

NATIONAL CENTER FOR MEDICAL EDUCATION, DEVELOPMENT, AND RESEARCH

Welcome to the July Communities of Practice Newsletter

In this issue:

- ◆ CoP Director Welcome
- ◆ What is a Community of Practice
- ◆ Suzanne L. Wenzel, Ph.D. Interview
- ◆ Meet The Team
- ◆ Stay Connected



Practice is a shared history of learning. Practice is conversational. 'Communities of Practice' are groups of people who share a concern (domain) or a passion for something they do and learn how to do it better (practice) as they interact regularly (community).

-Etienne Wenger

CoP Director Welcome

Welcome to the July 2018 Communities of Practice Newsletter. July has been an exciting month at the National Center for Medical Education, Development and Research. Research is at the core of the Communities of Practice at the National Center for Medical Education, Development and Research. This month, meet Suzanne L. Wenzel, Ph.D.

Please visit our website www.ncmedr.org to view our virtual calendar and sign up for webinars and other educational opportunities. The success of our Communities of Practice happens because of active member engagement. We thank you for staying connected with us via our newsletter, social media, webinars, weekly meetings, and on campus events. Our commitment to transforming medical education for vulnerable populations is an ongoing process and we embrace this journey each day thanks to you.

This year progresses our goal continues to include the enhancement of communication among our established communities of practice that will promote the widespread enhancement of a high quality, primary care workforce and produce better health outcomes for LGBT, homeless and migrant worker populations. With your support, this is possible. Thank you for staying connected with us. We look forward to working with you in 2018.

Sincerely,

Dr. Katherine Y. Brown, Director, Communities of Practice



WHAT IS A COMMUNITY OF PRACTICE?

July, 2018



A community of practice (CoP) is a group of people who share a craft or profession. The concept was first proposed by cognitive anthropologist Jean Lave and education theorist Etienne Wenger in their 1991 book *Situated Learning* (Lave & Wenger 1991). Wenger then significantly expanded on the concept in his 1998 book *Communities of Practice* (Wenger 1998).

A CoP can evolve naturally because of the mentor's common interest in a particular domain or area, or it can be created deliberately with the goal of gaining knowledge related to a specific field. It is through the process of sharing information and experiences with the group that members learn from each other, and have an opportunity to develop personally and professionally (Lave & Wenger 1991).

In all communities of practice cases, the key elements are:

The domain: members are brought together by a learning need they share (whether this shared learning need is explicit or not and whether learning is the motivation for their coming together or a by-product of it)

The community: their collective learning becomes a bond among them over time (experienced in various ways and thus not a source of homogeneity)

The practice: their interactions produce resources that affect their practice (whether they engage in actual practice together or separately)



Can you name four resources that our in our online CoP toolkit?

1. The virtual CoP Calendar
2. We feature a CoP Member on our CoP Blog
3. We host monthly webinars with CoP members to update them on research findings and techniques
4. We have CoP TV. Yes, that's communities of practice television. It's our YouTube Channel and one of many ways that we hope to engage our CoP. Visit CoP TV at: www.youtube.com/

Interview with Suzanne L. Wenzel, Ph.D.



During this month, our Communities of Practice Director, Katherine Y. Brown, EdD had the opportunity to interview our Communities of Practice Member, Suzanne L. Wenzel, Ph.D. who serves as the Richard and Ann Thor Professor in Urban Social Development, and Chair of the Department of Adult Mental Health and Wellness in the Suzanne Dworak-Peck School of Social Work at the University of Southern California.

KB: Thank you, Suzanne for taking time out of your schedule to be featured on our Communities of Practice BLOG. We are excited to interview you. As one of our Communities of Practice Members, we appreciate the contributions that you make to the National Center for Medical Education, Development and Research to help us in our goal to transform medical education.

SW: Thank you.

KB: Each member of our Communities of Practice has a diverse background. Can you share your educational and professional background and the skills that you bring to the Communities of Practice?

SW: Katherine, first let me say that I so much appreciate the opportunity to contribute to the Communities of Practice. My doctorate is in community psychology, and I am in a school of social work. These are two professions with strong underpinnings in social justice and equity, and with commitments to work with communities to achieve goals such as health equity. My professional background is primarily as a researcher. I have been sponsored by the National Institutes of Health over the past two decades to conduct research to understand and address health-related needs and other disparities among persons who are experiencing homelessness and housing insecurity. These issues include HIV/AIDS risk and prevention, substance use, and victimization by violence.

KB: As a participant at the 1st and 2nd Annual Communities of Practice Conferences held in Nashville, TN can you share with me thoughts on the overall conference?

SW: Something that has very much stood out for me at the conference is actually how morally and ethically uplifting the experience is. The coming together in the pursuit of our objectives – the coming together of medical and other professionals and persons with lived experiences to talk about critical changes in the medical curriculum to promote health equity and justice – this is both uplifting and effective.

KB: What are your thoughts about how the Communities of Practice have grown over the past year?

SW: What I noticed this time is even greater involvement of persons with lived experiences. This partnership with the community is so fundamental to making meaningful changes. We have to work in partnership to get it right for people whose right to thrive in society hasn't yet been fully realized.

KB: What did you enjoy most about the breakout sessions?

SW: The breakout sessions are a great way to get work done – to address specific points – with colleagues (and I count persons with lived experiences among those) based on the information shared in the larger conference.

KB: During the Communities of Practice presentation in the large group, we shared our products which include the video vignettes. Please share with me your thoughts about the vignettes as they relate to medical education and any insights that you would like to share.

SW: I thought the vignettes were incredibly enlightening and impactful. These stories convey real experiences among real persons who are trying to get health care, and some of the obstacles they are facing in the process. Very engaging stories that must be heard; and, given the honesty and passion of the persons telling their stories of everyday experiences, I think they will be educational and influential.

KB: Would you recommend the Communities of Practice Conference to others?

SW: Yes, for anyone with the knowledge base and skills to contribute to advancing the objectives, and the commitment to make a difference in the way that makes sense for them, yes. It also an incredible experience for everyone to learn from each other.

To read the complete interview, please visit us at www.ncmedr.org

MEET THE TEAM

Faculty



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Beth Shinn, PhD

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Research Assistant Sr.
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Share your story

We want to hear from you. Have you received an award? Will you be presenting at a conference? Are you hosting a conference? Please e-mail: Katherine Brown Kbrown@mmc.edu. The deadline for each newsletter is the 1st of each month.

Let's Stay Connected!

Click the icons below to visit us on social media.

Please join our pages and don't forget to use our hashtags
#communitiesofpractice #NCMEDR_Meharry

About the National Center for Medical Education, Development and Research (NCMEDR)

Meharry Medical College was recently funded by the Health Resources and Services Administration (HRSA) to establish a new academic administrative unit under grant number UH1HP30348. The new center is an academic unit (AU) housed in the Department of Family and Community Medicine at Meharry Medical College through a cooperative agreement with HRSA to evaluate the evidence-base for primary care interventions targeting vulnerable populations to transform primary care training in medical education and clinical practice in Tennessee and within the United States. The goal of the center is to transform primary care training and clinical practice in the United States through curriculum transformation in primary care.

Mission

To use a systems-level research framework to identify and evaluate primary care interventions targeting vulnerable populations in order to be effective in transforming primary care training and clinical practice to enhance models of care for vulnerable populations.

Vision

To enhance primary care training for health care professionals in improving the quality of health for vulnerable populations.

Disclaimer: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP30348, entitled academic Units for Primary Care Training and Enhancement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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