Enhancing General Practitioners Participation in a Virtual Community of Practice for Continuing Medical Education: An Exploratory Study

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Abdulaziz Murad a, Reeva Lederman a, Rachelle Bosua a, Shanton Chang a, John D Wark b,c

a School of Computing and Information Systems, The University of Melbourne
b Department of Medicine (Royal Melbourne Hospital), The University of Melbourne
c Head, Bone & Mineral Medicine, The Royal Melbourne Hospital
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The Issue

• General practice is fundamental for an efficient and effective health system [1].

• GPs are required to continuously advance their medical education [2].

• GPs are under constant time pressures due to their work structure and environment [4].

• GPs have recognized online sources as potential support structures for CME if fulfilled within the context of a group of professionals [3].

• GPs can become a Virtual Community of Practice (VCoP) [5].

• GPs have shown an unwillingness to use VCoPs for their CME [3].
Conceptual Model

• In our previous work [6] we have identified design considerations for a CME Health VCoP:
  • Rich Profile Information (Individual).
  • Platform Navigation (Individual).
  • A Diverse Community (Group).
  • Rich Contextual Content (Group).

• Enhancing GPs’ participation in a VCoP for CME needs the moderation of human roles to sustain the learning and knowledge-sharing process.
Aim and Impact

• The aim of our study are two-fold:
  • To explore preferred modes and models of VCoP use by GPs for CME.
  • To examine how GPs’ participation in a VCoP can be enhanced to support their CME.

• Impact: Mitigate the previously mentioned barriers and motivate GPs to sustaining participation in future VCoPs for CME.

• How do general practitioners sustain their continuing medical education in a virtual community of practice?
Method

• We adopted a qualitative research methodology [8].
• We organised and gathered data from two focus groups of 10 GPs each with the presence of a bone health specialist and a nurse in each focus group.
• Each focus group lasted 30 minutes.
• Eight open ended questions.
• Data:
  • Recorded and then transcribed which was validated by GP chair and the bone health specialist.
  • Questionnaire was given out.
• A thematic content analysis approach was used.
## Table 1. Focus Group Participants Information

<table>
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<th>Participant</th>
<th>Gender</th>
<th>Attended Focus Group 1</th>
<th>Attended Focus Group 2</th>
<th>Used the Internet for learning in the past</th>
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</table>
Findings I

• Perception of Low Trust and Risk Taking
  “One of the biggest problem ... is that people [GPs] worry about all sorts of things as if they put their case and get some advice on from an internet based versions [online sources], Somehow I don’t know why that [online advice] is more risky than if you refer to... an expert because of full responsibility...The [online VCoP] participants need to be health professionals and there need to be [methods of] verification of [their] qualifications.” - GP2

• Permission to Share Patient Information
  “It takes full responsibility [to share patient information] we don’t have the permission of the patients of course, I’m just a bit phased down about this” - GP3

• The Need for Timed Responses
  “The topics and discussion need to be timely so if clinical problems are raised the professional seeking advice can use it for his/her practice within maybe a few days.” - GP2
Findings II

• Searching Relevant Websites for Information
  “There has to be a website [one Website portal] that tells us what’s happening [content] on other websites.” - GP7

• Difference in Individual Learning Styles
  “Most people learn by discussion” - GP1 (Male)
  “Email colleagues for professional communication, sharing articles etc.” – GP2
  “I learned most of my medicine from cases” – Specialist

• Lack of Communication Between GPs and Specialists
  “The interaction with hospital specialists...one of the problems comes back to that ancient issue of communication......and not knowing......so in that situation you tend to take a very conservative stance if I don’t know anything you do I assume you do nothing which is not true but it’s sort of a protective reflex.” - Specialist
Findings III

• The Need for Diversity and Interactivity in an Online Learning Environment

“It would be great to also add something in about the communication between specialists and GPs and be involved in the discussion - GP 10

“That [diversity in the VCoP] is really good as well ... cause the different generations and different people here are more experienced and are prepared to take it on themselves...if its too hard this sums[summary of experienced knowledge] it all the way.” – GP4
Key Recommendation I

• Increasing Trust and Methods for Sharing Patient Information
  • Participant Profiles might lower GPs perceived risk.
  • Meeting face-to-face before launch of a VCoP can help in building trust [11].
  • Avoid the use of identifying patient information:
    • De-identify all patient information.
    • Facilitators to act as privacy gatekeepers.
    • Ask GPs not to convey identifying information outside the VCoP
Key Recommendation II & III

• **Assisting in Time Management**
  - GPS lack of time is a recurring issue [4][7][10].
  - A rapid response time by facilitators and participants.
  - A single Website portal for information.

• **Effortless Communication Between Participants**
  - Opportunity to exchange experiences due to GPs having no hierarchical boundaries unlike for example nurses [12].
  - An opportunity for networking and benchmarking knowledge [10].
Limitations

- Membership of the focus groups may not be representative of the general population of GPs:
  - senior GPs who meet regularly
  - expressed keen interest in online learning activities (e.g., “GPS Down Under”, webinars, RACGP website)
Conclusion

• No study specifically explored the design consideration that could enhance and sustain participation in, learning and knowledge sharing in a Health VCoP for CME.

• Our findings identified seven themes.

• We proposed three key recommendations.

• An evaluation measure (one out of five).
References

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- Have access to a wealth of web-based resources
- Submit your own cases and learn from interactive discussions of case studies moderated by experienced physicians
- Earn RACGP QA&CPD points for the 2017-19 triennium
- If you are interested in joining this program please contact the study co-ordinator Natalie Hyde (natalie.hyde@unimelb.edu.au) for further information

The Royal Melbourne Hospital

THE UNIVERSITY OF MELBOURNE

This research project has been approved by the Melbourne Health Human Research Ethics Committee – Local Reference number: 2016.204

Advertisement: Community Fracture Capture (CFC) An active learning project Version 2, 09/02/17