

STEP 2 CHARTER

COMMUNITY OF PRACTICE FOR BREAST CANCER ACCOMPANYING PATIENTS (CHUM)

Vision, mission, and values statements.

BREAST CANCER ACCOMPANYING PATIENTS

Accompanying patients (APs) are women who have had one or more episodes of care at the CHUM, as part of a breast cancer predisposition or diagnosis. They are recognized for their expertise in dealing with health problems and using services. They are willing to share their experience to support new patients. They have received appropriate training for this role. Their expertise complements that of the clinical team. They are recruited, trained and coached by the CHUM.

MISSION

To listen to and help women who have a predisposition to or who have been diagnosed with breast cancer through this situation by becoming a partner in their care.

MAIN OBJECTIVE

APs share their own experience with newly diagnosed women. They are an important source of information for these women, helping them to cope with this new reality in their daily lives and in their care trajectory.

The announcement of a breast cancer diagnosis is destabilizing for women on a personal, professional and social level. They must quickly face up to a new reality and make important decisions. APs are there to listen and, if necessary, direct them to resources that can help ease the shock of such a diagnosis. They also ensure that women understand the information they receive, so that they can make informed decisions about their treatment. Scientific literature shows that patients who are committed to their care trajectory will have better adherence to treatment.

VISION

To give hope to the women we accompany, enabling them to live through this episode in their lives as serenely as possible, while contributing to improving the quality of care and services.

VALUES

To respect CHUM's rules of conduct, as well as the ethical and legal rules drawn up for APs as part of their accompaniment.

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I. BACKGROUND

Breast cancer has a major impact on women's personal, professional and social lives. They must quickly come to terms with a new reality and make important decisions for their health, while reorganizing their daily lives. One of the options being considered to help them through this difficult experience is to offer them the support of an accompanying patient (AP). The AP has lived through an episode of care related to this disease (or predisposition) and is willing to share her experience. To carry out this role, the AP also receives training.

Knowing that APs share an area of expertise, as well as a passion for the same work (Wenger 1998), it seemed appropriate to create a Community of Practice (CoP) to enable them to meet to exchange, share, learn and support each other. Indeed, members of a CoP share experience and knowledge freely, with a creativity that encourages the development of new approaches to problem-solving (Snyder and Wenger 2000). This knowledge essentially refers to the tacit and socially localized "know-how" (Brown and Duguid 1991) of a group of people. This CoP therefore enables APs to share their support experiences, their questions, their challenges and their successes, in order to develop their knowledge and support reflective practice. One person's questions are often answered by another's experience. If necessary, an expert on a specific theme or issue (surgical oncologist, pivot nurse in oncology, psychologist, etc.) can be invited to contribute to the collective reflection. In addition, APs are considered as full-fledged members of the clinical team, and complement the range of services offered to patients.

II. NAME OF THE COMMUNITY

Community of practice for breast cancer accompanying patients at the CHUM

III. DEFINITION OF TERMS

Community of practice (CoP): a group of people who work and interact together to learn from each other by sharing experiences, difficulties and good practices in a particular field.

Accompanying patient (AP): a person who has already experienced one or more episodes of breast cancer care at the CHUM and who wishes to share his/her experience and expertise with other patients. This sharing is done on a voluntary basis, and the AP receives training beforehand. The AP contributes to improving the quality of care and services.

Members of the CoP: APs and the person(s) who plan(s), coordinate(s) and lead(s) CoP-related activities. Depending on how it evolves, the CoP may welcome members on a temporary or ongoing basis.

Experiential knowledge: all the knowledge acquired (knowledge, know-how, interpersonal skills) from situations experienced (in formal or informal settings) in connection with a health situation, which has an impact on a person, both in terms of how they take care of themselves, interact with care providers, and how they use health and social services. In a given state of health, the person finds an opportunity to develop new skills, to move towards self-transformation in relation to this experience, and thus acquire new knowledge. In the case of people living with a chronic illness, this experience is a lifelong one.

Inspired by *Lexique DCCP et CIO-UdM (2016) Terminologie de pratique collaborative et du partenariat en santé et services sociaux: DCCP (2015) Référentiel de compétences des patients. Montreal, Quebec: Faculty of Medicine, Université de Montréal; Jouet, 2011).*

IV. MANDATES

- Promote the sharing of experiences, difficulties, successes and lessons learned in the course of accompaniment;
- Enable mutual support between APs;
- Encourage reflection on common issues and support the emergence of ideas and the development of tools;
- Welcome new APs and enable them to benefit from "coaching";
- Promote access to different experts as needed (doctor, nurse, pivot nurse in oncology, psychologist, etc.);
- Communicate patients' experiences to the clinical team to help improve care and services;
- As part of a research project, support the co-production of new knowledge and generate new ideas;

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- Create a space for the co-construction of innovative care partnership practices, drawing on experiences and data from various departments within the hospital (CICC, DQEP, Virage, Preoperative Clinic, surgical oncology team, plastic surgery team) and from research;
- Promote the dissemination of the CoP's achievements and its influence within the establishment and the health and social services network;

V. VALUES

Solidarity

A state that invites people to give each other mutual help based on collaboration between its members. This means that we are bound together by a cause, a common interest, a collective project, in partnership. Solidarity translates into: a strong team spirit, drawing on each member's differences and respective skills, putting them to good use in a spirit of complementarity.

Equality

Thanks to egalitarian relations between community members, mutual enrichment through exchange is made possible. This means no discrimination between members. The principle that each member must be treated in the same way, with the same dignity, and that they have the same rights and are subject to the same duties.

Respect

Respect can be defined as an attitude aimed at not harming the integrity of others. It is through respect for others that our desire to achieve, participate and share is established. To feel respected is to feel that you have enough value to be treated fairly and equitably.

Trust

This is a belief in the sincerity of members' commitment. It represents the hope that can be placed in a relationship. In the CoP, trust implies being able to rely on members and ask for help when needed, but also being able to confide in them without fear of being judged.

Creativity and innovation

Creativity is a set of innovative processes by which new ideas are co-constructed and transformed into value-added practices for the support of breast cancer patients.

Innovation means continually surpassing oneself in order to implement best practices based on research, shared experience and the creativity of members, daring to develop and implement new ways of doing things in order to offer appropriate support.

VI. MEMBERS AND ADMISSION PROCESS

Constituent members of the community

- The CoP is made up of all APs whose care trajectories have been at the CHUM. APs are trained beforehand by the DQEPE with "coaches" and trainers;
- The person(s) responsible for coordination and facilitation;
- Members of the research team if the program is the subject of a research protocol;
- Without being constituent members, various guests from the establishment's clinical, management or executive teams participate occasionally in CoP meetings.

VII. MEMBER COMMITMENT

The active participation and involvement of members is a prerequisite for the benefit of all CoP members. Through active participation, all members and guests make significant and regular contributions to the community, and engage in reciprocal exchanges.

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Members also commit to:

- Regularly read the content posted on the digital exchange platform (Teams), add to it and respond to questions raised by members in the breast cancer group on Teams;
- Make themselves available whenever possible, when a guest from the clinical team takes part in a CoP meeting;
- Preserve the anonymity of patients and clinicians during exchanges on support experiences;
- Ensure feedback to the clinical teams, at two levels:
 - Individual: APs ensure punctual feedback to clinicians, when necessary, via the person(s) coordinating the CoP and with the agreement of the accompanied patient;
 - Collective: at the interdisciplinary breast cancer meeting, and also more generally and to a wider audience, via a monthly report.

VIII. COORDINATION AND ANIMATION

It seems necessary and relevant to provide support for the coordination and animation of the CoP. This support is essential to the development and sustainability of the CoP.

Role description

The role of coordinating and leading the CoP is to ensure:

- Disseminate to APs the tools they need to support patients: health sheets, resource kits, written procedures, checklists, logbooks, etc.;
- Technological support for APs on various IT platforms (Teams, Gmail and others);
- Liaison between APs and clinical teams and managers to improve practices;
- Coordination of an exchange group dedicated to APs on Teams;
- Drafting of an agenda that is sent to CoP members before each meeting;
- Facilitating CoP meetings and ensuring that all topics on the agenda are covered and that everyone has the opportunity to speak and express their opinion;
- Drafting a monthly report summarizing CoP activities, which is forwarded to clinical teams and CoP members;
- Welcoming new APs;
- Developing APs' knowledge (e.g. access to training).

IX. OPERATING MODALITIES

Weekly meetings

Members of the CoP meet weekly by videoconference to share their experiences of working with referred patients.

A digital exchange platform

The CoP has a digital exchange platform (Teams) that enables common tools to be shared and certain practices to be exchanged through:

- An exchange group dedicated to breast cancer APs on Teams;
- A library of professional and academic articles and journals, weekly and monthly reviews, health fact sheets (in French and English) and the Coffret ressources;
- A CHUM e-mail address for each AP for more secure communication.

N.B. Content is deposited and updated by the person(s) coordinating the CoP.

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Intellectual property

- Documents and information transmitted by members on the digital platform may be used by all members of the CoP, with appropriate reference to the source and copyright of the authors.
- Members must commit to respect the rules governing the confidentiality of data and information exchanged by the establishment, particularly those involving patients.
- Any external use by a member of documents submitted and shared by another member via the platform must be done with the prior authorization of the author, with appropriate mention of the source and copyright.
- Unanimous agreement of all CoP members when works and contributions resulting from CoP activity are to be distributed outside the CoP. It should be noted that such distribution will be for professional purposes only.
- Content posted outside the CoP on the digital platform in no way engages the CoP's responsibility.

X. EVALUATION OF THE COMMUNITY OF PRACTICE

In order to measure the benefits of the CoP for each member, but also in the collective interest of improving best practices, an annual evaluation of the CoP's activities is carried out, and more specifically the satisfaction and benefits that members derive from their participation. The program's governance committee agrees on the terms and conditions of the evaluation.

This ongoing evaluation process will help to correct any pitfalls that could affect the effectiveness of the CoP's work and contributions. It will also make it possible to highlight the significant contributions of CoP members, assess the progress of projects of common interest, and observe changes in professional practices.

It is carried out using qualitative, quantitative and anonymized tools, like the following:

- Surveys and questionnaires collecting member satisfaction, response to expectations and individual and collective objectives;
- Semi-structured interviews with clinical team members and staff.

An annual report is produced and sent to the various CHUM clinical and management teams involved in the Parole-Onco program.

Snyder, William M and Etienne Wenger, 2000 "*Cultivate your invisible networks*". *L'expansion Management Review* March :6-12.

Brown, John S and P Duguid, 1991 " Organizational Learning and Communities-of-Practice: Toward a Unified View of Working, Learning, and Innovation". [Vol. 2, No. 1, Special Issue: Organizational Learning: Papers in Honor of \(and by\) James G. March \(1991\)](#), pp. 40-57 (18 pages)