Evaluating a Community of Practice

Evaluation is widely used in public health and can be readily applied to CoP. Evaluation can be a powerful tool for decision making and building support for ongoing funding, it can help a CoP to (1):

- Find out ‘what works’ and ‘what doesn’t work’
- Conduct self-assessment
- Provide space for group members to self-reflect
- Improve capacity
- Identify new goals
- Implement effective public health practices
- Demonstrate effectiveness of a CoP stakeholders

There are many different ways in which a CoP can be evaluated beyond that of the individual participant only. Examples include:

1. **Questionnaire:***

   Use a baseline questionnaire, one during the CoP program and one at the end of a participant’s participation. The questionnaire may include information about the participant, their experience to date, place of employment, roles and responsibilities, previous experiences with CoPs, time spent on public health nutrition activities. The concluding questionnaire, may ask the participant to document any changes in the above information and the impact that their involvement in the CoP had on their work.

2. **Reflection:***

   i) **Group reflection:** the chair of the group may keep a log book that includes reflections from each CoP session and notes on correspondence with and between participants. Reflections can be undertaken using Gibb’s reflective cycle i.e. describe what happened during the session (observations), how it went, what sense can be made of the situation and what could have been and should be done differently next time (2). These reflections may be accompanied by written notes by the chair to contextualise and validate other evaluation data (3).

   ii) **Self-reflection:** Encouraging individual participants to undertake individual self-reflection can help them to turn their experiences into learning. It enables the participant to link together new and old experiences and develop higher order cognitive skills through seeking relationships between them (4). Individual
participants can also use Gibb’s reflective cycle to undertake their own reflection. You may also encourage participants to keep their own journal either free-form or structured and to engage in discussions with the CoP chair and other group members about their experiences between sessions.

**Gibb’s Reflective Cycle**

3. **Competency self-assessment:**

Competency standards for a given health discipline can be used as a framework for workforce development evaluation in CoPs as a means of categorising the knowledge, skills and attitudes necessary to effectively practice the discipline. Competency standards can be used to evaluate individual change by focusing on how the CoP has improved participants’ perceived performance in the workplace and their knowledge base for the public health profession (2).

4. **Most Significant Change (MSC):**

The most significant change evaluation method is a form of participatory monitoring and evaluation. The process essentially involves collating ‘significant change’ stories from participants in the CoP and the systematic selection of the most significant of these stories by the chair of the CoP through focus group discussions with CoP members. During the focus group discussions, members can sit together and read participants significant change stories aloud generating in-depth discussions about the value of these reported changes. The MSC model can enable the whole CoP to focus their attention on the program’s overall impact (6).
Case Study: 

*Using the Most Significant Change method to evaluate a Public Health Nutrition CoP*

The Monash and Menzies PHN CoP decided that the MSC model would be a useful evaluation tool for their CoP. Study participants were invited to share the significant changes over the seven months during their involvement in the CoP. Participants wrote short paragraphs and sent them to the project officer via email. Identifying aspects of these stories were de-identified and categorised into significant domains through narrative analysis for wider discussion with the whole group. The results were discussed with the CoP group using a focus group format. This allowed the whole group to be involved in clarifying and prioritising the most significant change stories from the group.

The MSC method highlighted the positive change that the CoP developed for participant’s performance and overall competency. Four key most significant changes were identified. The CoP provided participants with:

1. A great sense of professional support through sharing and reflecting
2. Helped participants to develop competencies and effectiveness to work in remote food supply
3. Recognition of the difficulty of working within this field and the need to ensure strong professional support networks
4. Helped develop a personal career focus in Public Health Nutrition
