

SUMMARY:

The University of North Carolina's Global Learning Program (GLP) established a community of practice for mid-level health professionals in diverse settings, allowing them to share experiences through a peer-to-peer knowledge exchange forum. This was preceded by a two-year period of conventional online coursework that provided participants with foundational tools, resources, and instruction. This innovative approach—transitioning from coursework into a community of practice—shows the promise of using online communities to build capacity, connect health professionals across diverse settings, and encourage knowledge sharing with the ultimate goal of improving health programs.

PROJECT DATES:

2009-2012

TARGET AUDIENCE:

Managers of online learning courses and communities of practice, other KM professionals

CONTACT INFORMATION:

Rohit Ramaswamy, Director, Center for Global Learning, Gillings School of Global Public Health, ramaswam@email.unc.edu

FOR MORE INFORMATION:

The Global Learning Program's website (<http://www.sph.unc.edu/glp>); The WaSHMEL project's Virtual Learning Center website (<http://www.washmel.org/vlc/>)

Using an Online Community of Practice to Encourage Peer Learning and Knowledge Exchange Among Health Professionals in Diverse Settings

CONTEXT

Considering the critical shortages of health care resources in low- and mid-income countries, it is crucial that leaders and managers in these settings receive appropriate training in order to ensure high-quality services and to make the most of existing funding. However, adequate capacity-building programs and professional training are often lacking, which can prevent the successful implementation of public health programs. To address these enormous challenges, a team at the Gillings School of Global Public Health at the University of North Carolina (UNC) developed The Global Learning Program (GLP). GLP is a non-degree program that provides a variety of skills—including those in management, leadership, and analysis—to public health professionals from around the world.

The GLP has country programs in Africa and Asia, targeting mid-level health professionals and managers working in field positions and who have had limited access to international education. This program focuses on the “next generation of leaders,” that is, those in field and mid-level positions who have leadership responsibilities, such as managing people, data, and/or resources.

The GLP's blended program approach of instruction and knowledge exchange was developed with **two main objectives:**

- 1) To provide field and mid-level health professionals access to training and skills in essential, practical public health areas to support day-to-day work responsibilities (for example, project management, monitoring and evaluation).
- 2) To build a community of practice (CoP) among health professionals that fosters interaction and knowledge exchange, helps generate new solutions, and helps sustain ongoing connections among participants.

SPECIFIC KM ANGLE

To inform design of the GLP, the program team conducted a survey among contacts at the field level to identify their knowledge needs. These needs included: improving interaction and knowledge sharing among other health professionals, enhancing problem-solving skills, and strengthening application of existing knowledge.

To address these needs, the GLP was designed to emphasize both instruction and discussion. The first two years of the program focused on capacity building and training through online courses (which included course-related discussion boards on Blackboard and later a blog) Using the existing distance learning structure at UNC, students took three eight-week courses on Monitoring

Knowledge Management (KM) Case Study

and Evaluation, Working with Communities, and Project Management over a two-year period. Participants received certificates after completing each course. Seventy students, representing 11 countries, completed the coursework during the first phase of the program (2009-2010).

The GLP team designed the program so that once participants were comfortable communicating with each other via the course, they would be likely to continue to interact with one another after the course ended. The objective was to create an infrastructure for a viable, ongoing community, allowing participants to build relationships and learn through interaction.

As such, during the third year of the program, the structure shifted from a more formal course to a CoP. This transition led to something that was more sustainable, engaging participants in discussion that was broader in context, not specific to the course. Rather than being recipients of knowledge, students who had completed the coursework in 2009-2010 became members of this CoP during the 2011 calendar year. Since the program did not require a common technical interest, participants came from a variety of backgrounds and specialties. Thus, the shared experience of participation in the GLP program itself was the common interest that connected CoP members.

To support this peer-to-peer knowledge sharing, the program team used the Wiggio web application (<http://wiggio.com>), which allowed for open-ended discussion. The facilitator posted questions on the Wiggio site and encouraged participants to engage in discussion and post their own content.

“We wanted an equal sharing of ideas and knowledge across the network in a way that was different than when individuals were just participating in our courses. Having a CoP in lieu of a formal course created a shift in the relationship the participants had with us, and with each other as well.”

- Rohit Ramaswamy, Director, Center for Global Learning

AFTER ACTION REVIEW

What worked well:

Evaluation of the GLP was conducted after the online CoP ended in December 2011. Participants in the two years of online instruction reported a positive learning experience, and conveyed that the program content was valuable and applicable to their everyday jobs.

Initially, participants used Blackboard (an online learning management system) for online course-related discussions. Although they were familiar with Blackboard, the threaded discussion forums on the platform discouraged participation. (In threaded discussion forums, a participant poses a discussion question to which other participants can post responses directly to that question, creating a “thread.”) Once participants requested a more open-ended platform, the discussion was moved to a user-friendly blog. The instructors then posted questions on the blog and encouraged others to do the same, and to respond to each other’s posts. Not only did this lead to increased participation—from one or two participants posting on Blackboard to over half the participants using the blog—it also changed the quality of responses. Participants became more willing to openly share their experiences. This has become a model that the Center for Global Learning plans to use in future initiatives as well.

Challenges and obstacles:

A perpetual challenge during the GLP was ensuring participation in the discussion (both in course-related discussion during the first two years, as well as the CoP discussion during the third year). Due to the instruction format of the first two years of the program, the UNC team intervened when participation was low in the course-related discussion boards. Interventions to encourage participation included group reminders as well as individual messages to participants in order to engage the members in discussion.

During the peer-to-peer format in the third year, the GLP team posted content on the CoP site and asked participants to upload their own content and share their experiences. However, even after the GLP team sent a series of reminder emails, participation rates were lower than expected. In the final evaluation, most participants admitted that they did not participate as much as they could have, despite recognizing the value of online discussions and expressing their intention to participate.

A number of factors affected participation rates. First of all, it was often difficult for participants to balance CoP involvement with their existing workloads (which often involved field travel, long hours, and other responsibilities). Participants were often unfamiliar with protocols for online courses/CoPs; for example, there was a perception that deadlines were flexible. Issues with technology – including internet connectivity, power supply, and cost – prevented full participation in some contexts. There was also a wide range of educational levels and English language ability among participants, which dampened certain individuals' ability to participate fully. Finally, some cultures simply do not encourage discussion; participants from these settings may not have felt comfortable sharing openly due to fear of offending someone or providing the “wrong” response.

Upon reflection, the GLP team suspected that another explanation for the low discussion rates was the lack of similarity among participants. In the evaluation, some participants remarked that the questions/comments asked were not relevant to their specific projects. Since GLP does not focus on sector-specific technical skills (but instead on leadership, management, and analysis), it attracted participants from a range of roles and technical areas. Thus, while the participants had a community (i.e., they were enrolled in the same course), they had diversity of practice. Enrolling a more homogenous set of students may have led to more participation.

In cases where participants were located in the same geographic area, the program team encouraged them to meet face-to-face to share their experiences in project management. The success of this effort largely depended on the culture of the specific country, and was more successful in some settings than others. For example, in India, a group of participants met regularly, translated materials into Hindi as needed, and worked together to discuss topics within the local context. However, this model was less successful in Cambodia, due to different cultural expectations that

affected participants' willingness to participate in a group setting.

RECOMMENDATIONS

1. Ensure that the Community of Practice engages individuals with similar professional roles.

As a proof of concept program, there were limited criteria for participation. The basic criteria were that participants had to have an undergraduate degree, a working knowledge of English, and they had to hold positions as mid-level managers for health-related organizations. This led to a tremendous diversity of participants from across the world, working in vastly different roles, from Ministry of Health staff to those working for small NGOs. As a result, the relatively loose criteria it may also have prevented some participants from participating fully or applying the tools and skills they received in the program, as the information exchanged may not necessarily have been relevant to their specific position.

2. Cultivate a core group of participants.

Without a core group of involved participants in a CoP, which essentially keeps the community going, participation may be sparse as in the case of the GLP CoP. In the future, the GLP team will try to engage several people – those who have a vested interest in keeping the community alive – to be change agents among other members.

3. Be flexible and make changes when something is not working as expected.

The GLP staff made alterations during the project to ensure that they were using the most appropriate technology for the participants. When the Blackboard threaded discussion proved difficult, they moved to a more user-friendly blog format. While participation rates were still lower than expected, the Wiggio platform did increase participation substantially.

This case study was prepared by Sarah Harlan, Program Officer II, Knowledge for Health (K4Health) Project, JHU-CCP.

The Knowledge Management (KM) Case Studies were written by members of the Global Health Knowledge Collaborative and produced by Knowledge for Health (K4Health), with support from USAID's Office of Population and Reproductive Health, Bureau for Global Health. K4Health is implemented by the Johns Hopkins Bloomberg School of Public Health • Center for Communication Programs (JHU-CCP) in partnership with FHI 360 and Management Sciences for Health (MSH). Visit www.k4health.org for more info.