Challenges of EBHC: Why build an online community of practice?

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Some challenges

• **Information overload** – new journals, books, web resources.

• **Continual flow of new evidence** – diverse and complex

• **Increased availability of information** does not always predict its use

• International evidence suggests that **healthcare systems not successful in rapidly transferring latest research evidence into practice.** *(Haines et al 2004)*
Embedded Research Model: Communities and coalitions

• Research-informed practice achieved by embedding research in systems and processes (standards, policies, procedures and tools);
• Responsibility for ensuring research-informed practice lies with policy makers and service delivery managers;
• Use of research is linear and instrumental process;
• [Contrast “research-based practitioner” and “organisational excellence” models]

Knowledge purposefully created - as you increase ‘ownership’ of research, likelihood of shaping policy and practice increases.
• Collaborative ‘embedded’ research, collaborative synthesis, collaborative translation likely way forward.

BUT HOW?
Cultivating Communities of Practice

• “A virtual Community of Practice (CoP) is a network of individuals who share a domain of interest about which they communicate online. The practitioners share resources (for example experiences, problems and solutions, tools, methodologies). Such communication results in the improvement of the knowledge of each participant in the community and contributes to the development of the knowledge within the domain”. (Gannon-Leary PM & Fontainha E)

• CoPs are voluntary, non-hierarchical, supported but not managed, more than a network, more than a community.
What makes a CoP?

• **Domain of interest**: focus on developing a defined domain with a core area of collective competence (e.g. Health Canada’s Public Involvement CoP)

• **Community**: members share an interest in the core domain. May not have same backgrounds, roles etc, but share interest in key area of practice and share knowledge to improve their domain of expertise.

• **Practice**: CoP is more than a community of interest, members are practitioners. They develop shared resources, tools, knowledge and frameworks for action in a conscious way – replicating informal knowledge exchange processes we use everyday with colleagues.
Why develop a CoP?

- Embedded research requires multi-disciplinary, multi-institutional collaboration.
- Creating opportunities for genuine collaboration requires time and energy.
- Working beyond existing alliances and groupings is difficult without addressing ‘translational issues’ that exist across professional groups other stakeholders will bring.
- Explicitly providing infrastructure (web-spaces), support (knowledgeable convenor), access to experts, non-challenging environment can be energising.
- CoPs share innovation, good practice, research ideas
- Soft networking enables knowledge for evidence based health care to be personalised and made meaningful through informal social interaction
Challenges of Virtual CoPs

• Virtual CoPs present challenges as well as opportunities
• Computer mediated communications (CMC) are conducive to decision making; more individuals have accessibility and can contribute - leading to more ideas and creating group intelligence through collaboration.
• Key objective is to capture each group member’s thoughts, input and “vote” where their expertise makes for a valuable opinion.
• Each member must feel as if their voice is heard and that they are a contributor.
Further Information

Possible Sources of Ideas:

• General information on communities of practice at: www.etiennewenger.com
