HEALTH INNOVATIONS

NAME OF PRACTICE: Communities of Practice

JURISDICTION: Alberta

HEALTH THEME: Capacity Building; Team Based Models of Care; Quality Improvement and Patient Safety

HEALTH SECTOR: Long-Term care, Rehabilitation, Acute Care, Community

IMPLEMENTATION DATE: 2006

APPLICABILITY/TRANSFERABILITY:

SNAPSHOT:

This innovative practice facilitates the implementation of interprofessional learning and care environments for students and providers. Through the support of Alberta Health Services, Communities of Practice were initially piloted at seven practice sites across the province in 2006-2007. This model has continued to develop and now, there are over fifty Communities of Practice integrated throughout Alberta Health Services.

PRACTICE DESCRIPTION:

Communities of Practice involve health care providers from various disciplines who work together to develop solutions around ways to better meet patient needs. Practice changes generated focus on the expanded capacities health human resources through interprofessional collaboration. Examples of practice changes introduced include improving communication processes through regular staff meetings across all health care personnel located at different health care centres and streamlining admission and discharge processes through the consolidation of multiple patient intake forms. Communities of Practice also promote interprofessional mentoring programs for students to benefit from learning about the roles and capacities of other health care providers they will be working with in the practice setting. These mentoring experiences are offered in addition to formal preceptorship or clinical supervision.

The pilot phase of this project was funded by Health Canada’s initiative, Interprofessional Education for Collaborative Patient-Centred Practice. The project team had members from two former regional health authorities (Calgary Health Region and Capital Health in Edmonton), two universities (University of Calgary, University of Alberta) and three colleges (Mount Royal College [now Mount Royal University], Bow Valley College, SAIT Polytechnic).

IMPACT:

No formal evaluation has been conducted. Anecdotally, improved relations and a greater sense of cohesion have been reported among participating health care providers where Communities of Practice is active and changes have been introduced. Communities of Practice have been viewed as a way to increase awareness around the importance and efficacies of integrating interprofessionalism into education and practice. Furthermore, it has enabled a space to assess existing structures and processes and to explore new ways of doing things.

Successes were found in improvements to communication processes, internally or externally, allowing providers to exchange patient care information more effectively. Changing admission or discharge information processes eliminated unnecessary or duplicate documentation, increased opportunities to jointly examine patient issues and engage in shared decisions. For participating students, interprofessional mentoring was reported to improve students’ clinical practicum experiences and the classroom activities enhanced students’ interprofessional competencies. Areas most affected were knowledge of roles (e.g., understand and appreciate the roles and responsibilities of other professions, demonstrate awareness of how the roles of providers relate to each other), communication skills (e.g., use language that is appropriate to the target audience, model...
interpersonal skills in building consensus and problem solving) and collaboration skills (e.g., engage in shared goal settings and decision making, partner with other organizations to coordinate patient care).

**APPLICABILITY/TRANSFERABILITY:**

After the completion of the pilot phase in 2007, one of the Communities of Practice facilitators took on a permanent position with the Knowledge Management Team in Alberta Health Services. This facilitator has been integral for the development and implementation of the Communities of Practice training programs and educational resources that have been used across health care settings in the province. The facilitator has provided consultations and mentoring to persons interested in developing Communities of Practice in their own locations. More recently the facilitator has been supported by a team of 6 to 8 co-consultants dedicated to integrating Communities of Practice across Alberta. The program is now in the fifth cohort of facilitator training, with 20 people having completed in each cohort. The spread of 7 to 50 Communities of Practice over the last seven years is indicative of the scalability of this mode of quality improvement. They have also covered a variety of health care areas such as accreditation, community mental health, patient engagement, quality metrics, emergency medical services, senior’s health, demonstrating the programs’ broader applicability.

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**Content has been adapted from the following sources and relevant links:**

**Personal Communications:**

Esther Suter; November 15, 2013 [email]

**Publications:**


