ConnectGPR: implementing a virtual community of practice for general practice training

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Abstract
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Abstract

Background

Virtual communities of practice (VCoPs) are groups of users with a shared interest, using online tools to facilitate the sharing of knowledge that users can put into practice. These knowledge sharing groups have been used effectively in business and healthcare but not in general practice training. General practice, or family physician training can be isolating, with barriers to knowledge sharing such as geography and workflow, and trainees may benefit from a VCoP. A Health Framework for VCoP implementation in healthcare has been recently published (Barnett 2012), based on the business and health literature.

Objectives

This case study explored the effectiveness of using the Health VCoP Framework for implementing and assessing a VCoP for general practice training.

Methods

An online network for general practice training was developed in a regional general practice training provider using the seven steps of the Health VCoP Framework. These included: Step 1- organising facilitation, Step 2- finding a champion and supporters, Step 3- establishing goals, Step 4- having a ‘broad church’ of users, Step 5- ensuring a supportive environment, Step 6- providing benchmarking and feedback, and Step 7- considering technology and community factors that promote usage. Site usage data and user activity were collected and analysed using a case study format.

Results

Steps 1 and 2: One GP supervisor acted as the champion for the project, engaging other moderators and support from the GP training group. Five GP supervisors acted as moderators, with a core group of three. Step3: the moderators established the goal as support of the 16 learning curriculum topics set by the training program, called GPStart. Step 4: The community invited a diabetes educator, a dermatologist and a paediatrician to answer expert questions and comment on photos. Step 5: users and moderators were trained on expectations. Step 6 weekly feedback was via newsletter Step 7: forums, webchats and photo and video uploads were used, with voluntary enrolment and mixed online and face to face. The response rate for enrolment on ConnectGPR was 81% first term registrars (n=26). From January-July 2012 there were 38 unique IP visitors/week and an average of 4.4 page views/visit; 4377 page views total. Activity was centrally driven via a newsletter and moderator postings. Forums had 58 topics with 79 replies; mean = 1.36 replies/topic (range=0-12). Total forum views n = 1085, mean = 18.39 (range=4-67). User feedback: "It makes me feel connected to my peers, not isolated in one practice. The links are very useful. It makes me feel supported if I have any questions or difficult cases, I know I will always get a reply from someone"
Conclusion

The Health VCoP Framework provided an effective framework for implementing a VCoP for general practice training. There was high uptake and user feedback was positive. VCoPs may have a broader role in supporting GP trainees in overcoming professional isolation through improved knowledge sharing.