Chapter 25
Evaluating CoPs in Cancer Surgery

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ABSTRACT

This chapter describes a framework for developing and evaluating Communities of Practice initiated by local healthcare organizations and groups. The framework explores specific features of a CoP in the field of quality improvement and the managerial implications of utilizing traditional forms of medical socialization and cultural transmission. The authors describe their own experiences with a CoP in one of the health regions of Ontario, Canada, and compare them to other conceptual and theoretical approaches in the field. The chapter breaks down the implementation of CoP projects in medicine into manageable steps and presents an evaluation tool that could help develop an adequate evaluation process.

INTRODUCTION

Although collaborative improvement initiatives in health care have been garnering much attention in clinical and management literature, research into their organization and social facilitation is still underdeveloped. This gap is significant because although it is a promising innovation, the model is difficult to execute and is yet to be proven effective. (Grimshaw &Eccles, 2004; Sheaff & Pilgrim, 2006; Mittman, 2004)

The situation is further complicated by concerns raised about the complexity and variability of the collaborative projects in health care. Two best known examples of quality improvement collaboratives in the UK and US use very different implementation methods and learning processes. Both models are criticized for physician deprofessionalization and a "proletarization" with a focus on institutional restructuring at the costs of professional development; methodological weak-

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nesses; and biases in reporting. (Bate & Robert, 2002; Kilo, 1998)

Indeed, for organizations that struggle with implementation of quality improvements in healthcare, determining whether a Community of Practice is potentially a useful tool and is worthy of support can be a difficult task. (Cretin, 2004) In fact many small organizations at the local level lack methodological expertise, resources, and skills to undertake such assessments. (Mittman, 2004)

One of the biggest benefits of CoPs is that they are tailored to specific cultures and traditions within different organizational units. However, this advantage presents the biggest challenge for standardised monitoring and evaluation. Such standardization is deemed desirable in the knowledge translation literature for reporting operational insights from CoP implementation. (Li et al, 2009) The only common denominator seen consistently though, is a social facilitation phenomenon that is observed in CoPs. To describe it, evaluators must measure and understand the community and organizational context in which the CoPs operate. (Cheadle et al, 1998) To accomplish this, we need to break down the social facilitation process in CoPs into measurable steps and develop adequate evaluation tools in order to best understand and enable the CoPs.

Building on knowledge management concepts, we suggest documenting the common features of CoPs under the four categories: Innovation, Knowledge Transfer, Social Capital and Organizational Memory. Insights from our own experience with facilitating a CoP in cancer care have help us illustrate the importance of each of these four essential components in the implementation of CoP.

Our COP Implementation Framework is derived from an integrated knowledge spiral based on the work of Nonaka and Takeuchi 1995, and adapted to the COP in medicine process (Fung-Kee-Fung 2008). The COP process being described as a sequence of knowledge conversion modes:

- **Explicit to explicit:** Innovation
- **Explicit to tacit:** Knowledge Transfer (KT)
- **Tacit to tacit:** Social Capital
- **Tacit to explicit:** Organizational Memory

The CoP Implementation Framework is described in details elsewhere. (Fung-Kee-Fung et al, 2008, 2009). For evaluation purposes the four main categories (Innovation, Knowledge Transfer, Social Capital and Organizational Memory) are briefly described in the section below.

ESSENTIAL COMPONENTS OF THE COP PROCESS

These four essential components of the **CoP Implementation Framework** are universal across all settings and cultures and have the potential to be the basis for the development of a global evaluation framework.

Innovation

Innovative ideas can be initiated and championed by any one of three key stakeholder groups (clinical practice, research and administration/policy) involved in our Cancer Surgery CoP. Each of these groups approaching the shared issues from different perspectives, For the clinicians, the approach is the passionate implemention of innovative patient treatment technologies (e.g. minimally-invasive surgery, use of nuclear medicine, etc.) and improving the effectiveness of their care at the individual patient level. Administrators are tasked with initiating standardization and optimization(improving efficiency) of hospital processes. Health services researchers on the other hand are focused on proposing an experimental set-up for testing changes and improvements. These three groups have never truly developed a common identity previously and have historically struggled with their strong professional boundar-