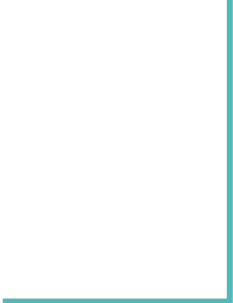# From a Four-Year Perspective: Reflections on Running a Community of Practice Group

Dr. Cindy DeRuiter Blackwell, OTD, OTR/L
Dr. Stephanie Lancaster, EdD, OTR/L, ATP, CDP
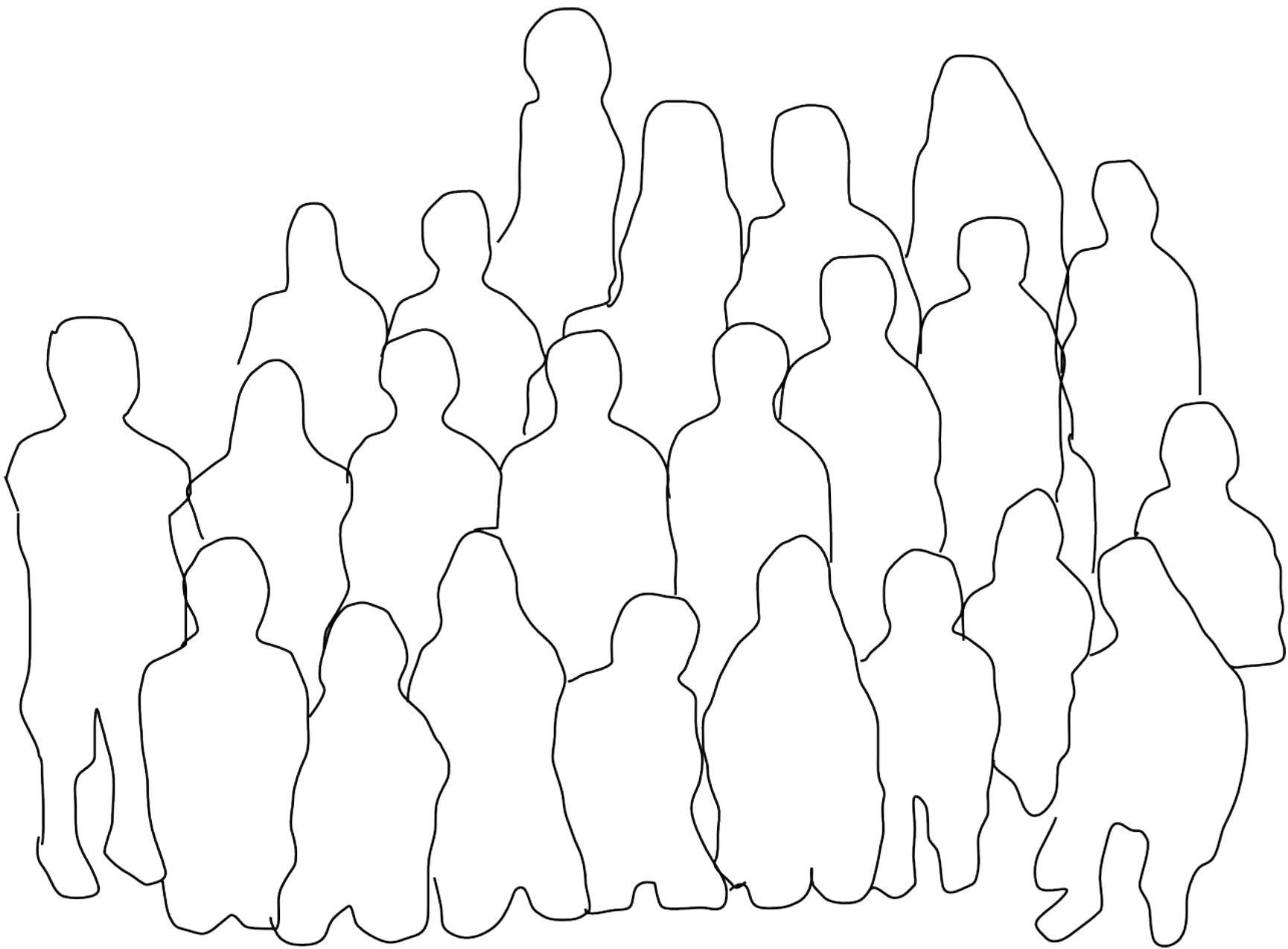TNOTA Annual Conference 2022

Objectives

- Participants will be able to understand and articulate the principles of a Community of Practice.

- Participants will learn about the history and evolution of TNOTA's Pediatric Community of Practice group and other CoP groups in the state.

- Participants will generate ideas on how the Community of Practice model can be expanded to other practice areas in OT, relevant to their own practice.

- Participants will work in small groups to apply the principles of CoPs to practice areas they are interested in, and begin the process of forming additional CoPs.

About the speakers

- Cindy Blackwell

- Stephanie Lancaster

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Practice issues....

On your index card, jot down a challenge (or challenges) that you experience in your area of practice.

What is a Community of Practice (CoP)?

"Communities of Practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly."

(Wenger-Trayner, 2015)

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What makes a Community of Practice?

A Community of Practice (CoP) has 3 main characteristics:

- **Domain**: a shared area of interest
    - friends who attend the same school ≠ a CoP
- **Community**: joint activity, discussion, sharing ideas, interaction, relationship building
    - a website ≠ a CoP
- **Practice**: shared practice & resources
    - a group with shared interests ≠ a CoP

(Wenger-Trayner, 2015)

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What does a CoP do?

A CoP is *action-oriented and works collaboratively to do the following:*

- ○ Problem solving
- ○ Requests for information
- ○ Seeking experience
- ○ Recycling/reusing resources
- ○ Developing strategy
- ○ Professional advice and feedback
- ○ Discussing developments
- ○ Mapping knowledge and identifying gaps

(Wenger-Trayner, 2015)

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THE VALUE

Tangible results:
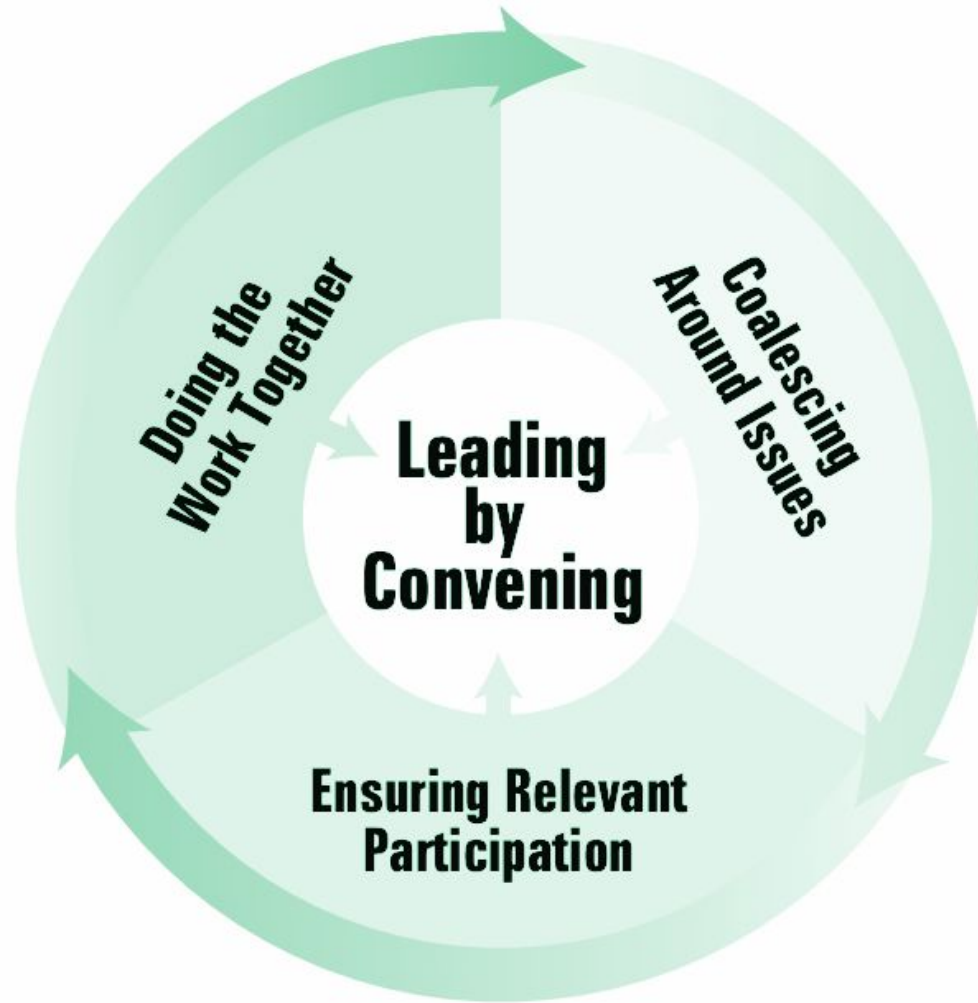
- Documents
- Improved skills
- Access to information

Intangible outcomes:

- Relationships
- Sense of belonging
- Spirit of inquiry
- Confidence
- Emotional support
- Professional identity

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Core Concept: Leading by Convening

(Cashman, Linehan, & Rosser, 2014)

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COMMUNITY OF PRACTICE

SPONTANEOUSLY COME TOGETHER UNDER A · WITHIN EACH · IMPLICITLY HELD KNOWLEDGE · WHICH BECOMES · COLLECTIVE INTELLIGENCE · WHICH CREATES · SHARED PRACTICE · THEREBY DEVELOPING · SHARE TACIT KNOWLEDGE · IN ORDER TO · TRUST AMONG MEMBERS · THEY BUILD · COMMON THEME / PURPOSE (JOINT ENTERPRISE)

(Allan, 2008)   S

CoPs: Underlying assumptions

- Untapped knowledge resides with those that are closest to the work→ each person is the expert on their own context

- To reveal opportunities and gaps, leaders need to engage those that have a role in resolving persistent problems

- Real change comes from building a shared sense of purpose

- Doing work together
  - Doing with, not doing for

- Always asking, "Who isn't here??

- A CoP involves learning on the part of everyone involved

- Led by facilitators- "guide on the side" not "sage on the stage"

(IDEA Partnership, 2013)

Levels of community participation

clients

outsiders

transactional

lurkers

peripheral

occasional

experts

active

beginners

core group

leaders

coordinator

outsiders

sponsors

Wegnger-Trayner, 2011

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Bottom Line:

No matter your level of participation, everyone has something to share and everyone has something to learn about our most challenging practice issues.

(IDEA Partnership, 2013)

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TNOTA Pediatric Community of Practice: Our Story

- It starts with one overly enthusiastic OT, seeking guidance......

- 2012-2016: OT for in schools, EI, academia in Chicago
  - Active member with Illinois Schools & EI COP
    - Led calls, presented at AOTA on a CoP Panel

- June 2016: Moved to Nashville, began work in public schools and private outpatient pediatrics

- August 2016: Questions about OT practice act, "flow" of services in TN, and seeking mentorship

- January 2018: Contacted TNOTA to ask if a pediatric workgroup/SIS/CoP had been established
  - "no, but you can start one!" ☺
  - Reached out to Sandy Schefkind at AOTA for guidance on developing and launching a CoP

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AOTA CoPs & Pilots

- In May 2018, AOTA launched Pilot CoPs in the Special Interest Sections that expand outside of Pediatrics under the training and guidance of Sandy Schefkind, Pediatric Practice Manager
  - Fitness to drive
  - Childhood trauma
  - Psychosis
  - Leadership
  - Women's health
  - Autism
  - Fieldwork Educators

- Coincided with TN efforts to start a Peds CoP- past TNOTA President connected us with AOTA

- Training & support from AOTA
  - Collecting pre/post outcome data

(AOTA 2022)

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TNOTA Pediatric CoP Accomplishments to date

- 94 members on email list, 6-10 actively engaged on a regular basis

- Calls have discussed:
    - school-clinic-family communication
    - decreasing hand strength/FM skill trends in children
    - articulating educational vs medical model differences in scope
    - telehealth in pediatrics
    - self regulation & positive mental health in schools
    - defining our role and preventing encroachment
    - Every Moment Counts (Sue Bayzk)
    - ESSA & OT's role
    - School violence

- Future calls:
    - Behavior supports across environments

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Other TNOTA CoPs

Active
- Mental Health
- Hand Therapy

Previous
- Neuro
- ICU

Suggested/Future
- Business owners/managers
- Vision Rehab
- OT educators

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So, how does one start a CoP?

- Identify issue(s) (needs assessment)
  - **Who cares about this issue and why?**
  - **What work is already underway separately?**
  - **What shared work could unite us?**
  - **How can we deepen our connection?**
- Invite participants
- Engage participants- share information
- Engage participants- take action
- Review and determine next steps

Four Questions

(Cashman, et al., 2014)

Using CoP principles to solve practice issues

- Index Cards

- Name, Role, Practice Area

- What issues do you experience in your practice area?

- How can the CoP model be applied to help generate solutions?

Breakout Session

Four Simple Questions from the IDEA Partnership:

Who cares about this issue and why?

What work is already underway separately?

What shared work could unite us?

How can we deepen our connections?

(Cashman, et al., 2014)

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One therapist can make a difference!

- Front line therapist with

  - an issue

  - a thought

  - an idea

  - Saying: Someone should........

- Don't sit on it, share it!

Strength through AOTA & TNOTA support!

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COPs are not successful because of like-minded people, ...

... they are successful because of shared passion.

(IDEA Partnership, 2013)

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Next Steps..

Step One	Step Two	Step Three	Step Four

Review available resources:
- AOTA CoP work
- Blueprint of Authentic Engagement from IDEA Partnership

Conduct a needs assessment (may for formal or informal)

Begin a dialogue with others in your practice and/or via TNOTA

Create an action plan based on the Four Questions:
- Who cares about this issue and why?
- What work is already underway?
- What shared work could unite us?
- **How can we deepen our connection?**

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Connect with us

- TNpedsCOP@googlegroups.com

- Cindy Blackwell
    - president@tnota.org

- Stephanie Lancaster
    - slancas4@uthsc.edu

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Suggested Resources

- https://wenger-trayner.com/introduction-to-communities-of-practice/
- https://www.communityofpractice.ca/
- https://medium.com/lets-gather/how-do-you-support-a-community-of-practice-8e0abf2ac00b -
- https://medium.com/nerd-for-tech/create-or-be-part-of-a-community-of-practice-cfee1bfdac99 -