



Making connections: Exploring residents' perspectives on a virtual World Café as a novel approach for teaching Indigenous health issues

Créer des liens : exploration du point de vue des résidents dans le cadre d'un Café du monde virtuel comme approche novatrice de l'enseignement des enjeux de santé autochtone

Joanne Laine-Gossin, Samuel DeKoven and Risa Bordman

Volume 13, Number 2, 2022

URI: <https://id.erudit.org/iderudit/1090345ar>

DOI: <https://doi.org/10.36834/cmej.73098>

[See table of contents](#)

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

[Explore this journal](#)

Cite this document

Laine-Gossin, J., DeKoven, S. & Bordman, R. (2022). Making connections: Exploring residents' perspectives on a virtual World Café as a novel approach for teaching Indigenous health issues. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 13(2), 92–95.
<https://doi.org/10.36834/cmej.73098>

Article abstract

Implication statement

World Café is a methodology where small groups of participants rotate around tables for spirited conversations. It creates an environment for sharing and exchange. Learning about Indigenous healthcare is ideally suited to an intimate discussion format. Adapting the World Café to a virtual platform allowed us to connect disparate learners, encourage peer-to-peer learning, and address inequities in curriculum exposure to different patient groups. Owing to the safe environment, there can be surprising findings too. In our case, participants identified unconscious biases and recognized the program as a new learning opportunity. Try it and see!



Making connections: exploring residents' perspectives on a virtual World Café as a novel approach for teaching Indigenous health issues

Créer des liens : exploration du point de vue des résidents dans le cadre d'un Café du monde virtuel comme approche novatrice de l'enseignement des enjeux de santé autochtone

Joanne Laine-Gossin,^{1,2} Samuel DeKoven, Risa Bordman^{1,2}

¹Department of Family and Community Medicine, University of Toronto, Ontario, Canada; ²North York General Hospital, Ontario, Canada

Correspondence to: Samuel DeKoven; email: samuel.dekoven@mail.utoronto.ca

Published ahead of issue: February 1, 2022; published: May 3, 2022. CMEJ 2022, 13(2) Available at <https://doi.org/10.36834/cmej.73098>

© 2022 Laine-Gossin, DeKoven, Bordman; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Implication statement

World Café is a methodology where small groups of participants rotate around tables for spirited conversations. It creates an environment for sharing and exchange. Learning about Indigenous healthcare is ideally suited to an intimate discussion format. Adapting the World Café to a virtual platform allowed us to connect disparate learners, encourage peer-to-peer learning, and address inequities in curriculum exposure to different patient groups. Owing to the safe environment, there can be surprising findings too. In our case, participants identified unconscious biases and recognized the program as a new learning opportunity. Try it and see!

Énoncé des implications de la recherche

Le Café du monde est une méthode permettant aux participants, passant de table en table, de prendre part à des discussions animées en petits groupes. Elle crée un environnement propice au partage et à l'échange. Le format de discussion intime est intéressant pour aborder le sujet des soins de santé autochtones. L'adaptation du Café du monde à une plateforme virtuelle nous a permis de mettre en relation un groupe d'apprenants hétéroclite, d'encourager l'apprentissage entre pairs et de remédier aux inégalités entre les cursus de formation quant à l'exposition des apprenants à des groupes de patients diversifiés. L'environnement sûr donne lieu à des résultats qui peuvent surprendre. Dans notre cas, les participants ont identifié des préjugés inconscients et ont reconnu que le programme constitue une nouvelle possibilité d'apprentissage. Essayez-le pour voir!

Introduction

Residency programs must ensure a diversity of clinical learning opportunities, but what if encounters with some patient populations are unpredictable? Competency in the care of Indigenous populations is an accreditation requirement for Family Medicine (FM) residents.¹ At North York General Hospital (NYGH) University of Toronto, due to the demographics of the area, residents have limited opportunities to engage with Indigenous people.

To address this gap, we hypothesized that by connecting FM residents with disparate experience in serving

Indigenous patients, collaborative discussion would ensue. Such peer-to-peer teaching is known to influence learning.^{2,3} We chose the World Café delivery method. In a traditional World Café session, small groups of participants discuss a topic for a set time, then rotate to a new table. A "host" orients newcomers and uses questions to encourage reflection. Participants can sketch ideas on table paper. Finally, the full group reconvenes to discuss key learning.⁴ By adapting the World Café methodology to a virtual setting, residents across Canada could participate, providing an opportunity for NYGH residents to gain a better understanding of Indigenous health issues.

Description of session

We adapted the World Café to a virtual format using Zoom. We distributed an open call to residency sites across Canada asking for residents who self-identified as having experience working with Indigenous patients. Twenty NYGH residents and eight experienced residents participated.

The 90-minute session began with a brief introduction to Indigenous health issues and set the stage for an open dialogue and safe space. Residents were randomly assigned to one of four themed breakout rooms: Personal Experiences, Challenges, Successes, and Opportunities. Themes were selected by the organizers and an Indigenous educator to stimulate discussion and address gaps. Every 15 minutes a message advised participants to move to a new group. An assistant remained in the main room so participants could be reassigned at any time. Virtual “whiteboards” were used to record reflections. After four rounds, participants reconvened to share learnings. Consenting NYGH residents completed an anonymous online questionnaire and attended a focus group (see Appendix A) to explore comfort and learning value.

This study was approved by the NYGH Research Ethics Board and funded by an NYGH Exploration Grant.

Outcomes

Eleven NYGH residents responded to the survey, and four participated in the focus group; two completed both. Participants felt the session was worthwhile (10/11; 91%) and felt comfortable participating during the world café session (8/11; 73%). Four out of 11 felt biases came out in the session (36%). Five themes were identified (see Table 1). There were several unexpected findings: residents practiced culturally sensitive communication skills and identified unrecognized cultural biases, both personal and systemic.

Suggestions for next steps

The virtual World Café was a novel way of using peer mentorship to discuss culturally competent care and expose unconscious bias. Future use of the platform could include mixing participants (clinicians, learners, patients) and settings (urban, rural, international). Setting the stage and stressing everyone’s input is valued, is key. Pre-readings aligned with the table themes could be distributed. Adapting the World Café methodology to a virtual platform opens a world of interactive and unique learning opportunities.

Table 1. Summary of survey and focus group themes

Theme	Details	Quotation
Knowledge and Experience	Appreciated the knowledge of the experienced participants, as well as being able to relate to the concerns of other less experienced residents	“[It was] nice to see how many people had the same challenges as me... and gave us the opportunity to talk about ways to address that.”
“Virtual Tables”	The flexible setup facilitated meeting individual learning goals, by moving to the “tables” most relevant to the participant	“I also liked the option of going into any group... I had more control over things that would meet my learning needs.”
Learning Communication/Cultural	Goal of learning communication and cultural skills was met, and participants practiced questions as a group that they might use with Indigenous patients	“I think what surprised me... maybe I’m not asking the right questions...[could be] asking them about their background or cultural aspects that I might have not thought were relevant.”
Bias and Prejudice	Wanted to be more mindful of avoiding harmful/biased language; had discussions about racism they had witnessed in healthcare settings and how it might be addressed	“I have certainly witnessed hospital banter amongst HCP’s that reflect these biases and prejudices. I hope to be able to better guard against them.”
Comfort With Sharing	Small groups were a safe space, but somewhat less intimate in the virtual setting due to technical glitches and limitations; occasionally hesitant to speak due to feelings of inexperience	“I thought, in general, it was a safe space and I felt comfortable sharing. Maybe not necessarily being the first one to jump in because I felt like I didn’t have that much experience. I think it was nice to have those experts join us.”

Conflicts of Interest: None

Funding: North York General Hospital Exploration Fund Grant

References

1. College of Family Physicians of Canada. *Standards of accreditation for residency programs in family medicine*. Mississauga, ON: College of Family Physicians of Canada; 2020. <https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Education/2020701-RB-V2-0-ENG.pdf> [Accessed July 20, 2021].
2. Friel O, Kell D, Higgins M. The evidence base for peer assisted learning in undergraduate medical education: a scoping study. *MedEdPublish* 2018 7:(1)44. <https://doi.org/10.15694/mep.2018.0000044.1>
3. de la Cruz MSD, Kopec MT, Wimsatt LA. Resident perceptions of giving and receiving peer-to-peer feedback. *J Grad Med Educ* 2015; 7 (2): 208–213. <https://doi.org/10.4300/JGME-D-14-00388.1>
4. Brown J, Isaacs D. *The World Café: shaping our futures through conversations that matter*. San Francisco, CA: Berrett-Koehler Publishers; 2005.

Appendix A.

Focus group discussion guide

Subject/Experience

1. What did you think of the virtual World Café overall experience?
2. Did you hear anything that resonated with you?
 - a. Were there any personal stories you heard that you could relate to?
 - b. Did anything surprise you?
 - c. Did you learn something new?
3. Were any of the stories/information you heard **translatable** to your own setting?
4. At this stage, what would help you enhance your learning about Indigenous populations?
5. Are you going to do anything differently now, after participating in the World Café?

Format

1. How did you feel about the format of the World Café?
 - a. Was it comfortable to share?
 - b. Any benefits over other formats? Drawbacks?
2. How did you find the technology?
 - a. Any issues
 - b. Did it help/hinder learning?
3. During the session did you feel a connection with colleagues

At your site? At the partner site?

4. Did you feel you learned what it's like to practice in other participants' communities?
5. Any suggestions for improvement in the future?

Online questionnaire prompts

Section 1

1. Did you have any specific goals for this experience? Were those goals met?
2. State how much you agree with the following statements:
 - a. The World Café session was worthwhile
 - b. Prejudices and biases came out in the session
3. If applicable, how did you feel about any biases that came up? Feel free to share specifics of what was said if you feel comfortable doing so
4. Do you have suggestions for how biases and prejudice may be improved in future sessions?
5. How much do you agree with the following statements:
 - a. I felt connected to residents at my site
 - b. I felt connected to residents/staff at the other sites
 - c. I was comfortable sharing/participating during the World Café session
6. If applicable, was there anything specific that you felt uncomfortable mentioning in the World Café session?
7. Did you participate in the focus group?

Section 2

(Questions 1 and 2 were only displayed to participants who answered "yes" to question 1.7, i.e. participants in the focus group)

1. This question is about the FOCUS GROUP, not the World Café session itself. Did you feel comfortable sharing/participating in the focus group?
2. Was there anything specific that you felt uncomfortable mentioning in the FOCUS GROUP?

(Questions 3-6 were only displayed to participants who answered "no" to question 1.7, i.e. non-participants in the focus group, to avoid duplication of questions)

3. Did you hear anything in the World Café session that resonated with you?
4. Were any of the stories/information translatable to your own setting? Please elaborate.
5. Did you feel the need to debrief after the World Café session?
6. Feel free to add any comments about the need to debrief here

Section 3

1. Any further comments about the World Café experience? Any suggestions for improvement?