



# Using a Community of Practice Across Organizations to Support Chronic Disease Prevention and Management

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# & Others...

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## ■ Ottawa CoP

- Karen Lorimer, Joanne Fitzgerald, Jeff Miller, Marcela Tapia, Betty-Ann Hamilton, Nathalie McKenna, Hélène Carrière, Merry Cardinal, Anne Viljoen, Ginette Drouin, Robin Lowry, Shannon Haggerty, Beate Evans, John McMeekin, Nicole Greaves, Cheryl Reid-Haughian, Karen Gregory-Abbott, Paula Carr, Suzanne Morin, Irena Konopacki, Kathleen Jean, Jane Coyle, Matthew Lodge, Maureen Duggen

## ■ Cornwall CoP

- Patti Gauley, Sandra Labelle, Ghislaine Blais, Ghislaine Camrie, Bev Parent-Currie, Lynn McCrank, Kim Peterson, Jean Courville, Donna Tinker, Julie Dyke, Veronique Laniel, Sarah Kingma, Janet Tatro



# Objectives

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- Define a community of practice (CoP)
- Illustrate the phases of the CoP Model using examples from Ottawa and Cornwall
- Relate the CoP to the CCHN Standards
- Recommend other uses and sustainability of a CoP



# A community of practice defines itself along three dimensions:

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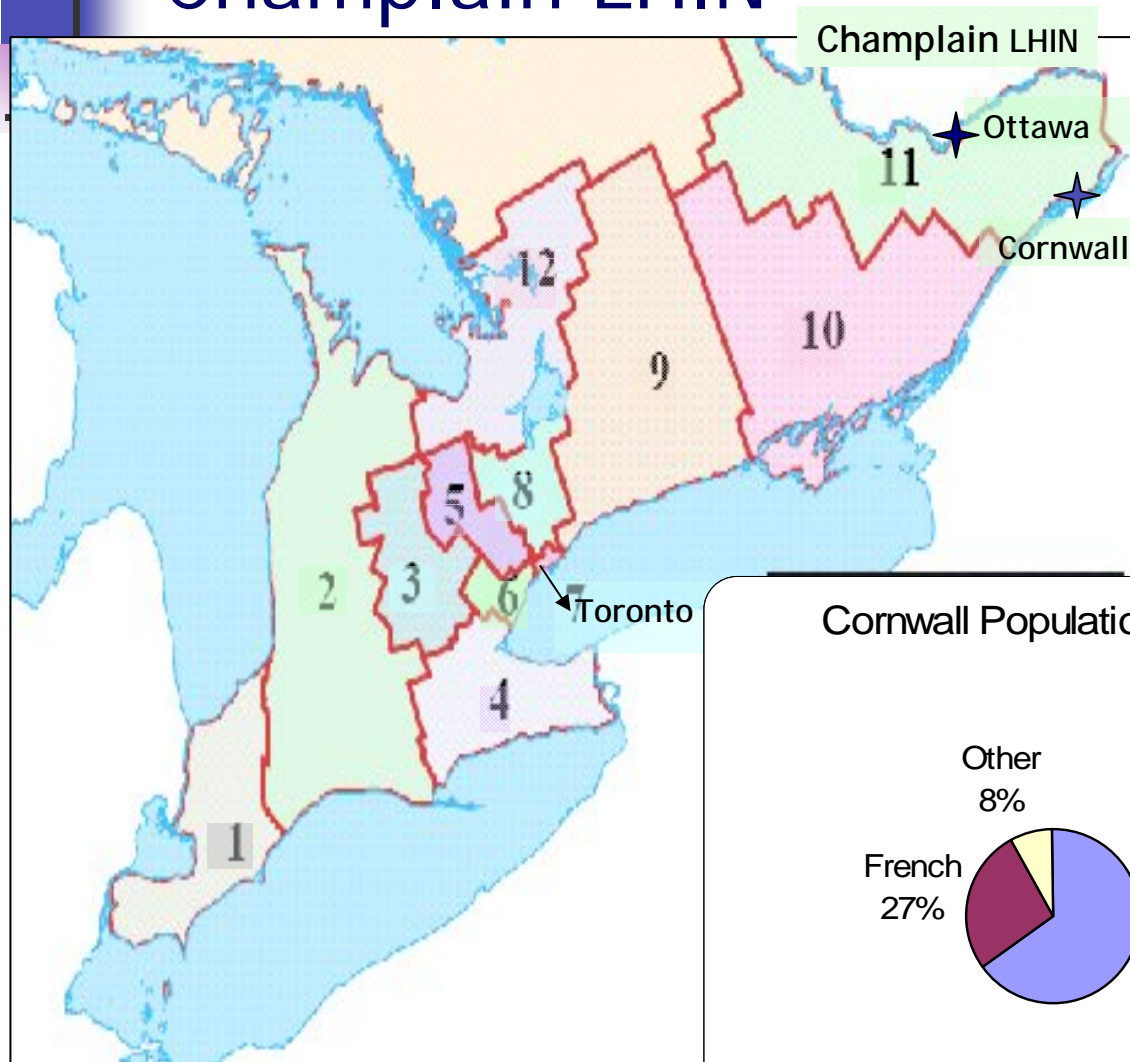
1. **What it is about** —its joint enterprise as understood and continually renegotiated by its members;
2. **How it functions** —the mutual engagement that bind members together into a social entity, and
3. **What capability it has produced** – the shared repertoire of communal resources (routines, sensibilities, artifacts, vocabulary, styles, etc.) that members have developed over time. Wenger (1998)

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

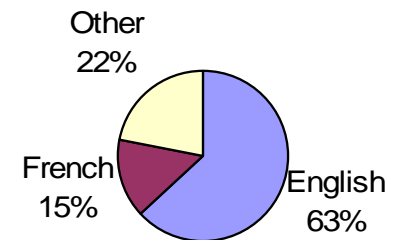
- Define the area of shared enquiry and key issues
- Form relationships and a sense of belonging
- Create the body of knowledge
  - methods, stories, cases, tools, documents



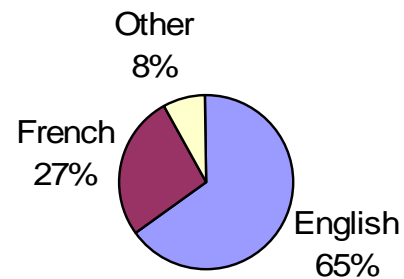
# Ottawa & Cornwall, Champlain LHIN



Ottawa population 812,000



Cornwall Population 46,000





# Organizations Represented in each Community of Practice

Organizations	<b>Ottawa</b> (16-20)	<b>Cornwall</b> (8-12)
<b>Public Health Nurses</b>	<b>5</b>	<b>2</b>
<b>Home Health Nursing organizations</b>	<b>2</b>	<b>2</b>
<b>Community Health Centres</b>	<b>4</b>	<b>2</b>
<b>Community Care Access Centre nursing case managers</b>	<b>2</b>	<b>2</b>
<b>Education</b>	<b>University</b>	<b>University &amp; College</b>

# Phases in the Model of CoP

(17 month timeframe of study)

Phases	3 months	4-5 months	6 months and beyond from launch
Forming a Community of Practice			
Learning to work together			
Developing a shared body of knowledge			
Toward a sustainable community of practice			





# Forming a Community of Practice

## (first 3 months)

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### Components

- Preplanning

- Launching Workshop

Application: Worked with small group in Ottawa and Cornwall to:

- Identify and contact organizations
- Develop workshop guided by literature and previous experience
- Deliver workshop



# Direction Determined at Launch Workshop

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## Ottawa

- Chronic disease prevention and self-management
  - Begin by finding or developing tools

## Cornwall

- One of two possibilities:
  - Infection control- hand washing
  - Chronic disease prevention and self-management- booklet or package of risk factors and health promotion



## Two Main Things Gained at Launch

Knowledge Gained at Launch	<b>Ottawa</b> N=19	<b>Cornwall</b> N=8	Total N=27
Knowledge of working together in a community of practice	13 (68%)	6 (75%)	19
Links with other nurses working in other types of community practice	12 (63%)	2 (25%)	14
Knowledge about how practice issues overlap in the community	6 (32%)	2 (25%)	8
Energy/enthusiasm/motivation	3 (16%)	3 (38%)	6
Ideas that will be useful to my organization	3 (16%)	3 (38%)	6



# Learning to work together

(4-5 month period after launch)

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- **Establishing a Logical Organizing Structure**
- Building Relationships
- **Establishing a Defined Focus**
- The Four Month Evaluation
- Maintaining participation in the community of practice
- Sustainability of the community of practice
- Continuing tensions

# Establishing a Logical Organizing Structure



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## Ottawa

- Monthly teleconferences at noon hour
- Organization and resources provided by project team

## Cornwall

- Monthly meetings for 1 & ½ hours
- Alternate location between public health & community health centre
- Organization and resources provided by project team



# Establishing a Defined Focus

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## Ottawa

- Explored theories, models and resources related to chronic disease prevention and self-management

## Cornwall

- Elected to develop a passport for clients to provide health promotion messages for different care situations
- Reviewed a variety of examples



# Developing a shared body of knowledge (least 6 months after launch)

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## Ottawa

- Active involvement in fall & winter workshops
- Determined outline and resources needed for workshop package on **CDPM**

## Cornwall

- Determined and revised content and format for passport
- Reviewed drafts of passport within organization and with individual and group clients



# Toward a sustainable community of practice

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- Discussions about sustainability among members initiated in August 08
- No organization in Champlain LHIN has the mandate or funding to provide facilitation and resource requirements for the CoPs
- Other options being investigated





# Quotes on personal gain at end of study

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- *I gained a better understanding of the scope of practice of Community Health Centres- I understand how they work now and this will increase my comfort in being able to refer clients to their services appropriately. **Ottawa participant***
- *My role in the community has always been client focused. The CoP has widened my perspective to include community focus. I feel this was enlightening for me. **Cornwall participant***
- *Awareness of how CoP could be used in public health and discipline-specific community and interdisciplinary community. **Cornwall participant***



# Quotes on Organizational Gain

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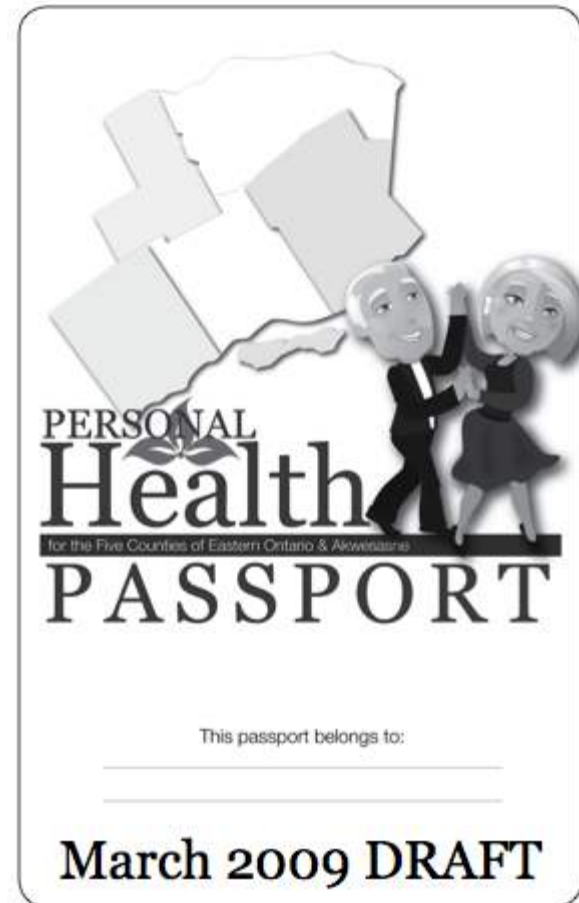
- *Finding out where home health can improve/change in order to integrate CDM at different levels. ( integration into practice, policy, education etc...) Ottawa participant*
- *Consistency in care based on best practice guidelines and evidence-based practice is important and the CoP provides a venue for discussion among nursing. Ottawa participant*
- *Enlightenment with regards to collaborating community health care, decreased duplication, and increased partnerships. Cornwall participants*
- *Tangible outcome of the “community” that can be used in various programs. Cornwall participant*

# Resources produced

## Ottawa

- Workshop and resources for staff and volunteer training in chronic disease prevention and self management
- Components:
  - Exercise A: initiating self management
  - Exercise B: approaches and tools for problem-solving
  - Exercise C: developing an action plan

## Cornwall





# Refining 3 dimensions of Community of Practice for Community Health Nursing:

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## 1. What it is about:

- Brings nurses and others together to collaborate on an issue effecting community members

## 2. How it functions:

- Members negotiate direction, methods, change in practice

## 3. What it has produced:

- Produces 2 types of products:
  - Relevant knowledge for members and organizations
  - Tangible resources that benefit the community

# What works for a CoP

**Provide structure and process to effectively bring people and resources together for knowledge exchange**





# CoP and the Community Health Nursing Standards- 2 examples

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- Standard 2: Building individual and community capacity
  - Professional development of nurses
  - Increasing capacity of organizations to collaborate
- Standard 4: Facilitate access and equity
  - Collaborate with colleagues and others to promote comprehensive community care



# Recommendations

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- Consider CoP as a very potent approach for **knowledge exchange**. Could be used in the following situations:
  - Orientation of new nurses across organizations
  - Incorporation of CCHN Standards, Best practice guideline, ect
  - Program planning and community assessment with community members and partners
- Sustainability...
  - A role for provincial governments, provincial/territorial community nursing groups or CHNAC?



# Contacts

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