

# Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine

## Mini-project Report

Ref No:	517
Applicant:	Dr Al Dowie
Institution:	University of Glasgow
Title of application:	Scottish medical schools' online community of practice for medical ethics teachers
Which key/themed areas did the project address?	COMMUNITIES OF PRACTICE proposal; support dissemination of good practice to a wider audience; promote collaboration to enhance new and existing partnerships; raise awareness of new national initiatives; recommendations and government policy; promote staff development
Year of application and current date:	Year: 2007                      Date: 15 July 2009
Is this a final or mid-term report?	Final

### Description of mini-project (use as many pages as required)

#### Aim

To mediate, through online collaboration involving teachers across the five Scottish medical schools, the organisation and construction of knowledge towards the enhancement of student learning in ethics.

Time scale: May 2007 (award formalised) to August 2009 (original end date of university appointment).

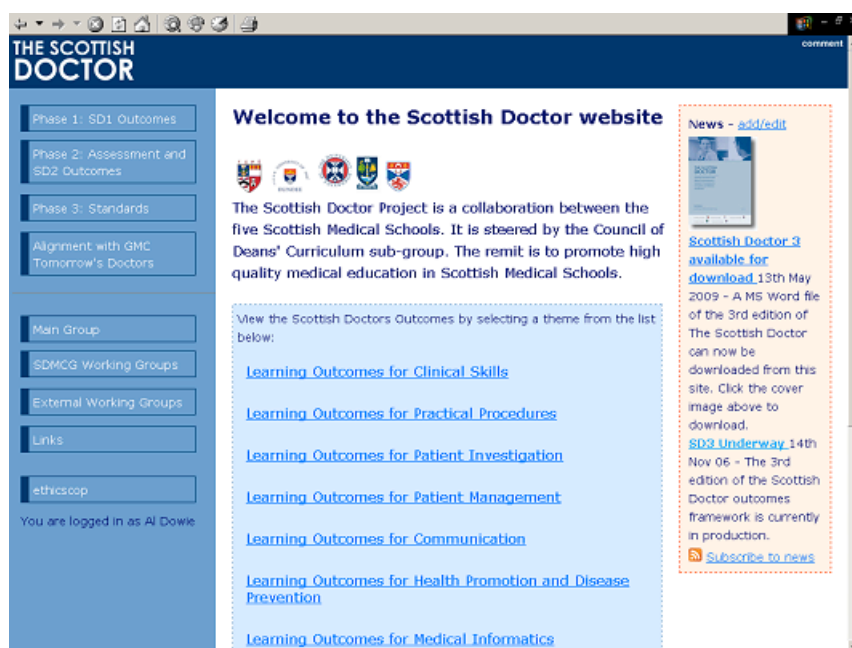
#### Method

The key to this work lies in the auspices of the Scottish Deans Medical Education Group, the polity wherein all five Scottish medical schools participate in the *Scottish Doctor* project. Significantly, this provides an essential legitimising rationale for inter-institutional collaboration and also a valuable online home (Figure 1) in the *Scottish Doctor* website at <http://www.scottishdoctor.org/>, which is entirely cost-neutral for this Higher Education Academy mini-project.

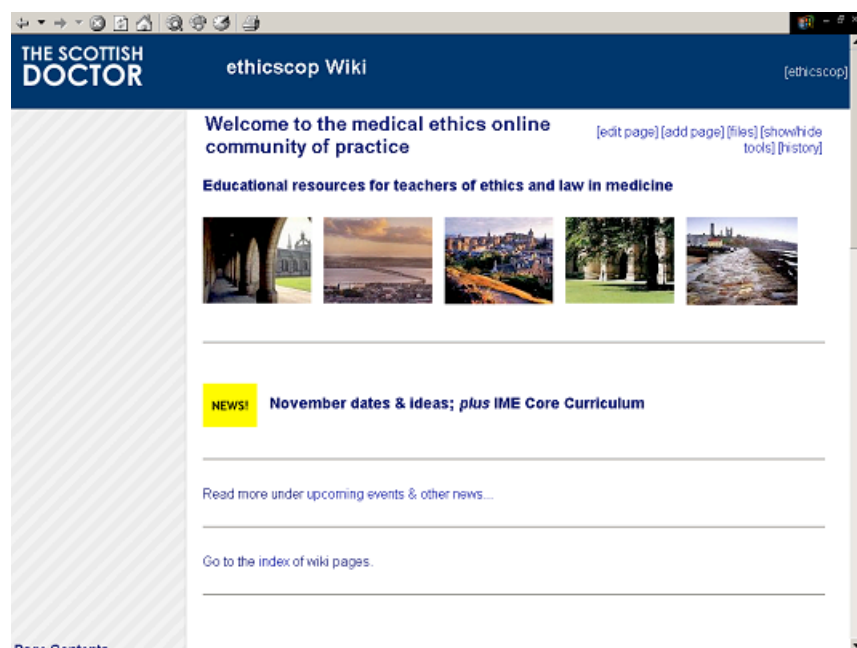
**Figure 1**

The host site for the mini-project online community of practice (*ethicscop*).

The link to *ethicscop* appears at the bottom left after logging in.



Clicking on *ethicscop* leads to a menu that includes a discussion board and shared wiki options. The front page of the wiki (Figure 2) links to an announcements page and to the index of pages in the wiki proper.



**Figure 2**

The first screen reached on entry to the shared wiki.

Links take the user to new announcements and to the wiki index.

Crucially, the purpose of the wiki is as a repository of *educational resources* on ethico-legal topics in medicine that are worked up by participants, separately or otherwise. On any given topic there can be any number of wiki entries offering a range of users' own resources under that heading. This encompasses teaching materials such as worksheets, handouts, and PowerPoint presentations, plus links to other online resources. Brief audio files up to a size of 10MB each can be uploaded, and video files are linked externally using a YouTube player.

A further resource available to us for potential deployment is the virtual patient tool using the Labyrinth platform provided by the University of Edinburgh Learning and Teaching Section. I have worked up a sample ethics case on this software for demonstration purposes, and the possibility of higher-level collaborative work on a virtual patient bank is another creative option for the online community of practice.

A bank of assessment materials has also been proposed by the community at its own initiative as an area to begin developing. Given that the shared space is designed specifically to be a *workshop environment* for educators, as opposed to a virtual learning environment, this offers a further opportunity to encourage members to engage online, and is precisely the kind of knowledge construction amenable to a dispersed mode of collaboration. It is significant that the group itself has suggested this work.

The remaining component of *ethicscop* is the discussion board, which is increasingly used by colleagues as a forum to request advice (for example, on what participants find to be useful in some aspect of their practice), to offer information (such as how to go about a particular activity), and to make arrangements (typically when scheduling diary dates).

Lastly, who are the participants in the community of practice? Given that colleagues teaching medical ethics in the five Scottish schools have generally had no contact whatever with each other in the past (partly as a result of new appointments being made), and in most cases did not even know the names of the respective personnel, the strategy at this stage has been to restrict the group to those individuals (and any deputies) who are the ethics theme leaders in each school so as to enable a conjoint degree of control, to reassure about the safeguarding of privacy, and to build up confidence in sharing information.

### **Final conclusions of mini-project (successes, failures, conclusions, recommendations etc.)**

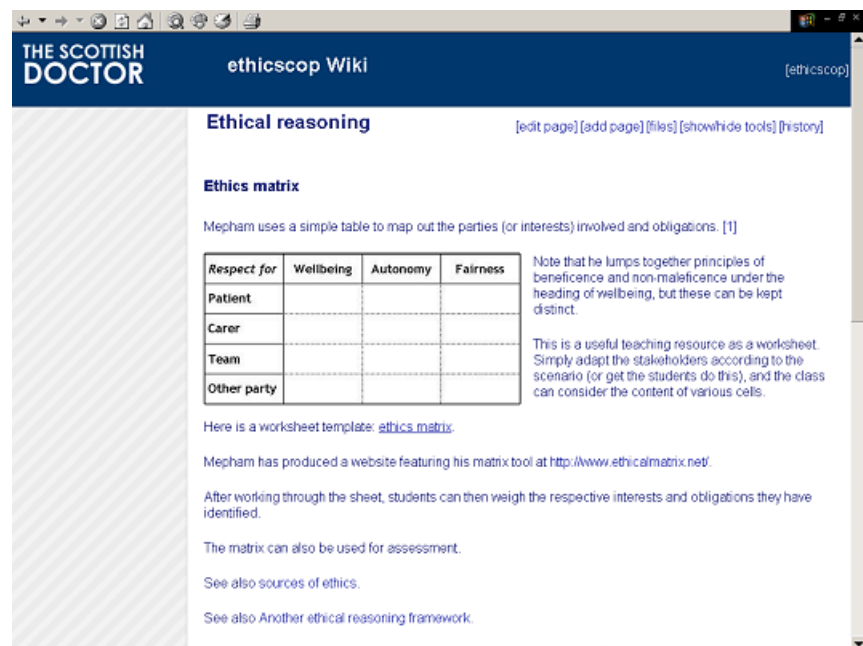
#### **Successes**

Establishing and maintaining the *ethicscop* shared virtual space. An example of the type of content in the wiki is shown in Figure 3 overleaf. As a work-in-progress, the list of wiki topics is small at the time of this report, and the temptation as project leader would be enthusiastically to over-populate the shared virtual space with my own content!

However, I have resisted doing so in the interests of allowing others to develop a sense of joint ownership. My role is to persuade colleagues to add their own content to the wiki, which I oversee in terms of ongoing monitoring and basic technical support where required.

**Figure 3**

Part of a simple wiki entry on the topic of ethical reasoning.



Another important success has been in convening three meetings within two years of all the ethics theme leaders in Scottish medical schools at twelve-month intervals, with intermediate opportunities to see each other at the annual London conference of the Institute of Medical Ethics, with a view to promoting working relationships that can lead to the kind of collaboration envisaged in the mini-project.

### Limitations

The project management has gone essentially according to plan, although the adoption of the online resource by colleagues is occurring at a slower rate than anticipated. This is undoubtedly a result of strategically allowing the community to take its own time in progressing through the early stages of forming and norming. It is also partly a reflection of the small group size, as well as being a function of individual personality, preferred styles of working, pressure of time, and possibly the politics of investing personally in 'external' initiatives.

From the incremental and spontaneous increase in traffic from users, however, it seems likely that this initially slow uptake is a phenomenon of the start-up phase.

### Conclusions and recommendations

This mini-project has brought together for the first time medical school teachers, who work in the same subject area but independently of each other at dispersed locations, to form the beginnings of an online community of practice. A number of key learning points have become clear.

From the experience gained so far, working patiently according to the varied pace and appetite for engagement of the individuals concerned is essential for progress to be made in the longer term. There are different modes of participation, and a 'one size fits all' approach to online communities generally, and to what is expected normatively of all members in a given community, seems likely to be unrealistic.

Linked to this is the lesson that staff development becomes essential in two separate respects: developing the technical skills of colleagues in finding their way around the tools, including the ability to work with source code, and also encouraging participants to acquire the practice of incorporating the resource in their approach to work and adding their own content to it. The construction of a shared virtual space is not in itself a sufficient condition to foster a functioning online community of practice.

Finally, the need to build trust and confidence among academics who work in separate institutions and are previously unknown to each other is not to be underestimated. Restricting group size and ensuring privacy helps to promote this, though at some cost to the critical mass and level of dissemination, the compensation for which is to maintain external contacts and links with networks (particularly, in our case, with the Institute of Medical Ethics).

<p><b>Workshops (<i>facilitated</i>)</b></p> <p>Introductory session for members of the online community of practice on development of <i>ethicscop</i> (Dundee: July 2007).</p> <p>Second training session for members of the online community of practice on using <i>ethicscop</i> (Dundee: June 2008).</p> <p>Third training session for members of the online community of practice on using <i>ethicscop</i> (Dundee: June 2009).</p>
<p><b>Presentations made (<i>conferences, workshops, departmental</i>)</b></p> <p>Forthcoming oral presentation re the online community of practice: Association of Medical Education conference (Malaga: September 2009).</p> <p>Report on regional group discussion (Scotland and Northern Ireland) at the Institute of Medical Ethics conference (London: January 2008).</p>
<p><b>Networks (<i>meetings with constituency hosted/attended, involvement in existing or new networks as a result of this project</i>)</b></p> <p>Institute of Medical Ethics (UK-wide body) committee member present at workshop hosted in Dundee (July 2007).</p> <p>Chair of regional group (Scotland and Northern Ireland) at the Institute of Medical Ethics conference (London: January 2008).</p> <p>Chair of regional group (Scotland and Northern Ireland) at the Institute of Medical Ethics conference (London: January 2009).</p>
<p><b>Publications (<i>reports, papers, circulation lists, quantities published, audience</i>)</b></p> <p>Report on the online community of practice for the Institute of Medical Ethics distributed to all conference delegates (audience size slightly over 100, January 2009).</p> <p>Medical education paper re the online community of practice to be prepared in due course for the academic press.</p>
<p><b>Other outcomes (<i>changes to curriculum, changes in practice in host institution and across the UK, further collaborative/follow up work, impact on host institution T&amp;L committee, impact on statutory bodies such as GDC, GMC etc, contacts made, networks established</i>)</b></p> <p>Institute of Medical Ethics: member of the steering group for the UK-wide consensus report on a core curriculum for medical ethics &amp; law.</p> <p>Formal discussion with the Institute of Medical Ethics on how we have approached the design of our mini-project, as they consider developing their own online educational community.</p> <p>Access to the <i>ethicscop</i> website provided for the Institute of Medical Ethics education project worker.</p> <p>Access to the <i>ethicscop</i> website provided for a member (who is former chair) of the GMC Standards and Ethics Committee.</p> <p>Host institution (University of Glasgow) has renewed my senior academic appointment for an additional three years to August 2012.</p>

Please note that the subject centre or their agents, from time to time, also requests feedback from mini-project holders for the purpose of evaluation.