

COMMUNITIES OF PRACTICE FOR KNOWLEDGE UTILISATION: THEORY, TECHNIQUE OR BOTH?

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Communities of Practice

Definition

A group of people who share a concern, a set of problems, or a passion about a particular topic, and who deepen their understanding and knowledge of this area by interacting on an ongoing basis

Characteristics

- ❖ *Mutual engagement*: establishing relationships and negotiating meanings through interaction
- ❖ *Joint enterprise*: a common set of tasks
- ❖ *Shared repertoire*: shared routines, words, tools, stories, symbols and concepts

CoPs in healthcare: what we know

Mainly uniprofessional and unidisciplinary, with strong boundaries

Knowledge flows relatively easily *within* CoPs but is sticky at the boundaries *between* them

Managerial control over CoPs is limited

Collective clinical mindlines get constructed by GPs in CoPs

Evidence of existence and effects of 'engineered' CoPs is sketchy and contradictory

What this study is about

Development of multiprofessional and multi-organisational CoPs in the process of healthcare collaboration

Design and methods

A qualitative single embedded case study in the *Heart Failure* and *Chronic Kidney Disease* themes of the GM CLAHRC (see Figure 1)

- ✓ 45 *semi-structured interviews*
- ✓ *Observation*
- ✓ *Documentary analysis*

Greater Manchester Collaboration for Leadership in Applied Health Research and Care (GM CLAHRC)

Implementation Strand

Heart Failure Stroke Chronic Kidney Disease Diabetes

Research Strand

'Patients with long-term conditions' 'Services' 'Systems' 'Practitioners'



Figure 1. The structure of the GM CLAHRC and the composition of Heart Failure implementation theme as an example of multidisciplinary, multiprofessional and multi-organisational collaboration.

(KTAs—Knowledge Transfer Associates)

CLAHRCs

Collaborative partnerships between a university and local NHS organisations aiming to:

- (1) conduct high quality applied health research
- (2) implement the findings from research in clinical practice
- (3) increase the capacity of NHS organisations to engage with and apply research.

Analytical perspective on CoPs

CoP approach is used to **analyse** *practice, identity, meaning and learning* in various groups

Mainly looks at **organic** CoPs which are informal and exist independently from formal organisational structures

CoPs as a theoretical lens

Instrumental perspective on CoPs

CoP approach is used as a **knowledge utilisation tool** enhancing innovation and joint working

Attempts to **deliberately cultivate** CoPs in an organisation and use them for achieving organisational aims

CoPs as a managerial technique

Initial findings

Primary care is characterised by the existence of **multiple, overlapping, 'organic' CoPs** which are centred around general practices, professional groups, and geographical areas.

New multiprofessional and multi-organisational CoPs are more likely to develop if they are **interconnected with existing communities and networks**.

Constructing a 'collaborative' identity in the process of collaboration may be hampered by **strong identification with existing professional and organisational communities**.

Formation of **supra-organisational CoPs** in primary care involving a number of practices is **problematic** because general practices are 'loosely coupled business units'.

The CLAHRC's ability to promote knowledge sharing is challenged by **boundaries between CoPs emerging within the organisation** around divisions, specific projects, and professional groups.

Questions for discussion

