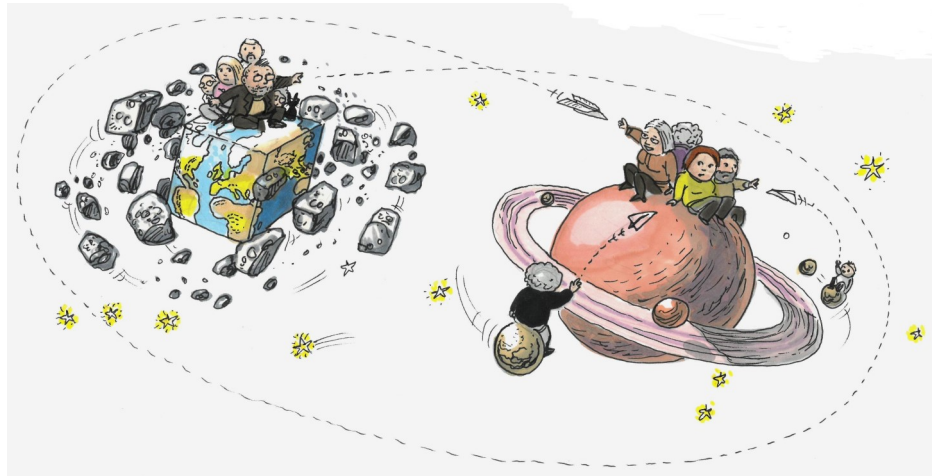


A tale of two worlds:  
a story about knowledge sharing in a  
community health & social care team



by Vicky Ward

with illustrations by  
James McKay

This story is based on data collected by observing the work of a community health and social care team during an independent research project funded by the National Institute for Health Research. The characters named in the story are fictional and not based on any one individual.

Special thanks go to Alison Hargreaves, Denise Hill, Tessa Holmes, Joe Langley, Alison Powell, Sarah Walker, Matthew Wilson and David Woodcock for their help with analysing the data and producing this story.

The materials contained in this booklet are free to use, but please contact me if you wish to do so (my contact details can be found on the back page of this booklet).

The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

This story is about the Ashgrove community health and social care team. The team is made up of lots of different health and social care professionals like nurses, social workers and physiotherapists. Their job is to work together to look after people living in the local community. This is a story about what their knowledge sharing looks like.

The story is designed to illustrate a number of lessons about how groups of people share knowledge. At these points you will find a box containing a short commentary and some questions which could be used to encourage knowledge sharing. At the end of the story you will find a short summary of these lessons and some further details about the questions.



This is Max. Max has lots of health and other problems and needs lots of help looking after himself. The Ashgrove team look after a lot of people who are just like Max and spend a lot of time thinking and talking about how best to help and support them.

When the Ashgrove team start trying to work out how best to help someone like Max, they start off by sitting down together and sharing lots of information about his problems and needs.



Identifying problems is an important starting point for sharing knowledge, but it can be difficult for groups of people to identify and prioritise what to focus their attention on when dealing with challenging situations (like how best to help Max). Questions to help include “what is the biggest issue?” and “what is the issue we need to address?”



A lot of the information that is shared is very factual and is brought to the meeting by different people in the team. Some of it comes from Max's relatives and friends who help to look after him every day. But this is fairly small in comparison with the information that comes from the people who are in the room together and it's often right on the edge of things.

Very little information seems to come from Max. Sometimes it looks as if he is stuck behind a brick wall, waving a white flag to try and get someone to notice him.

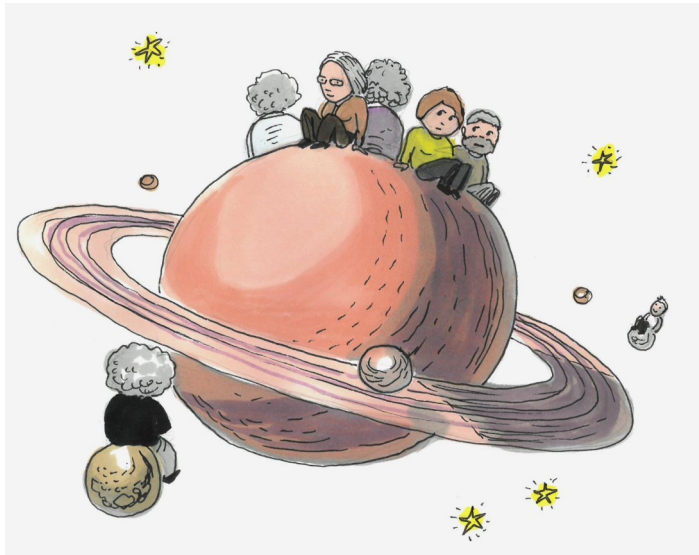
Knowledge from lots of different sources is important when groups of people are trying to work out what to do in a challenging situation (like how best to help Max). It can be difficult for groups of people to remember to listen to knowledge from some of these sources. Questions to help include "what do other people affected by this situation know?" and "who do we need to listen to?"



When the Ashgrove team are trying to work out how best to help Max, they also talk a lot about how they feel and what might be best for themselves and the other people who are involved in providing Max with care and support. They add this to the information and data which is already coming their way.

As the weeks go by, and the team continue to talk about how to help Max, the information that they share about his problems and needs becomes narrower and more detailed.

Knowledge comes in lots of different forms and being able to share all of these is important when dealing with complex situations (like Max's). It can be difficult for groups of people to share emotions and feelings and to recognise how important these are. A question to help is "what do we feel about the situation?"

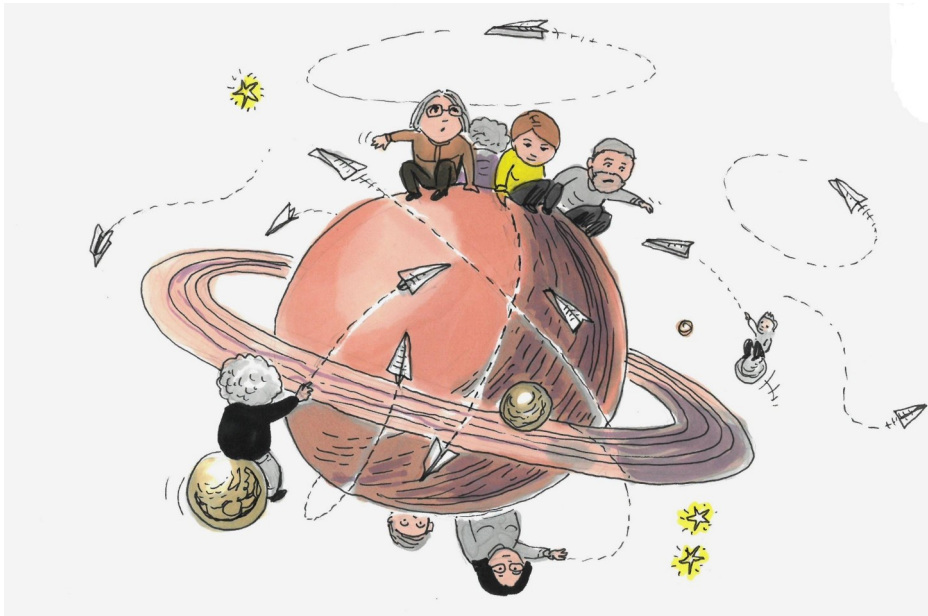


Max and the team seem to be in different shaped worlds when it comes to sharing knowledge. Lots of knowledge sharing happens between the people who are connected to the team, or are involved in providing Max with care and support.

And lots of knowledge sharing happens between Max and the people he sees on a regular basis – like his family, district nurse or GP.



Knowledge and information from elsewhere is vital when groups of people are trying to work out what to do in complex situations (like Max's). It can be difficult for groups of people to access knowledge from elsewhere. Questions to help include “who else might know something about this situation?”, “who do we need to talk to?” and “has anyone else tried to do something about this situation?”

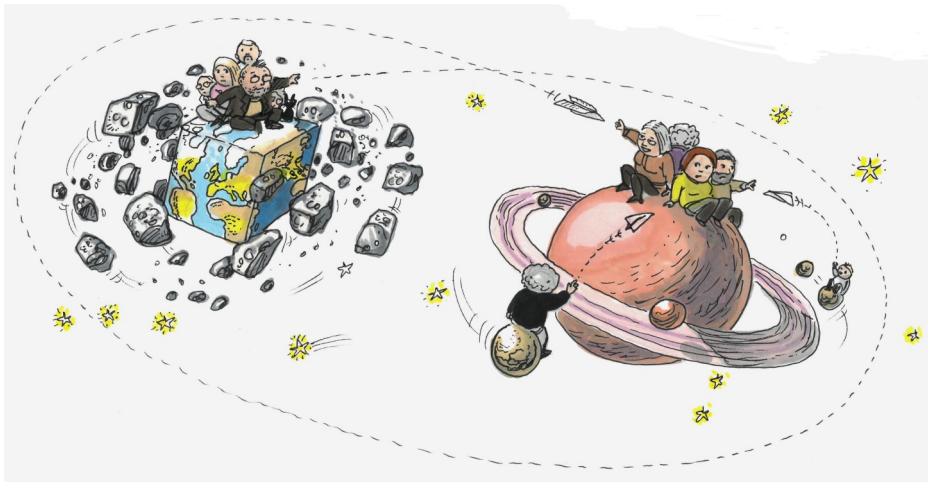


Within both of these worlds, knowledge sharing can be a bit hit and miss, and even when it is shared, it often goes round and round in circles – stuck in its own little world. The knowledge that is being shared doesn't necessarily lead to a decision about the best thing to do.

When groups of people share lots of knowledge with each other the process can become repetitive. It can be difficult for groups of people to work out how to use the knowledge that is being shared. A question to help is “how do we use what we know to develop a solution?”

It gets more complicated when knowledge is shared between the two worlds. Sometimes it is relatively straightforward – knowledge goes in and knowledge comes out of each world.

But often it takes ages to make its way between Max's world and the team's world because it is being brought by someone who needs time to get their head around what they saw in Max's world before they can share it with the rest of the team.



Direct experiences are a valuable source of knowledge and critical reflection is an important part of how people make sense of and decide to share these experiences with others. It can be difficult for individuals to find the time to critically reflect, but this can be done in a group. Questions to help include “what are we worried about?” and “what do we know about this situation?”

This story has illustrated a number of important lessons about knowledge sharing. In summary, the Ashgrove team are able to share knowledge with one another when they identify a number of problems and prioritise what they need to focus their attention on. They are also able to share different types of knowledge with one another including their thoughts and feelings.

The team face a number of challenges when trying to share knowledge. They find it difficult to listen to knowledge from some sources and to access knowledge from elsewhere. They also find it difficult to use some of the knowledge that is being shared.

One way of dealing with these and other challenges is to ask questions like those shown in the boxes on the previous pages. These questions have been designed to help groups of people to share knowledge when they are dealing with difficult situations where there are no clear answers (such as how to help someone like Max). The questions focus on helping groups of people to think and talk about their main area of concern, what they do and don't know and how they will access and use knowledge to address the situation they are dealing with.

For details of where you can find out more about these knowledge sharing questions please turn the page.

## About the author

Vicky Ward is an academic from the University of St Andrews. Her work focuses on how people share knowledge with each other and how they can be supported to do so.

Between October 2014 and November 2016 she looked at how knowledge was shared during case management meetings in community health and social care teams. She also developed and tested a set of questions designed to help these teams to share knowledge.

To find out more about the project and download resources please visit

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