

CHNC Workshop Series

Developing Leadership Skills for a Community of Practice

Module 2: Forming a Community of Practice (CoP) Resource and Study Guide

This module is the second in a series of five on developing leadership skills for forming and maintaining a CoP. The first module introduced the online workshop series, the expectations, and the CoP approach. This module provides the processes involved in the first six months.

Determining the topic or a specific focus for the Community of Practice (CoP) is a natural first step when bringing people together for the first time. Regardless of having either a predetermined topic or an open agenda, this initial decision-making is important to ensure that each person is heard and that a consensus building approach is established as the way the CoP functions.

One or two potential topic areas will likely emerge at the launch and become more and more defined over the following two to three months. Throughout the life of the CoP, the members of the CoP will continue to clarify the topic, both within the community of practice and their organization or team. This ongoing dialogue is very important to ensure that members are comfortable with the focus and with working together. The topic provides the core reason for the existence of the CoP and the relationships built in determining and working on the core bind the members together.

The six month 'Forming a CoP' phase begins with initial contacts made to form a CoP, the launch of the CoP and ends approximately three months after the launch. There are several Appendices attached:

- A. List of discussion questions
- B. Information gathering questionnaire prior to launch
- C. Example workshop agenda for organizers
- D. Example workshop agenda for participants
- E. Workshop evaluation form

Learning Objectives

By the end of this module, you will be able to:

1. Identify the main features and tasks of initiating a CoP
2. Determine the important aspects of the launch agenda, structure, and process

3. Discuss different methods a leader could use to support group decision making in identifying the purpose, focus and priorities of a CoP
4. Discuss how to build and maintain relevance for the focus
5. Identify leadership strategies for building relationships among members
6. Plan for administrative tasks:
 - a) Identify a process to organize meeting times, methods of meeting and locations
 - b) Discuss methods of documenting and distributing meeting summaries

Proposed Agenda for Module 2 - 1.5 hours

- 1) Introduction – round table check in (15 minutes)
- 2) Module Work (60 minutes)
 - a) Objectives and Preliminary materials including examples from CoP experience
 - b) Discussion questions
- 3) Preparation for module 3, round table and wrap-up including what you would like to keep and change for next discussion (15 minutes)

Organize and Conduct Launch

A considerable amount of preparation is involved in determining the need for and organizing a CoP before the launch is held. After establishing that there is sufficient interest in a CoP, the first task is to develop a working group, the second is to organize and conduct the launch.

Preparing for a CoP and organizing a working group. The audio presentation explains the evolution of an idea to the formation of a work group and obtaining 'buy in' for the CoP. Appendix B provides an example questionnaire used to gather information to shape a CoP. This questionnaire could be adapted and used with potential participants prior to the launch. The process is similar to Step 1 in the Community Health Nursing Standards Tool Kit _____ (link)

Discussion question:

1. ***What do you feel are the important considerations in bringing together a working group?***

Organize and conduct launch. The audio presentation provides the reasoning for the careful planning of the launch and the first meeting for the CoP. Appendices C, D, and E respectively, provide a sample work group agenda, participant agenda, and evaluation form, respectively, for a workshop to launch a CoP.

Discussion question:

2. ***What would be important aspects to include in the launch for you and your organization?***

Methods to determine a topic and focus

Members of a CoP will quickly want to know what they and their team or organization will gain by participating in the CoP. Encouraging everyone to express their views on the topic or focus will help to provide that relevance. The audio presentation explains two methods for determining a topic and a focus within a topic. These methods — key informant interviews and brain storming — will be discussed further and compared using examples.

Example 1: Using surveys and key informant interviews. The report “*Developing a Community of Practice Model for Cancer and Chronic Disease Prevention*” (Barwick, 2008) provides an excellent example of how to combine the literature and two assessment methods to identify a national CoP model for cancer and chronic disease prevention. The discussion questions at the end of this section focus on two parts of the report: Views of survey respondents, topic of discussion on pages 12 and 13 and Key Informant Interviews on pages 23-24.

The report is available at:

http://www.partnershipagainstcancer.ca/sites/default/files/prevention/COP_CPAC%20report%20_5_Final.pdf

Example 2: Brain storming and consensus building. The following case study data can be used to work through the process.

Case Study

Participants from public health, home health, community health centres, case management and education in a rural/urban setting were invited to the launch of a CoP. During the launch, participants were assigned to one of two groups of 8 to brainstorm a list of ‘burning practice issues and current challenges’. The topics were recorded on flip charts.

Initial list of topics identified by participants:

- seniors health
- chronic illness management (diabetes, COPD, CHF, asthma)
- pandemic preparedness (Influenza)

- injury prevention (preventing falls)
- infection control (hand washing)
- safety in medication administration (known as medication reconciliation in order to avoid polypharmacy)
- immunizations (travelers, seniors, teenagers, infants)
- nutrition
- physical activity

Gaps in the system:

- consistency of messaging
- importance of providing education using consistent messages
- use of best practice guidelines
- front line staff with partial information know patients; specialists with more information see rarely see patients
- front line staff (generalists) needs the non-visiting time to gather the specific info

Reach:

- infection control can affect any age group
- chronic disease management: affects public health and home care.
- smoking cessation is a big issue for public health. Home care deals with it also

After the group work, all the flip chart sheets were brought together and reviewed by the full group. The group expanded on the items, explored commonalities, and identified common themes. This helped to bring out the issues and explore the implications across the spectrum of health care in the community. During a break, two organizers reorganized the topics to clarify the themes and sub-themes that had been identified.

Building consensus by categorizing the topics. The role of the person or people leading the process described above (eg. knowledge broker, researcher, facilitator) is to help group members identify the common ground among the presented ideas and bring out where each group of participants can make a contribution. In this case, many of the topics identified in the brainstorming session could be subsumed under the two themes of infection control and chronic disease prevention and self-management. The categorization for chronic disease is provided below.

Chronic disease management/prevention. The common ground for chronic disease prevention and management is the growing concern about the extent of the problem and the rising costs across the health care system. The prevention and management of chronic disease is major focus for home care and community health centres and an emerging issue for public health. Nurses in these organizations would have different roles to play but together they would cover a broad spectrum of the population. Working across the entire health system would promote consistency of messaging for individuals, families, organizations and the community. Using a CoP would be a time efficient method for keeping practitioners up-to-date in this area.

An important part of chronic disease prevention for public health is staying healthy and reducing risk—which includes good nutrition, physical activity, not smoking. Healthy lifestyle factors are also key to keeping chronic conditions under control, preventing complications and avoiding hospitalization. This aspect is important for home health, case management and community health centres. As well, home care deals with smoking cessation as nurses having the right to a smoke free environment while they are doing home visits.

Injury prevention, including reducing risk for falls and subsequent hospitalization, is a major focus for home care and public health. As well, home care provides tertiary prevention, seeing the patient at home after the fall has occurred.

Some clients do not recognize the value of self-care, feel it is the nurses' role to administer injection meds. Clients can gain secondary benefits of not managing care, e.g. not self-injecting means that the nurse returns, thereby reducing social isolation.

There is a challenge of providing evidence-based information for self-care management. Consistency of messaging is a key problem. Patients say they are getting different information from different health care practitioners (Home care, hospital to home, MD, outpatient clinics) e.g.: possibly focus on a common teaching tool, e.g.: for diabetes?

The way forward

Could we facilitate knowledge exchange between generalists and specialists around evidence-based practice for self-management of chronic illnesses? This would contribute to holistic care and promote a balance between specialized knowledge and general information provided by specialists.

At the end of the meeting, members mentioned the possibility of creating a booklet, screening for risk tool kit, or a package for best practice guidelines and of health promotion activities that would provide general advice for anyone with a chronic illness.

Discussion questions:

3. You can choose to answer one or more of A, B or C

A. Survey and Key Informant example:

- a) *What 3 topics would you select?*
- b) *Which of the 4 strategic intents of communities of practice, as described by Barwick (2008) fits best with your idea of a community of practice?*
 - *helping communities*
 - *best practice communities*
 - *knowledge sharing communities*
 - *innovation communities)*
- c) *Identify the contribution the key informants made to the development of the Model.*

B. Brainstorming and building consensus example:

- a) *How relevant would these topics be to you/your team/organization and other potential health partners in the community?*
- b) *What was useful about considering each item in the categorization in terms of different members of the CoP- eg. public health, home health?*

C. Both examples:

- a) *Which of the two approaches, survey and brainstorming, would work best in your situation? What skills would you need to facilitate each approach? Are there other ways you have used to determine a topic or specific focus?*
- b) *How important would it be to have some preliminary topics identified at the end of the launch? What would make that easier or more difficult?*

Build and maintain relevance of the determined topic or focus

Relevance is important to consider at two main levels. Relevance must be considered first, and throughout the CoP, for members personally and for their team or organization. For example in the categorization above, the relevance of the topics for nurses working in different areas was identified. The second level is to check relevance with people and organizations in the broader community. If the relevance is not considered at both levels, the CoP could flounder and lose members, or the CoP would not contribute to improving health care in the community.

Relevance for members and their team/organization. The evaluation of relevance is ongoing and includes both informal and formal approaches. A consistent informal approach is to use the initial check-in at each meeting or teleconference as a way for facilitators to monitor what is said and what is not said about the evolving focus. As well, a part of a meeting can be set aside periodically to ask questions such as “Would you use the information on this topic in your practice?” “Is your organization interested in this topic?” Both approaches have a secondary value in that sharing personal perspectives helps members to get to know each other and forge the relationships that are crucial to developing the sense of community.

An important consideration in establishing relevance is the opportunity for members to gain knowledge. For effective knowledge sharing, communities of practice should be sufficiently diverse to encourage innovative thinking and members must be open to the ideas of others, be willing to share ideas and maintain a thirst for knowledge (Tsui et al., 2006: 21). Linking practitioners and academics is another way of providing different perspectives of practice (Andrew, Tolson & Ferguson, 2008).

Another technique for increasing the relevance of the topic is to explore the practice experiences in terms of the Canadian Community Health Nursing Standards of Practice. This can be done by asking how the topic reflects the Standards or by simply pointing out the connections with a particular Standard or Standards. Another approach is to make the link between the process being used by the CoP to identify a focus for practice development. For example, working together in a CoP contributes directly to using Standards 2, 3, and 5.

A more formal approach to evaluate relevance is to conduct an interview or survey with members periodically, possibly every six months. Development of the questions, the approach for collecting the information, and the results can all be considered by the CoP. The advantages of an interview are that new issues or changes can be identified; the disadvantages include the amount of time needed for each interview. On the other hand, an anonymous online survey is usually quicker and might bring out issues that members find difficult to express in a group when there is limited time for discussion.

The work of the CoP is strengthened when members work as a representative of an organization and take responsibility for providing and gaining feedback information from their team and organization on the progress of the CoP. The organizational input helps to ensure the relevance of CoP work. Gaining feedback can be fostered informally by asking members to report back at each meeting. More formally, members can be provided with draft material and two or three questions to discuss the emerging focus and direction of the CoP in their own environment. Another approach is to invite key decision makers in member organizations to participate in a review at CoP workshop. A half or full day workshop about twice a year provides the additional time to include others, review progress, and make plans.

Relevance for broader community. The work of the CoP is strengthened if it is supported by the broader community. As well, members can increase their commitment and expand their perspective by involving other organizations in the community. For example if the focus was chronic disease, other potential organizations could be organizations for seniors, social and recreational services, and associations dealing with particular diseases such as cancer, heart disease and diabetes. These organizations might be potential partners and could be invited to a review of draft material as an opportunity for CoP members to gauge the value of their work within the broader community. Members may feel reluctant to show draft versions of their work but need to be encouraged to do so. Potential partners will then have the opportunity to feel more involved if they are part of shaping the resources.

During the course of determining a focus, the CoP will frequently need to obtain detailed information about services provided by another organization or to gain the perspective of members of the public with an interest in the health focus. An effective way to gain the information is to invite a person to speak to the group. This approach not only informs the members, it also encourages future collaboration with priority populations and the organizations that serve them.

Discussion question:

4. Consider how you might monitor and evaluate relevance including the relevance to the CCHN Standards.

Build and Maintain Relationships

While participants of a community of practice self-select on the basis of common goals and interests, the activities of the community can be structured to facilitate social relationships. For example, employing a facilitator (Garcia & Dorohovich, 2005; SHRTN, 2008), or assigning the role to the project leader (Gabbay et al., 2003) is a way of making sure that attention is paid to fostering social ties.

Strategies to support engagement include providing a mix of activities, enabling story telling as a means of sharing practice and bringing in experts (Wenger, 1996; Probst & Barzillo, 2008).

On a practical note, it is a constant challenge is to find a balance between doing things and listening and responding to others. Some members will want to push ahead; others will want to take more time for discussion. It is important to remember that social relationships hold the community of practice together. Members are drawn together, face-to-face, or in virtual space, because they have a shared purpose and over time develop a shared language, common values, and a shared identity, which bonds the group (Wenger, McDermott, & Snyder, 2002). In other words, they feel that they belong and have something to contribute.

Over time the strong sense of belonging can act as a barrier, repelling new members (Li, Grimshaw, Nielsen, Judd, Coyte, & Graham 2009). To counter this effect, new members could be linked with a mentor who can explain what has been accomplished so far and provide some ideas on what the new member might contribute.

Discussion question:

5. What do you feel a leader could do to build and maintain relationships?

Plan for administrative tasks

Every organization must attend to administrative details to function efficiently and productively. The best approach usually is to bring in the administrative tasks and decisions after some process has been achieved at each meeting. In the first couple of months, some consideration and decisions need to be made about when and how meetings occur and on the documentation and distribution of meeting notes.

The audio presentation discusses two important administrative tasks for this phase: a) determining how and when to meet and b) setting up a system and procedure for documenting meetings and distributing the material.

Organize meetings. At the meeting launch, decisions need to be made about how to meet, frequency, time, length, and location at least for the next one or two months. Similar to other decisions made by the CoP, everyone needs to be involved. A process that allows everyone to contribute would be an email questionnaire followed by a discussion of results. Groups usually quickly decide that they need the same type of meeting, frequency, day, and time. Types of meetings include face-to-face, video conferencing, teleconferencing, or internet conferencing. Usually, once people have met face-to-face, they find that

teleconferencing or internet conferencing an efficient use of time, especially when separated by distance and city traffic. Teleconference times usually require an hour and a half, if there are more than ten participants. Face-to-face meetings seem to work best at two hours to allow some informal networking.

Circumstances often dictate the choices. For example, CoP members in Ottawa found a noon hour teleconference worked best for most people, but provided limited time to discuss a variety of options. Members in Cornwall found face-to-face meetings worked best for them. In Nunavut, the distance, time zones, available technology, and usual administration time required teleconferences to be held early on Friday afternoons. In Ottawa and Cornwall, half or full day workshops were held every six months. In Nunavut a workshop was held once a year over two days. Each workshop involved government representatives, other community representatives or experts.

Documenting and distributing meeting notes. Documenting meetings can be seen as an onerous task. However, sharing experience, identifying common problems and solutions is a way of distilling practice knowledge. Documenting the tacit knowledge stored in the minds and practices of members is an important outcome of a COP (Garcia & Dorohovich, 2005). This facilitates another outcome, which is the knowledge and experience gained by members.

The initial documents would be agendas, meeting summaries and evaluation questionnaires and results. Later on, products such as a list of references or resources that have been developed will be added. A person needs to be designated to prepare material, collect it, and maintain it in a way that is accessible to all members. For example, the material may be located on a website.

The accumulation of documents and products provides a sense of purpose and accountability for the CoP, as well as a means to keep members connected. For example, members who have had to miss a meeting can find out what happened by reviewing posted material. It provides a 'home' for the members since they may usually meet virtually by teleconference or intranet conferences.

Discussion questions:

6. *What regular meeting or workshop type (face-to-face, teleconference, videoconference, computer conferencing) and timing would work in your situation?*

7. *How would you document and distribute meeting summaries?*

Preparation for Module 3

1. Review the discussions from this module within your organization or team. Document questions or comments that you can bring up at next teleconference.
2. Review materials and discussion questions for Module 3, including discussing questions with others. Post responses on website two days before Module 3 workshop.

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Wenger, E. (1996). Communities of practice: The social fabric of a learning organization. *Healthcare Forum Journal*, 39(4), 20-25.

Appendix A - List of Discussion Questions

- 1 *What do you feel are the important considerations in bringing together a working group?*
- 2 *What would be important aspects to include in the launch for you and your organization?*
- 3 *You can choose to answer one or more of A, B or C*
 - A) *Survey and Key Informant example:*
 - a) *What 3 topics would you select?*
 - b) *Which of the 4 strategic intents of communities of practice, as described by Barwick (2008) fits best with your idea of a community of practice?*
 - (i) *helping communities*
 - (ii) *best practice communities*
 - (iii) *knowledge sharing communities*
 - (iv) *innovation communities*
 - c) *Identify the contribution the key informants made to the development of the Model.*
 - B) *Brainstorming and building consensus example:*
 - a) *How relevant would these topics be to you/your team/organization and other potential health partners in the community?*
 - b) *What was useful about considering each item in the categorization in terms of different members of the CoP- eg. public health, home health?*
 - C) *Both examples:*
 - a) *Which of the two approaches, survey and brainstorming, would work best in your situation? What skills would you need to facilitate each approach? Are there other ways you have used to determine a topic or specific focus?*
 - b) *How important would it be to have some preliminary topics identified at the end of the launch? What would make that easier or more difficult?*
- 4 *Consider how you might monitor and evaluate relevance including the relevance to the CCHN Standards.*
- 5 *What do you feel a leader could do to build and maintain relationships?*
- 6 *What regular meeting or workshop type (face-to-face, teleconference, videoconference, computer conferencing) and timing would work in your situation?*
- 7 *How would you document and distribute meeting summaries?*

Appendix B

Community of Practice Example of Information Gathering Questionnaire Prior to Launch

Date:

Agency:

Contact:

Address:

Phone:

Email:

In preparation for the upcoming workshop on establishing a community of practice involving agencies that employ community health nurses, I am gathering information on participating agencies' programs and services of particular interest to these nurses. The intent is to understand the dynamics of the various programs and services, how they interlink and ways of optimizing their value to the community. The members of this group include the CCAC, community nursing agencies, a community health centre, public health and the college.

- 1 Could you tell me about some issues that you feel could be best addressed through participation in a knowledge and resource sharing group such as this one?
- 2 What programs or services do you offer that might be of interest to members of this group?
- 3 Have you any other information, comments or suggestions that you would like to share at this time?
- 4 Any questions that I can answer for you?

Appendix C

Example Workshop Agenda for Organizers to Launch CoP ~ 4 hours (10- 24 participants)

Prior to workshop

Preparation material distributed by email prior to launch (adapt material from module 1):

- What are communities of practice (Wenger, 2002 Start-up guide)
- Why focus on CoP – value for individual/organization (Wenger S-u guide)
- Examples of how being used (Barwick, SHRTN, Gabbay, Dorohovich)
- Fit with knowledge exchange
- Some of critical success factors (Wenger S-u guide)
- Setting up the CoP (Wenger S-u guide middle section – give handout)

Preworkshop questions:

1. What example experience do you remember of working with others to solve a practice problem, may be with work team, committee, community members?
2. Why do you think a community of practice might be useful to you and your team or organization?

Beginning of workshop

20 min Reception of participants

- Informal (refreshments available); Organizers individually greet participants and explain workshop and forms
- Initiate completion of part 1 of consultation form

20 min Welcome, introductions with Ice breaker that is fun

40 min 10 min Introduction to CoP [covered in module 1]

15 min Group discussion and sharing of previous experience relevant to 'CoP'

5 min Reporting of experiences from each table

15 min Break—Move to assigned table so different perspectives are discussed

60 min Process to develop list of topics

20 min Brain storm at tables- record on flip charts

40 min Full group discussion: Review items, look for categories, narrow down to some common areas, relate topics to CCHN Standards

(30 min) Reorganization of points by small work group of 2 or 3 while meeting continues

30 min Administration for next meetings:

- Determine method of meeting (face-to-face, teleconference, web conference), date and time for next two meetings.
- Remind to complete consultation form and put in envelope on the table

20 min Determine priority of issues

5 min Explain reorganization of points

15 min Ask for priority for each topic, continue until all topics have a number or are designated as high, medium or low

10 min Wrap up

- Congratulations on what was accomplished
- Identify information, resources to bring to next meeting

Wenger, E. (2002, 6 December 2007). Cultivating communities of practice a quick start-up guide. from www.ewenger.com/theory/start-up_guide_PDF.pdf

Appendix D

Community Practice Launch Workshop Example of Agenda for Participants (approximately 10- 24)

Agenda

- 8:30 a.m. Start of workshop (Coffee will be available)
- Introduction to workshop
 - Completion of forms
- 9:00 a.m. Introduction of participants
- 9:20 a.m. Introduction to Community of Practice
- 10:00 a.m. Coffee break (go to assigned blue or green table after break)
- 10:15 a.m. Setting up the CoP
- 11:55 a.m. Determine date and time for next two 1 hour meetings: (proposed: February 21 or 27 and March 25 or 26. Bring planning agenda)
- 12:00 p.m. Lunch
- 12:30 p.m. Explore chosen focus
- 12:40 p.m. Wrap-up
- 12:50 p.m. Complete consultation form

Appendix E

Example Community of Practice Launch Workshop Evaluation Form

Part A: Preliminary Information. Please complete at beginning of the workshop

1. What is your main area of practice? Please circle or underline one.
 - a) public health
 - b) home health
 - c) community health centre or clinic (open to interpretation)
 - d) other (please specify):

2. What is the MAIN focus of your practice? Please circle or underline one.
 - a) Direct service (clinical, front line)
 - b) Administration
 - c) Professional development or staff education
 - d) Teaching in University or college

3. Please circle or underline one of the following to indicate the total number of years you have been working in community health nursing (direct practice, administration, staff education, school of nursing).
 - a) Less than 1 year
 - b) 1 to 2 years
 - c) 3 to 5 years
 - d) 6 to 10 years
 - e) 11 or more years

4. What is your level of understanding of the CCHN Standards? Please check one.
 - a) ___ Little or no understanding
 - b) ___ Some understanding
 - c) ___ Moderate understanding
 - d) ___ Considerable understanding

6. How important are the CCHN Standards to you? Please check one.
 - a) ___ not important
 - b) ___ somewhat important
 - c) ___ moderately important
 - d) ___ very important

7. How important are the CCHN Standards to your organization? Please check one.
 - a) ___ not important
 - b) ___ somewhat important
 - c) ___ moderately important
 - d) ___ very important

8. What is your level of understanding of a community of practice? Please check one.

- a) Little or no understanding
- b) Some understanding
- c) Moderate understanding
- d) Considerable understanding

9. How many others from your organization are in attendance with you today?

Part B: Evaluation of Workshop

10. Please check to indicate how much **understanding** you have gained during the workshop on the following:

Component:	a) little understanding	b) some understanding	c) moderate understanding	d) considerable understanding
Community of Practice				
Relationship of Community of Practice and CCHN Standards				
Opportunities for working together across the community				
Common issues that have relevance to my organization				

11. Please indicate your views about this workshop and project:

	Disagree			Agree	
a) Were the objectives of the workshop clear to you?	1	2	3	4	5
b) Did you have the opportunity to share your views and participate fully in the workshop?	1	2	3	4	5
c) Did you feel that decisions were made by the group as a whole, not just by a few people?	1	2	3	4	5
d) Do you feel that what is decided will be worthwhile for you and your organization?	1	2	3	4	5
e) Do you look forward to working with these people in the future?	1	2	3	4	5

12. What do you feel would be the highest priority for your organization at this time? Please explain:

13. Please take a few minutes to provide us with some feedback on different aspects of the workshop. On a scale of 1-5 (1 indicating lowest and 5 highest satisfaction), please circle a number to rate each aspect:

Aspect	Low					High
	a) Variation of activities	1	2	3	4	5
b) Organization of tables	1	2	3	4	5	
c) Amount of time for discussion	1	2	3	4	5	
d) Meeting was organized and ran well	1	2	3	4	5	
e) Other (please specify)	1	2	3	4	5	

14. For any items above with a rating of 1, 2, or 3, please explain how to improve the ratings:

15. Please check the **two** main things that you will be taking away from the workshop:

- a. Knowledge about working together in a community of practice
- b. Knowledge about how practice issues overlap in the community
- c. Energy/enthusiasm/motivation
- d. Ideas that will be useful to my organization
- e. Links with nurses working in other types of community practice
- f. Other: please describe:

We appreciate you taking the time to provide your feedback on the Community of Practice Workshop. Please put this form in the envelope on the table.

Thank-you!