Practice-Based Research: Public Health Nurses' Evidence-Informed Decision Making and The Role of Communities of Practice

Presented By

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Project Team

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Overview of Project

The **broad goal** of these **Consensus Building Workshops** was to better understand the nature of **evidence-informed decision making (EIDM)** by **P**ublic **H**ealth **N**urses' and the role of **communities of practice** **as a knowledge-to-action strategy.**

Purpose of Presentation

- Describe the concepts of EIDM and COP
- Present the rationale, methods, and findings from the Consensus Building Workshops held in Central Health Region, Gander, NL & in Capital Health, Halifax, NS
- Describe the contribution of the Atlantic-based researcher/decision maker partnership

What Did We Want to Know?

The current research initiative was based on the assumption that formal and informal CoP exist in public health work settings

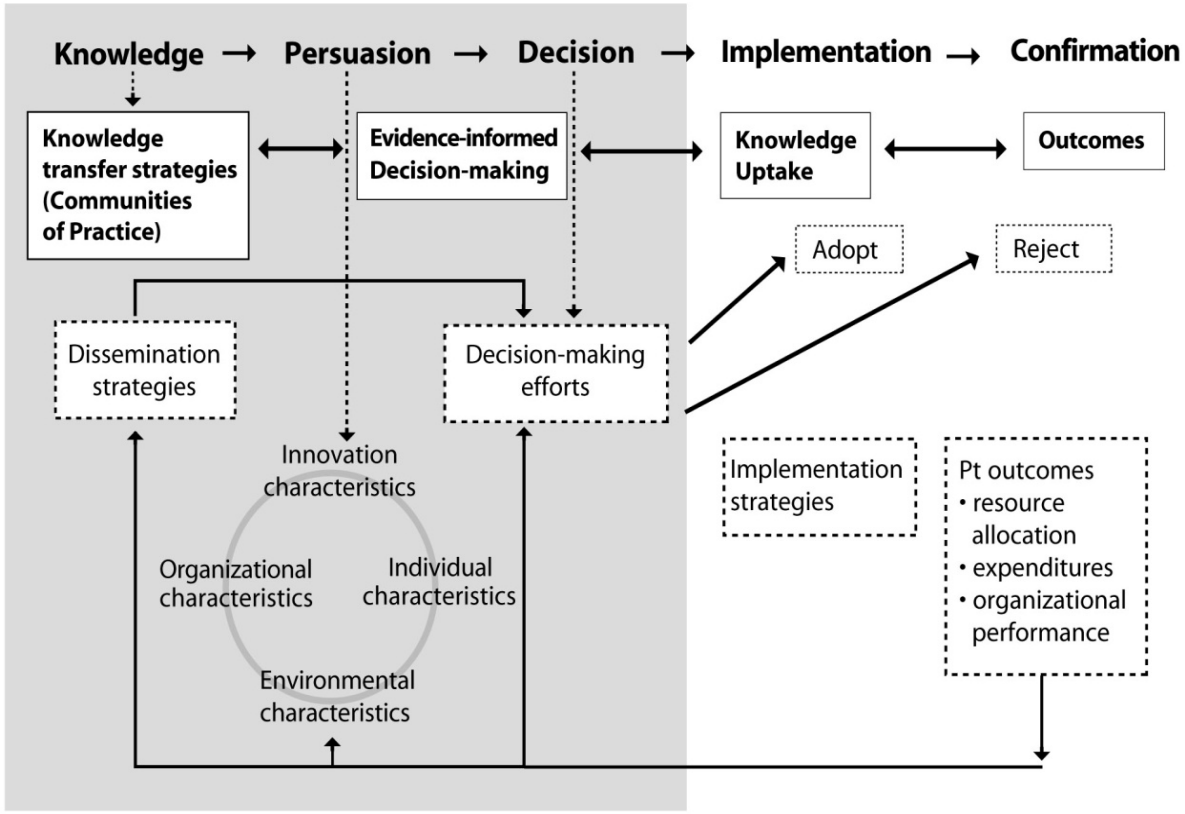
- **What does EIDM look like?**
- **What do CoP look like?**
- **Can CoP be mobilized to improve EIDM?**
- **What strategies can be used to promote EIDM through CoP?**

What is Evidence –Informed Decision Making

- Integration of ‘best’ practice research evidence with other dimensions of practice decision making such as:

- **Practice expertise**
- Client preferences & actions
- Client setting & circumstances
- Health care resources

(DiCenzo, Guyatt, & Ciliska, 2005)



Dobbins M, Ciliska D, Cockerill R, Barnsley J, DiCenso A. A framework for the dissemination and utilization of research for health-care policy and practice. The *Online Journal of Knowledge Synthesis for Nursing* 2002;9(7).

Evidence-Informed Decision Making in Nursing

- **Canadian Nursing Practice Standards**
  (CHNAC, 2003; CNA, 2003)
- **Calls for increased Evidence-informed Public Health Decision-Making**
  (PHAC; NCC for Methods & Tools)
- **Gap between dissemination of research evidence & change in practice & policy among health professionals**
  (Ciliska, 2006)

Evidence-Informed Decision Making in Complex Environments

- **Influenced by multiple forms of knowledge**

  (Carper, 1978; White, 1995)

- **Knowledge utilization models underestimate practice decision-making complexity & role of tacit knowledge**

  (Thompson et al., 2006)

Understanding the Practice Context Includes Understanding:

- **Influences of explicit & tacit knowledge**

  (Gabbay et al., 2003)

- **Relationship between the structure & characteristics of decision making in practice**

  (Thompson, 1999)

- **How information is accessed, negotiated, constructed, & internalized**

  (Gabbay et al., 2006)

Communities of Practice

(Wenger, McDermott, Snyder, 2002; Lave & Wenger, 2002)

- **CoP can help people learn by acting and interacting with others**
- **Knowledge exchange is likely to be initiated through socialization within CoP**
- **Creating collective knowledge in CoP can provide benefits**
  - **innovation**
  - **change in practice**

Communities of Practice in Nursing

- ***Primary sources of practice knowledge***: **Peer consultation and personal experience** (Estabrooks, 2003; 2005)

- ***Prefer context-specific knowledge in a timely way*** (Thompson et al., 2001)

Workshop Questions

1. **When you encounter a new challenge/situation with clients, or in the community, how do you gather information to make a decision on how to address the issue?**

2. **What is your experience consulting with groups of peers in CoP (informal & formal groups) about a practice issue?**

3. **How do you use information from CoP to support practice decisions? How does it enable EIDM?**

4. **What strategies would help enhance access and use of evidence when engaged in collective problem solving around practice decisions?**

Settings

Central: *Population & Public Health*

- **Second largest region in NL with 7 islands: Population-96,000**
- ***Population & Public Health Division:***
  - 1 Director, 3 Managers
  - 40.8 FTE for public health nursing
  - 8 regional consultants (6 nurses, 2 nutritionists)
- **PHN: Population ratio : 1:4-5000**
- **Service delivery: generalist model** with matrix model of supervision
- **Three clinical areas:**
  - Clinical services; Health promotion & wellness; Program planning & evaluation

Capital: *Public Health Services*

- **Largest DHA in NS: Population-395,000**
- ***Public Health Services***
  - 1 Director, 4 Managers
  - 68.2 FTE PHNs & 14 PHNs in YHCs
  - Health promoters, dental hygenists, nutritionists, LPNs
- **PHN: Population ratio: 1-6,500 in urban; 1-1500 in rural**
- **Service delivery: program focus in 3 multidisciplinary teams**
  - Communicable Disease Prev & Control;
  - School Health
  - Healthy Beginnings

Consensus Building Workshop - Methods

- **Learner Assessment: prior to workshop**
- **Focus Groups: facilitator & recorder orientation**
- **Concept Mapping**

Methods: Group Activities

Small Group

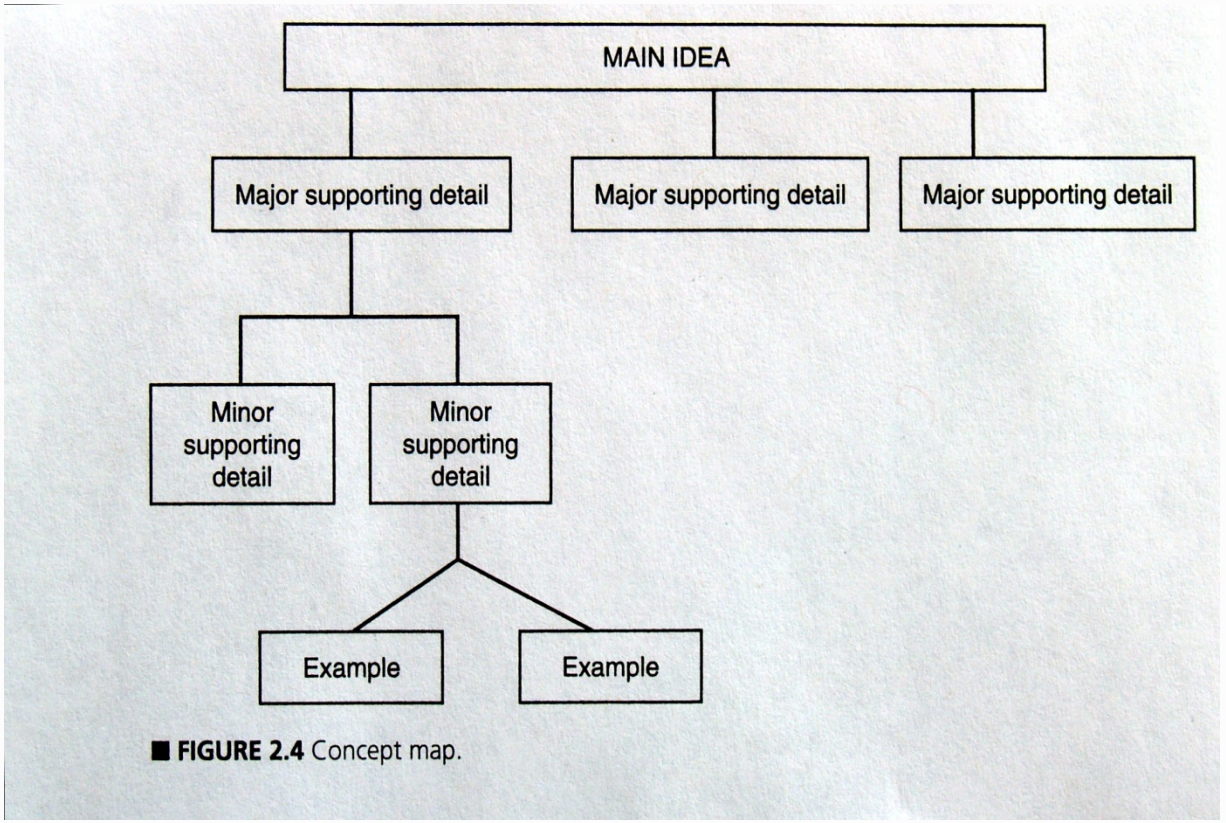
- **Brainstorming & Sharing- Outcome: Group Definition s of EIDM**

- **Brainstorming & Mapping – Outcome: Group Definition s of CoP & EIDM**
- **Identifying Strategies to promote CoP &EIDM**

Large Group

- **Sharing results of small groups on CoP & EIDM**

Concept Mapping



■ **FIGURE 2.4** Concept map.

- **Young & Patterson (2007), p. 48**

PHN Demographic Profile

Central (N=35)

- **Highest Education:** 32BN/BScN
- **Multiple PHN Office: 19**
- **Single PHN Office: 16**
- **Years of Experience as PHN**
  - 0-5 years 14
  - < 1 year 8
  - 6-10 years 7
  - >11 years 16

Capital (N=35)

- **Highest Education:** * 5 Masters
  34 BN/BScN
- **Work Location:**
  - City 26
  - Rural Office 2
  - High School 7
- **Years of Experience as PHN**
  - 0-5 years 15
  - <1 year 3
  - 6-10 years 6
  - >11 years 11

Learner Assessment

Scale: 1 (low) -4 (high)

Question	Central N=35 PHNs	Capital N= 35 PHNs
Importance of EIDM to the individual	3.7	3.7
Importance of EIDM to the organization	3.7	3.7
Importance of Communities of Practice to individual	3.5	3.6
Importance of Communities of Practice to organization	3.4	3.4

Question:

When you encounter a new challenge or situation with clients, or in the community, how do you gather information to make a decision on how to address the issue?

- **Gathering information is highly situational/context dependent**
- **Explicit or Research/Evidence-based sources: reputable internet sources, statistical data, practice guidelines, policy manuals, literature searches**
- ***Tacit or Practice Expertise Knowledge-* preferred source**: personal experience, client situation, ***consultations with peers**
- **Trust in peers with experience, and their own experiential evidence- most common appraisal strategies**

Question:

How do you use information from peer groups (CoP) to support practice decisions? Does it enable EIDM?

- **#1. Develops a sense of trust, builds relationships, belonging and support, sharing experiences**
- **Builds professional confidence, identity, validation, motivation: *"to work with peers as role models."***
- **Generates a spirit of inquiry & evidence to find and use information and tackle issues and challenges**
- **Increases knowledge & skills in nursing & community planning**

Communities Of Practice

- **Committees**: General, Standing Issues, Ad Hoc
- **Staff Meetings**: Administration, Practice
- **Mini Meetings**: Practice
- **Orientation**: Individual or group Practice
- **Continuing Education**: Workshops, Teleconference, Events/meetings

Who?

- PHN's
- Stakeholders
- Consultants
- Managers
- Experts in field of Practice

Sources of Evidence

- Education
- Discussions
- Resources
- Case Study
- Sharing Experiences & Storytelling
- Mentoring
- Networking
- Collaboration

Using Evidence Application

- Apply for Grants
- Community Development Projects
- Develop Programs
- Guide Practice / Client Education
- Develop Policies
- Improve Quality Of Life
- Develop Training Modules
- Develop proposals for resources
- Lobbying & Advocating for Change
- Pilot Programs

Concept Map: Communities of Practice & EIDM

Health Care Environment Challenges

- ***Information & knowledge systems** **(time to access & analyze literature)**
- ***Workforce competency & capacity** **(need a '*go to person*' "*to translate the literature to the art of practice.*" Also, skills in appraising the literature.**
- **Community accessibility to resources & readiness**
- **Building collaborative partnerships**

Question:

What strategies would help enhance peer group's (CoP) access and use of evidence when engaged in collective problem solving around practice decisions?

Top Priority Strategies

1. **Enhance knowledge systems, particularly professional development opportunities in general & access & appraisal of research & evidence-based sources.**
2. **Increase PHN peer networking & communication opportunities.**
3. **Increased time to reflect on practice.**

Learner Outcome

Scale: 1 (least gained) – 5(most gained)

	Central	Capital
• Understanding **EIDM**	**4**	**4.1**
• Understanding how EIDM **applies to me**	**3.9**	**4.1**
• Understanding **communities of practice**	**3.9**	**4.0**
• Understanding how it **applies to me**		**4**

4.1

Researcher-Decision Maker Partnership

- **Common goals:**
  - Explore research opportunities & integrated KT strategies in public health practice
  - Build public health capacity in EIDM in Atlantic region
- **Complementary expertise:**
  - Public health, public health nursing specialty
  - Knowledge translation, communities of practice
  - Research methodology

Thank You

- Questions? Comments?