LEARNING TOGETHER: DEVELOPING AND SUSTAINING A COMMUNITY OF PRACTICE IN PULMONARY REHAB

PODCAST SCRIPT

It's easy for clinicians who work in pulmonary rehab to feel somewhat isolated in their practice. This feeling of isolation can be apparent in small programs but large, well-resourced programs are not immune! Even in those larger programs, there is often just 1 individual per discipline, and so while you might work in a big program you can still feel a 'on your own' in terms of your own disciplinary practice.

On the last episode, I talked about Collaborative Practice, the coming together of pulm rehab team members to provide optimal patient care. On this episode, I'd like to talk about Communities of Practice and how they can be one way to combat professional isolation, and can be a way to cultivate your professional development. Communities of Practice have emerged as really powerful mechanisms for facilitating knowledge sharing, collaboration, and learning -- within your organization, across diverse professional domains, and with our growing ability to connect virtually, really within any geographical area.

Communities of Practice fit so nicely within a rehabilitation context, because like pulmonary rehab, the study of Communities of Practice is interdisciplinary. It draws from fields such as sociology, psychology, education, and organizational theory. The concept and term "Communities of Practice" was coined by Jean Lave and Etienne Wenger, who have written extensively on the topic. They defined Communities of Practice as "groups of people who collectively deepen their knowledge and expertise in an area through frequent interaction". They also have discussed the "aliveness" of these communities, which really speaks to bringing together people who are eager, motivated, and open to learning. I know so many clinicians and students working in pulmonary rehab who would define themselves in that way!

Wenger and Lave went on to define seven principles of Communities of Practice. Now, you already might be rolling your eyes a bit, but bear with me. I realize that of course many of us have developed our own professional networks, we have trusted colleagues, we might even have a professional practice group or individual that we can turn to with our questions. But Communities of Practice are more ambitious than that. They place professional development as the fundamental objective, and interaction as the key process to achieve it. It's a much more deliberate entity, its not a passive network, it's not a one way flow of information, it's not focused on a particular patient's needs. So with that realization, let's have a look at these principles, and think about how we could cultivate them in a pulmonary rehab Community of Practice. And specifically, how can you create one for yourself? Of course I realize that many of us are already very extended, and this seems like just more work. I get it. And I also think that many of us are yearning for more connection, more opportunities to develop our practice, more support. And there just aren't that many courses or other places to get professional development in pulmonary rehab. So, creating a Community of Practice for yourself may be a

good investment of your time, in the long run. And, if you want this community to be “alive”, you want to keep people motivated, you want it to be a safe space for learning, well then understanding these principles is a good place for learning to start.

The first one is Design for Evolution. Your initial community might be quite simple in numbers, organization, and process. For example, even if your first members are all full time employees are your site, you might wish to see a community that will eventually include the people that travel to different sites. Or programs in other regions. Or countries! So if you create a system that can evolve as you evolve, that will safe you headaches. Read: Zoom, WhatsApp.

The second one is Open a Dialogue Between Inside and Outside Perspectives. What does this look like? Well, you are the insider. Only you knows your program, your context, your needs. And you need to listen to the membership to make sure the group stays relevant. But there are other perspectives that might be helpful to learn about. Can you access their perspectives? Maybe you can invite a patient to your meeting to talk about access issues. Maybe the Lung Association could provide a different lens. Or the head of a clinical training department in nursing, physical therapy, or respiratory therapy. They may not be regular members, but they can provide a different perspective which may also influence your learning.

The third one is Invite Different Levels of Participation. On face value this might mean inviting the different people involved in your program. But as your Community matures, think broadly! Consider inviting clinical trainees to your community. What a great place to learn. Reach out to pulmonary rehab researchers – perhaps they, or one of their research trainees, would find it helpful to attend?

The fourth one is Develop Both Public and Private Community Spaces. This may be difficult in lower resource settings. But you do need some sort of private space where you can keep shared resources. Of course nothing related to actual patients, but if you have education resources, questionnaires, really any professional development resources your community is using, its nice to have a place to share. Perhaps a shared dropbox would work. When thinking about public spaces, initially that might be ambitious but you might consider having a social media presence to invite other members.

The fifth one is Focus on Value. Wenger states that quote “Communities thrive because they deliver value to the organization, to the teams on which community members serve, and to the community members themselves. But the full value of a community is often not apparent when it is first formed.” End quote. And so you may find you get a lot of enthusiasm at first, and a lot of membership. But if the value isn’t there, you might find that your membership dwindles. Or, just as bad, you end up with what Wenger calls “a core group” who do most of the interacting, and a “peripheral group” who are present in name only!! But don’t engage, don’t speak, don’t share. Being able to identify WHAT would be valuable, and HOW people would like to achieve it, is a very important place to start and to return. I belong to a very informal group of women interested in Environment and Occupational Health research and care. I wouldn’t even say

we're a community of practice, because we only meet once a year! But the last time I met with them, we went around the table and everyone declared something they needed professionally. Like, "I need students" or "I need to learn how this grant process work" or I need ideas for external reviewers". And then we talked about how to support each person in their need. Wow! What a powerful process. And it wasn't sitting around and giving advice. It was really action-oriented talk. That meeting made an enormous impact on my approach to true professional development and support.

Okay, the sixth one. Getting near the end! This is "Combine Familiarity and Excitement". This can be hard. You want your system to be familiar, in that you create the space and the format that people will feel comfortable in. Even a Zoom meeting can feel comfortable. But that stability can get to boredom QUICKLY. And that gets back to the value issue. It might mean that your conversation has some predictable elements, with an agenda, specific topic for discussion, that sort of thing. But it can get pretty didactic in a hurry if it feels like more of a lecture where someone does a lot of speaking, and everyone else sorts of tunes out. Especially on zoom. So maybe less formal. Maybe try the problem/solution format I mentioned above. Or watch a relevant presentation or webinar then have your internal discussion. It really needs to be one of the first topics really of your community, how to keep it interesting. And also encourage informal interaction. It's not a clique-y group, where you all have to hang out in the same space. Encourage informal meetings, 1:1 mentorship duos, separate conversations. Go to courses together.

The seventh one is Create a Rhythm for the Community. Have it be predictable with your meeting times and some structure. Decide how frequently you need to meet. In my opinion Discussion Boards have some value, but I don't find them great at engaging people. People post questions but often the answers are detailed, and we all lose steam if we are typing them out. So they can be a tool but you really do need to see each other to make a relationship and create that rhythm. How often? I don't know but more than once a month might be a lot. And once a year probably not enough. Maybe more in the beginning though, to get a feel for what people want and need. You'll have to figure it out, but make it realistic for you.

And the last thing I'll mention, it isn't a principle per se but it should be I think. And that is – give yourself permission for it to be not great to begin with. I think any of us that are the do-ers, we often put a lot of pressure on ourselves to have it work right away. And also others put this unrealistic pressure on us too. They might attend a meeting and say things like "you should have done this" or "I was expecting to be given that…" – using language that really separates themselves from the group. A real "me" and "them" approach. Now, yes if you start something, you are taking some responsibility to get it off the ground. As soon as you put the call out there, people will anticipate that you have some sort of vision and they won't really want to sound critical or look like they are taking over. So they may sit back and see what happens. So maybe you can take the heat off a bit, can you find someone who can co-lead this thing to begin with. But I think the more we own that this is a community in development, is evolving (so, see

principle 1) and that it is what the group makes it. And of course, you have to give up some of the control to make that happen. But give yourself some grace – you can get things started but you are not solely responsible for its success.

So with these principles in mind, what could happen? Maybe it looks like this: You and your PR colleagues decide to do this. You get the free 40 minute Zoom account (40 minutes keeps this do-able, actually) and email a few colleagues about this idea. Give it a cool name. You decide on a time (that might be the hardest part) and for the first meeting you listen to this podcast. Ha ha! No but you could have a quick chat about what a Community of Practice is, and then ask each person to name an area of professional development they would like to work on. Keep that list, then you and your co-lead think about the list, summarize the items, and as a group for your next meeting brainstorm how you are going to meet these needs. Maybe the knowledge exists in the group? Maybe invite an external person to a meeting to help with the problem? Will people come up with their own professional development plans, or will you tackle each one as a group? Talk about format, barriers, value, the whole thing. Give it a try for 6 months then revisit format, barriers, value, again. Make it be the one meeting per month that everyone is excited to see on their agenda!

And I would like to mention that of course Communities of Practice are not limited to healthcare. Maybe you're in teaching, or research, or leadership. Maybe you're a trainee. Really any context is the right one for a community of practice. It just needs a champion, so why not you?

I hope this episode was helpful and got you motivated and inspired to create a Community of Practice for yourself. If you have one, or are going to set one up, let me know! We can give you a shout-out on this podcast – help you create that community you're looking for.

See you next time on LungFIT.

Wenger, Etienne. *Cultivating communities of practice : a guide to managing knowledge.* Harvard Business School Press, 2002.