

# Maximizing Disability Management through A Virtual “Community of All Practices”.

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## Abstract

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The Disability Management (DM) industry is a complex web of myriad stakeholders that relies on cross-disciplinary communication. To maximize the value of DM for all stakeholders a mechanism is needed to share knowledge and experience. Recent research points to the potential for using communities of practice on a large scale to achieve this vision.

Communities of practice (CoP) are groups of people joined by a common desire to understand a specific issue. They have always been a part of human history but recently their ability to capture the power of shared tacit knowledge has become increasingly important in knowledge-driven workplaces. Successful CoP's exist as a sort of 'living repository' of best practice, problem solving, and shared goals, often across diverse geographic areas or levels of expertise.

The goals and value of both DM and CoP's match well. DM is a knowledge-driven, cross-disciplinary field focused on safe and productive workplace environments. Thus much of its success is heavily reliant on effective communication to leverage the wealth of tacit knowledge (which CoP's capture so well) amongst many stakeholders. Given the complexity of individual DM cases, truly successful DM must be integrated. However in day-to-day practice, and in strategic planning for the DM industry as a whole, such collaboration is difficult.

What is needed is a Virtual Community of All Practices (VCoAP) that both facilitates vibrant CoP's for each stakeholder and facilitates an online community square to enable knowledge sharing amongst all stakeholders on shared industry issues. The benefits of an online forum are its geographic independence, relative ease of access, and the wide customization possible with a plethora of tools for facilitating and capturing information.

Forming a VCoAP for DM is an opportunity for enhancing effectiveness and efficiency of practice in the DM industry, thereby increasing the human and economic capital of all involved workplaces.

# Introduction

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The Disability Management (DM) industry is a complex web of myriad stakeholders that relies on cross-disciplinary communication. For DM to be effective, it must be an integrated approach, with the knowledge and experience of all stakeholders brought to the table. To maximize the value of DM for all stakeholders, particularly for employees and employers in medium to small business, a mechanism is needed to share knowledge and experience.

Recent research points to the potential for using communities of practice on a large scale to achieve this vision. A community of practice is a group of people who maintain regular contact to further their understanding and practice of a shared domain of knowledge or interest (Wenger, McDermott & Snyder, 2002). This paper will examine the goals and needs of DM and compare it with the strengths of communities of practice to demonstrate the theoretical case and conceptual underpinning for using online communities of practice for improved DM outcomes.

## Goal of Disability Management

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To develop the theoretical case for improving DM outcomes, it is important to review the goal of DM. Then a new tool, such as an online community of practice, can be examined to judge if it will improve the chances of reaching this goal. It is a goal that starts focused but has a very wide application.

*The traditional goal of DM practice is to return the disabled individual to work/function (Harder & Scott, 2005, p. 25).*

In addition to this, DM is also pro-active in maximizing health to both reduce further injury, or prevent it altogether (Tate, Habeck & Schwartz, 1986). For the individual employee, there appears to be a continuum from disabled function to maximized function. The primary goal of DM is to assist the individual employee in moving along this continuum from disability to both maintaining and preserving full and productive function.

The committee that wrote the the Code of Practice for Disability Management expands on the goal for the individual to include the necessary stakeholders. They determined that the goal would be:

*To create workplace systems of management practices that support the coordination of work accommodations, health care demands, and rehabilitative interventions to promote the continued safe employment of persons with disabilities with the agreement of the worker, labour, and management, and with the support of health care and service providers, government boards, insurers, and co-workers (NIDMAR, 2000, p. 4).*

In order for a individual employee to return to effective work, they must enjoy the support of consistent management practices that involve all the necessary stakeholders in the process.

The importance of this goal goes beyond the walls of the workplace. Disability has a major effect in personal, corporate, and societal spheres. It can lead to under-utilized and unproductive people, corporations, and societies. Thus, enabling dignity, purpose, and productivity in work is a major concern (NIDMAR 1999).

In summary, the goal of disability management is to engage a myriad of stakeholders to maximize healthy function and minimize injury in the workplace, for the benefit of employees, corporations, and societies.

## Needs of Disability Management

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Do disability managers have what they need in order to achieve this goal? Amongst their needs, which could include education, research, awareness, advocacy, economic strategies, consistent policy, and codes of practice, there is one need that is inherent, often overlooked and vital for successful DM.

The Occupational Standards in Disability Management captured the need quite succinctly when it stated:

*In order to meet occupational standards and improve lives and society, there must be defined collaboration and joint responsibility between DM professionals, employees, employers (NIDMAR, 1999, p. 4).*

From here we can see that collaboration and responsibility amongst DM stakeholders are key to consistently achieving the goal of DM in a broad scale. The need to engage and easily communicate amongst the stakeholders in the DM process is paramount. When used in isolation, not many of the typical DM processes, such as claims management and vocational rehabilitation, have been shown to be effective; therefore they must be part of a more integrated strategy (NIDMAR, 1999).

Harder and Scott (2003) recognized this need in formulating their concept model for DM. They went from the "generic" to the "comprehensive" in their scope of DM. The goals of a "generic" disability management program focus primarily on return to function/work. However, the "comprehensive model" recognizes outside influences and the need to involve all parties to deal with them. It demonstrates the "permeable" nature of the interconnected spheres of work, workplace (worker, union, management, and co-workers) and external factors (such as family, health care, insurance, workers compensation, social support, advocates, etc). In order to achieve successful comprehensive DM, the practitioners must consider the needs in all three spheres and keep them informed and working in tandem.

A recent example demonstrating the necessity of planned collaboration in DM is the findings of the Certification of Disability Management Specialists (CDMS) Commission study on Role and Function. In general they found that the demands of work are often beyond the scope of one practitioner and it calls for collaboration across multiple disciplines. It's an evolving field and there must be a way to grow and evolve with it (Cromwell & King, 2010).

They found this evolution happening when they identified four areas of disability management practice and how they were interacting (See Table 1).

<b>Area of Practice</b>	<b>Professionals primarily responsible</b>
Disability and work interruption case management	Usually DM professionals
Workplace intervention for disability prevention	Usually DM professionals
Employment leaves and benefits administration	Usually HR professionals
Program development management and evaluation	Combined disciplines

Table 1: *Areas of practice and typical responsibility in disability management: CDMS Commission study*

The study found that DM professionals were primarily doing work in case management and workplace intervention, while HR professionals were dealing with employment leaves and benefits administration. However, it was recognized by all professionals that to be efficient they needed to forge partnerships to meet demand and increase competency, specifically in program development, management, and evaluation. Furthermore, the study found that one way to achieve buy-in from all of the stakeholders was to focus on the common goal of improving lives. This resulted in a more holistic approach, and supported the goals of comprehensive DM (Cromwell, 2010).

This is one example of achieving a common goal through collaboration. "Integrated" has been the buzz-word in DM for many years now, and this shows it is possible. But it will only be a wide-spread reality when practitioners can collaborate with clear understanding of the responsibilities, challenges, and opportunities in each stakeholder group and apply this to achieving actual DM outcomes.

The lack of collaboration and shared knowledge greatly affects small and medium businesses in particular. They represent 70% of most jurisdictions and because of their smaller employee pool, are hardest hit when losing a worker to disability. However, they struggle to succeed at DM because of the vast disciplines that must be mastered by someone who would do it only part time, at best. (NIDMAR, 2004) Gaining the necessary information is difficult because while individual stakeholder CoP's undoubtedly exist, their industry profile is often low, therefore their knowledge is not easily accessible.

To support the goal of integrated DM, the major need is for collaborative, integrated practice. More specifically, there is a need for ways to:

1. Forge collaborative partnerships
2. Clearly understand responsibilities
3. Share best practices among and across disciplines
4. Maintain a flexible, expedient framework to facilitate the process.

There are many theoretical frameworks and approaches to this, and we would like to introduce a tool that can take the theoretical and make it practical: the community of practice.

## **Community of Practice: What it is, what it offers**

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A community of practice (CoP) is a group of people joined by a common desire to understand a

specific issue. They have always been a part of human history but recently their ability to capture the power of shared tacit knowledge has become increasingly important in knowledge-driven workplaces (Wenger, 2002). Successful CoP's exist as a sort of 'living repository' of best practice, problem solving, and shared goals, often across diverse geographic areas or levels of expertise. Examining the definition, structure, function, and value of CoP's can demonstrate the potential fit for the goals and needs of DM.

## Definition

Wenger (2002) defines communities of practice as “groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis”(p.4). Thus, by definition, CoP's fulfill the needs of DM practice by focusing on regular collaboration amongst stakeholders for a common concern (such as the health of employees and society).

## Structure

The structure of communities of practice can be formal or informal. In ancient times, they were formed as artisan guilds or trades corporations, while in the present they've greatly expanded their formation beyond the economic model. Soccer parents trade parenting tips at the game, artists sharing their inspirations and tips for success online at Behance.com or in a cafe, Chrysler engineers meeting over lunch to discuss design problems, or even gang members learning to survive on the street are all examples of a community of practice (Wenger 2002). They can be in person, virtual, or a hybrid of both.

According to Wenger (2002) There are three major structural elements that must be present to call it a community of practice:

1. A domain of knowledge for focus
2. A community of people focusing on it
3. The shared practice they are developing to be more effective in their domain.

The domain defines the shared focus of knowledge and expertise for a CoP. It helps define the scope of the CoP by delineating boundaries.

The community is what drives the success of a CoP. It is the relationships that form the “social fabric of learning.” A strong fabric of common vision builds trust amongst the different members, from novice to expert. Trusting, open relationships lead to improved understanding and practice.

The practice is the practical outcomes of the knowledge exchange between the stakeholders as they operationalize best practice within their domain. It is demonstrated through frameworks, ideas, tools, information, stories, styles, documents, and other best practices (Wenger 2002).

Leadership is a vital structural element of CoP's. In fact, strong leadership is a major predictor of CoP success. Strong leadership can encourage members to be motivated contributors and helps define the necessary responsibilities in a thriving CoP. This leadership can emerge informally through interaction, be appointed by a corporation, or be elected democratically. In all cases, the role of leadership is to actively engage the community in collectively charting a course and overcoming obstacles (Bourhis, Dube & Jacob, 2005).

## Function

The unifying functional aspect of CoP's is their focus on collaborative knowledge and learning. They do not reduce knowledge to mere objects and facts, but function as "living repositories" for knowledge that is constantly building and changing.

There are two major types of knowledge that are important to consider in all aspects of learning: the tacit and the explicit (Wenger 2002). CoP's are particularly adept at involving both of them for deep learning. Explicit knowledge can be captured in codes of practice, conceptual frameworks, how-to-lists, databases, resource libraries, research papers, and other reference materials. Tacit knowledge (often thought of as knowledge people don't realize they know, informed gut instinct, or embodied experience) is often captured through storytelling, conversations, coaching, and apprenticeship. Tacit knowledge is often needed in order to operationalize explicit knowledge effectively (Wenger 2002). Knowledge is dynamic, so CoP's can deal with the flux of information by capturing and establishing a core baseline of knowledge and then provide a forum for dealing with the new knowledge being acquired (Wenger 2002).

Given that community relationships are key to a thriving CoP, communication is the lifeblood of a CoP. The unique mixture of domain, community, and practice will stipulate the most effective communication methods. Email mailing lists, discussion boards, in-person meetings or conferences, instant messaging, social networking, and conference calls (phone and/or video) are just some of the many customizable ways to communicate in a CoP.

## Strengths for Disability Management

The goals and value of both DM and CoP's match well. DM is a knowledge-driven, cross-disciplinary field focused on safe and productive workplace environments (NIDMAR, 2000). Thus much of its success is heavily reliant on effective communication to leverage the wealth of tacit knowledge (which CoP's capture so well) amongst many stakeholders. Given the complexity of individual DM cases, truly successful DM must be integrated. In day-to-day practice, and in strategic planning for the DM industry as a whole, such collaboration is difficult. However, there is evidence that strengthening the relationship between employers, DM management, and unions has the potential to improve outcomes for all involved (Shrey, Hursh, Gallina, Slinn, & White, 2006). CoP's could be a major tool for this in other situations and jurisdictions.

Given the inherent structure and function of CoP's, they fit the needs of DM very well and Table 2 demonstrates the matching strengths of CoP's.

Needs of DM	Matching CoP Strength
Forge collaborative partnerships	Helps define and straddle boundaries through collaboration. Enables wide community access, especially in a virtual format.
Clearly understand responsibilities	Structure and leadership of a CoP depends on membership buy-in and clearly understood roles. Enables capacity for including different perspectives and the sharing of information
Share best practices among and across disciplines	Enables both explicit and tacit knowledge capture for effective practice. Enables the formation and editing of best practice documents, projects.
Flexible, expedient framework	Customizable to focus on most effective learning and knowledge dissemination approach. Captures this process as it happens, less “reporting” work required.

Table 2: Overview of the benefits of CoP's for DM.

Encouraging the development of visible industry CoP's could have a three-fold benefit:

1. CoP's could increase internal tacit knowledge-sharing for individual stakeholder groups.
2. Improved stakeholder understanding will enable more consistent and productive dialogue with other stakeholders
3. Improved stakeholder dialogue and knowledge exchange will achieve more integrated disability solutions and ultimately improved employee health and employer productivity, particularly for small and medium businesses.

All three benefits could be achieved by providing a forum for all DM stakeholders and their respective CoP's to unite in a cohesive “community of *all* practices” (CoAP). This could increase efficiency, effectiveness, and communication in DM as a whole, plus health and productivity for employees and companies the world over.

## Potential challenges

All solutions have potential challenges and CoP's are not without their own difficulties.

Boundaries between domains or stakeholders can often fracture attempts to find cohesion. The culture of different domains and their possible antagonism can be affected by differing perspectives, approaches, and agendas (Bourhis, 2005). Boundaries are real and necessary to enable coherent domains, but often the friction between them is due to communication problems and weak relationships (Wenger, 2002). Maintaining a good balance of looking inward and outward of a domain is key to overcoming these struggles (Wenger 2002) and it requires good leadership.

Leadership itself is a major challenge for successful CoP's. Despite their often informal nature, CoP's require defined leadership roles. Deciding whether to appoint, elect or let leaders emerge is part of the organizational process. Finding people with the ability to maintain a clear direction for the CoP while letting it evolve and grow with the needs it encounters is a delicate balance. It is a time intensive process and requires dedication and skill (Bourhis, 2005).

Technology can be unifier and enabler, but it often can create barriers too. Different levels of expertise and comfort with social media, multimedia, discussion forums as well as a desire for personal approaches can reduce membership buy-in (Bourhis, 2005).

With these realities in mind, and the potential for bettering lives, the following is a proposal to use communities of practice in disability management.

## Proposal

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International conferences, like the International Forum on Disability Management, go a long way toward facilitating and catalysing a CoAP. To continue this collaboration year-round, one option would be a robust CoAP website serving all the DM disciplines. However, while online searches will bring up a variety of sites dedicated to disciplines within DM, there is a vacuum of options to experience a truly cross-disciplinary CoAP online.

What is needed is a Virtual Community of All Practices (VCoAP) that both facilitates vibrant CoP's for each stakeholder and facilitates an online community square to enable knowledge sharing amongst all stakeholders on shared industry issues. The benefits of an online forum are its geographic independence, relative ease of access, and the wide customization possible with a plethora of tools for facilitating and capturing information.

## Structure

The VCoAP would be an online portal for accessing a variety of individual CoP's within the DM field. A single login would give you access to the main "community square," and from there you could request to join the various individual stakeholder CoP's (*See Figure 1*). The main community square would be webpage(s) showing the latest information, discussions, issues, and resources that would have cross-disciplinary interest. Joining individual stakeholder CoP's would enable you to immerse yourself in a particular community's speciality, and allow for more domain specific discussions. But the use of the community square would ensure the individual CoP's bring their specialized knowledge to bear on cross-disciplinary issues of practice and policy.

# Virtual Community of All Practices (VCoAP)

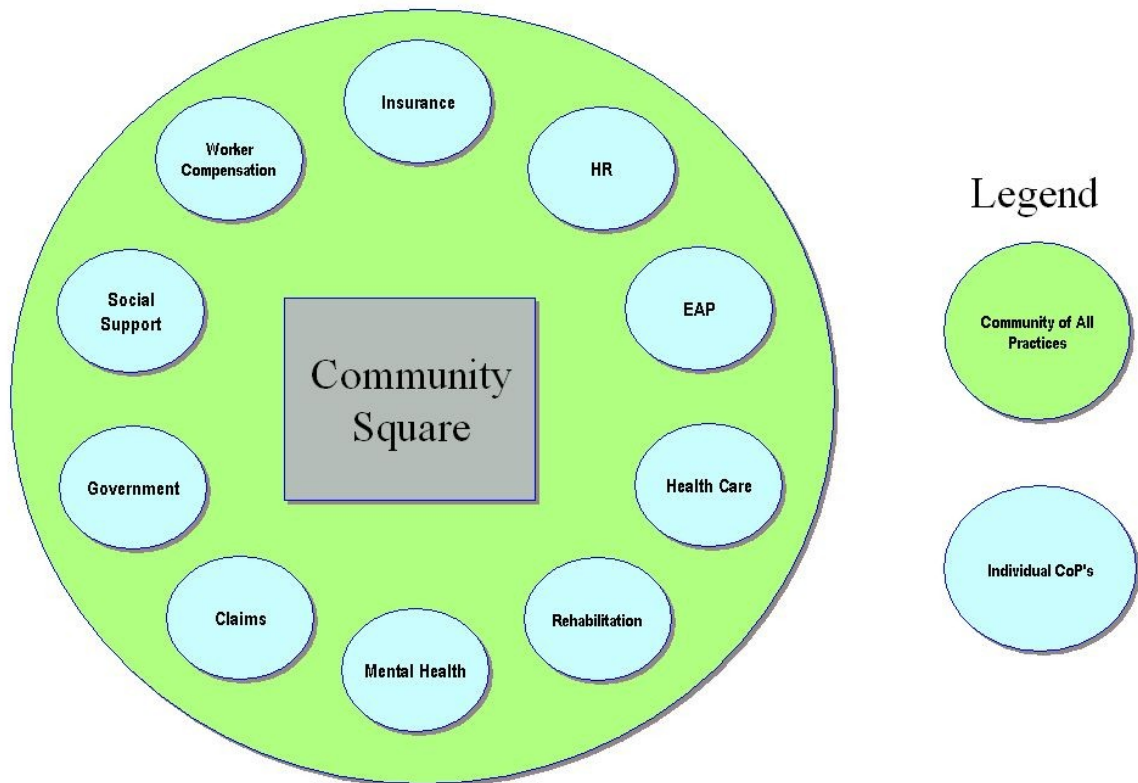


Figure 1: Virtual Community of All Practices - Diagram

## Framework for effective collaboration

To overcome the potential segregation of focused communities of practice and encourage collaboration, a consensus-based approach to building the VCoAP is vital. This approach is necessary for successful DM on the organizational level (NIDMAR, 1999) and the same approach could apply to addressing DM industry issues. The Consensus-Based Disability Management Audit (CBDMA) is an example of a corporate DM evaluation tool that could be utilized for dealing with broader DM issues. It's organizational-focused framework could be extrapolated to form an issues-focused framework to deal with issues across the DM field. The CBDMA is an evaluation tool that evaluates 16 specific elements of DM within the three categories of Disability Management Policy and Worksite Resources, Disability Prevention, and Early Intervention and Timely Return to Work Process.

Beyond the fact that this framework was developed with the DM industry in mind already, the tool has several practical aspects built into it that make it ideal for extrapolating it to a wider DM industry issues focus.

Each element of the CBDMA is rated on its level of implementation and success, using a 5 point scale with descriptors for each point. This aids the ability to answer when consensus has been reached, making the tool practical for taking action. It also requires setting baselines of the current situation to guide intelligent goal-setting. This would be followed by effective monitoring

and evaluation of progress. An effective CoP would be focused on improving health outcomes, so this is a necessary aspect.

One of the major goals for the audit is to encourage the formation of joint disability management committee in each workplace. Ideally, these committees include all relevant stakeholders. Thus, the goals of DM and a CoP are already being encouraged with this tool. Using a CoP framework that encourages the "exporting" of its values to other workplaces through small, onsite committees or CoP's would be ideal for effective industry integration on the local level.

The process of doing a consensus-based audit contains the ingredients of a successful CoP: all stakeholders are present and engaged for a common purpose, standards of practice are made practical by applying their experience and tacit knowledge to unique problems, and it provides an ongoing vehicle for measuring the entire community's collaborative progress.

It is not the focus of this paper to develop this framework, but to simply highlight future options. The point is that a consensus-based approach could guide concerted efforts online to motivate all stakeholders to contribute on *relevant* shared DM industry issues, thereby creating a developing repository of best practice. Such a VCoAP would enable problem solving, answer best practice questions, create integrated strategic plans, and generate innovation and new research amongst communities (Wenger, 2002).

## Methods of collaboration

Social media tools are emerging online technologies, and because they are used primarily for starting conversations and enabling self-publishing (Tobin & Braziel, 2008) their usage could effectively support a vibrant VCoAP. Currently, industry conferences are major sites for conversations, publishing, and starting collaborative relationships. To maintain this year-round, a VCoAP could become a hub for pre and post conference discussion and collaboration. For example, the use of discussion forums and blogs could posit relevant questions and solicit cross-community perspectives from some motivated leaders from each stakeholder group. Guest writers and bloggers (who might be presenters or attendees at conferences) could contribute and begin the discussions before the conference and maintain them afterwards. It would give opportunity for democratic, non-linear collaboration from all related disciplines. Throughout this process, the VCoAP leadership would focus on finding common threads of discussion to post to the entire group for community square discussions.

Collaboration and knowledge sharing could be facilitated with other technologies as well. For example, best practice guidelines could be created using "Wikis" (collaborative tools to produce and edit knowledge files online). Joint projects such as proposals, frameworks, tools, best practice guidelines, and the like could be catalysts for joint collaboration and improving practice across the industry. Online news aggregators and Twitter messages could collect and highlight recent articles, issues, and research. These would be a constant source of new stimulating discussion topics. Furthermore, other collaborations could be achieved through video-conferences, live chat panel discussions, and online polls regarding current trends and issues.

## Outcomes

Solving disability management problems and improving DM health outcomes should be the focus of a VCoAP. Better health for employees, corporations, and society is the ultimate goal of disability management. Wenger (2002) points to a myriad of examples of innovative productivity and solutions being the product of thriving CoP's and le May's (2008) research into CoP usage in the health field found great potential for social, human, organizational, professional, and patient capital.

A VCoAP's power lies in uniting different stakeholders to make problem solving more agile and effective. When pursuing the common goals of better health it includes all perspectives in the solution in the CoP's context, before it is made operational. Cross-disciplinary knowledge and practice becomes relevant and the different perspectives enable more complete solutions.

## Dealing with obstacles

Thankfully, the solutions to the challenges of CoP's are also well suited to overcoming the challenges of disability management.

### **Managing Boundaries**

One of the potential obstacles for creating an online forum that engages all practices is that communities are often held together by strong tight bonds amongst relatively small groupings on specific issues (Brown, 2001). As stated previously, the boundaries between different stakeholders can be a source of friction but also a chance for innovation (Wenger, 2002). Boundary interactions force people to consider other perspectives and their own assumptions. Having different stakeholders present keeps the discussion relevant to the industry. It becomes a deep sort of learning that has a core of expertise but is constantly adding new insights from the boundaries.

Boundaries need not be a hindrance and in fact can be managed and used as catalysts (Wenger 2002). One way is to incorporate leaders who can act as knowledge brokers or translators. These leaders would have membership in multiple domains and facilitate ongoing inclusive and relevant discussion. Even more practically, creating joint learning objects (proposals, framework) can bring the power of collaboration to bear. Shared projects with multiple domains informing the development will create more robust solutions (Wenger 2002).

Crossing boundaries is usually more beneficial than not because most problems aren't specific to one domain. Therefore, solutions or problems in one domain may inform similar ones in adjoining, though different, domains. Furthermore, the informal knowledge sharing, trust building, and deeper learning inherent in crossing these boundaries makes better informed and expert employees in all fields. The fears around knowledge being inappropriately shared can be dealt with by defining types of information to be discussed and kept confidential (Wenger 2002).

### **Fostering Leadership**

It is widely believed that in creating successful CoP's "organizations have an important role to play in facilitating their emergence, supporting their development and sustaining their activities, to reap their full benefits" (Bourhis, 2005, p. 23). From the beginning, there must be a commitment to strong leadership of the CoP. Simply assigning roles is not enough. The leaders must have support from management or a coach, adequate time to dedicate to the CoP, and possess the skills, enthusiasm and personality to engage others in the community. Leaders with autonomy, persistence, cross-domain knowledge, and the time to devote to developing the CoP (often at an individual level) are very important (Bourhis, 2005).

CoP's cannot rely on strong leadership alone but must have buy-in from the membership or it will die. Bourhis (2005) states that there are two ways that leadership can pay attention to encouraging this, through effectiveness and health. The effectiveness pertains to the level of relevance the content of the CoP has in a practitioners life. Health refers to the general activity and progress of the CoP itself.

## Successful technology usage

Technology will always be an enabler for those who understand it and a barrier to those who don't. To ensure it is an enabler there are several ways to implement it. Effective tutorials that cover the basic and advanced aspects of the technology for a CoP are vital. Coupled with this is a need for individual support from leadership, which is a strong predictor of a CoP's health and effectiveness (Bourhis, 2005). Finally, using only technology that will be relevant and expedient to the goals of the CoP is important. Using technology just because it is new does not guarantee usage. For example, that might mean using discussion forums that post by email (an easy technology) instead of video chat.

## Conclusion

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A successful VCoAP would be a diverse collection of CoP's in one online community that can serve the individual needs of the stakeholder for each CoP but is always focused on drawing members of each CoP into the community square on common issues that affect quality integrated DM. Benefits would include a more efficient and effective communication between DM disciplines translating into improved care of the person, a valuable current trends & problem solving resource for any stakeholder already juggling myriad requirements, a one-stop location for small and medium businesses to begin starting their own DM program, and a road map for employees who may have become lost in web of DM. Forming a VCoAP for DM is an opportunity for enhancing effectiveness and efficiency of practice in the DM industry, thereby increasing the human and economic capital of all involved workplaces.

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