

## What is a Community of Practice and how do I use this resource?

Communities of Practice (CoP) are groups of volunteer participants that have an ongoing interaction around a shared concern (1). CoPs provide an environment in which professionals can share their practice experiences, develop and discuss areas of interests and build a sense of community (2).

A community of practice was a term first coined by Etienne Wenger, an education practitioner and academic, who described CoP as *“Groups of people who share a passion for something that they know how to do and who interact regularly to learn how to do it better”*. The successful CoP requires members to be participatory and is essentially lead by its members. It is the member’s responsibility to ensure that the CoP stays relevant, engaging and offers value to the domain of interest (3).

CoPs were initially developed to exchange information and knowledge but more recently are being used as tools to improve clinical and public health practice and to facilitate the implementation of evidence based practice. CoPs are being increasingly used in a range of areas from child welfare to education, business and public health (2, 4).

In the healthcare field, CoPs have been promoted as a tool to (5):

- Cross knowledge boundaries
- Generate and manage a body of knowledge for members to draw on
- Promote standardisation of practice
- Innovate and create new ideas, knowledge and practices

In developing a CoP, Wegner and colleagues identified 3 key elements to be included (6, 7):

- Community – to enable interactions, discussions, collaborative activities and relationship building
- Shared domain of interest – a shared purpose or goal of the group
- Shared practice i.e. repertoire of resources – techniques, tools, experiences, processes or practice



## How do I use this resource?

This resource has been especially designed with rural and remote health professionals in mind. The idea for this resource stemmed from a community of practice project run by Monash University in collaboration with the Menzies School of Health Research. The CoP involved a group of public health nutritionists working in the field of remote community store work. You will find many case studies from the Monash and Menzies CoP interwoven throughout this resource to assist you in learning about CoPs, the benefits of them, how to set them up, sustain and evaluate them. You can use this resource how you like, work through the webpage and the different headings or jump straight to the power point which is an easy 'go to' document to help you get your CoP up and running. Enjoy the resource and good luck setting up your very own CoP!

### **Case Study:**

#### ***Developing a CoP for Public Health Nutritionists working with remote stores***

Monash University (Monash) and Menzies School of Health Research (Menzies) came together to develop a CoP for Public Health Nutritionists working with remote retail stores. Working in the politically charged remote retail store environment is challenging and requires PHNs to be equipped with a unique skill set. The project team took these challenges into account and aimed to create a CoP with a positive atmosphere to encourage participants to share their experiences, their resources and learn from one another. The project team consisted of experienced PHNs from Monash and Menzies.

The CoP comprised 11 Public Health Nutritionists working with remote stores and they met initially in a face to face two day workshop in Darwin. The main focus of the workshop was for CoP participants to meet their peers and develop a common understanding of how the CoP would run over a set time frame of six months. Discussions centred on logistical considerations (frequency, day/time, video or teleconference facilities) and group guidelines including the goals and objectives of the CoP and important features to ensure that all members participated effectively. The project team delivered a series of sessions on topics that were identified by participants in a pre-workshop questionnaire as a learning need. From these sessions, participants were able to identify the group's shared skills and experience.

Following the two day workshop in Darwin, participants met every six weeks using teleconference and/or videoconference facilities as participants were located over the whole of remote Australia.

Sufficient time was scheduled into each meeting to enable participants to self-assess their PHN competencies against an accepted framework, to reflect on their work and set priorities of focus in a learning plan. Where time allowed many stories were shared and peers could contribute ideas or examples from their experience of how they had tackled various challenges in their workplace. A lead co-ordinator targeted questions to allow deeper critical assessment and reflection of work practices known as productive inquiry (3). Nearly all participants attended half or more of the planned sessions. Personal clashes with times and dates, work demands or technical issues, were the most common reasons for non-participation.

In addition to the group sessions, participants had access to a shared database of relevant evidence based resources related to remote store work. This was in the form of a web based storage system where the project team and participants could upload pieces of written work or other related material to support practice in remote stores. The database was initially set up by the project team but participants could and were encouraged to contribute. The website also enabled blogging and chat room discussions to keep the conversation going in between sessions.

The CoP was evaluated with a focus on the impact the CoP had made to the participants practice. It found that through sharing stories in a facilitated and specific supportive network of peers with access to relevant evidence base, the CoP facilitated a positive change in work competence and performance of participants in addition to positively impacting store infrastructure.

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