

COMMUNITIES OF PRACTICE REVIEW

March 2019

BACKGROUND

Introducing a Community of Practice (CoP) is one way to establish and maintain needed strategic relationships between educational and clinical practice settings and thus advance mutual interests. A CoP has 3 elements:

1. an identity defined by **a shared domain of interest**;
2. **a community** which builds relationships and enables them to learn from each other; and
3. **a shared practice** (Wenger-Trayner, 2015).

CoPs are a means of generating/exchanging/sharing knowledge and experience, improving organizational and individual performance, solving problems, innovating, inventing new practices, enhancing relationships and developing a collective and strategic voice. Group projects provide a balance between “doing and learning”, create personal relationships and provide a way to produce needed outputs, such as tools, improved practice, etc. (Cambridge et al, 2005).

The intent in introducing the academic-service CoP is to strengthen the bond between nursing education and service, creating effective partnerships that will result in a richer understanding of the roles and functioning of both nursing sectors, improved clinical experiences for students and staff, enhanced learning and practice by CoP members, improved policies and processes and, ultimately, a higher quality of patient care.

The review is based on an interview and correspondence with the CoP committee members and a review of CoP Action Plans and concept note.

CURRENT STATUS

The CoPs function on the basis of Action Plans involving the NI and hospital with information sharing occurring within the Core Committee and in some meetings with other stakeholders. The Action Plans vary in length with 3 covering 18 months, and 3 spanning 12 months. All show an indication to have a Core Committee with monthly meetings and a CoP Coordinator.

There are reports from all 6 CoPs for December 2018. All reports show very good progress made in their planned activities. A synopsis of the review of the Action Plans is found in Annex A.

The number of activities selected range from 2-6. All NIs have one activity (attitude change) which is essentially the same in terms of focus and actions and this will make it

easy to evaluate implementation and issues. All NIs plan to work with students and staff to develop positive attitudes.

All 6 NIs chose to work on health education for the public and two chose to address an assignment book for students and nurses. Other topics were conducting and speaking at meetings, image building, and improving student clinical practice via a checklist. NI Bagura addressed an activity to “Improve Interpersonal relationship between doctor & nurse”.

Exchange visits:

The HRH project supported DGNM to organize exchange visits in 2018 to foster peer learning. Three exchange visits were conducted among three well performing nursing institutes adjacent to the district hospitals (Bagura and Tangail visited Khulna, Khulna visited Joypurhat) that are implementing Communities of Practices. During the period of September-December 2018 a team of 6 CoP members participated in each exchange visit. Objectives of the exchange visits were to:

- share implementation of Communities of Practices (CoP);
- observe progress and share the benefits of CoP, including others’ good practices;
- observe physical facilities of the NI and hospital;
- discuss management issues encountered in their respective workplaces and share ideas for solving them;
- observe Laboratory and Library management;
- observe working relationships between the hospital and Nursing Institute;
- exchange ideas for clinical placement; and
- increase productivity and quality of work.

During each visit the team completed a checklist and prepared a report. They committed to initiate 2 good practices (maximize uses of limited resources) in their respective institutes.

NI Bogura stated that they liked the physical facilities, administration and management and lab management of activities of NI Khulna and committed to implement lab management and clinical practice in their institute. NI Khulna commented in their report that cleanliness of premises of NI Joypurhat is wonderful, team building is strong and the working relationship between the hospital and Nursing Institute is also good. NI Tangail liked the interpersonal relationship and lab setup of Khulna and they are interested in initiating these activities in their institute. Three of the NIs noted that the visit is very supportive and a very good way to learn from each other; share good practices and increase productivity and quality of work. It is also an opportunity to discuss management issues encountered in their respective workplaces and share ideas for solving them.

Challenges:

CoP is a new concept for the nursing community in Bangladesh and there are a number of challenges. These include: a shortage of trained nursing instructors in the nursing institutes; clinical supervisors lack the relevant knowledge and skills for assisting students in their clinical learning; and financial support. Time is also a hindering factor. In summary, it is challenging to continue the CoP activities with existing human resources and facilities but routine monitoring would be helpful to support them in their COP activities.

LESSONS LEARNED REGARDING COP

The HRH project supported DGNM to implement Communities of Practice (CoP) in 6 NIs attached to medical colleges and district hospitals. Two-day CoP orientation workshops were organized with participants from NIs and hospitals during which Action Plans were developed. Action plan activities included the working relationship between hospitals and NIs and exchanging ideas for clinical placement and processes for increased quality of work and patient care.

Lessons learned regarding the COP initiative:

- Nursing instructors and hospital staff were motivated with a very positive attitude during the orientation workshop on CoP; in part because they received a financial incentive. Now, with no financial support, they are reluctant to continue the activities. Therefore, the NIs should have some budgetary allocation to convene the CoP meetings and organize resources/materials to carry out CoP activities.
- CoP is a new concept for the nursing community in Bangladesh. They needed more assistance in developing and carrying out their Action Plans. They organized many activities but it was difficult for them to narrate these. Ongoing follow-up and assistance were crucial and required considerable time commitment.
- In the hospitals there were shortages of trained clinical supervisors to guide the students and staff in the activities outlined in the action plan. Trained clinical/skilled nursing supervisors are essential.
- Transfer, deputation and retirement of the CoP members caused slowdown in CoP activities. New members required training/orientation.
- Shortage of Instructors in Nursing Institutes was a hindering factor and Institute staff found the activities time consuming.
- Teams of 3 NIs (Cumilla, Khulna and Bagura) were found to be hard-working and motivated with a very positive attitude. A very cordial relationship has been

observed between the NIs and Hospitals in these 3 communities while such relationships were lacking in the others. Sound relationships between the hospitals and NIs are essential to implement CoP smoothly and effectively.

- Exchange visits were organized to facilitate the peer learning process through sharing of information/ knowledge on best practices. Six-member teams were formed from the selected NIs to undertake a two-day exchange visit. Teams members found the visits were very supportive and a very good way to learn from each other, share good practices, increase productivity and quality of work, and discuss management issues encountered in their respective workplace and share ideas for solving them. More exchange visits are crucial to COP success.

CONCLUSIONS

The focus on Action Plans is appropriate to establishing and improving relationships between the NI and practice setting. Use of monitoring and documentation should aid in improving organizational and individual performance, solving problems, enhancing relationships and developing a collective and strategic voice. More emphasis on information sharing (e.g. feedback) would be helpful in motivating and sustaining behaviour change, enhancing relationships, and sharing information and experiences. Taking on fewer activities at a time is also advisable given the staffing situation for both education and practice.

RECOMMENDATIONS

1. Limit the selected activities to 2-3 per year. It is often a good plan to have a prioritized list of things a group wants to do together.
2. Consider how the current activities related to attitudes and student clinical practice can be extended to other units.
3. Place more focus on information sharing, such as in sharing results of monitoring, etc.
4. Gather baseline data on the CoP and its activities in order to be able to evaluate effectiveness.
5. Encourage the NIs to share their experiences with others via national conferences, Facebook, etc.
6. Hold a workshop to review progress, and with a focus on information sharing and on monitoring and evaluation.
7. Disseminate information on COP activities within the NIs and hospitals on a regular basis.

REFERENCES

Cambridge, Darren, Kaplan, Soren, and Suter, Vicki. (2005). *Community of Practice Design Guide A Step-by-Step Guide for Designing & Cultivating Communities of Practice in Higher Education*.

Retrieved from <https://net.educause.edu/ir/library/pdf/nli0531.pdf>

Ranmuthugala, Geetha, Plumb, Jennifer J., Cunningham, Frances C., Georgiou, Andrew, Westbrook, Johanna I., and Braithwaite, Jeffrey. (2011). *How and why are communities of practice established in the healthcare sector? A systematic review of the literature*. BMC Health Services Research. 14 October 2011. Retrieved from

<https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-11-273>

Wenger-Trayner, Beverly & Wenger-Trayner, Etienne. (2015). *Introduction to communities of practice. A brief overview of the concept and its uses*. Retrieved from

<http://wenger-trayner.com/introduction-to-communities-of-practice/>

ANNEX A: SYNOPISE OF CoP ACTION PLANS

NI KHULNA

The Action Plan covers an 18-month period and 5 activities.

Activities: Sub activities 27; 25 completed (92.59%)

1. Core Committee meeting- 2 sub activities were accomplished:
 - Selected CoP coordinator
 - Arranged meetings (7 meetings held and Core Committee meetings planned for each month).

2. Develop positive attitudes of nursing staff toward clients –7 sub activities; 6 completed:
 - Resource persons identified for sub activities
 - Checklist prepared
 - Introduced comment book in wards 9 &10
 - Conducted orientation sessions (2 orientation sessions held)
 - Monitored attitude practices
 - Verified comments from comment box (but no feedback of findings to the nurses).

The group plans to practice behaviour change over a 12-month period. Patient satisfaction survey and documentation are going on.

3. Develop positive attitude of student nurses toward clients - 9 sub activities; 7 completed:
 - Identified focal person
 - Oriented students regarding positive attitude towards clients (2 orientation sessions held)
 - Introduced comment book
 - Prepared checklist
 - Monitored attitude practices
 - Reviewed comment book and comments from box for patients for patient satisfaction survey
 - Compiled report.

4. Collected baseline information on patients' perceptions of nurse-midwives' attitude towards patients and nursing care performance in public health facilities using a questionnaire.

5. Image building activities – 9 sub activities outlined and completed:
 - Committee formed for Victory Day celebrations
 - Organized meeting
 - Identified activities, dates, and resources

- Informed local authority
- Developed materials
- Oriented students and staff regarding activities
- Organized health fair for public at nursing institute campus
- Conducted the health awareness activities (HE and counselling)
- Documented the program.

NI JOYPURHAT

The Action Plan covers 12 months and 5 activities.

Activities: sub activities 22; 17 completed (77.27%)

1. Core committee meeting - 2 sub activities completed:
 - Selected coordinator
 - Completed 6 meetings up to 20 Sept. 2018.
2. Develop positive attitude of nurses and student nurses towards clients – 8 sub activities outlined; 6 completed:
 - Resource persons identified
 - Organized four orientation sessions
 - Practiced positive attitude in 4 wards
 - Collected baseline information on patients' perceptions of nurse-midwives' attitude towards patients and nursing care performance in public health facilities using a questionnaire
 - Developed a checklist to monitor attitudes; monitoring is going on but has no time frame. (The activities do not include feedback to nurses and students or dissemination of findings)
 - Compiled document & report at 6-month intervals.

Patient satisfaction survey (via review of patient comment book) and monitoring of attitude are going on. There is a plan to practice behaviour change for a year.

3. Arrange health education session at outdoor/front of the specific wards/ANC by 2nd & 3rd year students – 7 sub activities outlined and completed:
 - Formed committee
 - Selected topics
 - Developed/ collected materials
 - Informed hospital authority
 - Organized 6 health education sessions on ANC, PNC, breast feeding, HTN and VIA for antenatal and postnatal mothers.
 - Documented the program.

4. Practice how to conduct meetings and speak in a program – one activity only is outlined but not initiated; this needs more actions and would no doubt benefit from the guidelines on conducting meetings. This activity should incorporate the guidelines into the plan and continue for another year.
5. Ensure assignment book utilized for staff nurses and student nurses – 3 sub activities completed:
 - Responsible persons identified
 - Conducted 4 orientation sessions,
 - Introduced assignment book in wards 1,2,3 and 4.

Documentation is going on.

NI BOGURA

The Action Plan covers 12 months and 6 activities.

Activities: 27 sub activities; 25 completed (92.59%)

1. Core committee meeting- 2 sub activities completed:
 - Selected CoP coordinator
 - Organized 10 meetings
2. Develop positive attitudes of nurses & student nurses towards clients – 6 sub activities; 5 completed:
 - Identified focal persons
 - Oriented SSNs and students
 - Introduced comment book in selected wards
 - Developed checklist and monitored attitude. (Actions do not include feedback of findings to nurses and students)
 - Collected baseline information on patients' perceptions of nurse-midwives' attitude towards patients and nursing care performance in public health facilities using a questionnaire

Practicing positive attitudes in the selected wards is going on.

3. Arrange health education session at outdoor by 3rd year students – 7 sub activities identified and completed:
 - Selected topics
 - Developed content and collected materials
 - Informed hospital director
 - Selected venue (OPD)
 - Implemented health education on EPI, breast feeding and hand washing
 - Assessed the sessions and provided feedback
 - Collected photograph for documentation.

4. Image building activities – 3 sub activities completed:
 - Selected responsible persons
 - Invited community leaders
 - Organized health fair during celebration of International Midwifery Day on 5 May and International Nurses Day on 12 May 2018.

5. Improve interpersonal relationship between nurses & doctors – 4 sub-activities identified; 3 completed:
 - Arranged 3 meetings
 - Identified problem related to relationship and discussed issues with nurses and students (e.g. time limitation and lack of financial support)
 - Oriented other staff nurses and student nurses to the issues
 - Collection of baseline information - not initiated yet. (data collection of video and photos only, no interviews; there are no actions to address physician remediation).

6. Improvement of clinical practice – 4 sub activities; all completed:
 - Developed checklist
 - Shared the checklist with SSNs
 - Oriented students to the checklist
 - Monitored clinical practices. (An action is needed to review the checklist and evaluation of improvement of practice).

It is good to see that the Superintendent, physicians, RMOs, RS are invited to the monthly student meeting but the purpose is not clear.

NI CUMILLA

The Action Plan covers a 17- month period and 3 activities.

Activities: 19 sub activities; 18 completed (94.73%)

1. Core Committee meetings - 2 sub activities completed:
 - Selected CoP coordinator
 - Organized 4 meetings.

2. Develop positive attitudes of nurses & nursing students toward clients – 10 sub activities; 9 completed:
 - Identified focal person
 - Developed checklist
 - Oriented staff to the checklist
 - Oriented students to the checklist (2 orientation sessions held)
 - Monitored attitude

- Collected baseline information on patients' perceptions of nurse-midwives' attitude towards patient and nursing care performances in public health facilities using a questionnaire
- Introduced comment book in wards 16 and 20
- Developed checklist for patient satisfaction survey
- Completed documentation and reporting

Practice of positive attitude and monitoring are going on. (Actions do not include feedback to nurses and students or dissemination of findings).

3. Arrange health education (HE) session at outdoor of CuMCH by 2nd & 3rd year students – 8 sub activities outlined and completed:

- Committee formed
- Topics selected for health HE
- Developed content and collected materials
- Informed hospital director
- Selected venue and fixed date and time
- Delivered 4 HE sessions on ANC, NC, PNC, breast feeding and hand washing
- Evaluated the sessions with developed checklist
- Documented (photo attendance sheet).

NI TANGAI

The Action Plan covers 18 months and 3 activities.

Activities: 19 sub activities. Completed 11 (57.89%)

1. Core Committee meeting –2 sub activities completed:
 - Selected responsible person
 - Organized 6 meetings
2. Develop positive attitudes of nurses & students toward clients –10 sub activities identified; 6 completed:
 - Identified resources person
 - Prepared checklist to monitor attitude
 - Oriented the staff to the checklist
 - Collected baseline information on patients' perceptions of nurse-midwives' attitude towards patients and nursing care performance in public health facilities using a questionnaire
 - Introduced comment book in wards 1, 3 and 7 (activities do not include feedback to nurses and students or dissemination of findings)
 - Conducted health education session on breast feeding for antenatal clients.

There is a plan to practice behaviour change for 12 months. Monitoring attitudes, patient satisfaction survey, reporting and documentation are partially completed.

3. Ensure assignment book for nurses & students in wards 1 and 3 – 5 sub activities outlined; 3 completed and the others partially completed:
 - Formed committee
 - Oriented nurses and students to the assignment book
 - Implemented assignment book in wards 1, 2 & 3.

Documentation is going on.

NI THAKURGAON

The Action Plan covers 12 months and 6 activities.

Activities: 25 sub activities;19 completed (76 %)

1. Core Committee meeting –2 sub activities completed:
 - Selected CoP coordinator
 - Organized three meetings
2. Develop positive attitudes of nurses & students toward clients and staff – 8 sub activities; 4 completed and implementation underway for other activities:
 - Selected responsible person
 - Developed a checklist
 - Organized four orientation sessions for staff and students
 - Collected baseline information on patients' perceptions of nurse-midwives' attitude towards patients and nursing care performance in public health facilities using a questionnaire

Implementation for practice of positive attitude, monitoring and documentation is underway. Actions do not include feedback to nurses and students or dissemination of findings. There is a plan to practice behaviour change for 12 months.

3. Arrange health education session at outdoor by 2nd and 3rd year students – 8 sub-activities outlined and completed:
 - Formed a committee
 - Selected topics for health education (HE) (there is a plan for arranging HE for 12 months)
 - Topics selected
 - Developed materials
 - Fixed date and time
 - Informed hospital authority
 - Conducted 2 health education sessions for antenatal mothers on hand washing

Assessed the sessions and documented them.

4. Image building activities- 3 actions outlined; 1 completed:
 - Formed committee

5. Clinical supervision -5 activities outlined; 4 carried out:
 - Formed committee
 - Prepared objectives
 - Developed checklist and provided feedback.

6. Dissemination of CoP activities – 2 identified and completed:
 - Disseminated their activities on Facebook
 - Informed the civil surgeon, hospital superintendent and RMO of their activities