

# **C.H.A.I.N: a case study of a soft network**

# Questions for discussion

- How do you use networks in your everyday work?
- What sort of networks do you belong to?
- What are their characteristics?
- How can networks support work-based learning?
- What should a new work-based learning C.H.A.I.N. look like?

# **Contact, Help, Advice and Information Network for Effective Health Care**

C.H.A.I.N. is an informal email network for people working in health care who share an interest in EBHC. C.H.A.I.N. aims to remove barriers between research and practice, facilitate multi-professional and inter-organisational collaboration, and widen access to relevant knowledge.

# Soft networks

- A FLUID network of PEOPLE connected in some way to one another
- A network through which informal, 'soft' knowledge is transmitted

# The life history of a message

- C.H.A.I.N. member has a query - a question relating to their work that they want help with
- Contact network centre
- C.H.A.I.N. staff discuss the query and consider how best to target the query to a subset of C.H.A.I.N. members within the network
- Members respond to the query and communicate directly with each other

# Example of a message

“I have been asked to document the Primary Care Clinical Audit Criteria (including milestones) for each of the National Service Frameworks. This seems a big job to tackle on my own and I wondered if any C.H.A.I.N. members had already done this work and would be willing to share it.”

The C.H.A.I.N. member sent us a summary of the 5 replies she received:

1. Contained a very useful web link and shared the department's strategy for prioritising audits, which was also very useful
2. Was a request for further clarification of what I wanted.
3. Sent a copy of a data collection tool... It wasn't what I was looking for, but it was nice they had taken the trouble.
4. Had gathered all the relevant information together into a couple of documents with references. This was "just what I wanted". They also offered further support should I need it and were very open and supportive.
5. Asked me to share what I got with them.

# Network characteristics

1. It's a network that has a strong centre
2. Targeted networking
3. Mutual support - high levels of reciprocity
4. Weak and strong ties
5. Different levels of participation



## **Tacit knowledge**

- Informal
- Context-specific 'know-how'
- Rooted in action
- 'Sticky'
- Draws on personal experiences, perceptions and insights

## **Explicit knowledge**

- Formal
- Systematically codified
- Easy to transmit

- ‘I’m introducing some protected learning time for primary care staff in our PCT. Has anyone done this and got any lessons to share?’
- ‘I want to make contact with others working in local cardiac networks and share experiences.’

- ‘I’m about to start work on developing a clinical effectiveness strategy for my PCT and am looking for examples of strategies from other PCTs’.
- ‘Does anyone know of any evidence on effectiveness of podiatry?’
- ‘Does anyone have any literature that wouldn’t show up in the main databases on elder abuse in the UK for a bibliography we’re producing?’

# Nonaka and Takeuchi's model of knowledge creation

The creation of complex knowledge within an organisation occurs as a result of a dynamic interchange between explicit and tacit forms of knowledge.

People are often unable to make use of explicit knowledge - in this case, evidence - because it is not accompanied by the 'know-how' that helps them translate formal knowledge into action.

# Conclusion

- How do you use networks in your everyday work?
- What sort of networks do you belong to?
- What are their characteristics?
- In your experience, how do networks support work-based learning?
- What should a new 'work-based learning C.H.A.I.N.' look like?