Communities of Practice (CoP) – In Brief

CoP's are focused on practice improvement or advancement and aim at solving common problems and pursuing objectives that ***'will serve all participants or their constituencies, by helping members to do their jobs better.'*** [1]

Contents

BACKGROUND

In the Scoping Study (July 2014) it was recommended that High Performance Team (HPT) characteristics be cultivated in the OT to enable positive outcomes for both patients and staff.

It was suggested that Communities of Practice (CoP's) could be used to communicate this approach as well as be used as a tool to support one characteristic of the HPT: <u>Mutual Support and Coaching</u>.

It is noted that the CoP's themselves should be organised as a HPT to imbed HPT characteristics. *See setting up a CoP below.*

WHAT IS THE DIFFERENCE BETWEEN A TEAM AND COMMUNITIES OF PRACTICE (CoP)

COPs, are essentially groups of individuals who are united together to improve practice.'[2]

For the purposes of the work that BTT Medical is doing I see the distinction as:

- Team – The group of professionals who are working on specific tasks, for example in an Operating Theatre, to achieve an organisational outcome, for example surgery on a patient. This group would use the High Performance Team concepts and tools such as Below Ten Thousand (BTT).

- COP – A group of professionals from the same work environment and profession, eg the hospital, to build meta-capabilities, improve processes and extend knowledge. This group would unit to *'improve practice'[3]* and disseminate information to other professionals in the Hospital and potentially further afield. It is envisaged that

  o *A CoP* could be set up in your Hospital; and

  o Potentially *Super CoP's* could be set up across regions, drawing from members of your Hospital and other Hospitals CoP's, to discuss issues and influence other professionals and management.

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[2] Hays, J. Martin, 'High-Performing Teams and Communities of Practice', International Journal of Business & Economics, Volume 7, Number 1, Fall 2008. Page 107.

[3] Hays, J. Martin, 'High-Performing Teams and Communities of Practice', International Journal of Business & Economics, Volume 7, Number 1, Fall 2008. Page 107.

WHAT ARE THE BENEFITS OF COMMUNITIES OF PRACTICE (CoP)?

As the OT team changes every day and may never be exactly the same again it is difficult to implement standard teaming approaches as traditional approaches tend to rely on relatively static team structures.

Rather than a top down push from management the CoP approach encourages bottom up, sideways and top down learning, knowledge development and sharing depending on who is involved in the CoP. The CoP could identify and discuss issue and solutions. It could be used to effectively disseminate information as it is biased towards *'learning in working.'*[4]

A CoP takes the onus away from one or two individuals to improve things and uses the power of a group.

SETTING UP A CoP.

When setting up a CoP I would suggested that you:

- Utilise HPT characteristics and approaches. These include:
    - Developing a CoP Charter that identifies the purpose and structure of the CoP.
    - Identify and understand the HPT characteristics.
- Make certain the right people are invited to participate in the CoP by:
    - Understanding the culture of the organisation.
    - Knowing what the problem is that you are going to solve.
    - Ensuring that everyone who is there has something to offer.

THINGS THAT COULD BE DISCUSSED AT A CoP MEETINGS

As Identified there are a number of things that the CoP could do but to ensure that it doesn't just become a talk feast it would be useful to have some guiding boundaries. As such I think the first thing that it should do is develop its own Team Charter.

Develop a Hospital OT Team Charter

As obvious as they look the elements of the Team Charter are often overlooked. We are used to seeing Visions, Values and Mission etc at the management or strategic level of an Organisation. These are the things that the bosses go away for a weekend at a high end

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[4] Hays, J. Martin, 'High-Performing Teams and Communities of Practice', International Journal of Business & Economics, Volume 7, Number 1, Fall 2008. Page 106.

resort to 'work on' with a highly paid team of consultants. They are imposed rather than adopted as part of a collaborative effort. The Team Charter includes a number of familiar elements but the difference is that it is developed and agreed to by the team. Its purpose is to identify an approach to working that clicks with the team and assists to turn them from diverse group of individuals into a collaborative unit.

The CoP could develop a Team Charter for the CoP as well as develop a mutually acceptable Team Charter that would be applicable for OT's in their Hospital. The Team Charter documents a number of elements from the HPT and ensures everyone is on the same page when it comes to ways of working.

It is important that the Team Charter is not a weighty tome. It must be succinct and easy to digest and disseminate and could be short enough to display on an A3 poster. Elements of the Team Charter should be relevant to the circumstances and could include some or all of the following

- **Vision** – Desired future state. *Who we are, where we are, where are we going. What makes us special?*

- **Values** – Philosophy and ideals to "live up to'. *Principles, guidelines, credo*

- **Mission / Purpose** – *Why are we here? Why are we doing this? What must we accomplish?*

- **Goals** – Required achievements and contributions to the hospital / patients. *What specifically must we do this period / week / year etc. What is important for us to achieve as a team?*

- **Working Together** – Commitments team members make to one another. *How can we work together most effectively? How do we want to be as a team?*

- **Scope** – Breadth and depth of team responsibilities. Work boundaries. *What's in and what's out. How far can we go?*

- **Team Members** – Who we are and to whom do we report.

- **Role and Responsibilities** – Broad definitions and expectations for performance and guiding principles. *What do we do, for whom and how?*

- **Skills and Knowledge** – The main / important skills and knowledge areas we require to fulfil our mission / scope and roles. *What helps us work effectively as a team and to continue to learn and grow.*

CoP Worksheet:

Community of Practice	Team Charter	Statement
Vision	Desired Future State: Who are we; Where are we going:	
Values	Philosophy: Ideals to live up to; Give me my Mojo:	
Mission / Purpose	Why are we here: Why are we doing this; What must we accomplish:	
Goals	Required achievements for: Patients; Staff:	
Working Together	Commitments we make to one another: Working effectively as a team:	
Scope	Work Boundaries: Limits of responsibility; What's in, What's out:	
Team Members	Who is in our team: Who do we report to:	
Roles and Responsibilities	What do we do: For whom; How:	
Skills and Knowledge	Competencies we possess to fulfil our mission, scope and roles: What helps us work together as a team; How do we go about growing capacity:	

What are High Performance Team concepts?

'Key distinguishing characteristics setting self-directed teams apart from other forms of work teams and groups include their high levels of shared purpose, self-coordination and direction, accountability and inter-reliant and synergistic operation.'

(Hays, J, 2004, Building High-performance Teams – A Practitioner's Guide)

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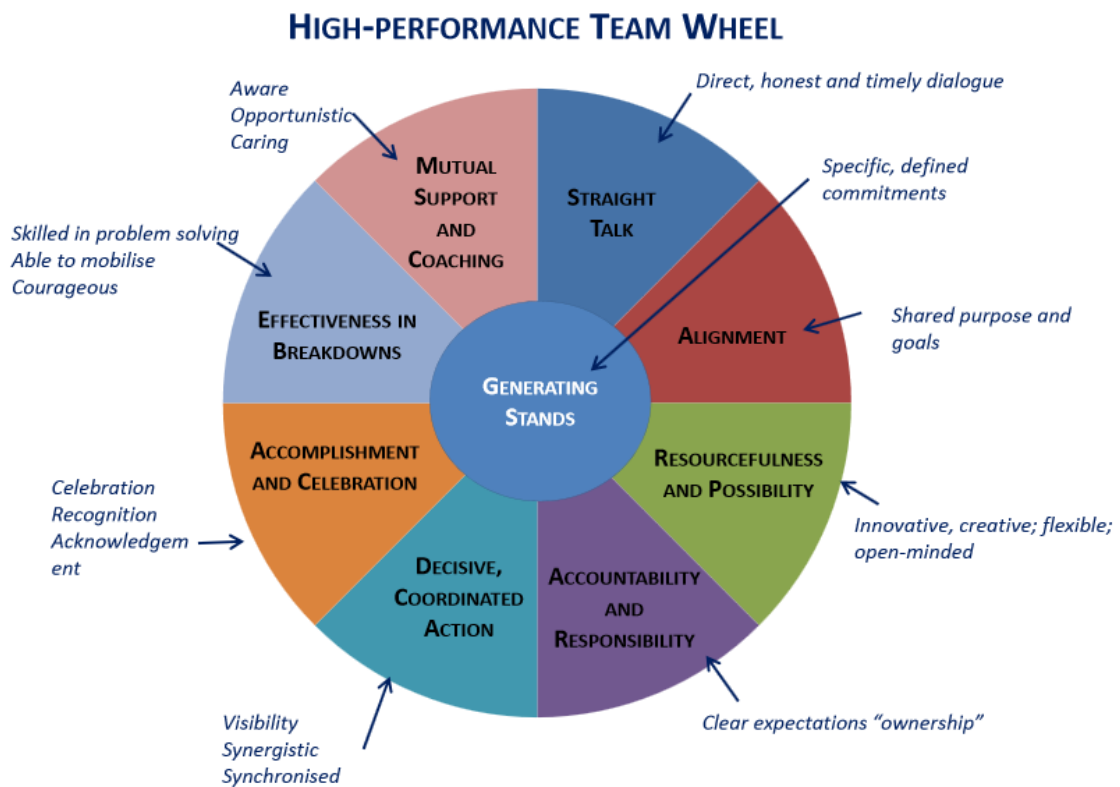
# Nine Dimensions of High-Performance Teams

Team Commitments (Stands)	The ability and willingness of the team to commit itself to take a stand for that which is beyond business as usual.
Straight Talk	Only through open and honest expression can the team achieve the highest levels of teamwork and performance.
Alignment	In order to achieve extraordinary results, it is critical that all team members work together toward common goals, not individual agendas.
Resourcefulness / Possibility	Achieving unprecedented results requires inventing new possibilities. Team members must find innovative ways to work around or through traditional barriers to performance.
Accountability and Responsibility	Team members are accountable for their individual results and responsible for the success of the whole.
Decisive, Coordinated Action	Team members are skilled at coordinating clear actions, and they use tools to maintain their coordination.
Accomlishment	Team members create a continuing sense of achievement, progress, and enthusiasm, rather than waiting until the end of the project to celebrate accomplishments.
Effectiveness in Breakdowns	Rather than hoping to avoid them, they know that problems are inevitable and use breakdowns to create breakthroughs, rallying points for teamwork and innovation.
Mutual Support and Coaching	Team members recognize they all have areas of improvement and work to improve their own and each others'.

(Hays 2004, P. 41)

Reference List:
Hay, J., 2004, *Building High-performance Teams: A Practitioner's' Guide*, Argos Press, Canberra.

What are the problems in the OT, and what are the intensifiers of these problems?
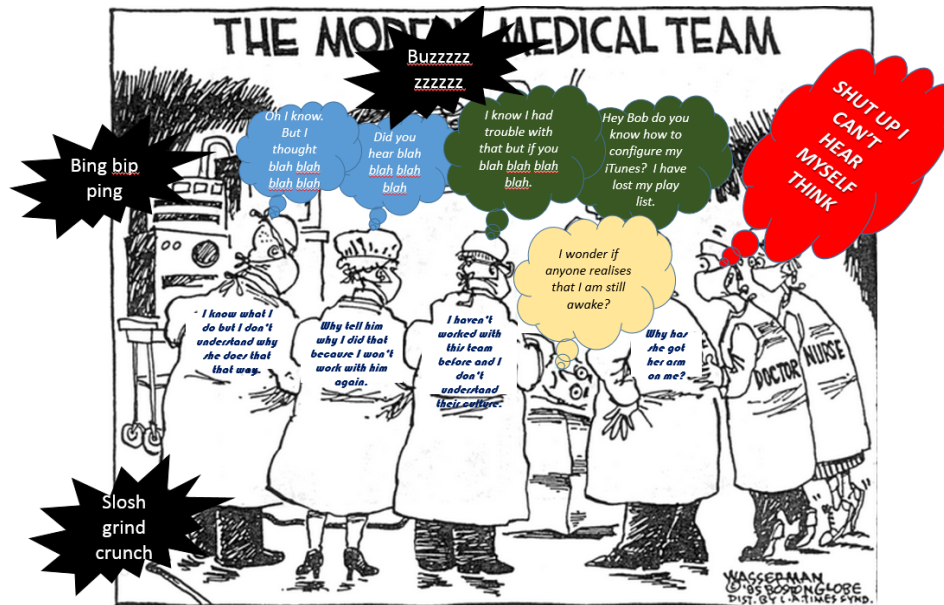
The Challenge: If this is our team, can we make it a 'High Performance Team' through CoP?

Case Studies

Help us out.

Use CoP to work on issues relating to your team and its work.

Then send us a précis of your efforts, and tell us how it helped you to improve your knowledge and learning with respect to your team.

Then give yourself a ten out of ten for awesomeness. Well done!

Fitting it all together:

Community of Practice	Team Charter	HPT Characteristic
Vision	Desired Future State: Who are we; Where are we going:	Realisation: We want to be a: **High Performance Team**
Values	Philosophy: Ideals to live up to; Give me my Mojo:	It will take: **Team Commitments (Stands)**
Mission / Purpose	Why are we here: Why are we doing this; What must we accomplish:	Where we will: **Seek Effectiveness in Breakdowns**
Goals	Required achievements for: Patients; Staff:	In order to attain: **Accomplishment**
Working Together	Commitments we make to one another: Working effectively as a team:	Through: **Decisive Coordinated Action and Straight Talk**
Scope	Work Boundaries: Limits of responsibility; What's in, What's out:	Using our ingenuity to discover: **Resourcefulness/ Possibilities**
Team Members	Who is in our team: Who do we report to:	And, despite our diverse perspectives, achieving: **Alignment**
Roles and Responsibilities	What do we do: For whom; How:	So that we can fully engage in: **Accountability / Responsibility**
Skills and Knowledge	Competencies we possess to fulfil our mission, scope and roles: What helps us work together as a team; How do we go about growing capacity:	To gain unprecedented beneficial outcomes which realise a hopeful, sustainable, engaged future through **Mutual Support and Coaching** so that we, and those who follow us; can be the best that we can be!