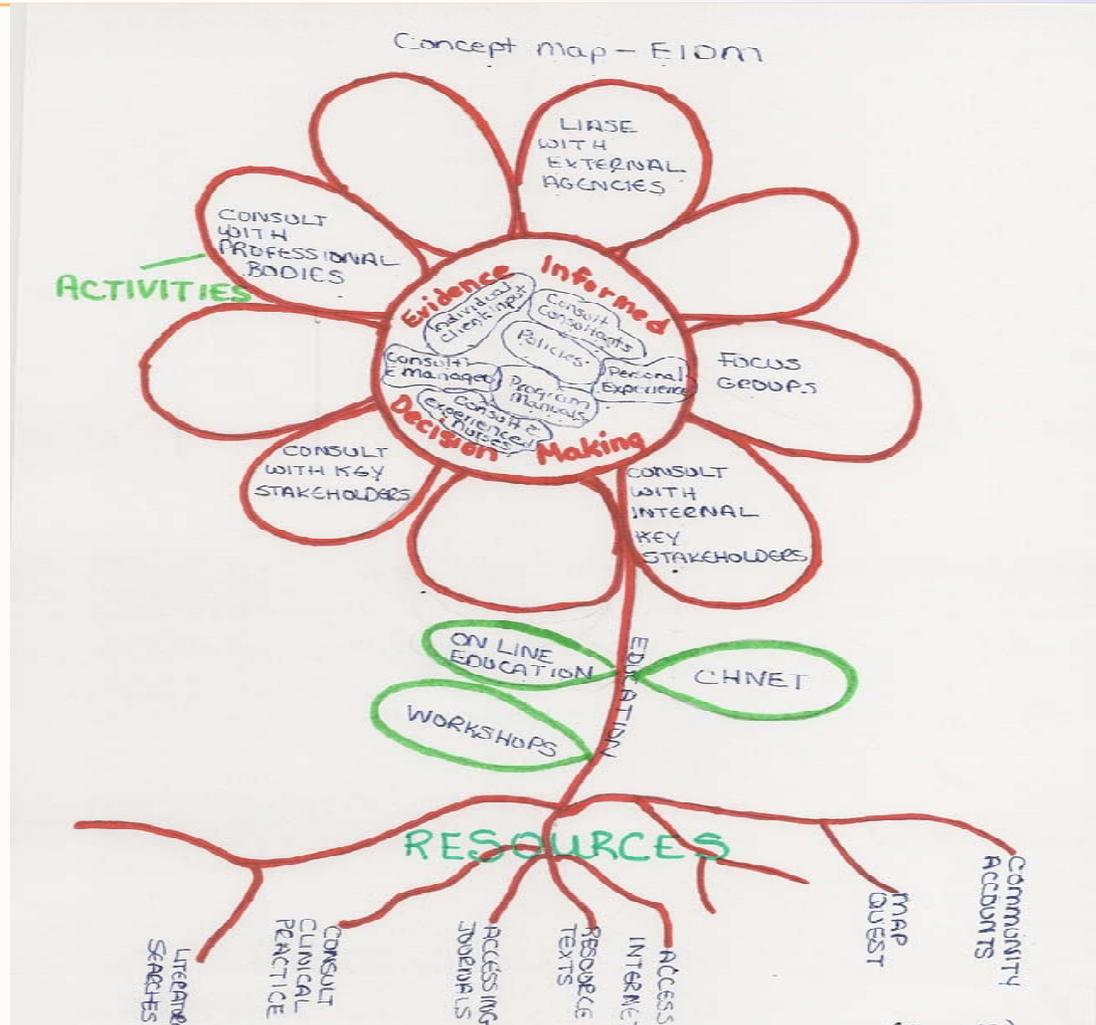
National Bodies (updates)
Trust/confidence Personal Judgement/experiences
Trust in the organization
Trust in the consultants
Trust in peers
Trust in manuals & resources
Trust in relationships with community partners

PRIORITIZE

Apply

Advertising/Social marketing
Educate community partners
Client education (individual/group)
Professional competency
Accessibility
Community evaluation
Community ownership

Concept Map: EIDM



Concept Map: EIDM

2. Question:



What is your experience as a PHN consulting with groups of peers (informal & formal groups with public health colleagues and/or community partners) about a practice issue?

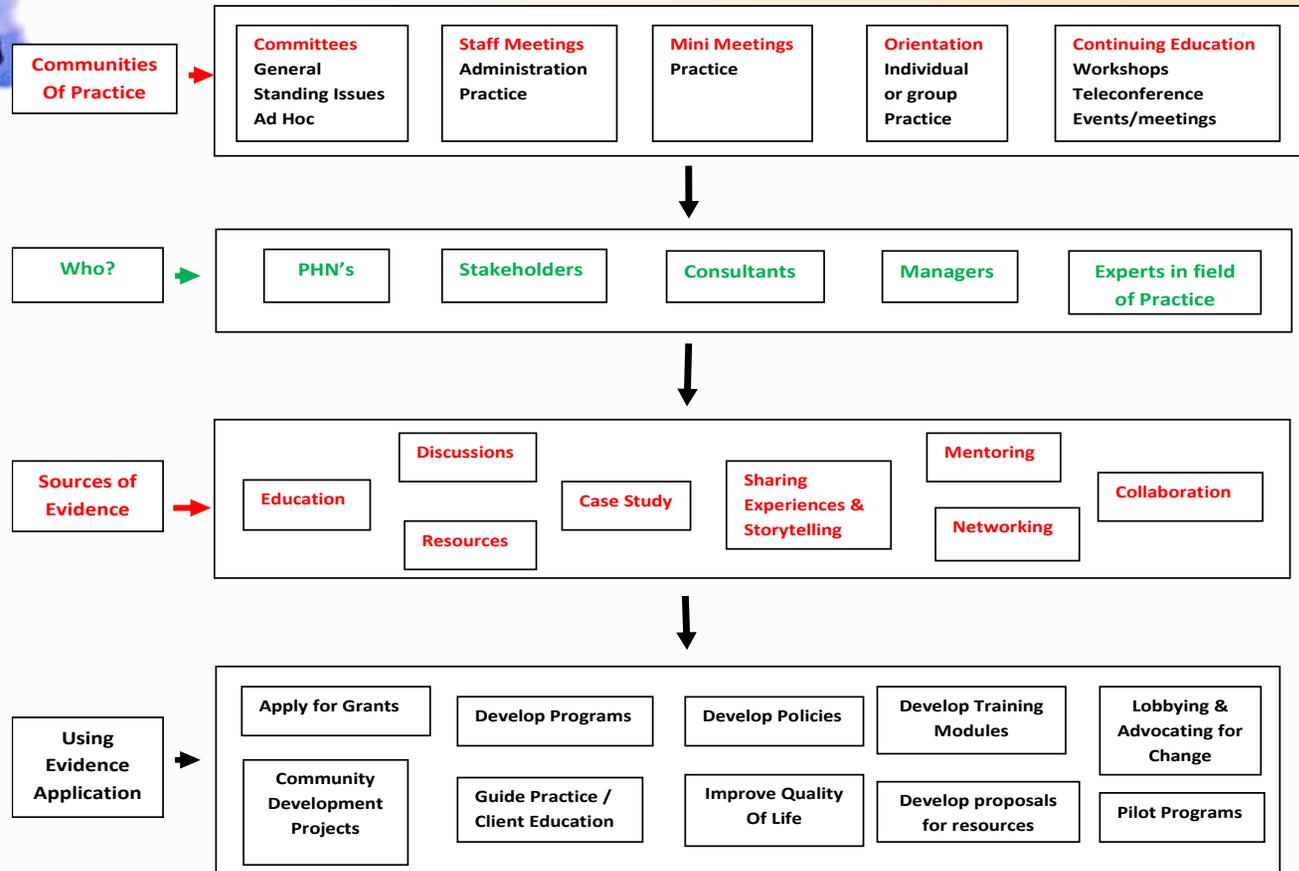
- **Nurse to nurse mini meetings-nurse led**
- **Nurse to nurse meetings-manager led**
- **Nurse with public health team-manager led**
- **Nurse with co-workers in Central Health**
- **Nurse with community partners ext to Central Health**

3. Question:



How do you (PHN) use information from peer groups (communities of practice) to support practice decisions? Does it enable EIDM?

- **Develops a sense of trust, builds relationships, belonging and support, sharing experiences**
- **Builds professional confidence, identity, validation, motivation**
- **Generates a spirit of inquiry & evidence**
- **Increases knowledge & skills in nursing & community planning**



Concept Map: Communities of Practice & EIDM



Questions 1,2,3: Interpretation

- **Primary sources of practice knowledge: peer consultation & personal experience** (Estabrooks, 2003, 2005)
- **Prefer context- specific knowledge in timely way**
(Thompson et al., 2001)
- **Uptake of knowledge is shaped by personal, professional, & political agendas** (Gabbay et al., 2003)

4. Question:



What strategies would help enhance PHNs' peer group's access and use of evidence when engaged in collective problem solving around practice decisions?

Top Two Priority Strategies

1. **Enhance knowledge systems**, particularly professional development opportunities in general & access & appraisal of research & evidence-based sources.
2. **Increase PHN peer networking & communication opportunities.**

Survey of Strategies:

BEST foster EIDM in your Communities of Practice

N= 42 PHNs & Consultants

- **Workshops**
 - **critical appraisal of evidence** 88%
 - **Clinical practice guidelines** 98%
- **Consultations**
 - **Mentors** 98%
 - **Consultants** 100%
- **Peer Group Meetings**
 - **Public Health team members** 95%
 - **PHNs in Public Health Unit** 93%
 - **PHNs across NL** 88%
- **Web-Based learning Networks with PHNs** 81%
- **Accessing Journals on line** 93%





Learner Outcome

(Scale 1-5)

N= 43 (86%) evaluations completed

- Understanding **EIDM** 4
- Understanding how EIDM **applies to me** 3.9
- Understanding **communities of practice** 3.9
- Understanding how it **applies to me** 4
- **Networking** with others in Public Health 4.1
- Contributing to **Public Health research** 3.7



Next Steps

- **Workshop Report**
- **Conduct a parallel consensus building workshop** in Fall 2008 in Capital District Health Authority in Halifax (CIHR Funded)
- **Final Report** of synthesis of similarities and differences across the two sites
- **Develop an interventional research program** on EIDM and communities of practice in Atlantic Canada and submit for funding