

Community of Practice

Module 3

Learning to Work Together

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Learning Objectives

By the end of this module, you will be able to:

- Identify strategies to enable your community of practice to focus enquiry, build relationships and begin to create a shared body of knowledge
- Compare problem-solving processes for knowledge development in a CoP
- Discuss strategies for gathering, sharing and storing the work of the community of practice
- Reflect on the links activities of the community of practice and the CCHN Standards

Key Tasks of Learning to Work

COMMUNITY
HEALTH NURSES
OF CANADA



INFIRMIÈRES ET INFIRMIERS
EN SANTÉ COMMUNAUTAIRE
DU CANADA

Together Phase 2 Community of Practice

- Refine the focus of shared enquiry and key issues:
 - Learn about each other's practice
 - Identify common challenges
- Form social connections and a sense of community
- Begin to create the body of knowledge:
 - share stories, cases, tools, methods, documents

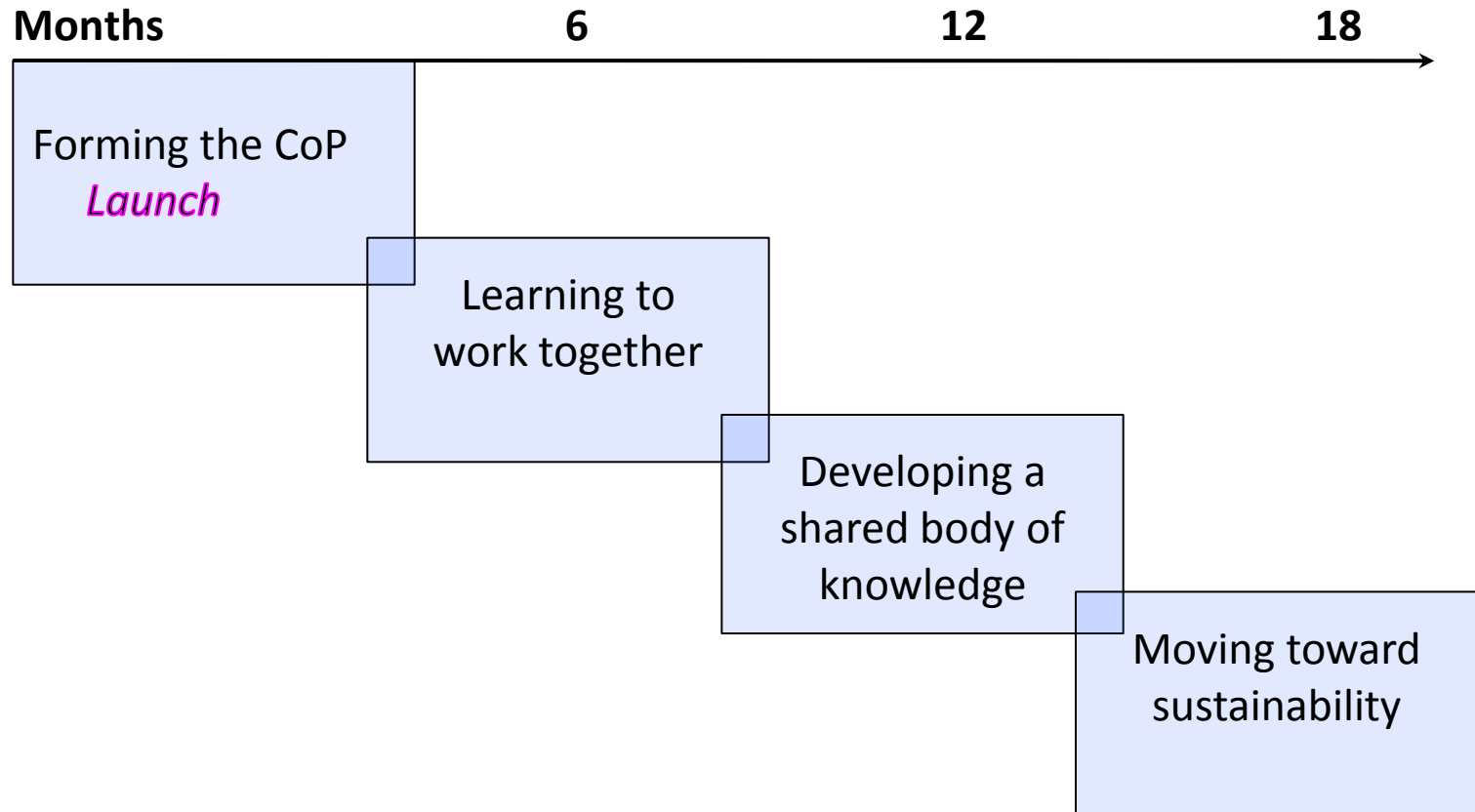
Refine shared enquiry
Common practice, common challenges

Form relationships

Create knowledge

Model of CoP Phases & Timing

(18 month timeframe of study)





Discussion questions

1. Describe the most positive experience you have had working in a group. How long did it take for you to feel positive about the experience?
2. With this experience in mind, discuss how fundamental personal rights were addressed in the group.

These rights are: to have opinions, be respected, to have and express feelings, to make mistakes (and be forgiven) and to accept these rights in others (Woods, 1994: 5-3).

Community of Practice and Knowledge Exchange/Translation



- Knowledge Exchange/Translation
 - Collaborative problem-solving between researchers and decision makers
 - Happens through linkage and exchange in the process of planning, producing, disseminating, and applying research in decision-making.
 - Effective interactions result in mutual learning (CHSRF, 2007)
- Community of Practice can be used to facilitate knowledge exchange (Barwick et al., 2009)

Development Goals in Health Literature

Seniors Health

- Promote evidence-based nursing practice, Scotland (Tolson et al, 2006)
 - Support evidence-based practice— 20 thematic areas, e.g.: Activity & Aging; Blood pressure; Communicative Access/Aphasia: Seniors Health Research Transfer Network (SHRTN)

Childrens' Mental Health

- Support the introduction of common assessment and evaluation tools in Ontario (Barwick)

Cancer care

- Foster knowledge flow & clinical expertise across organizational and professional boundaries in clinical networks, UK (Addicott et al., 2006)
- Provide supportive infrastructure for quality improvements in cancer surgery in Ontario (Fung-Kee-Fung et al., 2008)

Chronic Disease Prevention and Self Management

- Barwick, 2008

How CoP provides an environment for shared enquiry

- A common interest in practice brings the community together
- The CoP provides a forum for talking about practice, identifying challenges, and sharing research, innovation & practice improvement
 - Enables reflection
 - Supports integration of experience and evidence
- Actively working together forges relationships that hold the community together

Scenario

Regional planners / Local Health Integration Network (LHIN) have issued a call for proposals for projects to improve Chronic Disease Self Management (CDSM) in community programs.

Nurses in the community of practice

- **Community health centre nurse:** “An environmental scan of health centres in the region found too little emphasis on CDSM in programs and services. We need to change but do not know where to start.”
- **Home Care nurse:** “We try to encourage self management and healthy lifestyles but are not funded to do it.”
- **Public Health Nurse:** “We work with populations, including those at risk, to increase access to health resources and promote healthy lifestyles, thereby preventing chronic disease. What is our role in CDSM?”

Focusing the Enquiry

- Approaches to focusing the enquiry
 - Top down: Environmental scan, strategic planning and priority setting approaches
 - Bottom up: Share stories of practice, identify common concerns
- Gather information
- Problem solve
 - Determine: What you know; What you need to know



Discussion questions

3. Compare top down and bottom up approaches to setting an agenda for learning more about CDSM.
4. Suggest two or three questions that might guide members of the community of practice in their initial search for information on CDSM.

Role of Facilitator

Phase 2



- Create a forum for sharing practice knowledge
- Provide structure (agenda, minutes, literature)
- Facilitate problem-solving approaches
- Encourage healthy debate, knowledge synthesis and decision-making
- Build consensus, negotiate agreement to move forward
- Balance tasks and networking opportunities

Blending Knowledge and Experience

- Evidence-based practice, documented in research, literature
- Experiential knowledge, based on working in the field
- Need strategies for putting the two together

Methods of enquiry

- Problem-based learning
- Appreciative inquiry*
- Action research

* American English spelling

Problem-based Learning

- Use the problem situation to identify issues. Elaborate.
- Try to solve the problem with what you currently know. From this will come a clearer idea of what you know already that is pertinent.
- Identify what you do not know and therefore what you need to know because your lack of that knowledge is impeding the solution of the problem.
- Prioritize the learning needs, set learning goals and objectives, and allocate resources so that you know what is expected of you by when. For a group, members can identify which tasks each will do.
- Self-study and preparation.
- For a group, share the new knowledge effectively so that all the group learn the information.
- Apply the knowledge to solve the problem.
- Give yourself feedback by assessing the new knowledge, the problem solution and the effectiveness of the process used. Reflect on the process. (Woods, 1994: 2-2)

Appreciative Inquiry

- An approach to organizational change
- Rather than focusing on problems as the starting point, it focuses on strengths
- There are four steps to the approach - “the 4D cycle”
 - Discovery: Appreciate “the best of what is”
 - Dream: Imagine “what could be”
 - Design: Determine “what should be”
 - Destiny: Create “what will be”.

Ludema, Whitney, Mohr & Griffin, 2003: 10

Action Research

- The design and modification of social change by the people who are part of the change process through cycles of data collection and decision making (Lewin, 1946).
- Action research is advocated as a means of incorporating humanistic and naturalistic forms of enquiry into the examination of practice (Holter & Schwartz-Barcott, 1993; Webb, 1989).
- Key characteristics of action research:
 - The subject matter is the need for change in social practice.
 - The purpose is to solve a practical problem and develop new forms of understanding.
 - The action is to contribute broadly to human emancipation.
 - The project is a spiral of cycles of planning, acting, observing, and reflecting that are implemented and interrelated systematically and self-critically.
 - The project involves the collaboration of the researcher and practitioners in all cycles.
 - Bradbury & Reason, 2003; Grundy, 1982; Holter & Schwartz-Barcott, 1993; Murphy, 2000)

Similarities in Approach

- The iterative process of asking questions; identifying what is known; seeking out information that is not known.
- This iterative process guided the early phase of the community of practice, together with a consensus building approach, gaining consensus to move along from individuals/organizations).
- Lave and Wenger's (1991) theory of situated learning (Legitimate Peripheral Participation [LPP]) proposes that skills, knowledge, and identity are developed through participation in day-to-day work activities and interactions with others. The community of practice sets the agenda and group members identify the group's expertise and build shared practices.

Storing the shared knowledge

- In part, the repertoire, or shared body of resources rests within the minds of participants as tacit knowledge.
- In part, it can be stored as explicit knowledge in journal articles, clinical guidelines, in libraries or electronic databases (Sandars & Heller, 2006).
- Humans and information systems are required to store information and make it available and to help community members think together (Tsui et al., 2006). For example, Gabbay and colleagues (2003) identified ways that the group process for developing evidence-based policy could be enhanced.
- What we achieve is a combining of experiential knowledge and evidence to provide a rigorous understanding of best practices.

Example of CoP

Learning to Work Together



- Members of the community of practice
 - Mapped CoP assets to identify common interests, resources and opportunities for collaboration.
 - Interpreted results against CDSM framework.
 - Identified that CoP members were addressing CDSM from many different angles and at different levels of the system.
 - Produced a workshop package to introduce CDSM principles to front line workers, adapted to needs of the CoP organizations.



Discussion question

5. Reflect on how the knowledge development activities in the community of practice described earlier - asset mapping, interpreting data against provincial standards, identifying service gaps; collaboratively developing solutions - exemplify the CCHN Standards.