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Introduction: Practitioners are increasingly encouraged to adopt evidence-based practices (EBP) leading to a need for new knowledge translation strategies to support implementation and practice change. This study examined the benefits of a community of practice in the context of Ontario’s children’s mental health sector where organizations are mandated to adopt a standardized outcome measure to monitor client response to treatment. Method: Readiness for change, practice change, content knowledge, and satisfaction with and use of implementation supports were examined among practitioners newly trained on the measure who were randomly assigned to a community of practice (CoP) or a practice as usual (PaU) group. CoP practitioners attended 6 sessions over 12 months; PaU practitioners had access to usual implementation supports. Results: Groups did not differ on readiness for change or reported practice change, although CoP participants demonstrated greater use of the tool in practice, better content knowledge and were more satisfied with implementation supports than PaU participants. Conclusion: CoPs present a promising model for translating EBP knowledge and promoting practice change in children’s mental health that requires further study.
The National Health Service (NHS) in England and Wales has embarked upon a radical and far-reaching programme of change and reform. However, to date the results of organisational quality and service improvement initiatives in the public sector have been mixed, if not to say disappointing, with anticipated gains often failing to materialise or to be sustained in the longer term. This paper draws on the authors’ recent extensive research into one of the principal methodologies for bringing about the sought after step change in the quality of health care in England and Wales. It explores how private sector knowledge management (KM) concepts and practices might contribute to the further development of public sector quality improvement initiatives in general and to the reform of the NHS in particular. Our analysis suggests there have been a number of problems and challenges in practice, not least a considerable naivete around the issue of knowledge transfer and ‘knowledge into practice’ within health care organisations. We suggest four broad areas for possible development which also have important implications for other public sector organisations.
Background: We have witnessed a rapid increase in the use of Web-based 'collaborationware' in recent years. These Web 2.0 applications, particularly wikis, blogs and podcasts, have been increasingly adopted by many online health-related professional and educational services. Because of their ease of use and rapidity of deployment, they offer the opportunity for powerful information sharing and ease of collaboration. Wikis are Web sites that can be edited by anyone who has access to them. The word 'blog' is a contraction of 'Web Log' – an online Web journal that can offer a resource rich multimedia environment. Podcasts are repositories of audio and video materials that can be "pushed" to subscribers, even without user intervention. These audio and video files can be downloaded to portable media players that can be taken anywhere, providing the potential for "anytime, anywhere" learning experiences (mobile learning). Discussion: Wikis, blogs and podcasts are all relatively easy to use, which partly accounts for their proliferation. The fact that there are many free and Open Source versions of these tools may also be responsible for their explosive growth. Thus it would be relatively easy to implement any or all within a Health Professions' Educational Environment. Paradoxically, some of their disadvantages also relate to their openness and ease of use. With virtually anybody able to alter, edit or otherwise contribute to the collaborative Web pages, it can be problematic to gauge the reliability and accuracy of such resources. While arguably, the very process of collaboration leads to a Darwinian type 'survival of the fittest' content within a Web page, the veracity of these resources can be assured through careful monitoring, moderation, and operation of the collaborationware in a closed and secure digital environment. Empirical research is still needed to build our pedagogic evidence base about the different aspects of these tools in the context of medical/health education. Summary and conclusion: If effectively deployed, wikis, blogs and podcasts could offer a way to enhance students', clinicians' and patients' learning experiences, and deepen levels of learners' engagement and collaboration within digital learning environments. Therefore, research should be conducted to determine the best ways to integrate these tools into existing e-Learning programmes for students, health professionals and patients, taking into account the different, but also overlapping, needs of these three audience classes and the opportunities of virtual collaboration between them. Of particular importance is research into novel integrative applications, to serve as the "glue" to bind the different forms of Web-based collaborationware synergistically in order to provide a coherent wholesome learning experience.
Contemporary information and communications technology (ICT), particularly applications termed “Web 2.0”, can facilitate practice development and knowledge management for busy clinicians. Just as importantly, these applications might also enhance professional social interaction and the development of an interprofessional community of practice that transcends the boundaries of the intensive care unit, health service, jurisdiction and nation. We explore the development of Web 2.0 applications in health care, and their application to intensive care practice in Australia and New Zealand. The opportunities for using podcasts, blogs, wikis and virtual worlds to support clinician development and knowledge exchange are clear in theory. However, strategic leadership from the Colleges is needed to fully exploit these technologies and to enable the development of a strong and sustainable ICU community of practice.
Objective: To explore in depth how primary care clinicians (general practitioners and practice nurses) derive their individual and collective healthcare decisions. Design: Ethnographic study using standard methods (non-participant observation, semistructured interviews, and documentary review) over two years to collect data, which were analysed thematically. Setting: Two general practices, one in the south of England and the other in the north of England. Participants: Nine doctors, three nurses, one phlebotomist, and associated medical staff in one practice provided the initial data; the emerging model was checked for transferability with general practitioners in the second practice. Results: Clinicians rarely accessed and used explicit evidence from research or other sources directly, but relied on “mindlines”—collectively reinforced, internalised, tacit guidelines. These were informed by brief reading but mainly by their own and their colleagues’ experience, their interactions with each other and with opinion leaders, patients, and pharmaceutical representatives, and other sources of largely tacit knowledge. Mediated by organisational demands and constraints, mindlines were iteratively negotiated with a variety of key actors, often through a range of informal interactions in fluid “communities of practice,” resulting in socially constructed “knowledge in practice.” Conclusions: These findings highlight the potential advantage of exploiting existing formal and informal networking as a key to conveying evidence to clinicians.

**Purpose:** The purposes of this study are twofold: (1) to examine the types of activity that nurses undertake on an online community of practice (APN-I) as well as the types of knowledge that nurses share with one another and (2) to examine the factors that sustain knowledge sharing among the nurses from their local perspectives.

**Design/methodology/approach:** An in-depth case study with mixed methods was adopted to obtain rich and naturalistic data including online observations of the messages posted in APN-I, interviews with twenty-seven members of APN-I, and content analysis of online messages. **Findings:** The most common type of activity performed by members of APN-I was “Knowledge sharing,” followed by “Solicitation.” Regarding the types of knowledge shared, the most common were “Institutional practice” and “Personal opinion.” The factors that have helped sustain knowledge sharing within the online community of practice include: (1) a self-selection, (2) validation of one’s practice with others who share a similar working situation, (3) a need to gain better understanding of current knowledge and best practices in the field, (4) a noncompetitive environment, (5) the asynchronous nature of the online communication medium, and (6) the role of the listserv moderator. **Originality/value:** This study contributes to the growing knowledge base of communities of practice that span organizational boundary. Administrators can use the coding schema developed in this study to gauge current activities of existing online communities of practice. Additionally, they can use the six factors to sustain knowledge sharing community for fostering new/existing online communities of practice.

**Background:** Since being identified as a concept for understanding knowledge sharing, management, and creation, communities of practice (CoPs) have become increasingly popular within the health sector. The CoP concept has been used in the business sector for over 20 years, but the use of CoPs in the health sector has been limited in comparison.

**Objectives:** First, we examined how CoPs were defined and used in these two sectors. Second, we evaluated the evidence of effectiveness on the health sector CoPs for improving the uptake of best practices and mentoring new practitioners.

**Methods:** We conducted a search of electronic databases in the business, health, and education sectors, and a hand search of key journals for primary studies on CoP groups. Our research synthesis for the first objective focused on three areas: the authors’ interpretations of the CoP concept, the key characteristics of CoP groups, and the common elements of CoP groups. To examine the evidence on the effectiveness of CoPs in the health sector, we identified articles that evaluated CoPs for improving health professional performance, health care organizational performance, professional mentoring, and/or patient outcome; and used experimental, quasi-experimental, or observational designs.

**Results:** The structure of CoP groups varied greatly, ranging from voluntary informal networks to work-supported formal education sessions, and from apprentice training to multidisciplinary, multi-site project teams. Four characteristics were identified from CoP groups: social interaction among members, knowledge sharing, knowledge creation, and identity building; however, these were not consistently present in all CoPs. There was also a lack of clarity in the responsibilities of CoP facilitators and how power dynamics should be handled within a CoP group. We did not find any paper in the health sector that met the eligibility criteria for the quantitative analysis, and so the effectiveness of CoP in this sector remained unclear.

**Conclusion:** There is no dominant trend in how the CoP concept is operationalized in the business and health sectors; hence, it is challenging to define the parameters of CoP groups. This may be one of the reasons for the lack of studies on the effectiveness of CoPs in the health sector. In order to improve the usefulness of the CoP concept in the development of groups and teams, further research will be needed to clarify the extent to which the four characteristics of CoPs are present in the mature and emergent groups, the expectations of facilitators and other participants, and the power relationship within CoPs.
Purpose: Present the design and initial evaluation of a unique, Web-enabled platform for the development of a community of practice around issues of oncology clinical trial accrual. Methods: The National Cancer Institute (NCI) conducted research with oncology professionals to identify unmet clinical trial accrual needs in the field. In response, a comprehensive platform for accrual resources, AccrualNet, was created by using an agile development process, storyboarding, and user testing. Literature and resource searches identified relevant content to populate the site. Descriptive statistics were tracked for resource and site usage. Use cases were defined to support implementation. Results: AccrualNet has five levels: (1) clinical trial macrostages (prestudy, active study, and poststudy); (2) substages (developing a protocol, selecting a trial, preparing to open, enrolling patients, managing the trial, retaining participants, and lessons learned); (3) strategies for each substage; (4) multiple activities for each strategy; and (5) multiple resources for each activity. Since its launch, AccrualNet has had more than 45,000 page views, with the Tools & Resources, Conversations, and Training sections being the most viewed. Total resources have increased 69%, to 496 items. Analysis of articles in the site reveals that 22% are from two journals and 46% of the journals supplied a single article. To date, there are 29 conversations with 43 posts. Four use cases are discussed. Conclusion: AccrualNet represents a unique, centralized comprehensive-solution platform to systematically capture accrual knowledge for all stages of a clinical trial. It is designed to foster a community of practice by encouraging users to share additional strategies, resources, and ideas.
Background: The increasing complexity of medical training often requires faculty members with educational expertise to address issues of curriculum design, instructional methods, assessment, program evaluation, faculty development, and educational scholarship, among others. Discussion: In 2007, The Royal College of Physicians & Surgeons of Canada responded to this need by establishing the first national clinician-educator program. We define a clinician-educator and describe the development of the program. Adopting a construct from the business community, we use a community of practice framework to describe the benefits (with examples) of this program and challenges in developing it. The benefits of the clinician-educator program include: improved educational problem solving, recognition of educational needs and development of new projects, enhanced personal educational expertise, maintenance of professional satisfaction and retention of group members, a positive influence within the Royal College, and a positive influence within other Canadian academic institutions. Summary: Our described experience of a social reorganization - a community of practice - suggests that the organizational and educational benefits of a national clinician-educator program are not theoretical, but real.
We introduce a primary care practice model for caring for patients with multimorbidity. Primary care for these patients requires flexibility and ongoing coordination, and it often must be tailored to individual circumstances. Such complex and flexible care could be accomplished within communities of practice, whose participants are willing to learn from their shared practice, further each other’s goals, share their stories of success and failure, and promote the continued evolution of collective learning. Primary care in these communities would be conceived as a complex adaptive process in which the participants use an iterative approach to care improvement that integrates what they learn and do collectively over time. Clinicians in these communities would define common goals, concrete care plans, and engage in reflective case-based learning. As community members manage their knowledge, gain insights, and develop new care strategies, they can improve care for patients with multiple conditions. Using a mix of methods, future research should explore the conditions that are necessary for collective learning within communities of clinicians who care for patients with multimorbidity and who develop new knowledge in practice. By understanding these conditions, we can foster the development of collective learning and improve primary care for these patients.
Patients with long-term chronic disease experience numerous illness patterns and disease trends over time, resulting in different sets of knowledge needs than patients who intermittently seek medical care for acute or short-term problems. Health-care organizations can promote knowledge creation and utilization by chronic patients through the introduction of a virtual, private, disease-specific patient community. This virtual socialization alters the role of chronic disease patients from external consumers of health-care services to a community of practice of internal customers so that, with the tacit support of their health-care organization, they have a forum supporting the integration of knowledge gained from the experiences of living with chronic disease in their self-management. Patient-centered health-care organizations can employ the virtual community to direct and support the empowerment of chronic patients in their care.