Surgical Oncology Program
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COMMUNITIES OF PRACTICE

Background

As many of you may already know the Surgical Oncology Program is in the planning phase of creating Cancer Surgery Communities of Practice (CoP). There is a fairly extensive theoretical literature supporting CoP, which are defined as "groups of people who share a concern, a set of problems, or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" [1]. This literature suggests that multifaceted interventions involving social interaction amongst peers leads to self-reflection and self-directed learning, and are the most effective strategies for encouraging changes in practice and diffusing new knowledge to improve performance. CoP are also now recognized at a practical level, by an interactive online course on the subject, and the June 2004 conference sponsored by the Ontario Hospital Association entitled *Enabling Communities of Practice Through Technology*.

[1]Wenger E, McDermott R, Snyder WM. Cultivating Communities of Practice. Boston: Harvard Business School Press, 2002.

CoP are created in a healthcare organization when it establishes a partnership with an informal existing network of practitioners in a mutually beneficial relationship. The sponsoring organization provides resources to better enable the network to carry out its intended function and, in return, benefits by improved functioning of the members of the network.

Methods

As organizations grow in size, geographical scope and complexity, there is evidence that sponsorship and support for Communities of Practice can improve organizational performance. To do so, the following activities must be recognized and/or facilitated: 1) Provide opportunities for individuals to make new connections, through in-person meetings or training, technologies that support collaboration and human intermediaries that connect individuals to other community members. 2) Allow time and space for relationship building among individuals either through in-person interaction and/or knowledge repository management. 3) Communicate the culture and language of the community and the organization using influential colleagues and multimedia technologies. Examples of successful existing provincial oncology knowledge sharing and quality improvement initiatives include the Gynecologic Oncology Group of Ontario (GOGO) and the Pediatric Oncology Group of Ontario (POGO). The Surgical Oncology program hopes to learn from these groups, and build upon existing knowledge sharing infrastructure and activities to develop CoP based on site groups, starting with colorectal and ovarian cancer surgery.

Results

The development of CoP is not in itself the goal but the means to several goals. Surgical cancer care in Ontario will benefit if the knowledge and potential that currently exists within the community becomes more integrated into the formal cancer system. This should lead to improved organization and delivery of cancer surgery, further development and research, greater integration between surgeons and the cancer system, improved patient outcomes and to convey emerging techniques. Specifically, one can expect to see: 1) decrease in variations in standards of care; 2) increased access to care; and 3) shorter intervals between the establishment of best surgical practices (i.e. practice guidelines, indicators) and their implementation provincially; 4) increased participation in clinical trials; 5) more rapid and better controlled introduction of new technology.

Next Steps

The Surgical Oncology Program has systematically developed evidence- and consensus-based indicators of pre-, peri- and post-operative care and outcomes with the assistance of multidisciplinary expert panels (surgeons, nurses, pathologists, medical and radiation oncologists) for breast, colorectal, ovarian and prostate cancer. The program is working with representatives of the Clinical Council and the Ontario Cancer Registry to determine which of these indicators, further prioritized by the expert panel chairs, can be measured using existing CCO data and resources.

It is therefore crucial that the Surgical Oncology program, on behalf of CCO, consider how best to engage relevant providers for the purpose of disseminating the resulting performance data and involving those providers in quality improvement initiatives such as interactive learning, self-conducted practice audits, etc. Many clinicians, particularly surgeons, practice in isolation and there is no organized, proactive system for sharing knowledge related to oncology practice. The concept of CoP offers a possible model by which CCO can undertake collaborative interventions with clinicians to benchmark and/or improve a specific aspect of care measured by an indicator.