Using a Community of Practice model to implement guidelines

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An Overview

What is a Community of Practice (CoP)?
What are the benefits of a Community of Practice?
Case Study - NHMRC Emergency Care Community of Practice
By any other name……

Networks of Excellence (CRS Australia)
Special Interest Groups
Domain Teams (Jacobs Sverdrup Australia)
Professional Forum (US Army Company Command)
Networks (BHP Billiton, Shell Oil US)
Thematic Groups (World Bank)
Tech Clubs (Daimler Chrysler)
Best Practice Replication Networks (Ford)
Community of Interest Network (Cap Gemini Ernst and Young)
Practice Areas (CSIRO)
‘CoPs develop around things that matter to people

The difference between a CoP and a team is that the shared learning and interest of its members is what keeps it together. It is defined by knowledge rather than task. It exists because participation has value to members.’

Etienne Wenger, 1998

World Bank
Communities of Practice

“Thematic Groups” to enhance:

- Speed - ability to respond faster to client needs
- Quality - delivering to clients the experience of many countries adapted to local conditions
- Innovation - finding and testing new ideas
- Wider access to knowledge - enable countries to tap into global resources on-line and develop skills of clients to adapt best global practices.
From BHP Billiton
Annual Review 2007

‘More than 6,000 of our technical experts across the world share their ideas and best practices through more than 300 virtual communities that we operate globally……… sharing their ideas and best practices electronically, by telephone and in dedicated workshops.’

‘When our team at New Mexico Coal in the US wanted to increase output by improving the use of conveyors, they contacted the conveyor maintenance CoP. Within 24 hours, operations from around the world provided the New Mexico team with improvement ideas that were quickly put in place.’

What is at the heart of a Community of Practice?

• The community, its membership, the relationships and interactions
• The domain or context, its identity and focus
• The practice, its methods, knowledge and expertise

And………..
• The value it brings to its members
• The willingness of its members to contribute and share their knowledge and expertise
The plan and what we have achieved

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<th>Discovery</th>
<th>Coalescing</th>
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<th>Knowledge (2003)</th>
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*Membership demographics:
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- Representation of spread across professional groups
- Reach across settings

Development of research translation evidence capacity and expertise

Achievements of the EC CoP

- Engaged 80% of Australian Hospital Emergency Departments in projects instigated through the EC CoP
- Established and maintained an active and vibrant network of over 400 health practitioners
- Positioned clinicians into national leadership roles that influence national policy and clinical guidelines
- Fostered collaboration:
  - between colleges, Government agencies and NGOs
  - researchers and clinicians.
Guideline implementation projects

• The National Emergency Care Pain Management Initiative (2008-2011)
• Stroke and TIA Care Bundle (2009) implementation resource
• Mental Health Emergency Care Project (2004 – 2006)
• Development of the Emergency Care Evidence in Practice Series (2003-2009)
• Emergency Care Information Gateway; an on-line tool to research translation to share ideas and evidence-based resources to support knowledge translation.
How we function ………

- Mostly virtual
- Opportunistic face-to-face meetings at conferences
- Monthly newsletters
  - hot off the press articles, Cochrane reviews etc
  - pull / push strategy
  - hot issues circulated across the community via email
- Emergency care knowledge gateway
- Survey of the clinical community to identify gaps and issues
- Engage members from the community to be involved in projects.
Key Messages

- Communities of Practice rely on goodwill and passion
- They need to establish a regular pattern of communication
- Make it easy to participate
- Allow for the different levels of participation
- Respect everyone’s contribution
- Develop leadership from within the community
- Establish a strong identity the community can relate to
- Be responsive to the community
- Challenge current practice where appropriate

Beware the pitfalls

- Shared practice can become ‘groupthink’
- Trust can become complacency
- Good social relationships can become exclusive
- Passion for the domain can become ‘imperialism’
- High collective expertise can become dogmatic
- Initiatives can become particular agendas
"Ultimately, we know of no company that generated significant momentum in professional change efforts without involving spirited, active, internal networks of practitioners, people sharing and helping one another”

- Peter Senge

Dance of Change: A Fifth Discipline Resource
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