



Children's Mental Health Ontario  
Santé Mentale pour Enfants Ontario  
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# Gauging Interest in Communities of Practice (COP)



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Knowledge Transfer Workshop Overview



## Knowledge Transfer Workshops

The report on 'Knowledge Transfer and Implementation of Evidence-based Practices in Children's Mental Health\*' highlights the important first steps toward understanding the barriers and facilitators that come into play when implementing evidence-based practices.

This project is a collaborative effort funded by CMHO under the guidance of CMHO's Evidence-based Practices Committee, the Community Health Systems Resource Group at the Hospital for Sick Children, and the National Implementation Research Network/Louis de la Parte Florida Mental Health Institute at the University of South Florida.

Knowledge Transfer Workshops were carried out in various regions throughout Ontario including the Southwest, West, Central Toronto, Central East, East and North.

The workshops were well attended with over 300 people participating in these regional discussions.

\* Barwick, M.A., Boydell, K.M., Stasiulis, E., Ferguson, H.B., Blase, K., & Fixsen, D. (2005). Knowledge transfer and evidence-based practice in children's mental health. Toronto, ON: Children's Mental Health Ontario.



## Communities of Practice (CoP)

### Definition:

- ❑ A self-organized, deliberate collaboration of people who share common practices, interests or aims and want to advance their knowledge. When the community proves useful to its members over time, they may formalize their status by adopting a group name and a regular system of interchange (*interaction*). \*
- ❑ \*<http://www.onthepoint.ca/kec/documents/KECGlossary.doc>



## Critical Success Factors for Community Building\*

- Management
- Community
- Technical
- Personal

\*Richard McDermott, 2000; Melanie Barwick et al, 2002



## Management Challenge

To communicate that the organization truly values sharing knowledge:

- Focus on topics important to business and community members (e.g., youth violence)
- Find a well-respected community member to mobilize the community
- Make sure people have time and encouragement to participate (e.g., give staff time to attend community meetings)
- Build on the core values of the organization (build knowledge management approach to fit culture)



## Community Challenge

To create cutting edge thinking vs. 'preserving the practice':

- ❑ Get key thought leaders involved (find/nurture existing networks, utilize key players to evaluate practices and build mechanisms to adapt current practices to fit needs)
- ❑ Build relationships based on trust to facilitate problem and solution sharing (create social connections/networks)



## Community Challenge Con't

- ❑ **Develop an active passionate core group of participants (encourage participation as participation rates vary – e.g., high, low, peripheral contributors)**
- ❑ **Create forums for thinking together as well as systems for sharing information (live contact is key to building a sense of commonality, enthusiasm and trust)**



## Technical Challenge

To design human and information systems that make information available and assist members to think:

- ❑ Make it easy to contribute and access the community's knowledge and practices (e.g., software, email distribution lists)
- ❑ The greater the friction – resistance or difficulty trying to connect, contribute or find help – the less likely people will connect with the group



## Personal Challenge

To be open to ideas and continuous learning:

- ❑ **Create real dialogue about cutting edge issues**
  - **Build relationships based on trust to facilitate problem and solution sharing**
  - **Be patient - *communities of practice* often take time to develop. Because they are organic, *communities of practice* need time to find the right kind of information to share, the right level of detail, the right participants, and the right forums (Barwick, 2002).**



## CMHO's Evidence-based Practices Committee

### Goals:

- Create provincial and regional CoPs
- Craft vision, mission, terms of reference
- Identify topics for discussion
- Bridge science and practice



## Gauging Interest in CoPs

**As part of the Knowledge Transfer Workshops, participatory discussions were held assessing regional interest in cultivating communities of practice. Participant feedback was collected and collated, and is presented in the pages that follow.**



## Questions/Considerations:

- What would you like to achieve in these groups?

### Considerations:

- Who would meet?
- How often?
- Why?



## Regional Participant Feedback

Participants expressed the need to:

- ❑ Discuss specific interventions;
- ❑ Review research methodology (including selection criteria for literature review, critical analysis of scientific literature);
- ❑ Clarify evidence-based practices (EBP) definitions;
- ❑ Create slack for change at ministry level - recognize that implementing EBP may increase waitlists and number of children not being served;



## Feedback con't

- ❑ Create slack for change at organizational level – give staff time to incorporate knowledge, reduce workload, create time for staff to attend CoP meetings;
- ❑ Identify EBP gaps in agencies;
- ❑ Examine agency accountability;
- ❑ Create methods for adapting interventions;
- ❑ Create balance between program fidelity and flexibility to incorporate regional, cultural, and population differences;



## Feedback con't

- ❑ Measure intervention effectiveness;
- ❑ Ensure CoPs have discussion format to address questions/concerns;
- ❑ Establish bilingual and/or francophone specific CoPs to meet membership needs;
- ❑ Develop regional CoPs which assist agencies, who may not have the resources or researchers, to create problem solving networks;



## Feedback con't

- ❑ Create methods for sustaining EBPs overtime;
- ❑ CoPs need to support program evaluation;
- ❑ Have CMHO showcase and support existing CoPs on web site (e.g., post meeting notices, notes, updates, and create discussion forum);
- ❑ Create training strategies – have staff get together as a group to discuss training issues;
- ❑ Get buy-in for EBP from consumer and collateral agencies;



## Feedback con't

- ❑ **Ensure Single Point Access Services distribute the BCFPI Evidence-based Service Planning Report along with the Standard Report;**
- ❑ **Create balance between research time vs. direct service hours, both at Ministry and organizational level;**
- ❑ **Develop more tools specifically for rural and First Nations;**
- ❑ **Create regional knowledge/training hubs partnering with universities;**



## Feedback con't

- ❑ Recognize the impact 'economies of scale' have on small communities in terms of training, networking, internet access, and staff recruitment/retention;
- ❑ Develop expertise within community, e.g., have respected community member convey success of EBP to entire community;
- ❑ Discuss regional innovations – share clinical work;
- ❑ Secure additional ministry funds/resources to support clinician involvement with CoPs;



## Feedback con't

- ❑ Request ministry funding to develop CoPs e.g., purchasing video conferencing equipment, maintaining line costs, compensating travel costs;
- ❑ Conduct program evaluations with feedback loop to staff, especially important when adapting an intervention with diverse populations;
- ❑ Encourage 'ownership of solutions'; and
- ❑ Involve various community members e.g., parents, education, health, justice, child welfare, and cultural leaders.



## Thank you

- ❑ Thank you to all the agencies that participated in these workshops, your feedback is invaluable and will be incorporated in our future work.
- ❑ CMHO and the Evidence-based Practices Committee is extremely grateful to all the agencies who hosted a workshop: Child and Youth Health Partnership of McMaster Children's Hospital, Child and Youth Wellness Centre of Leeds & Greenville, Vanier Children's Services, Child Development Institute, and The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (for both the eastern region and the video conference presentation to the northern communities). A special thanks also goes out to Dr. Melanie Barwick for generously offering her time and expertise at these workshops.



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