

Community of Practice Handbook

Introduction to University of Waterloo's PharmD Community of Practice model

In the final year of University of Waterloo's Pharmacy undergraduate PharmD program, students participate in 3 eight-week direct patient care rotations. Students are assigned to one of 14 regions where they are supported by preceptors, other students, a Regional Clinical Coordinator (RCC) and other pharmacists and health care professionals. This model whereby students work in one region for a prolonged period of time with support from many sources, including preceptors, regional coordinators, other health care professionals and peers, was inspired by the community of practice concept described by Wagner.

Communities of Practice

The concept of communities of practice was first devised by Jean Lave and Etienne Wenger in their book titled "Situated Learning"¹. As anthropologists, they studied different learning models; particularly, how apprenticeships work around the world which led them to conceptualize the community of practice. Communities of practice are groups of people who share an area of interest (in this case patient care pharmacy) who gather to learn together and from one another, to push the boundaries of their profession.

Throughout the literature, the community of practice concept has been used and adapted to many areas including managerial philosophy and teaching philosophy. Each community of practice approaches learning in a different way but feature certain defining characteristics:

- gathering to learn together about the same topic (a social component)
- learning in context (as opposed to learning in an artificial setting such as the classroom)

Additionally, communities of practice can be gauged on two continuums: The **intentional-unintentional** continuum captures whether or not the community of practice component has been planned or if a group of people just happen to share the components of this concept; the **multidisciplinary – apprenticeship** continuum captures how the community works together. If within the community some members clearly have more expertise in the domain and others enter the community to learn from these experts, then the community of practice is more of an apprenticeship. In other cases, communities of practice may form with people from diverse backgrounds who bring different perspectives to the same domain to accomplish a shared goal².

University of Waterloo's PharmD patient care rotations encompass both apprenticeship concepts (learning from preceptors and other students) as well as multidisciplinary concepts (meeting with other health care professionals to discuss particular cases, etc.). We recognize that there is no right way to exemplify communities of practice, since there is currently no agreed upon operational definition.

Ultimately, the goal is to create an environment that fosters learning for everyone involved!

Information for Regional Clinical Coordinators

Your role as the Regional Clinical Coordinator (RCC) within the community of practice is absolutely vital. One of your goals is to understand your region as a whole and to understand all of its moving parts including the many different pharmacists, pharmacies and other pharmacist locations (such as family health teams, for example) and seek to increase connections between them.

For example, if two pharmacists from different practice sites are supporting students with similar goals, you could bring the pairs together to learn from each other. Even a simple act such as connecting them via email will contribute towards the community of practice model.

Our goal is not for every region to have identical opportunities, but that every region has *some occasion* for students to explore their interests. These opportunities are not mandatory and it's unlikely every student will pursue them, but ensuring these occasions are available is important. Throughout the year, ask yourself the following questions while keeping in mind that each region will likely have very different answers:

- How can I connect with the pharmacists in my region? What's the best way for me to get their ear?
- What do pharmacists in my region need? How do I know this? (In other words, are the needs in my region driven from a select group of pharmacists or the entire region? (Both are fine; understanding and sharing the distinction is important).)
- How can I learn about aspects of my region that I'm not familiar with?
- What unique experiences could students in my region gain?
- How do I continue to pursue and learn about these things?

Here are some suggested questions you can use to initiate conversations with pharmacists in your region when you are introducing your role:

- How can we bring students within the region together to share experiences?
- Should this be a region wide activity or only for smaller groups within the region?
- Are there existing meetings students can be incorporated into?
- As practicing pharmacists, what do you wish you could learn more about? (University of Waterloo is developing continuing education opportunities and is eager to work with you and pharmacists in your region to determine what the activities could be).

Keep in mind we want the learning experiences to be as natural or as similar to what pharmacists experience as possible. Creating "artificial environments" is redundant since students already spend years in classrooms.

Here are some *suggestions* for activities you can coordinate for students:

- Encourage students to attend local continuing education activities, or to attend grand rounds, etc., by letting them know when these activities are available and by helping them in any way to attend.
- Offer students opportunities to be involved with existing professional organizations.
- Encourage students to meet with each other regularly.

Remember, yours is the challenging role of understanding and relaying the big picture of your region to

University of Waterloo students. Details can become overwhelming and daunting when considered individually; take this opportunity to try to summarize, group and categorize the unique features and nuances of your region.

It is possible that pharmacists from your region will want to work with the University of Waterloo in some capacity. When someone comes to you with an idea that seems too big, too unrealistic, or too unfamiliar to act on right away, it's your job to say "Wow! Tell me more about we could implement this". New, big, unconventional ideas may be difficult and part of your role is finding a way to embrace these ideas when they arise. In many situations, this will likely mean connecting the eager individual with the experiential coordinator or another experiential team member since pursuing additional big projects will not typically be within your role. Overall, we do not want to engage in activities that are too much work for anyone, but we can't shut down ideas before we think them through. Encourage the idea person to do just that; think it through in terms of resources and timing, and then bring it to the experiential coordinator. It's likely there will be a way to incorporate some iteration of the idea which will make your region—your learning community—more engaged!

Have the idea person answer the following questions:

- What is the idea and how do you want to accomplish it?
- What is the time frame?
- What resources (financial, human or other) are required?

Information for Preceptors

If preceptors are curious about the University of Waterloo's community of practice model, please share the first section of this document with them, titled: *What is University of Waterloo's Community of Practice PharmD model?*

Encourage preceptors to think creatively about how they can work with other preceptors, with students and with other health care practitioners. Maybe they could meet a few preceptors to gain understanding on teaching a certain technique, or maybe they will want to meet with a larger group of preceptors to discuss a challenge their site is experiencing. These activities promote learning and problem solving *and* we want to know about them! University of Waterloo activities are available to all students, including those from other pharmacy programs and we encourage preceptors to share opportunities with anyone who may be interested.

Information for Students

The community of practice approach to the PharmD 4th year patient care rotations is very exciting for students. Building strong relationships within one community and working interprofessionally towards shared goals all with the support of a preceptor simulates as closely as possible the experience of being a certified practicing pharmacist in a community setting.

The goal of this approach is to foster learning and teaching opportunities for everyone involved in a natural manner. You will participate in many discussions about patients and approaches to practice.

There are vital skills you must learn from your rotations which are outlined in your syllabus.

The goal of the community of practice is to make it easier to learn these skills and understand how to use them in an actual practice environment (as opposed to a classroom setting). Prior to entering practice as a fully qualified pharmacist, you need the opportunity to develop the soft skills of patient

care.

We anticipate the prolonged experience in one community with many professionals will improve your learning experience, and we want you to think of this. Throughout your rotation experience, ask yourself:

- Where and when did I learn this skill?
- Would I have learned this or experienced this if the program was designed differently?
- What about the rotation experience helped me learn or experience this?
- What could I have learned more or had a more positive experience with? What could have been done differently to facilitate this?

At the end of the rotation there will be opportunities for you to share these insights to improve the rotation experience for future students.

Measuring the impact of the Community of Practice model

Throughout the program there are several internal evaluations to ensure University of Waterloo PharmD students are meeting academic and regulatory requirements. Beyond these evaluations, we also seek to assess the community of practice model to determine if it is beneficial to students, preceptors and the regions in which they practice. What can we, as a university, learn from this program and share with others? There will be several opportunities for everyone to provide feedback through surveys, emails and focus groups.

¹ Lave, J. and Wenger, E. (1991). *Situated Learning: Legitimate peripheral participation*. Cambridge: University of Cambridge Press.

² To read more about communities of practice try:

Li, L.C., Grimshaw, J.M., Neilson, C., Judd, M., Coyte, P. C., & Graham, I. D. (2009). Use of communities of practice in business and healthcare sectors: A systematic review. *Implementation Science*.

Wenger, E.C. & Snyder, W. M. (2000). Communities of practice: The organizational frontier. *Harvard Business Review* (139-145).