

Radiation Treatment Program's Communities of Practice: A Scoping Evaluation

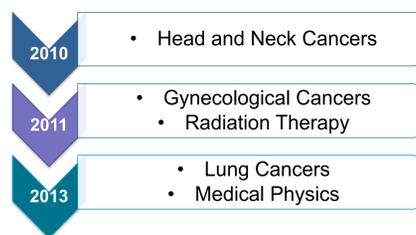
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Background

Communities of Practice (CoPs) are defined as "a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis"¹. CoPs are increasingly considered important tools in various fields including business, education and healthcare. The Radiation Treatment Program (RTP) of Cancer Care Ontario (CCO) has developed 7 CoPs since 2010, including three inter-disciplinary (Head and Neck Cancers, Gynecological Cancers, Lung Cancers) and four intra-disciplinary (Radiation Therapists, Medical Physicists, Radiation Safety Officers, and Clinical Specialist Radiation Therapists) CoPs. CoPs are largely member-driven voluntary groups, with equal representation from each of the fourteen Ontario Regional Cancer Centres, and representation from Radiation Oncologists, Medical Physicists and Radiation Therapists as required. Administrative support and funding for the facilitation of CoPs is supported by RTP. CoPs are considered a feasible and cost-effective model to encourage innovation, knowledge transfer and exchange (KTE), and to ultimately ensure best practices are standardized across the province, resulting in high-quality patient care.

Figure 1. Timeline of CoP Development



Objectives:

Although the interest, participation and productivity rate in RTP's CoPs have been very high, a formal evaluation of this initiative has not been performed to date. The purpose of this project is to evaluate the impact of the RTP's CoPs on three parameters:



- 1) Knowledge creation- including novel products, reports and outcomes created by the CoPs;
- 2) Knowledge Transfer and Exchange (KTE)- encompasses knowledge shared within CoPs that members then use in their personal practices or use to elicit change within their institution and;
- 3) Community building- strengthening a radiation medicine community across Ontario, as well as the development of a communication network amongst peers

These three parameters closely align with CCO's Ontario Cancer Plan IV² enablers of success and goals of ensuring effective and equal cancer care across Ontario based on best evidence. Results from this evaluation will shape the future of CoPs within the RTP.

Methods

An evaluation was conducted on 5 of the 7 existing CoPs, namely Head and Neck Cancers, Gynecological Cancers, Lung Cancers, Radiation Therapists and Medical Physics CoPs to determine whether they are meeting their objectives. The Radiation Safety Officers and Clinical Specialist Radiation Therapists CoPs were not included, as these are member-appointed CoPs and have a different organizational structure than the other CoPs.

We used a multi-modal approach to evaluate the RTP's CoPs. A number of different tools were used to measure the three parameters of interest.

Table 1. Sources of evaluation

Evaluation Sources	Knowledge Creation	Knowledge Transfer and Exchange	Community Building
Prospective Surveys		✓	✓
Modified CDC Innovation Tracking Tool	✓	✓	✓
Modified CDC SWOT Analysis	✓	✓	✓
Interviews	✓	✓	✓
Publications/ Guidance Documents/ Tools	✓		✓

- Surveys were collected prospectively at the end of each CoP meeting by all members in attendance.
- Leads of each CoP were interviewed.
- For each of the five CoPs, two members were randomly selected from among those who had attended three or more CoP meetings.
- Interview templates were modified from the Center for Disease Control's (CDC) CoP Evaluation Interview Template and reviewed by a Staff Scientist with expertise in evaluation.

Feedback



Results

- 257 unique surveys were reviewed
- Interviews were conducted with 18 CoP leads and members 95% of participants reported that CoP projects were very relevant to their practice
- 50% reported changes in their practice stemming from involvement in CoPs
- 16 clinical initiatives have been developed or are in development
- Strengths of the CoP (from interviews):
 - Improving care (8/18)
 - Knowledge creation (4/18)
 - Knowledge transfer and exchange (11/18)
 - Increased collaboration between centres (14/18)
 - Creation of a community (13/18)
- Greatest challenge of CoPs was identified as the time commitment required to participate.

Figure 3. Overview of survey evaluation results

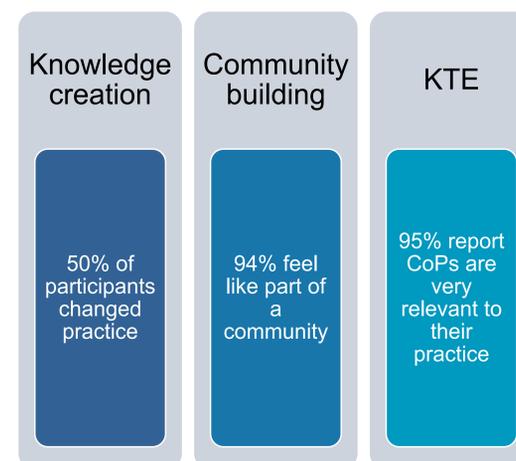
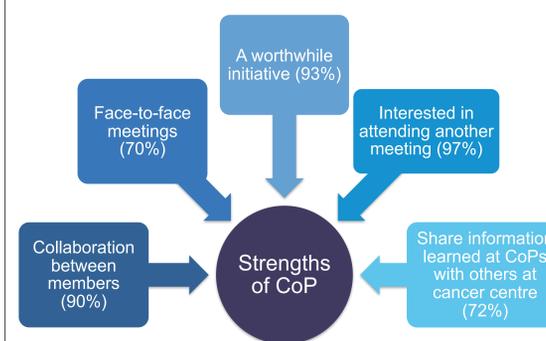


Figure 4. Strengths of CoPs from survey data



Conclusions

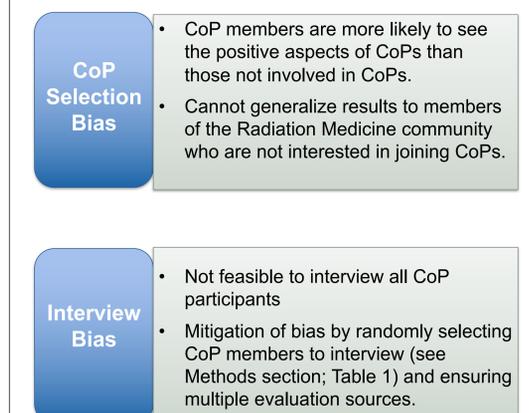
CoPs encourage innovation, KTE and improve the sense of community amongst practitioners in Ontario providing a platform to ensure best practices are standardized across the province. CoPs were successful across all three parameters of measurement (Figures 2 and 3). The three parameters are closely linked, and are all required for a successful CoP initiative (Figure 4).

Challenges and Future Directions:

- The main difficulty in participating in CoP activities identified for the majority of members is limited time given a number of other clinical, research and education commitments.
 - This impacts on efficiency of CoP and turn-around time of conception of idea to completion of product or final result
- Consideration of how to best address the time constraints of members is necessary to ensure continued participation and efficient development of clinical tools in CoPs.

Study limitations:

Figure 5. Study limitations



Conclusion:

Overall, the five CoPs have been extremely successful in the domains of knowledge creation, KTE, and community building. These results support the continuation of the RTP CoP initiatives with a goal of ensuring best practices are standardized across the province.

References:

- ¹Wenger E, McDermott R, Snyder WM. *Cultivating Communities of Practice*, 2002
- ²Cancer Care Ontario, *Ontario Cancer Plan IV 2015-2019*