



## Online Communities of Practice: New Technologies Enable New Possibilities

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We are all extremely busy these days. Physicians especially so; life in practice is fast-paced, demanding and very time intensive. Given this reality, many feel challenged to devote adequate time, or as much time as they might like, to their continuing professional development (CPD).

Formal activities, such as conferences and hospital rounds are time-honoured and familiar ways for physicians to engage in CME/CPD. While these events are often enjoyable and bring value beyond the information presented, concerns of time, resources and utility force us to consider other forums for learning.

CPD is essential in this day and age. New information is being generated at an unprecedented pace and physicians are being asked to manage more and more knowledge. Over the past few years, many physicians have been turning to information and communication technologies for decision support (e.g., the Internet and personal digital assistants), accessing just-in-time information on demand to support clinical decisions. We have come to appreciate the learning that is derived from and

generated by these electronic tools.

Recent advances in information and communication technologies have led to the emergence of successful online communities of practice. Online communities of practice, based on successful "in-person" communities of practice, centralize learning, decision support tools and other practical resources in a virtual community of colleagues and peers. This virtual community enables flexible and accessible learning opportunities that extend far beyond the familiar and the formal, beyond the traditional conferences and beyond interactions with specific experts.

A community of practice is a group of people who share an interest in a domain of endeavour (practice) and engage in a collective learning process that creates bonds between them.<sup>1-2</sup> In medicine, these informal networks support practitioners to develop knowledge building through peer-to-peer problem solving, sharing best practices and resources, updating knowledge for daily practice and generating new ideas.<sup>1-3</sup>

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These communities share three key dimensions:

1. A domain of knowledge (*e.g.*, full-service rural family medicine)
2. A voluntary commitment to the building of relationships
3. A focus on shared learning (sharing knowledge, compiling resources, *etc.*)<sup>1</sup>

Core to the concept of communities of practice is the understanding that what we know depends on who we know. Our knowledge base, practice patterns and expertise, is largely shaped by the interactions that we have had with our colleagues, peers and mentors. More than a team, more than a celebration of a common interest, they are self-sustaining communities that focus on everyday problems in medical practice through peer interactions.

A community of practice can provide much educational value because participation is self-directed and self-initiated (*i.e.*, driven by the learner). Participation is constructed in the context of one's own work, which creates learning that is both pragmatic and immediately applicable. In many cases, these communities allow us not only to connect with co-workers, peers and other health professionals for learning, but also to reflect on our own practices and to see ourselves as sources of education.

Communities of practice can exist in-person and online and both are active, participatory experiences. Online communities of practice are more than reading Web pages or the passive viewing of materials. The theory behind learning communities is based on how adults learn through social practices. The importance of the interaction in online communities cannot be minimized. New community of practice software programs allow physicians to connect and interact in many ways—from live video links to chat sessions—in both real time and asynchronous modes.

Online communities have numerous advantages. Not only do they enable people with similar interests to work across geographical and temporal boundaries, they can also provide isolated practitioners

connection to real time presentations organized at the members' convenience. Outside guests from any location can be invited to give comment, enrich discussion and/or answer questions. Participation in asynchronous activities can be done at one's convenience, from home or the office, at different times of day. In addition, most programs keep records of participation which can prove useful for obtaining study credits.

The University of British Columbia's office of CPD and Knowledge Translation is currently working with a number of online communities that provide for:

- Formal presentations (delivered by Web-conference)
- Informal learning through peer-to-peer interactions
- Dialogue between different perspectives from within the community and beyond
- Forums for sharing valuable clinical tools and other resources

Academic CME/CPD providers are challenged by the practicality of providing timely and relevant formal education to support the learning of community physicians. Online communities of practice provide one way in which University CME/CPD offices are responsive to the needs of physicians and in which they can play a valuable role in enabling both formal and informal learning.

**cme**

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