NEW MEDIA, NEW WAYS  
TO BE A COMMUNITY OF CARE

The variety of communication media available to us today has changed the way we do our work. This reality has become evident over the last two years as I have worked on various projects at the Catholic Health Association.

Take as an example the process CHA recently completed to revise the competencies for mission leaders. The original document, which was completed in the late 1990s, was the work of a committee in consultation with a somewhat limited number of people across the ministry. The process we developed in 2008-09, enabled by electronic resources such as online surveys and webinars, allowed us to engage over 325 people in mission, sponsorship and operational leadership roles. As many are aware, this process was completed during an in-person meeting of about 100 mission leaders at the Catholic Health Assembly in 2009. At that point, it was a document that was already familiar to most of the people in that room. Apart from some discussion on a few points, there was a strong affirmation that the document represented the lived experience and the “preferred future” of mission leadership.

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This process provided valuable learning regarding the nature of our work as a ministry. Collaboration and respect for the experience of those on the front lines of our every day work are taken to a new level because of our capacity to communicate in new ways.

Earlier in 2010, CHA piloted the Foundations of Catholic Health Care program as an online offering, organized into six two-hour webinar sessions. I was impressed by the creative ways that our systems utilized this opportunity. Many invited middle managers and others within their organizations to participate who otherwise would never have the opportunity to travel to an in-person conference. Several systems organized local in-person learning groups that processed and then discussed the information, combining the best of the program content with the opportunity for shared, face-to-face learning with colleagues. New communication media, including web 2.0 approaches, brought into play quality resources not normally present at the local level as catalysts for learning and formation.

Subsequent to this experience, CHA engaged in a process to explore development of a strategy for future e-learning initiatives. Many managers and mission leaders were consulted in electronic focus groups to offer their input. The important insights shared during this consultation include the following:

- Advanced, effective e-learning efforts exist in larger systems that have access to supporting financial resources
- Smaller systems identified the need for greater access to similar opportunities and recognize the potential for collaborative efforts with one another to achieve that access
- Web based education should serve to connect the “silos” of acute, short-term, long-term and home care
- Some audiences will be more responsive to e-learning opportunities than others
- Not all content lends itself to electronic learning formats
- Mission leaders and middle level adminis-
Mission leaders and middle level administrators feel the need for greater support in their roles as educators through access to more resources.

Another important factor in this effort is the potential to enhance a network of leadership across the ministry that allows a broad sharing of experience and opportunities to learn from one another. A current example of this is the Mission Leaders Online Community, sponsored by CHA, which allows mission leaders to pose questions and share resources on important questions and challenges. This technology is broadening our experience of “community” beyond the local level to include anyone willing to utilize this electronic media. Our sense of community is no longer limited by physical location.

I am excited by the great potential for collaboration and learning that is within our reach. I hope we will continue to share ideas and experience that will strengthen our working relationships and enhance the work we do for the sake of the Gospel.

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