

Network Notes I

What's All This Talk About Networks?

People often use the term “networks” as if there were only one kind. In fact, networks come in many different forms, serving multiple purposes. At the foundation, we are especially interested in networks that aim to share knowledge and promote a culture of innovation by means of building links between health system managers, policy makers and researchers. While there is an abundance of structures and groups that self-identify as “networks,” the foundation has identified three types of networks that are of particular value to the process of knowledge transfer and exchange in health services – each one with a very distinctive and important role. This document outlines some of the key characteristics of these types of networks.

Communities of Practice

Communities of practice tend to be self-organizing, non-hierarchical and informal groups of individuals who share a passion for something that they know how to do and who interact regularly in order to learn how to do it better. Communities of practice have three essential elements: a specific field, area, or discipline; a defined community of participants; and the goal of improving the practice and professional development of this particular group. The foundation's [knowledge brokering network](#) is a prime example of this type of network. What defines this as a community of practice is the fact that members share a strong interest in a specific field (knowledge brokering).

Members have created a community through regular interactions and joint activities that foster interpersonal links (for example, knowledge brokering workshops, quarterly newsletters, etc.). This has led to the development of a repository of shared resources – tools, documents, vocabulary – that promote the advancement of the practice of knowledge brokering.

Key Characteristics:

Capacity development – communities of practice are effective vehicles for enhancing or expanding capabilities in a specific field/domain, and therefore to advance their practice

Common vocabulary – members share by a common language and field of expertise

Passion – communities of practice emerge in response to specific needs identified by members who share a passion and excitement for their field of work

Self-organized – members of a community of practice set their own objectives, often implicitly, based on needs of the particular group

Non-hierarchical – communities of practice resist traditional structures of hierarchy

Flexible – the borders of a community of practice are very flexible and informal: displaying great diversity in size, structure, level of activity and lifespan

Informal – since interactions between members are often informal, it is difficult to determine when a community of practice actually takes shape or disappears

Knowledge Networks

Knowledge networks consist of groups of experts who work together on a common concern, strengthen their collective knowledge base, and develop solutions. Unlike the more casual communities of practice, knowledge networks tend to be more than a simple set of relationships between individuals working in a common area. Membership tends to be more formalised, selecting participants by invitation based on their expertise on a particular issue. This type of network often draws upon the membership of several communities of practice, providing a social and technical infrastructure that fosters collaboration and knowledge exchange. One of the distinguishing features of a knowledge network is that it brings together experts from different fields (e.g.: research, policy, knowledge brokering, and management) around a common goal or issue. Knowledge networks emerge in response to an individual need to create or acquire knowledge, or they are mandated in response to a challenge identified by an organization or through a consultation process. The foundation-led [primary healthcare network](#) is an example of this type of network, bringing together health system managers, policy makers and researchers from across Canada with a shared mandate to advance primary healthcare reform.

Key Characteristics:

Clear and shared sense of purpose – members are united by a clear and shared sense of purpose, which helps them to appropriately scope their domain, realistically set objectives and carefully manage expectations

Community of experts – participation in knowledge networks is usually by invitation based on merit or expertise

Active communication – knowledge networks are organized to maximize the flow of information as well as the creation and transfer of knowledge: they often have a highly developed communications infrastructure that includes face-to-face interactions and ongoing exchanges

Transcend barriers between various sectors – since knowledge networks encompass more than one community (or area of speciality) they must also be able to overcome and bridge the boundaries between these communities

Governance – while guided by members, knowledge networks require some sense of structure and development in order to flourish

Soft Networks

Soft networks are largely referral systems whereby members list themselves in an electronic directory and provide a list of content areas for which they are willing to be a resource within the network. The primary purpose of these soft networks is to be a catalyst for initial connections and match-making. An example of such a soft network is the Contact, Help, Advice and Information Network ([CHAIN](#)). Originally based in the U.K., [CHAIN Canada](#) has been launched as a web-based network targeting people working in healthcare who are interested in evidence-based practice.

Key Characteristics:

Quick access to the information and experiences from network members

Formalized electronic infrastructure – supports the exchange of information between members

Informal broad-based membership – maintained through an up-to-date database

Voluntary and flexible – participation is completely voluntary and unrestricted