
POSTER ABSTRACT

Communities of practice as a methodology for creating value on innovative practices for better integration of social and health organizations

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Introduction/background summary: Communities of practice (CoPs) are groups of practitioners who share a domain of interest and strive to learn from each other by interacting regularly in order to improve practice. CoP as a methodology can reveal, clarify and support the development of new roles and innovative practices rooted in local contexts and networks and contribute to more integration of social and health organizations.

Targeted population: In this case, the target population of CoPs is practitioners, organizations and communities willing to develop innovative practices and roles for better integration of health and social care for patients/users.

Participants: In Brussels, four CoPs –each anchored in a different district- bring together twelve practitioners from different social and health organizations and disciplines, and two moderators. A total of forty-eight practitioners and eight moderators participate in the CoPs.

Description of the initiative: Members of the CoP are enrolled in monthly meetings throughout the year where they share difficulties, resources and find solutions together, creating value through social learning. These health, care, and community workers identify as ‘Trusted frontline professionals’. In this role, practitioners aim to support and guide the patient/user according to his/her needs and goals through the social and health system. CoPs are guided by moderators who use different methods and tools to facilitate exchanges and to support CoP members in their ‘Trusted frontline professional’ role.

Thematic analysis is in progress using NVIVO 12 on data collected during CoP and moderators’ meetings through participatory observation, as well as on CoP monitoring tools, conventions and previous reports. A documentation grid was developed through a participatory process within the CoPs.

Results: Data from thirty-five CoP meetings, involving forty-eight practitioners will provide insights categorized by established areas of the documentation grid: 1) profile of patients/users supported and practitioners involved; 2) types of situations encountered and actions; 3) proposed solutions and clues from other CoP members; 4) available tools and resources in local networks; 5) development of professional stance; and 6) impact of participation on CoP members and represented organizations. Data from seven moderators’ meetings highlight key elements of CoP organization and facilitation methods, which will be compiled in a methodological guide.

Learning for the international audience: CoP as a valuable methodology for exploring and defining innovative roles such as that of 'Trusted frontline professional'. Social learning processes reveal specific needs of patients/users and practitioners playing this role, resources and tools available to practitioners. Social learning creates value by helping practitioners to be better equipped to play the role of 'Trusted frontline professional' within local contexts and networks.

Next steps: Capturing and capitalising on the value created within these four CoPs can be used to build further CoPs to support practitioners in the 'trusted frontline professional' role in other local areas or to develop and monitor the implementation of other roles.