

## The Pediatric Percolator: a virtual meeting space where good ideas happen

Le percolateur pédiatrique : un espace de réunion virtuel où de bonnes idées se produisent

Marghalara Rashid,<sup>1</sup> Sarah Forgie<sup>1</sup>

<sup>1</sup>Department of Pediatrics, University of Alberta, Alberta, Canada

Correspondence to: Sarah Forgie; email: [sforgie@ualberta.ca](mailto:sforgie@ualberta.ca)

Published ahead of issue: Oct 21, 2022; CMEJ2022 Available at <https://doi.org/10.36834/cmej.75214>

© 2022 Rashid, Forgie; 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.

### Introduction

The SARS-CoV-2 pandemic has altered how we socially interact, collaborate, and share ideas with our clinical and academic colleagues. We describe our *Pediatric Percolator*, as a weekly virtual event where members of our department (and beyond) come together to connect, socialize, and exchange knowledge. The rapid adoption of remote work led to early compromises with academic community engagement.<sup>1</sup> This shift to remote work has been stressful for academic health professionals providing virtual teaching, patient care, and service.<sup>2</sup> Innovation is required to build virtual academic communities, with the aim of continuing to improve education, care for patients, and enhance research.<sup>3,4</sup>

In 2020 our grand rounds transitioned to an online webinar format. Colleagues started attending synchronously but were not able to connect with each other. We wanted to create a space where accidental connections could lead to good ideas, "Serendipity needs unlikely collisions and discoveries... The challenge, of course, is how to create environments that foster these serendipitous connections."<sup>5(p.109)</sup> A possible solution was based on a comment made by department member, "we linger after grand rounds, sipping the coffee provided by the Department, chatting and inquiring how others were doing. It is often the only time in the week we meet Department members who are in other/different divisions. This is part of community building." *Pediatric Percolator* was born - a virtual meeting held immediately after grand

rounds with weekly email invitations to the department and links for attendees in the chat box during grand rounds. The purpose of our work is to generate productive partnerships with other institutions. We would like to continue offering colleagues from across the street and across the world an invitation to join us!

### Objectives

This study will explore the newly established *Pediatric Percolator* by asking the following question: what is the impact of the *Percolator* on our department's culture and collaborations?

### Preliminary observations

The *Percolator* is scheduled for 30 minutes and may run up to an hour depending on the conversation. The 30 minutes to an hour may seem short, but there are still rich discussions and sometimes the topics flow to the next week (or continue via email or subsequent face to face meetings). The academic department chair and senior departmental leaders host faculty, staff, retired colleagues, clinical trainees, graduate students, and the grand rounds speaker. The senior leadership acts as facilitators and ensures that everyone is introduced and that they have a chance to speak and ask questions. The virtual format allowed colleagues to join from our department and beyond: from the University of Calgary, McGill University, and from Australia, Ecuador, Switzerland, and Uganda. Attendance varies from 8-30 people, with approximately 12-15 regular attendees. Many discussions are catalyzed by

the topic or discussions of the grand round with the speaker. There are no preplanned topics for discussion, and the themes discussed include wellness, innovations in medical education, research collaborations, innovations in patient care, mental health initiatives, and COVID experiences. While there is no fixed agenda, the topics that have flowed in the past usually revolve around the grand rounds topic (and the grand rounds presenters often attend which drives the conversation around the grand rounds topic). There is frequent follow-up via email sharing information and ideas inspired by the sessions. Colleagues anecdotally report that the *Percolator* has played a role in increasing their engagement. We have observed participants demonstrating more of an effort to keep up to date on one another's projects than before the *Percolator* was initiated. Preliminary observations inspired us to explore this study in-depth.

## Methodology and study design

We will use virtual ethnography to explore the impact of the newly established *Pediatric Percolator* on our department's collaborative culture. Virtual ethnography was chosen because it enabled a rich description of the phenomenon being studied in a virtual setting.<sup>6</sup> Methodologically, it is recommended that ethnographers must get familiar with their study setting before the actual ethnographic data collection. The rationale is that we cannot build relationships over a short time and assume that people will be comfortable with being observed without this preliminary field exploration. Similarly for our study, thus far, we have been focusing on relationship building and getting to know the virtual setting as this will help us develop interview guide questions and prepare us for recruitment and data collection.

Participants will be invited to participate in individual phone interviews and online observations. Ten interviews of 30-60 minutes long will be conducted. In addition, approximately 30 hours of virtual field observations (on the zoom platform) will be conducted over 6 months. The field observations will range from half an hour to approximately one hour. We will attend the *Percolator* sessions as active observers, interacting with the participants. We will observe interactions during the session, types of discussions, and participants' reactions and expressions. The duration of data collection will depend on the richness of the data and data saturation. Data saturation is central prior to data analysis as it ensures that we have not missed any important information from the study participants. All

interviews and virtual field observations will be recorded and will be transcribed verbatim. Thematic analysis will be conducted. A colleague in our department has peer reviewed and approved the potential study. Findings from this study have the potential to create collaboration and a community of scholars globally and internationally.

## Summary

The *Percolator* was an initiative born out of necessity that has blossomed into a serendipitous venue where academic health colleagues, who would not likely have connected outside of this virtual meeting space, connect. Regardless of the restrictions being lifted, the *Percolator* is a virtual space that will remain and will bring us together from different locations. Our department members preferred and appreciated the *Percolator* for its flexibility, easy access, and ease of connection. This will be one of the legacies of the COVID pandemic moving forward for our department. The *Percolator* started as an effort to increase engagement and our initial observations have shown that it has become a space for creating new research ideas and building community. We believe the format is easily translatable to other departments and that it can be used after we transition out of the pandemic to promote engagement and serendipitous connections. We are excited to see what themes will be generated from our virtual ethnographic study.

**Acknowledgements:** The authors would like to acknowledge our departmental colleagues, Dr. Van Aerde for sparking the idea of the *Percolator*, and Judith Chrystal and Lynn Yang for their technical expertise.

**Conflicts of Interest:** The authors report no conflict of interest.

**Funding:** There are no sources of funding to disclose.

## References

1. Brown M, Finn G. Intra-COVID collaboration: Lessons for a post-COVID world. *Med Educ.* 2020; 55(1):122-124. <https://doi.org/10.1111/medu.14366>
2. Wu PE, Styra R, Gold WL. Mitigating the psychological effects of COVID-19 on health care workers. *CMAJ.* 2020;192(17): E459–E460. doi:[10.3390/ijerph17092997](https://doi.org/10.3390/ijerph17092997)
3. Morley L, Cashell A. Collaboration in health care. *J Med Imaging Radiat Sci.* 2017;48(2):207-216. <https://doi.org/10.1016/j.imir.2017.02.071>
4. Nagy P, Kahn CE, Boonn W, et al. Building virtual communities of practice. *J Am Coll Radiol.* 2006 Sep;3(9):716-720. <https://doi.org/10.1016/j.jacr.2006.06.005>
5. Johnson S. *Where Good Ideas Come From. The Natural History of Innovation.* New York: Riverhead Books; 2011.
6. Lenihan A, Kelly-Holmes H. Virtual Ethnography. In: Hua Z, ed. *Research methods in intercultural communication: a practical guide.* London: John Wiley & Sons 2016; 255-267.