



# Welcome to Fireside Chats

Developing a Community of Practice

Thursday March 6, 2008 1:00 – 2:30 PM

Advisors on Tap:

Dr Liz Diem, University of Ottawa

Dr Alwyn Moyer, University of Ottawa

Dr Marjorie MacDonald, University of Victoria

# Housekeeping



## Telephone:



- \*6 to mute/unmute
- If your line is 'bad' – hang up and call back in
- Do not put us on hold
- We will be recording this call

## Visual Presentation: from our computer to yours.....



- Via Bridgit software (see Fireside Chat Instructions)
- There may be a few seconds delay in transmission
- If difficulties: use the back up PowerPoint Presentation:  
[www.chnet-works.ca](http://www.chnet-works.ca)
  - click on Fireside Chat, scroll to today's 'chat' info

## Agenda:



- Sign in and tech help prior to the 'chat'...
- Welcome, Housekeeping and Introductions
- Presentation and Discussions
- Closure

# Agenda for Chat

- Background and features of CoP project in three areas of Canada
- Literature and interviews with people involved in CoP
- Questions
- Examples of initial stage in Cornwall, Ottawa, Nunavut
- Questions
- Examples of CoPs in BC
- Questions
- Summary

# Advisor: Elizabeth (Liz) Diem

Assistant Professor, University of Ottawa, School of Nursing

- Teach community health nursing at the undergraduate and graduate level
- Co-author of “Community Health Nursing Projects: Making a Difference” (Lippincott)
- Involved in the development and dissemination of Community Health Nursing Standards since 1999 in Ontario and nationally:
  - Co-author of CCHN Standards Toolkit
  - Workshops and presentations on Standards and Toolkit 2006-2008: Ontario, Alberta, Halifax, Atlantic Region, Nunavut, Saskatchewan
- Contact: [lizdiem@uottawa.ca](mailto:lizdiem@uottawa.ca)

# Advisor: Alwyn Moyer

Adjunct Professor, University of Ottawa, School of Nursing

- Many years of experience in community health, mainly in Canada and the UK
- Co-author, with Liz, of “Community Health Nursing Projects: Making a Difference” (Lippincott) and the CCHN Standards of Practice Toolkit
- Interested in the development of practice-based theory and theory-based practice
- [alwyn.moyer@sympatico.ca](mailto:alwyn.moyer@sympatico.ca)

# Advisor: Marjorie MacDonald

Associate Professor, University of Victoria, School of  
Nursing

- Background in public health nursing practice
- Teach community health nursing at undergraduate and graduate level
- Involved in research related to the integration of public health and primary health care nursing
- Contact [marjorie@uvic.ca](mailto:marjorie@uvic.ca)

# Background

- Support from Community Health Nurses of Canada and Public Health Agency of Canada
- Release of Community Health Nursing Standards of Practice (CCHN Standards) 2003
- Development and publishing of CCHN Standards Toolkit, Dec. 2005- May 2007
- Workshop in Cornwall followed by three teleconferences on CCHN Standards in Ontario, October, 2006- March, 2007
  - Assist nurses to incorporate CCHN Standards in organizations

## Features of “Building a Community of Practice in Health Promotion and Disease Prevention for Community Health Nurses Working Across Health Sectors”

- Funding for CoP, Oct 2007- June 2009
- The CoP brings together nurses working in public health, home health, and community health centres to identify a common issue and work toward resolving that issue over the next year.
- Three regions: Eastern Ontario- Cornwall & Ottawa; Nunavut, Vancouver Coastal
- Initial workshop followed by teleconferences/meetings
- Support provided by researchers



# Guiding Questions

## *for Review of Literature & Key Informant Interviews*

- What is a community of practice?
- What are the defining characteristics of an effective community of practice?
- What are best practices for creating a community of practice?

# What is a Community of Practice?

- A group of people - a 'team'
- Come together for a purpose or enterprise
- Create a forum for sharing information
- Share experiences - tacit learning
- Develop a set of common practices



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**Bottom up?**

# Knowledge to Action

- **Knowledge Exchange**
  - Collaborative problem-solving between researchers and decision makers
  - Moving research into practice
- **Knowledge Management**
  - Organizational practices to identify, create, represent, and distribute knowledge
- **Community of Practice**
  - Vehicle for both

# Examples from Health Literature

Tolson et al, 2006:

- Promote nursing evidence-based practice with older people

Gabbay et al., 2003

- Foster multi-agency collaboration to improve health & social services in a Health Authority

Addicott e al., 2006

- Manage clinical (cancer) networks to foster knowledge flow & clinical expertise across organizational and professional boundaries

# Ontario Examples

- Barwick: Children's Mental Health
  - MOHLTC funded; supports introduction of assessment and evaluation tools
- Seniors Health Research Transfer Network (SHRTN)
  - 13 CoP e.g.: Activity & Aging; Nursing Best Practices; Seniors with Responsive Behaviours
- Ottawa Regional Cancer Centre
  - Best practices approach to reducing wait times

# Key Elements of Community of Practice

(Wenger diagram, top right)

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



# Wenger: Principles for Cultivating a Community of Practice

- Design for evolution
  - open a dialogue between inside and outside perspectives
  - invite different levels of participation
  - develop public and private community spaces
  - focus on value
  - combine familiarity and excitement, and create a rhythm for the community



# Critical Success Factors for Community of Practice

## **For Community**

- A focus that energizes the core group
- A skilful and reputable coordinator
- Involves experts
- Address details of practice
- Has the right rhythm and mix of activities

## **For Organization**

- Strategic relevance of the focus
- Visible management sponsorship, but no micro-management
- Dance of formal and informal structures
- Adequate resources
- Consistent attitude

(Wenger, 2002)



- Have you been in a Community of Practice (or something similar to a CoP)?
- Did you start when it was just beginning or when it had already been going?
- Was/is the direction of the CoP from practitioners (nurses or others) or from managers?
- How could the direction be balanced between letting practitioners finding their own way and defining the agenda?

# Workshop Process Used in Ontario and Nunavut

- Icebreaker to identify shared characteristics
- Participants describe a successful experience of working with others
- Introduction to CoP literature
- Brain storm to identify issues
- Categorize issues
- Consider relevance of issues from perspective of public health, home health, community health centre/clinic
- Determine focus
- Determine expectations for teleconference in 1 month

# Initial Experiences

- Cornwall
  - Launch Jan. 29
  - Participants: total of 10 from public health, 2 home care agencies, and 2 community health centres, education
- Nunavut
  - Launch Feb 5
  - Participants: total of 19 from the 3 regions, community health nurses, home health nurses, public health nurses, education
- Ottawa
  - Launch Feb 26
  - Participants: total of 20: public health, 2 home care agencies, 4 Community Health Centres, Community Care Access Centre



- Have you had experience working with nurses in public health, home care and community health centres/primary care to address a particular issue?
- What issues do you think will keep people motivated?
- How do they need to be supported?

# Examples of CoP in BC

- NPs in 2 BC Health Authorities established to support each other in early role development mediate barriers to role integration
- CoP involving Health Authority representatives responsible for implementing the new Health Professions Act in BC. A shared website allows communication and sharing of information

# BC Site in National CoP Project

- Vancouver Coastal Health Authority has developed a basic curriculum to assist interdisciplinary staff to support clients to self-manage their chronic illness
- If they agree to participate, the CoP would support staff as they complete the curriculum and consolidate and apply new knowledge and skills with clients



- How do you build a more formal CoP with a group that is already operating quite informally?
- What are some of the issues in doing this?





## Key Messages.....

- CoP is a knowledge exchange strategy to involve practitioners in addressing practice issues
- This project involves three different health systems and working across health sectors
- Literature shows lack of a defined process and evaluation of CoP
- The use of CoP by governments and organizations is greatly increasing across the country

# Final Discussion Questions.....



- What can 'next steps' be to monitor what is happening with nurses involved a community of practice approach across Canada?
- What opportunities for action are on the horizon? (what, when, where, how to take advantage of these opportunities)



# Next Update: CHNAC/CHNAC Conference

- May 29 to May 31 in Toronto at the Westin Prince Hotel.
- Check it out at <http://www.chnig.org/> click on events and scroll down to conference.
- Community of Practice will be in the internet café on Saturday afternoon May 31.

# References

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- Barton, A.J., Cultivating informatics competencies in a Community of Practice. *Nursing Administration Quarterly*, 2005. 29(4): p. 323-328.
- Barwick, M., Using Communities of Practice to increase readiness for change and support implementation of evidence-based practices, in 17th Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base. 2004: Tampa, Florida.
- Gabbay, J., et al., A case study of knowledge management in multiagency consumer-informed 'communities of practice': Implications for evidence-based policy development in health and social services. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 2003. 7(3): p. 283-3110.
- Garcia, J. and M. Dorohovich (2005). "The truth about building and maintaining successful communities of practice." *Defense Acquisition Review Journal* **10**: 18-33.
- Seniors Health Research Transfer Network (SHRTN). (2008). Retrieved 4 February, 2008, from <https://www.ehealthontario.ca/portal/server.pt/gateway>
- 1) Seniors with serious Mental Health, Addictions and behavioural issues. Click on Seniors Health Research Transfer Network in left column, then on community of practice in right box, then "Seniors with serious mental health..."
  - 2) Saint Elizabeth Health Care, *Community of Practice for Seniors with Responsive Behaviours* (SWRB) is part of SHRTN
- Tolson, D., et al., Progressing evidence-based practice: an effective nursing model? *Journal of Advanced Nursing*, 2005. 50(2): p. 124-133.
- Wenger, E. (2002, 6 December 2007). "Cultivating communities of practice a quick start-up guide." from [www.ewenger.com/theory/start-up\\_guide\\_PDF.pdf](http://www.ewenger.com/theory/start-up_guide_PDF.pdf).



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- **Please contact the CHNET-Works! Animateur if you are interested in collaborating on future fireside chat discussions**