

How effective is a virtual Community of Practice as a learning space for health professionals?

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“Communities of practice (CoPs) are groups of people who share a concern, a set of problems or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.” CoPs are common in the health sector and make an important contribution to workplace based learning through direct patient care, formal education, informal discussions, observations and interactions that occur on a daily basis. In recent years, with improvements in information communication technologies more ‘virtual’ learning spaces have been created for health professionals to support learning, knowledge transfer and information exchange that is timely and convenient for users. However, existing research evidence suggests that the internet is not an effective place for learning among health professionals, with online interactions generally low and many communities failing to reach their potential. A virtual CoP was created for clinical supervisors from across the health professions as an adjunct to a face-to-face professional development programme that is run nationally known as ‘Teaching on the Run’ (TOTR). The primary objective was to create a learning space for workplace based clinicians where they could ask questions and share information to improve their knowledge and skills as teachers, supervisors and assessors of undergraduate and postgraduate student. In phase 1, a needs analysis was conducted to identify areas that the target audience felt would be beneficial to support their learning and subsequently a virtual CoP was designed and pilot tested with a small group of users. In late 2012, phase 2 was undertaken and this involved refining the virtual CoP based on feedback from test users, with phase 3 being a partial launch in early 2013. Specifically, this involved promoting the online community to facilitators of the TOTR programme and inviting them to participate in one or more of the learning areas. Phase 4, which will follow in late 2013 will include expansion of the virtual CoP to include any health professionals who attend the TOTR workshops that are run by the trained facilitators. The rationale for a stepwise process for roll out of the virtual CoP has been to ensure the system is robust, works effectively and can gradually be scaled up without accessibility and functionality issues arising. In addition, the extended timeframe ensures that provision of content within the learning spaces can occur on a gradual, ongoing basis. Preliminary results from phase 3 of the project will be presented. Specifically, levels of engagement with the learning spaces that were created for resource sharing, forum discussion and to ask for expert input will be presented, along with other user analytics from the initial 3-month period since launch of the virtual CoP to facilitators of the TOTR programme. These findings will reveal how effective this virtual CoP has been in creating a learning space for health professionals thus far.