



## Expanding clinical research capacity through a community of practice (CoPER)

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### ARTICLE INFO

#### Article history:

Accepted 20 March 2009

#### Keywords:

Research capacity  
Clinical nursing research  
Group processes  
Professional role  
Communities of practice

### SUMMARY

**Purpose:** The proposed CoPER project (Community of Practice for Engaging in Research) responds to a need for increased research capacity in a clinical setting. We put forward an argument and a design for a prospective action research project to extend research capacity via an integrated academic and practitioner community of practice in an Emergency Department (ED).

**Procedures:** This paper explores the research needs of clinicians, articulates the concept of community of practice in light of these needs, and outlines the rationale for considering communities of practice as a potential contributor to building research capacity in a clinical setting.

**Findings:** A potential methodology is suggested to test the linkage between research needs, the concept of a community of practice model in a clinical setting, and the contribution of such a model to building research capacity in a clinical setting via the CoPER framework.

**Conclusions:** Combined data from this proposed mixed method action research (survey, focus groups, interviews, observation) are expected to enable the production of a set of facilitators and enablers with a view to building a community of research practice which make the case study transferable to other clinical and non-clinical work settings.

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### Introduction

Consumers and policy-makers increasingly demand improvement in health care services, and expect that developments are grounded in defensible research (Kellner et al., 2004). Evidence-based practice links practitioners to the research base. However, gaps exist in the evidence available, particularly in new and diverse disciplines such as emergency medicine (Wright et al., 2005). Clinicians in these settings can best identify the most pressing needs but are not always equipped to pursue the formal research processes required to explore their innovative solutions or to validate and extend the application of best practice. More research will continue to be demanded and this paper responds to the need for clinical practitioners to take a role as generators – not just consumers – of health practice research.

Many practitioners have undertaken undergraduate research training in an academic context, but may not have had the opportunity to engage in research activities within their clinical practice. Time lapse, lack of practice and lack of confidence might mean they are unlikely to spontaneously embark upon research which may

otherwise support novel approaches or validate current processes in forms that would be valuable to practitioners in other settings. To create the evidence-base of future teaching and healthcare practice, and based on an understanding of current research needs, it is necessary to reinvigorate their interest in research and support the application of research techniques. This can be expected to extend their research capacity and in turn support innovation and improvement in healthcare.

The proposed CoPER (Community of Practice for Engaging in Research) framework is innovative in looking at how we can harness the considerable untapped knowledge in the hospital setting based on practice experience. Such an innovation can build a thriving, sustainable interdisciplinary community of practice with a research focus. This paper develops a methodology with new conceptual understandings linking practice, research and higher learning in the clinical setting. Its aim is to explore the value of a communities of practice model to the problem of extending research capacity within the clinical setting of an Emergency Department (ED). We propose that an iterative and practitioner-relevant “action research” methodology can best help to assess its impact on clinician research capacity.

The importance of making connections between academic and community partners has been recognised. Such partnerships engage scholars in applying knowledge to significant and meaningful emergent community problems via a participatory process

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(Boyer, 1997, 1996; Calleson et al., 2005; Burrage et al., 2005). The CoPER framework imbues the healthcare setting with principles and understandings of research in graduate education in order to facilitate real world knowledge and knowledge generation. This paper establishes the need for clinical research, focusing on the ED as a case study; outlines the proposed community of practice approach; argues for the appropriateness of an action research methodology to engender a community of practice; and considers the ripeness of a particular case setting for application of this model.

### The need to increase research capacity in a clinical setting

There have been calls to increase the amount of clinical research undertaken (Wills, 1998). However, it is not feasible to increase the amount of research completed in a clinical setting without first increasing the research capacity amongst clinicians. Wills notes that there is a need for shared knowledge between clinicians and researchers for best research to improve healthcare. Kernick (2005) also suggests the need for closer links between the academic/research community and the practitioner/clinician community, noting that “the call is for a fundamental reappraisal to enable it [research] to become more embedded in the realities of health care delivery” (p. 5). There is a need for academics to enable, facilitate and support practitioners in setting and meeting their own research agendas, as argued by Rolfe (2007) in the context of nursing scholarship. Ham (2003) notes that “the future of the health care system depends on the link between top-down and bottom-up approaches to improvement” (p. 4). Helping clinicians become clinician–researchers contributes to building research capacity and enhances the evidence base (Albers and Sedler, 2004; Cusick and McCluskey, 2000; Rolfe, 1998; Weisz et al., 2004). Research capacity in this context refers to such skills as: the ability to identify opportunities in practitioner based research (in terms of problematising healthcare issues and seeing value in validating local practice); to identify and critically interpret literature relevant to local issues; and to participate in the formulation and testing of hypotheses via relevant methodologies (Bateman and Kinmonth, 2001; Garrett, 2007). Although not every clinician must become a researcher, individual practitioners must collectively be able to contribute to the research effort in many ways. The further benefits of research capacity building may be to affect staff experience of the hospital system, in turn impacting on issues such as empowerment, recruitment and retention (Carnwell et al., 2004; Short et al., 2007, 2009). A successful model of research skills development has been applied to primary health care (Zwar et al., 2006) focusing on bottom-up skills development for practitioners. However, the application of any systematic/coordinated strategy to research capacity development in the ED setting is a new initiative.

### Research and researcher needs in the emergency department

As one of the newest areas of specialization (Palmer, 2002; Zink, 2006), emergency medicine is rapidly expanding in size and scope (ACEM, 2006). In order to further support evidence based practice, more research is needed within the interdisciplinary context of the ED (Wright et al., 2005; NICS, 2004). The paucity of research from an ED perspective impacts significantly on safety and quality of patient care, and it is important to engage clinicians in research due to their unique, pragmatic and practice-knowledge viewpoints (Kirpal, 2004; Benner et al., 1999). Despite there being no shortage of ideas, current ED research is typically incoherent, poorly grouped, uncoordinated, and attempts to organize research at a broad organisational level have reported limited success (Wright et al., 2005). Anecdotally, many staff in the ED setting demonstrate

an interest in research but there is no clear structure for building skills and knowledge, indicating that there is a need for more research support for ED staff (Short et al., 2007, 2009). The idea of collectively harnessing practice knowledge to improve research development in the emergency department context has received little research attention. Only one collaborative ED research project has been reported (Panik et al., 2006), which developed research ideas within a quality of care focus and subsequently improved research skills for the staff involved.

Only one study has examined overarching ED research needs, opportunities, barriers and ideas for future change, thereby establishing a model for enhancing individual research capacity in the ED (Short et al., 2007, 2009). Qualitative data from this mixed method study record participants' suggestions. These include the need for increased peer mentoring and small groups or research teams. They also reveal anecdotal and formal discussion amongst clinicians showing that many of the clinical staff have been exposed to research through limited research experience and association with researchers and research activities, and that they have some skills or recognise the skills needed. Yet, clinicians apparently still do not feel capable of applying this knowledge to developing a research idea. Short et al. note specific difficulties in training and professional development within the ED context as difficulties exist in time scheduling, fluctuating workload demands and access to electronic communication, and suggest that these need to be addressed as part of research capacity building (Short et al., 2007, 2009).

### Communities of practice as the model for change

A “communities of practice” model in the ED setting may offer the opportunity to enhance research skills and knowledge building which underpin the growth of a research culture. This approach has the potential to re-focus the research effort from the individual and provide the necessary “support” for research and the development of clinician–researchers.

A community of practice denotes the set of implied practices that are shared by a particular group of people (Wenger, 1999). It can also be conceived as a particular culture within an organisation that is the set of observable – though often tacitly held – practices, norms, values, rules and metaphors (Alvesson, 2002; Martin, 2002). Communities of practice typically can “drive strategy, generate new lines of business, solve problems, promote the spread of best practices, develop people's professional skills, and help companies recruit and retain talent” (Wenger and Snyder, 2000). They are seen as part of a social theory of learning (Wenger, 1999) and culture change.

Key characteristics of communities of practice include that they select and organize themselves and set their own agenda and leaderships. However, central to the current proposal, they thrive best when fostered in bringing people together, in infrastructure support (Wenger, 1999). A community of practice is built up through interaction, such as role modelling, that occurs as persisting practice structures (Schatzki, 2006) and is reinforced by formal organisational boundaries (DiMaggio and Powell, 1983). Although members of a community of practice ‘do’ shared practices in observable ways, the tacit character of many such practices makes it difficult for community members to recognise – much less talk about – those practices (Spender, 1994). Such talk about practice is central to the reflective practice of a community that values research.

A shared culture that is based in practice and allows flexible learning is ideally suited to a learning community of practice (Lave and Wenger, 1991). Within this context, the shared culture of ED work teams, in which members seek to learn to operate in different

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