Survey of a Pelvic Health Physiotherapy Community of Practice: A Pilot Study to Gain Member Input to Help Sustain and Advance the Group

Jodi A. Boucher, BScPT, MRSc;* Donna L. MacIntyre, PhD†

ABSTRACT

Purpose: To gather input and perspectives from members of the Calgary Pelvic Health Physiotherapists' Community of Practice (PHPT CoP) to ensure common goals that help sustain and advance the group. **Method:** An online survey grounded in CoP theory was used to elicit feedback from 23 PHPTs. Descriptive statistics summarized survey results. **Results:** The response rate was 96%; all respondents worked in women's pelvic health. Respondents expressed interest in continuing regular face-to-face meetings, a speaker series, case studies, and connecting with other PHPTs. **Conclusion:** The findings suggest continuation of regular meetings, with a focus on clinical skill development, and an annual Alberta PHPT conference. Members of this community of practice seek a strategy to promote PHPT to the public and develop referral sources.

Key Words: pelvic floor; survey.

RÉSUMÉ

Objet : Réunir des commentaires et des points de vue des membres du Collectif de pratique des physiothérapeutes en santé pelvienne de Calgary (CdP PTSP) afin d'assurer que des buts communs aident à appuyer et à faire progresser leur groupe. **Méthode :** On a utilisé un sondage en ligne reposant sur les théories du CdP afin de réunir des commentaires de 23 physiothérapeutes en santé pelvienne. Des statistiques descriptives ont résumé les résultats du sondage. **Résultats :** Le taux de réponse s'est établi à 96%. Tous les répondants travaillaient en santé pelvienne des femmes. Les répondants souhaitaient que l'on poursuive les réunions en personne périodiques, organise une série de conférences, réalise des études de cas et établisse des contacts avec d'autres physiothérapeutes en santé pelvienne. **Conclusion :** Les constatations indiquent qu'il vaudrait la peine de continuer à tenir des réunions périodiques axées sur le perfectionnement des techniques cliniques et de tenir un congrès annuel des PTSP de l'Alberta. Les membres de ce collectif de pratique cherchent une stratégie pour promouvoir les PTSP auprès de la population et créer des sources d'ajoutage.

The term *community of practice* (CoP) was coined by Lave and Wenger,¹ who believed that learning takes place in social relationships. A CoP allows for a collaborative form of social learning.² In Lave and Wenger's situated learning theory, adult learners discover and shape their knowledge within a CoP;³ learning happens through imitation, visualization, and socialization.^{2,3}

Wenger and colleagues^{2(p.4-5)} defined a CoP as a group of people who share a concern, a set of problems, or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis. However they accumulate knowledge, they become informally bound by the value that they find in learning together. This value is not merely instrumental to their work. It also accrues in the personal satisfaction of knowing colleagues who understand each other's perspectives

and of belonging to an interesting group of people. Over time, they develop a unique perspective on their topic as well as a body of common knowledge, practices, and approaches. They also develop personal relationships and established ways of interacting. They may even develop a common sense of identity. They become a CoP.

A CoP is a combination of three elements: the domain of knowledge, a community of participants, and shared practice.^{2,4,5} The *domain of knowledge* consists of all the information that provides the common ground for community members, encompassing a shared set of interests, concerns, and passions.⁵ The *community of participants* describes the relationships of a group of people who network, learn together, and develop a sense of belonging.² A *shared practice* includes their ideas, tools, language, stories, and practice-specific documents; it is the body

From the: *Alberta Health Services, Women's Health Centre, Calgary, Alta.; †Department of Physical Therapy, University of British Columbia, Vancouver.

Correspondence to: Jodi A. Boucher, Alberta Health Services, Women's Health Centre, Pelvic Floor Clinic, North Tower, 1403 29 St. NW, Calgary, AB T2N 2T9; jodi.boucher@albertahealthservices.ca.

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of knowledge that the community develops.² A CoP may disseminate best practices, generate and steward knowledge, and encourage innovations.^{4,6}

Wenger and colleagues² have detailed seven principles for cultivating a well-functioning CoP:

1. Design for evolution,
2. Open a dialogue between inside and outside perspectives,
3. Invite different levels of participation,
4. Develop both public and private community spaces,
5. Focus on value,
6. Combine familiarity and excitement and,
7. Create rhythm for the community.^{2(p.51)}

In 2002, the executive of the Women's Health Division (WHD) of the Canadian Physiotherapy Association (CPA) was located in Calgary, Alberta. Many of these individuals elected to the WHD had an interest in pelvic health. After this executive group representation became national in 2003, Calgary pelvic health physiotherapists (PHPT) started a local CoP, which meets every few months to share ideas and network.

Physiotherapy plays a key role in preventing and managing pelvic dysfunction, including urinary incontinence, anal incontinence, pelvic organ prolapse, and pelvic pain.⁷⁻⁹ In a survey commissioned by the CPA's WHD, members indicated an interest in options for post-professional training with an emphasis on pelvic floor assessment and treatment.¹⁰ The Calgary PHPT CoP aims to optimize physiotherapy pelvic health practice. By meeting and sharing information and skills, this group strives for excellence in clinical care.

CoPs in health care can be used to enhance knowledge through learning and exchanging information, sharing and promoting evidence-based practice (EBP), and changing or improving practice.^{11,12} Most CoPs in health care include a social interaction and identity-building component.¹³ Groups can be formed to facilitate knowledge exchange, address challenges, create clinical guidelines, implement EBP, or improve changing practice.¹⁴

Technology can change how CoPs interact.¹⁴ An electronic CoP can be designed in a variety of formats; one example is an online discussion group. In the field of social work, an electronic forum demonstrated value in announcing information, providing opportunities for professional growth and sharing of resources.⁶ Wikis are another example of a virtual CoP that allow for knowledge shaping with the ability to dynamically edit and rewrite content.¹⁵

Research into the use of CoPs in rehabilitation is limited. In occupational therapy (OT), one study found that a CoP was important in identity development.¹⁶ Another study found that an online OT CoP delivered benefits including time efficiency, networking capability, and mentoring opportunities.¹⁷ Critical thinking and confidence building have also been promoted within an OT

CoP.¹⁸ Other research in the field of rehabilitation has suggested that a CoP might facilitate EBP that the "creation of knowledge and application of knowledge in practice are social processes"^{19(p.14)}

Little research has been done on the application of CoPs in physiotherapy (PT).²⁰ One study found that communication skills, interpersonal skills, and professional identity can develop within a CoP of PT students.²⁰ In another study, a CoP of PT students described learning as a process of social interaction with the themes of feeling welcome and included, enough time and space, patient as teacher, and peer learning.²¹

We do not know of any research on CoP development for physiotherapists with an area of special interest. The purpose of this study, therefore, was to learn how the three elements of a CoP—the domain of knowledge, a community of people, and shared practice—relate to the Calgary PHPT group.^{2,4,5} Our research question was the following: What are Calgary PHPT CoP members' perspectives on how best to sustain their CoP?

METHODS

Research design and study sample

Our study used a cross-sectional survey design. The process was submitted and approved by the University of British Columbia behavioural research ethics board before survey implementation.

On February 4, 2013, we sent an email to all members of the Calgary PHPT CoP ($n = 23$) inviting them to participate in the study and including the survey link to the FluidSurvey platform. Because the first author is a member of the CoP, we chose to conduct the survey online to reduce any bias that might arise in face-to-face formats such as interviews or focus groups. An online survey also allowed us to reach all members of the Calgary PHPT CoP in a timely manner. The letter of invitation included the following clause:

By completing and submitting the survey questionnaire, your free and informed consent is implied and indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have any questions you may have answered by the researcher.

All members of the Calgary PHPT CoP, which include PHPTs within Calgary and within a parameter of 1 hour outside of the city by car, were sent the survey. We sent two reminders. The first was sent on February 12, 2013. Those who had not yet responded were sent a second reminder on March 7, 2013. The survey was closed to participation on March 18, 2013. All participants were sent thank-you emails from the FluidSurvey platform after survey completion.

Survey instrument

We used the Canadian-based online survey platform FluidSurvey (<http://fluidsurveys.com>), which guarantees confidentiality and security of responses, to allow partic-

ipants to fill out the questionnaire. All data are stored in Canada; FluidSurvey uses firewall and encryption technology to protect data privacy.

Survey development

The survey was based on the theoretical framework developed by Lave and Wenger¹ and Wenger and colleagues² and divided into three sections corresponding to the three elements of a CoP: domain of knowledge, community of people, and shared practice.^{2,4,5} The survey also collected demographic information. The majority of survey items were closed-ended questions, but some items also allowed for open-ended responses.

Two PHPTs from Edmonton piloted the electronic survey and provided feedback and comments on the survey questions and process via email. These therapists felt the survey worked well and that no changes were needed.

Data analysis

Quantitative data are presented as percentages, and qualitative data are presented verbatim.

RESULTS

The overall survey completion rate was 22 of 23, or 95.6%. The exception was the first item in the demographic section that asked participants the number of years they had practiced as a PHPT, which had a completion rate of 91.3% (21 of 23). Table 1 summarizes participant demographics.

The responses regarding priorities and the areas of interest for this CoP are shown in Figure 1 and Table 2, respectively. The survey allowed respondents to choose more than one option. The one open-ended response indicated that “formalizing [the] education stream for pelvic health physiotherapy [and] advocating for publicly funded accessible pelvic health physiotherapy services” should be a focus.

Figure 2 outlines responses on meeting logistics. When asked for input on how they could best connect with each other, respondents were permitted to give more than one answer. Two respondents submitted open-ended responses to the question on frequency of meetings; both said that meeting every 4 months would be ideal.

In response to the open-ended question about what activities should be organized for this CoP, one respondent suggested organizing “speakers—other health professionals (nurses, doctors, dieticians etc.)”; another suggested that “connecting with the Canadian and International Pelvic Health PT’s would not have to be face-to-face interaction. Could be through a variety of media.” Another open-ended survey item asked how the knowledge gained within the CoP should be accessed; the one open-ended response suggested “notification through e-mail that something has been added to the database.”

Figures 3–5 outline responses on how to best connect, distribute, grow, and record knowledge (respondents could select more than one option). One response sug-

Table 1 Demographics

Characteristic	No. (%) of respondents
Years as a PHPT	
0–2	5 (24)
2–5	4 (19)
5–10	5 (24)
10+	7 (33)
% of caseload PHPT	
100	11 (50)
50–75	4 (18)
25–50	3 (14)
25	4 (18)
Work hours	
Full time (≥ 30 /wk)	10 (45)
Part time (< 30 /wk)	12 (55)
Member of the CPA WHD	
Yes	21 (95)
No	1 (5)

PHPT = Pelvic Health Physiotherapists; CPA = Canadian Physiotherapy Association; WHD = Women’s Health Division.

gested using “videos/DVD’s of practical skills demonstration and/or modality use; how to critically appraise the evidence in pelvic health physiotherapy.” Another respondent commented that “if we are sending a cohesive message through our information to our patients and doctors we will have a greater impact in the community.”

DISCUSSION

Demographics

Respondents represented a variety of experience levels within PHPT. Almost half the group reported less than 5 years of practice in pelvic health. Incorporating a mentorship program and encouraging relationship building between experienced and inexperienced community members may serve to promote deeper learning.²²

Half of respondents (50%) indicated that 100% of their caseload was in pelvic health. This group would likely have a high interest in and commitment to this specialized area of practice. Of 22 respondents, 21 reported membership in the CPA WHD, which may have positive implications for joint initiatives or partnerships between the CPA WHD and the Calgary PHPT CoP.

Domain of knowledge

The survey indicated that this group’s primary interest is in women’s pelvic health. In Canada, most postgraduate and all entry-level postgraduate pelvic health PT courses focus on treatment strategies for women.¹⁰ Respondents expressed less interest in men’s pelvic health or in pediatric pelvic health. Few postgraduate courses are available that cover assessment and treatment of men’s pelvic health, and all require a basic course focusing on women’s pelvic health as a prerequisite; this may be why the majority of therapists surveyed focus on women’s pelvic health needs.¹⁰

Figure 1 Focus for Calgary pelvic health physiotherapists.

Table 2 Respondents' Preferred Clinical Practice Areas of Interest

Area of Practice	No. (%) of responses
Female pelvic pain	22 (100)
Female sexual dysfunction	22 (100)
Female incontinence	21 (95)
Postnatal	21 (95)
Prenatal	20 (91)
Female pelvic organ prolapse	20 (91)
Female ano-rectal dysfunction	18 (82)
Male pelvic pain	14 (64)
Male incontinence	12 (55)
Male sexual dysfunction	12 (55)
Pediatric incontinence	10 (45)

Pelvic floor dysfunction is common in women.⁷ One-third to one-half of women have stress incontinence, and one-half of women aged over 50 years have symptomatic pelvic organ prolapse.⁷ Pelvic floor dysfunction is also problematic and prevalent in men. Prostatitis affects 2%–10% of men, and 90%–95% of men with chronic prostatitis experience chronic pelvic pain.²³ Models exist for PT management of chronic pelvic pain in men;²⁴ pelvic muscle exercises are recommended to treat post-prostatectomy incontinence and post-micturition dribble,²⁵ and PT via pelvic floor exercises is also recommended for improving or eliminating erectile dysfunction.^{26,27} Finally, PT, as part of a multidisciplinary team, has been recommended to improve urinary incontinence and constipation in children.²⁸ The Calgary PHPT CoP may want to address why members expressed less interest in treating the pelvic health needs of men and children in Calgary.

Historically, craftsmen and artisans have used a CoP as a knowledge-based social structure.² Interaction and learning through conversation, coaching, and appren-

ticeship can be provided within a CoP. In this study, the majority of survey responses (95%) identified skill development as a priority.² EBP was another area of interest, indicated in 77% of responses. Several CoPs within health care worldwide have focused on sharing best practices and promoting EBP;^{11,12} integrating practice sessions to improve clinical skills and enhance EBP could help to further develop this group's domain of knowledge.

Community

Respondents identified regular face-to-face meeting times as valuable. Similarly, Wenger and colleagues³ noted the importance of developing a rhythm by regularly scheduling meeting times. Face-to-face meetings can help to build and strengthen the relationships and trust that form the basis for a CoP and can help to keep the group's energy level high.^{12,29}

The PHPT CoP members also expressed interest in an online meeting venue. An online venue can allow for a different level and type of member participation; such a venue could be set up as a private community space. Wenger and colleagues² have encouraged the use of both public and private community spaces for a well-functioning and comprehensive CoP. At present, the CPA WHD uses publicly accessible online venues such as Facebook and Twitter; the Calgary PHPT CoP may want to partner with the WHD as part of these existing groups or set up separate accounts. Establishing who will be responsible for creating and maintaining online meeting places would need to be determined.

Participants showed a high level of interest in hosting professional speaker series and case studies. Such events could help to open a dialogue between inside and outside perspectives;² discussions between CoP members and speakers from outside the group could cultivate new ideas and practice solutions. Speakers could also add excite-

Figure 2 Community of practice meeting logistics: Frequency of meeting.

Figure 3 How the group should connect.

ment and interest to events.² The CoP will need to determine how best to organize these sessions and divide the work involved; using an online volunteer sign-up service such as volunteersignup.org may be helpful.

Connecting with provincial, national, and international PHPTs was an area of interest for many respondents. This is another way in which the group can open a conversation between inside and outside points of view.² A group discussion of how best to achieve this goal would give the group tangible ways to work toward it. Partnerships with existing organizations such as Physiotherapy Alberta College & Association, the CPA WHD, and the International Organization of Physical Therapists in Women's Health could help to establish links and communication.

Shared practice

Successful practice requires a balance between shared activities and the development of resources such as documents or tools.² Interaction between group mem-

bers and the creation of knowledge products is complementary.² All responses indicated that clinical practice guidelines and best practices should be shared, further developed, and documented. There was also a high level of interest in sharing EBP. The next step for the PHPT CoP would be to discuss how to achieve this goal. Developing relationships with organizations that have published best practices and share literature may be part of an important dialogue between inside and outside perspectives.² For example, CPA members have full access to EBSCO's Rehabilitation Reference Centre, which offers clinical practice guidelines and summaries of the literature geared toward clinicians, as well as online access to hundreds of medical journals from around the world. Because the majority of Calgary PHPT CoP members are also members of CPA, access to and use of this existing database may be valuable.

Many respondents suggested that handouts be developed for practitioners and patients alike. A subcommittee

Figure 4 Ways in which knowledge should be shared, developed, and documented.

Figure 5 Ways in which knowledge gained in CoP should be accessed.
CoP = community of practice.

with interest and skills in health literacy could develop a database of existing publications and work on developing materials where gaps exist. Exploring existing resources within the EBSCO Rehabilitation Reference Centre could also be useful.

Wenger and colleagues wrote that “successful practice building goes hand-in-hand with community building.”^{2(p.40)} Sustaining, strengthening, and advancing the CoP may be a prerequisite to developing a practice framework.

Future study

This pilot study of member needs gives the Calgary PHPT CoP a basic overview of where the group would like to focus its efforts. The next step should involve more in-depth discussions on the specifics of how to achieve these goals. It might be useful to conduct focus groups, in-depth interviews, or a Delphi process to determine how the group can best implement the interests expressed in this preliminary survey.

Limitations

Our online survey was developed using feedback from physiotherapists in another jurisdiction; nevertheless,

this input helped to enhance content validity. We did not, however, carry out robust testing of reliability and other measures of validity.

CONCLUSION

The Calgary PHPT CoP are most interested in clinical skill development in female pelvic health as well as promotion of the profession to physician and other referral groups and the general public. They would like to meet face to face and continue to organize a provincial pelvic health PT conference. Access to best practice guidelines, the use of guest speakers, and case studies for knowledge development were valued. The next step will be to determine the best way of making all of these interests happen to sustain and progress the group.

KEY MESSAGES

What is already known on this topic

Lave, Wenger, and colleagues developed a general theory on communities of practice (CoPs).^{1,2} Although some examples of CoPs exist in the health care literature, little research has been published on CoPs in the field of rehabilitation, and particularly in physiotherapy. No

published work was found for a physiotherapy CoP with an area of special interest.

What this study adds

This pilot study was the first to ask members of a CoP in pelvic health physiotherapy for their opinions on how to best sustain and advance their group within the established theoretical framework of a CoP.¹ This survey research was done to gain insight into how best this Calgary PHPT CoP can continue and function optimally, sustain, and advance.

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