

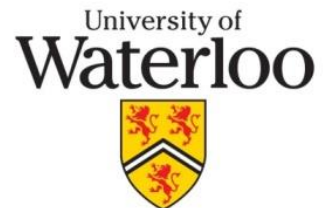
CoPs as a Tool for Integrating Knowledge and Practice

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Knowledge-to-Action Processes in SHRTN Collaborative Communities of Practice

- Three year, multiple case study design
- Aims to increase our understanding of KTA processes mobilized through communities of practice (CoPs) working to improve the health of Ontario seniors
- CoPs are situated within the SHRTN/SHKN Collaborative, a network of networks in Ontario's seniors health sector

Research Questions

1. Knowledge-to-action processes:
 - a. What KTA processes are initiated through the CoPs?
 - b. How well do evidence, context, and facilitation in the PARIHS framework describe the emergent patterns of knowledge flow?
 - c. To what extent does KTA involve an interaction between explicit knowledge and tacit knowledge?
2. The role of human agents:
 - a. What roles are evident among those who participate in these processes?
 - b. How does the active involvement of knowledge users in the KTA process influence knowledge utilization?
 - c. What factors support or hinder effective involvement in KTA processes?

Oral Health Community of Practice

- an inter-professional CoP that enables dissemination of evidence-based and clinically relevant oral health information to care providers of frail older adults through 3 interconnected methods:
 - awareness-raising strategies
 - education/learning opportunities
 - collaboration and networking opportunities (health and oral/dental care sectors)

The case involved

- Small group of very dedicated and connected individuals with an interest in seniors' oral health care
- Meetings to plan how to push oral health care best practices to providers in the community and LTC homes:
 - Complex information
 - Various stakeholders (PSWs, nurses, dental hygienists, educators)
 - Differing contexts and need (and levels of understanding)

Today's Case Story

- The CoP is doing the right things, according to
 - Good KT science
 - Networks literature
- Potential for broad reach
- The larger context is a bugger
- Gap in literature around CoPs

Doing the Right Thing: Tailored Products

- Lavis (2012) - message, audience, messenger, communication infrastructure, evaluation
- Message: consideration of both tacit (experiential) and research knowledge.
- Audience and the Infrastructure: multiple modalities or approaches – live webinar with Q & A sessions, recorded the webinar (both on the web and through DVDs).
- Tailoring the content to specific groups: re-packaging the webinar information to capture professionals, for example, who are more disease focused.
- Messenger: delivered under the SHRTN (SHKN) banner – branding effort.

Doing the Right Thing: Connection and Integration

- The OH group/network was tightly knit and had a lot of combined experience and previous connections that were vital to their success
- The CoP brings professionals together – but it is the connections of these individuals outside the group that made the OH knowledge translation events a success

Evolving membership
Varied experience
Positive collaboration
Synergistic activities

Potential for Reach

- Branding was central to CoP activities to ensure knowledge was transferred, AND that knowledge endured (credibility)
- Led to increased awareness of OH issues and improved knowledge products (uphold credibility)
- Branding meant choosing a focus and developing shared goals

Potential for Reach

- *Well the original audience was long term care staff, people who provide hands on care, who are doing the oral care. But what we have found is that the target audience is actually much larger, educators are actually picking up the webinars now, so we have found that its used by **educators in hospitals**, corporations, like health care corporations, they're picking it up as tools to use to educate their staff, but then also like **colleges and universities** are picking it up now and using it so it could be like a PSW program is using it or it could be a nursing program, so they're being picked up by those educators too. And then it's also being picked up by educators of dental, like dental hygiene schools, so its picked up by both, its picked up by **clinicians**, like practitioners to improve their skills, but then it's also being picked up by educators who are responsible for teaching people how to do these skills, so it's really broadened out, year. (CI-OH3)*

Context Matters

- Lack of integration amongst the different levels of care, and thus a lack of standardization related to OH. Generally, OH care not currently positioned as an issue in the larger sector

The CoP understands that changing organizational culture to address oral health will require incremental shifts in attitudes (more broadly in the health sector) and support tools (such as templates for oral health policies that organizations can adapt). Nevertheless, how to deliberately change organizational cultures through attitudes, support tools and other mechanisms seems a bit elusive at the moment.

CoPs Back to Basics

- 1991 Lave & Wenger: new conceptual approach to examine learning within a social, situated framework; different skills working together toward a jointly negotiated purpose
- 2002 - to increase knowledge and expertise, members are connected by a shared passion rather than a collectively negotiated purpose
- Ranmuthugala et al: reviewed 31 studies examining the establishment and use of communities of practice in healthcare, more than half of which were published after 2005

CoPs Back to Basics

- concept remains ill-defined
- mechanisms associated with the communication, sharing or creation of knowledge within or between these communities has not been well described
- 3 dimensions: mutual engagement, shared repertoire and joint enterprise (Li et al 2009)

In Conclusion

- CoPs need support/resources if they are being used to invoke evidence-based change
 - Not quite an integrated knowledge translation endeavor, right people at the table?
- CoPs as tools for change may be a niche area in the health sector –evolving the CoP concept

Questions & Comments