

1-1-2011

## **General practice training, Web 2.0 and virtual communities of practice: an interview study**

Stephen Barnett

*University of Wollongong, sbarnett@uow.edu.au*

Sandra C. Jones

*University of Wollongong, sandraj@uow.edu.au*

Lance R. Barrie

*University of Wollongong, lanceb@uow.edu.au*

Andrew D. Bonney

*University of Wollongong, abonney@uow.edu.au*

Donald C. Iverson

*University of Wollongong, iverson@uow.edu.au*

Follow this and additional works at: <https://ro.uow.edu.au/medpapers>



Part of the [Medicine and Health Sciences Commons](#)

---

### **Citation**

Barnett, Stephen; Jones, Sandra C.; Barrie, Lance R.; Bonney, Andrew D.; and Iverson, Donald C., 2011, General practice training, Web 2.0 and virtual communities of practice: an interview study. <https://ro.uow.edu.au/medpapers/484>

---

# General practice training, Web 2.0 and virtual communities of practice: an interview study

## Abstract

### Aims and Rationale

General Practice training faces geographic barriers to efficient knowledge sharing, collaboration and professional and social support amongst its participants. In industry, large companies use internet tools to create Virtual Communities of Practice which improve collaboration, information sharing and support amongst staff. This study examined the feasibility of using Web 2.0 tools to create a Virtual Community of Practice for GP training.

### Methods

Following a previous quantitative survey study, a qualitative telephone interview study was undertaken with GP Registrars and Supervisors in a Regional Training Provider. Participants were selected on the basis of highest internet usage in the previous study. Thematic analysis was conducted by two researchers independently using manual coding of transcriptions, then discussing themes until agreement was reached.

### Findings

7 GP Registrars and 3 GP Supervisors participated, average age 38.2 years. Themes emerged regarding isolation - both geographic and on transition from hospital; the potential for online forums, chat and shared resources to improve peer support and knowledge sharing; and barriers to social media usage such as time, connectivity and skills.

### Benefits to Registrar Training

GP training faces some geographical and workplace barriers. Virtual Communities of Practice and Web 2.0 tools may help to improve GP training by overcoming these barriers, thereby improving peer support and knowledge sharing. Virtual Communities of Practice in GP Training should be further investigated.

## Keywords

virtual, communities, 2, general, web, training, practice

## Disciplines

Medicine and Health Sciences

## Publication Details

Barnett, S., Jones, S. C., Barrie, L. R., Bonney, A. D. & Iverson, D. C. (2011). General practice training, Web 2.0 and virtual communities of practice: an interview study. 2011 GPET Convention: Academic papers. GPET Ltd, Australia Australia: AGPT.



# GP Training, Web 2.0 and Virtual Communities of Practice

An interview study

University of Wollongong



# Background

Communities of Practice: Three main components  
(Wenger 2000)

- DOMAIN
- COMMUNITY
- PRACTICE



# Hospital CoP

- Hospital Training:
  - Large hospital CoP with physical proximity to:
    - Many doctors
    - Large clinical meetings
    - Ward rounds
    - “Corridor consults”



# CoP Barriers

- Geographic Isolation



- GP registrars in the community
  - Small sites
  - Large geographic area
  - CoP within and between practices
  - Large distances, less face-to-face



- Workflow: Team and ward vs Closed consult rooms

# Why Virtual Communities of Practice?



- Internet Based Learning (IBL) effective, repetition and collaboration (Cook 2008, Cook 2009)
- Web 2.0 tools promote collaboration and interaction (Boulos)
- Virtual CoPs in Industry and Education, innovation and cost reduction (Ardichvilli 2003, Probst and Borzillo 2008, Ganon-Leary 2008)
- In medical training: high Web 2.0 interest, low uptake (Sandar 2007)
- e-learning is most appropriate for GP Vocational training (Genischen 2009)



# Study Background

- Previous online survey-> 131 respondents-> interest and ability for private social network, registrars> supervisors
- Builds on survey findings: interest in online network-> what would such a network look like?



# Methods

- Single Regional GP Training Provider
- Qualitative interview follow-up study
- Social Marketing theory as basis “The network as a Product”
- ‘4 Ps’: Product, Placement, Price, Promotion

- Subjects selected from previous online survey- agree to follow up interview
- 34 responses
- Selection criteria- high internet users
- 18 users >1 hour internet/day
- 10 randomly selected: 3 supervisor, 7 registrar
- CI conducted telephone interviews
- Thematic analysis using 4 Ps coded independently by two researchers

# Results

## **P<sub>1</sub>= Product: The application or Service**

### Background

- CCCT Training program well supported
- Still issues of isolation
- Isolation [GPT<sub>2</sub>] “I think I really struggled when I first started GP Training. I came out of the hospital which is a very social environment and into GP which is really isolating and I found that very difficult”

# Results

## Benefits of private online community

- Clinical Support:
  - [GPT1] “...when I am working alone, or when I am working remotely, so having a network would be very helpful....to discuss the clinical conditions, especially when you don't have a specialist around or they are very busy.....Or for simple ones ....to easily communicate with other registrars or colleagues would be very helpful”

# Results

## Benefits of private online community

- Shared Resources
  - [GPT<sub>3</sub>] “To actually have a....maybe online collaboration of what people have found very useful for particular things....I think would be really really helpful”

# Results

## Benefits of private online community

- Exam Preparation: [GPT<sub>3</sub>] “So for example in the syllabus for 6 months, you’ve got discussions for care of diabetes or hypertension and, say, at the end of the fortnight, have a forum about hypertension.....and people can write in questions or write in what are the most useful drugs or information and people can chat about it”

# Results

## General Information sharing

- Supervisors: Pay and Conditions and General Support
  - [GP Supervisor 1] “I think support about sort of work set-ups and reasonable payments...I think that as supervisors we should have the right to discuss that in a private sort of forum”
  - [GP Supervisor 2] “I think the supervisors (benefit) definitely because we don’t get to meet up very much you know?”

# Results

## Online Community Tools Pros: and Cons

- Forums- Preferred tool. Asynchronous and flexible, but not instant.
- Chat- need to be online same time, good instant feedback
  - GPT3 “Imagine there’s 40 registrars online at once...you might get a response straight away from one person”
- Video resources- Webinars useful in rural terms



# Results

## P<sub>2</sub>= Price- 'Barriers'

- Technical access (especially video), varies in different locations
- IT skills and education
  - [GPT<sub>2</sub>] “I think I’d probably need someone to demonstrate how...to use these resources”
- Time- an issue, but worth it if resources good
  - [GPT<sub>3</sub>] “You’d get good value for your time with things like that [chat, forum, shared repository]”

# Results

## **P<sub>3</sub>= Place- where will it be used and by whom?**

- Mixed spaces for Registrars and Supervisors
- Private spaces for supervisors
- Instant chat and clinical support- at work
- Exam preparation, forums- out of hours
- Could be CCCT webpage, but no strong opinion
- Needs supervisor/facilitator to co-ordinate

# Results

## **P<sub>4</sub>= Promotion- How to notify and engage users?**

- Email with catchy subject header
- Email notifications on forums
- Flag interesting content

# Discussion

- VCOP: good theory and some evidence base
- Interest in online community for GP Training
  - Overcome isolation
  - Augment education through information sharing
- Use simple tools
  - Forums
  - Shared resources
  - Chat
  - Video
- Further study on generalisability pre-pilot
- Ultimately outcome studies