

### Contexts:

- Members of the CoP share a common goal (e.g. implement evidence-based practice)
- Members are committed to improving clinical practice
- Individuals may or may not be located within the one organisation or department
- Individuals may or may not be located in the one geographical location
- Varying levels of seniority and expertise is represented in the membership

### Enabling mechanisms:

- Creating social capital
- Access to virtual networks, facilitating access to expertise not available locally
- Fosters trust through frequent interactions
- Fosters respect through frequent interactions
- Opportunity to discuss work-related problems in a non-judgemental environment
- Facilitates multi-disciplinary relationships with other professionals
- Facilitates access to experienced clinicians
- Facilitates access to experts
- Facilitates knowledge exchange between members
- Provides professional training opportunities
- Alleviates sense of professional isolation
- Endorsement and support for the CoP from the organisation
- Supportive sponsoring agent

### Disabling mechanisms:

- Lack of infrastructure to facilitate regular meetings
- Lack of opportunity to meet face-to-face and establish connections
- Lack of clear focus among group members on specific goal
- Hierarchical governance structure

### Outcomes – Individual level:

- Adopted evidence-based guidelines
- Introduced a new method or approach in work practice
- Developed a new method or approach to solve a work-related problem
- Delivered outcome for reduced time

### Outcomes – Organisational level:

- Successfully implemented evidence-based guidelines into practice
- Developed a new system or approach to improve services
- Improved clinical outcomes
- Improved patient/client satisfaction
- Employee retention
- Decreased time to problem solving