

COFFEE **PRESENTS**

The 2010 Webinar Series: Assessing Value and Innovation in CoPs



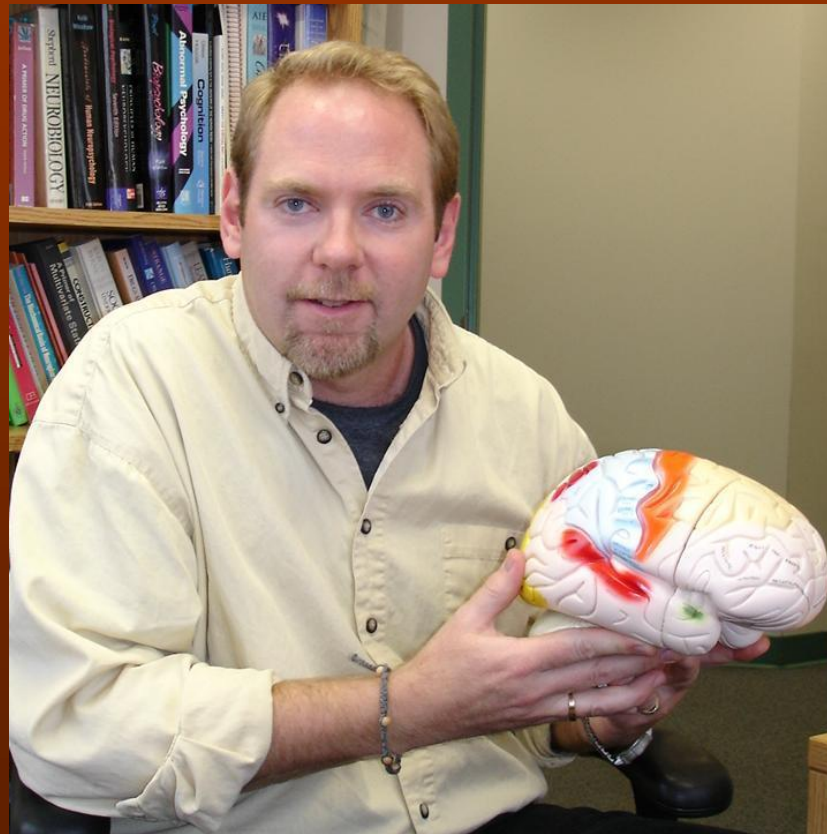
Your hostess

- This webinar is being recorded and will be archived on the COFFEE website at www.coffee-ab.ca



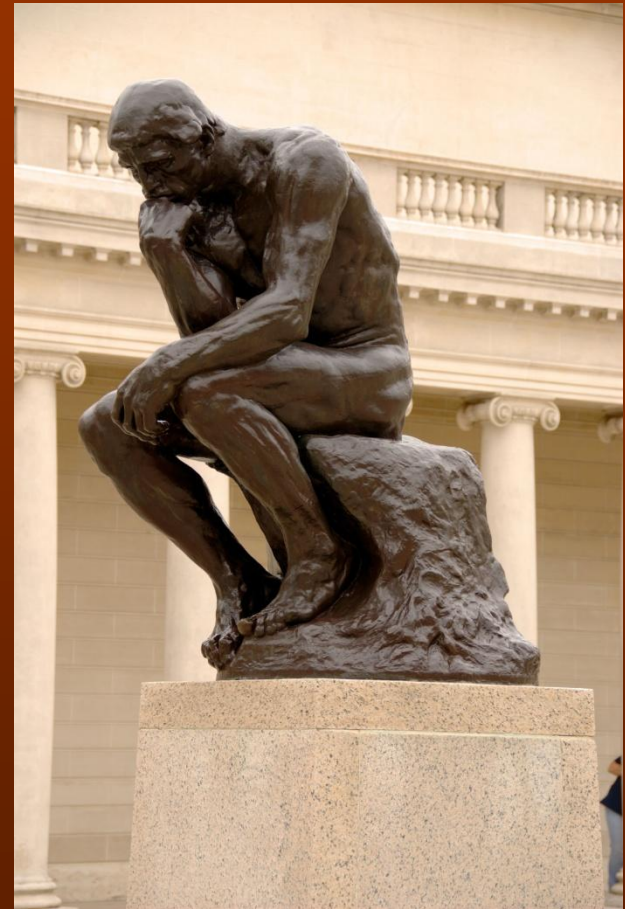
Your webinar presenter...

Scott Oddie - RDC



Think about it....

- To assess a CoP we need to understand:
 - What is it?
 - What does it do?
 - What do we want it to do?
 - Goals
 - Aims
 - Values
 - purpose



What is a CoP?

“Domain”

“Communities of Practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.”



Etienne Wenger

(2002)

“Practice”

“Community”

CoP Conceptual Framework



**What do you
want to
know?**

**Who will use
this
information?**



A Story...

- Dr. Sarah Bowen

Your turn to talk...



A plan...

- 1. Bring together a group of members and key informants**
- 2. Identify intended users of the assessment information**
- 3. Clarify purpose and approach (e.g. utilization-focused)**
- 4. Determine what you want to know?**
- 5. Develop questions to address knowledge needs**
- 6. Assign a method to collect the necessary information**
- 7. Determine who gets what info and how are they to act on the info**

An example & a few simple tools...



Assessing ICT & Organizational Support

- allocation of time for CoP Activity
- encouragement to participate

Return on Investment

- direct calculation of the return on investment in communities

See resource list



Assessing Relationships

- strength
- help with knowledge needs and doing
- how well members get along
- trust, sense of belonging

See resource list





Assessing CoP Activity

- what activities happen in your CoP
- what change in activity would members like to see
- how members interact

Assessing WIIFME

- personal value in participating

See resource list



Assessing ICT and Organizational Support

- **how different means of communication has worked for your community**

See resource list

**Assessing
Coordination and
Facilitation**

**Assessing Outcomes
and Improving
Community**

**Story-Based
Evaluation: Most
Significant Change**

See resource list



Other Tools and Resources

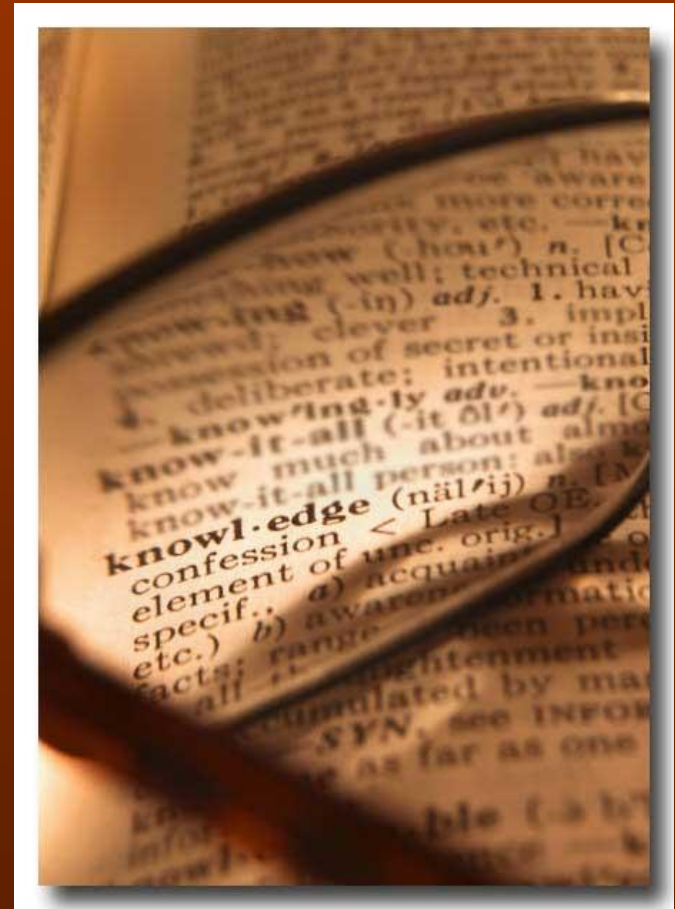
- ROI
- Resource list available on request to jackie.egg@rdc.ab.ca

Assessing CoP Value

“...the main value in CoP’s is to be found in faster and better ways of exchanging knowledge and in improving the conditions for innovations.”

Verberg &Andriessen, 2006

But what is knowledge?



“In the knowledge society...



...individuals are central. Knowledge is not impersonal....does not reside in a book, a databank, a software program; they contain only information.

Knowledge is always embodied in a person; carried by a person; created, augmented, or improved by a person; applied by a person; taught and passed on by a person; used or misused by a person. The shift to the knowledge society... puts the person in the centre.” Peter Drucker

Knowledge

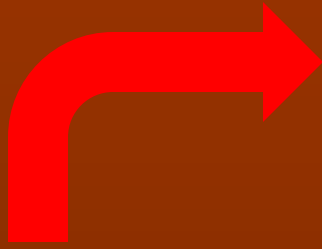
Explicit knowledge

- Is knowledge that has been codified, typically in objects, words and numbers, in the form of graphics, drawings, specifications, manuals, policy, procedures, or practice guidelines which can therefore easily be shared and understood.

Tacit knowledge

- Sometimes also called implicit knowledge, consists of mental models, skills, behaviours and perspectives, largely based on experience.

Knowledge Exchange



Socialization: sharing tacit knowledge among people (e.g. nurses share stories about a problem at lunch)

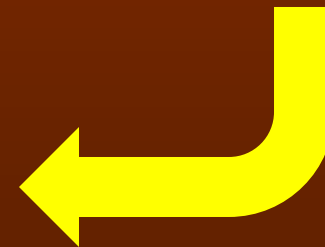


Externalization: making tacit knowledge explicit (e.g. documenting a health practice)

Internalization: turning explicit knowledge into tacit knowledge (e.g. apply knowledge to a problem)



Combinations: combining explicit knowledge from diverse sources (e.g. health conference)



Adapted from
Nonaka & Takeuchi, 1995

The Challenge

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The Challenge

Your turn to talk...



Why CoPs? Why Now?

- ✓ Creativity/innovation
- ✓ Collaborative practice – role clarity
- ✓ Networking/social capital/work place satisfaction
- ✓ More comprehensive approach to & application of knowledge
- ✓ Shift from Evidence-based to Evidence-informed
- ✓ Adapting to change/QI/Renewal Roberta
- ✓ Continuity of Care



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