



Journal Club Summary February 2020 "First Contact"



Expert Opinion: Dr Andrew Tagg

***"Being involved in a vCOP is like being involved
in a friendship group
- relationships require nurturing"***

The Article :

"Establishing a Virtual Community of Practice in Simulation."

[Thoma, B., Brazil, V., Spurr, J., Palaganas, J., Eppich, W., Grant, V. and Cheng, A. \(2018\). Establishing a Virtual Community of Practice in Simulation. *Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare*, 13\(2\), pp.124-130.](#)

Case & Summary Author :

- Dr Ben Symon

Expert Commenter :

- Dr Andrew Tagg

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Simulcast Journal Club is a monthly/ series that aims to encourage simulation educators to explore and learn from publications on Healthcare Simulation Education.

Each month we publish a case and link a paper with associated questions for discussion.

We moderate and summarise the discussion at the end of the month, including exploring the opinions of experts from the field.

The Case :

David morosely turned off the lights in the sim lab. He'd had high hopes for the interdepartmental sim but two crying staff members and a tribe-based psychological knife fight later it appeared his goals were a little too ambitious. The fact that his \$40,000 mannequin's circuitry was unintentionally embalmed with fake blood during a log roll wasn't exactly going to go down well with executive either. But that was Monday's problem.

He sighed.

Going to IMSH and connecting with so many passionate colleagues had seemed... joyous? It was a wonderful thing, after all, to share time with like-minded educators who wanted to make a difference and change patient care. He'd spent a decent portion of his income for the international flights and accommodation, but the expense had been worth it in the moment. He'd learned new techniques and come back invigorated.

But now?

Flying back to his community hospital alone had felt like a one way trip to Thunderdome. San Diego had been teeming with mentors and inspiration, but here he just longed for a friend he could talk through this stuff with. With the next regional hospital 300km away that wasn't going to happen easily.

He scrolled through his phone habitually and noted his neglected twitter app. Maybe it was time to check out those handles he'd added politely overseas. "Relationships take work", he thought, "Maybe I need to invest some effort into maintaining the online ones too." He clicked down with his thumb. A new world beckoned.

Discussion :

How do you connect with other educators? And how do you maintain that connection long term?

In this month's article from Thoma et al, the authors explore the options available to connect with other educators through virtual communities of practice. Let us know your thoughts on the article, as well as any personal perspectives on communities of practice in general. What have you found works for you? What are the barriers and what are the motivators that keep you engaged?

We'd love to hear from you.

Article Summary :

The article by Thoma et al reports two primary aims :

1. To describe the virtual communities of practice evolving within the simulation community
2. To assist educators to engage, learn, and contribute to the growth of the community.

It starts with concern regarding the fact that many simulation educators work in isolated silos without significant opportunity for professional development. While conferences can provide opportunities to engage and connect with other colleagues, it's not without devoting significant time and expense to do so, and it's not particularly doable for many people.

The authors identify virtual communities of practice (vCoP) as a potential solution to this problem, and then they define some theoretical concepts by 'Lave and Wenger' about communities of practice. To quote the article, *"A CoP is an environment where "people can share a concern, a set of problems, or a passion about a topic and can deepen their knowledge and expertise in this area by interacting on an ongoing basis. Learning in a CoP is a collaborative and social process with thinking that is situated in a cultural context. As groups interact, they develop a social identity where common concepts, knowledge, power, language, and other social tools become communal properties and products of the members of that community."*

The article then defines some terms and groups within social media communities, and then outlines the benefits of engaging with virtual communities of practice, which they break down into :

- Consumption of educational content
- Curation of available resources
- Connection with other practitioners

They argue that many participants will remain primarily consumers and that that's OK, but that the benefits of community membership increase with increasing personal engagement.

With regards to the downsides of engagement, the article outlines a number of concerns :

- Participant concern regarding psychological safety and saying the 'wrong thing'.
- The potential for communities to focus more on what they like than what they need.
- And the possibility of low quality resources or knowledge being interpreted as factual due to their online presence.

The article quotes Weingart and Thoma's online hierarchy of needs as a useful model for engagement within a community of practice : Existence of the community itself, developing comfort with Social Media, consuming resources, interacting with members and then sharing own resources.

Finally the article briefly explores the potential benefits of social media engagement from an academic lens, exploring the use of altmetrics and the possibility of increased research translation through online communities of practice.

Expert Opinion: Dr Andrew Tagg,



Andrew Tagg is an Emergency Physician with a special interest in paediatrics. As a registrar he co-founded [Don't Forget the Bubbles](#) with Tessa Davis, Henry Goldstein and Ben Lawton. What was supposed to be a bit of fun and an aid to passing exams has become something very different. The team now run an annual international paediatric conference, face-to-face courses, and created a combined hospital/DFTB fellow position at the Royal London Hospital. With even more projects on the horizon he doesn't believe in spare time.

He also speaks regularly about physician wellbeing on the state, national and international stage.

Thank you to the Simulcast team for inviting me to be a part of the journal club discussion this month. Reading the paper made me reflect on the importance of virtual communities of practice, as an individual but also as one of the curators, for want of a better word, of the Don't Forget the Bubbles community.

It's all about me, me, me.

As I went through my training program I was very aware that I was different from a lot of my colleagues. I was eager to stretch myself and learn new things. I was keen to read about the latest ideas and I really wanted to discuss what I was reading. Like a lot of juniors I found this really difficult to do at work, partly due to the day-to-day grind but also because some of the people I worked with were happy to keep on doing the same old thing. I joined Twitter in time for the first SMACC (Social Media And Critical Care conference in Sydney) and lurked at the edges, reading and retweeting but not putting anything of myself out there.. Being the shy retiring type I couldn't go up those people I had heard speak on stage or whose articles I had been reading, so I followed them online and read what I could.

<https://dontforgetthebubbles.com/dftb-in-dublin-a-reflection/>

Only when I was back in my safe place at work was I able to start engaging. I began to get involved in online conversations and before long I was invited to be involved in an exciting new project. Along with Tessa Davis, Ben Lawton and Henry Goldstein we would create a blog to help us revise and to share some of our collected thoughts about paediatrics. And maybe, just maybe, a few others might read our ideas.

Flash forward five years and four have become many, many more. We have a small, private community of practice that runs DFTB and a much larger one that runs itself.

The paper by Thoma et al covers some of the benefits and threats of starting a vCOP in Simulation. I want to take a look at the outcome of some of those potential opportunities and threats five years later, using DFTB, as my exemplar.

Opportunities

The authors suggest that participants benefit from the "... consumption of knowledge presented online, curation and critique of other scholarly resources, and connection with fellow practitioners." And whilst this is true some come with caveats.

Our virtual Community of Practice (vCOP) often highlights literature that I may not have noticed but, as the number of participants has grown, so has the amount of literature that is put in front of me. I will never be able to read all of the paediatric papers published or listen to all the podcasts so with multiple articles competing for my time and attention, which ones should I read? Is the latest paper on the new definition of neonatal hypoglycaemia more important than the Royal College of Emergency Medicine's updated guidelines on procedural sedation in children? Each piece of literature may have champions in the vCOP lobbying for it and it is at this point it becomes more apparent that the larger community labelled DFTB might be broken down into cells of special interest - neonatology, PEM, simulation. In the same way, the burgeoning simulation community might find itself subdividing into smaller, more focused cells over time (and there is already some evidence to suggest it is) - debriefing, simtech, simulated patients are great examples.

Traditional journal clubs in the Oslerian mold meant we would all sit around the table drinking porter and talking about the finer points of an article. Now our journal clubs (both DFTB and Simulcast) are not fixed in time or space and so are much more accessible. Imagine trying to dissect a paper with colleagues if you want to keep up whilst on maternity leave. And as more authors include their Twitter handles it makes it even easier to draw them into the conversation.

But the biggest opportunity is that of connection - both professionally and personally. The four founders of DFTB met in person, for the first time, at our inaugural conference, four years after setting up the website. We have received invitations to speak, to write papers, to run workshops, all through our vCOP. It has allowed us to advocate for more female speakers at conferences (and provided us with an endless pool of suggestions) and to advocate for more representation from LMICs. None of these things would have been possible if we had stuck to our own departments, talking to that one other person who was as enthusiastic about paediatrics as us.

(As an aside, I once had to critique a paper for my biostats module and couldn't find the answers I wanted so I just e-mailed the author who copied in his statistician into the reply. Nothing says vCOP more than including the phrase *from personal communication*, in your essay.)

But, involvement does come with its downsides.

Threats

Thoma et al. suggest the fear of harassment might be a barrier to entry for some. Whilst I do recognise that trolling and harassment may occur in any corner of the virtual world it is important to recognise that, unfortunately, it also happens in the workplace and at conferences. I think Ann Mullen's strategy, of creating separate personal and professional accounts, is worthwhile considering if this a concern. One possible advantage of the vCOP model, though, is the opportunity to call it out, something that is not as easy to do in real life. I also feel that sense of FOMO mentioned by Susan Eller. For me, it's not about who is following me (or not) but missing out on great events. You read the tweets about IMSH, for example, and wish you could have gone. I have learnt to reframe these occasions and now I look at them as opportunities to block out the time in my calendar early so I can go the next time.

Concerns have also been raised about which aspects of simulation might be covered and this is something that we face on a daily basis. Nobody wants to write an article about paediatric gynaecology when they could be writing about the latest sepsis guidelines. This ties in with Christina Choung's concerns about a vCOP turning into an echo chamber. It is a real challenge and I think Ben has nicely demonstrated one way of dealing with it - creating a space of psychological safety. Unlike, say, Twitter, this journal club format allows for nuanced and referenced discussion - something that cannot happen in 280 characters, and so provides an ideal entry point. Participants feel that they can safely disagree.

We are fortunate in that our vCOP has sprung up around the central node of the DFTB website. That means we have had the opportunity to direct some of the conversations. By mapping content with the RCPCH, RCEM, ACEM and RACP curricula we are trying to identify some of these nascent gaps in content.

What Thoma et al do not mention though is the threat to one's time that many of this month's respondents have mentioned. Being involved in a vCOP is like being involved in a friendship group - relationships require nurturing. This is true of any group you might be a part of. As long as it is not detracting from real-life relationships then give it a whirl. It can be tough to jump into a conversation that you haven't been involved in from the start (especially on Twitter) and so opportunities, such as the Simulcast Journal Club, to create and curate a conversation over a period of time may be more successful.

In the end

We never set out to create a virtual community of practice around our website but it has evolved. We have made some effort to create the opportunity for a variety of craft groups to get involved (it never ceases to surprise me just how many people are not on Twitter) by creating Facebook and Instagram options to join in a conversation.

But these all pale into insignificance when they allow your digital community to come together in real life. Meeting people I have only ever communicated with online in person remains, for me at least, one of the highlights of setting up a community.

Summary of this Month's Journal Club Discussion :

Blog Contributors :

- Melissa Morris, Susan Eller, Ann Mullen, Ben Symon, Christina Choung, Huon, Susan Somerville
- Ben Lawton, Tina Haffenden, Komal Bajaj, Jenny Rudolph, Tricia Pilotto
- Sarah Janssens for the Mater Curry Club, Walter Eppich, Veevek Thankey

It was an amazing start to Journal Club 2020 this month, with a number of colleagues joining us for the first time while many old friends came to share their wisdom as well. The discussion was wide, in depth, and varied and is well worth reading through on the site itself.

Particular themes that came out of discussion were :

- **Internal and external barriers to engagement in communities of practice**
- **Sharing experiences in online engagement**
- **Debate regarding whether social media influencers have an inappropriately significant impact on online dialogue**

Internal and external barriers to engagement in communities of practice.

Quite early in the month there was a frank and very open conversation regarding some of the risks of engaging in Social Media and its associated pitfalls. Susan Eller opened with a very honest and open reflection : *"Social media can play havoc with people's sense of self-esteem if they don't understand the way it works. I like to think that as a highly educated person, I should not be susceptible to lowly emotions such as FOMO, or imposter syndrome. But social media can trigger these things: why does that person not follow me back on Twitter? Why when I contributed such a pithy comment on Twitter is it being ignored?"*. This was a concern shared and validated by multiple other journal clubbers, with many recognising similar fears. Of note though, few shared any genuine negative experiences although that doesn't mean they haven't happened.

Overall though people reported positive experiences. Sarah Janssens and the mater curry club emphasised *"vCOP's allow communication and learning in the "interstitial spaces" of our lives, delivering information in increasingly accessible and bite sized chunks – a significant advantage for busy clinician educators."*

Sharing experiences in online engagement

In many ways, we established a relatively shared narrative regarding virtual communities of practice over the course of the month. Most commenters agreed they were useful, that there were significant benefits in motivation, inspiration and synthesis of new knowledge, and that it was challenging to 'filter' the volume of information available and to ensure some boundaries between one's academic and social personas.

Different people used different platforms, and while twitter was a prominent platform, Susan Somerville noted her students preferring private whatsapp channels while Christina Choung shared some of the challenges & benefits of combining online discussion with monthly video calls. In all models there were similar challenges with creating genuine human connection, dealing with putting one's thoughts forward in sometimes unnatural forms of communication and a persistent sense of hierarchy or social dynamics in every format.

Jenny Rudolph took this further by utilising the journal club comments themselves as a case study to break down the different aspects of social interaction that were happening, but also introducing the idea that along with *learning or getting work done* in a community of practice, we are often also developing our *sense of identity* within the community, something which is under-recognised and an important process.

As Susan summarised, "first I lurked, then I started posting, and have worked my way towards collaborating with other educators on scholarly projects. " and Jenny notes that's a pretty pithy description of this concept of legitimate peripheral participation. Ie. That we start exploring our identity by dipping our toes into the online waters before gradually becoming comfortable representing our thoughts and who we are as a member of the group.

Debate regarding whether social media influencers have an inappropriately significant impact on online dialogue

Lastly there was some repeated concern regarding internal hierarchies within a virtual community of practice. Both Christina Choung and Prue from the mater curry club described concerns regarding 'influencers' or 'champion bias'. They acknowledge that there is a risk that those with a loud voice within virtual communities of practice have the opportunity to steer conversation and thought on topics towards their own beliefs.

Acknowledgements :

Thank you to Dr Andrew Tagg for his expert commentary this month.

Thank you to all commenters this month for sharing your thoughts and allowing us to learn from you.

Simulcast would like to thank the creators of the ALiEM MEDiC series for the inspiration for the journal club's blog format and their ongoing support and contributions to the project.

References :

1. [Thoma, B., Brazil, V., Spurr, J., Palaganas, J., Eppich, W., Grant, V. and Cheng, A. \(2018\). Establishing a Virtual Community of Practice in Simulation. *Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare*, 13\(2\), pp.124-130.](#)