

Innovation is formed in community

J Couper,¹ BSc (OT), MSc (Med); I Couper,¹ BA, MB BCh, MMed (Fam Med), FCFP (SA);
P Brysiewicz,² BSocSc, BAarts, MCur, PhD; F Suleman,³ BPharm, MPharm, PhD (Public Health Sciences)

¹ Division of Rural Health (Ukwanda), Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

² Discipline of Nursing, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa

³ School of Health Sciences, Westville Campus, University of KwaZulu-Natal, Durban, South Africa

Corresponding author: I Couper (icouper@sun.ac.za)

Afr J Health Professions Educ 2026;18(2b):e4399. <https://doi.org/10.7196/AJHPE.2026.v18i2b.4399>

Why the idea was necessary

A team of six health professions (HP) educators from KwaZulu-Natal (KZN) and Stellenbosch universities received funding for a project called 'the Africa ECHO Network for Health Professions Education (HPE) in times of disruption' in response to the repercussions of the COVID-19 pandemic and the floods in KZN. We recognised that, in our context, little guidance or support is available to educators dealing with the many challenges that form part of our lived experience. Instead, disruption is often normalised. Consequently, we felt there was a need to engage with this issue beyond the pandemic on an ongoing basis.

Our aim was therefore to develop a community of practice (COP) of HP educators that supports learning through both disruptive and ordinary experiences, as a means of faculty development and peer support.

What was tried

An international model known as the Extension for Community Healthcare Outcomes (ECHO) project served as the basis for developing a COP among South African HP educators. The ECHO model is an effective hub-and-spoke tele-education model that began as a tool to assist healthcare providers in caring for complex patients in rural, remote and underserved communities.^[1]

Drawing on lessons learnt from the ECHO experience, our team initially invited HP educators from different universities and disciplines across South Africa before extending participation to other African countries. For the past three years, the community has met online for an hour twice a month, engaging in discussions around scenarios that highlight uncertainty and dilemmas within the ongoing learning context of health professions training.

Each Africa ECHO for HPE session followed a structured format to ensure optimal engagement during the limited meeting time. An experienced facilitator welcomed the multidisciplinary participants, who were at different stages of their careers, introduced the topic for the day (derived from issues identified by the community) and reminded everyone of the process. Of paramount importance was fostering a safe, supportive environment and maintaining a sense of curiosity. A community member, who had either volunteered or been invited, presented a scenario based on a situation they had experienced in their work that had raised a dilemma and/or uncertainty. Participants were then invited to explore the situation through a series of questions posed by the presenter. Presenters were encouraged to be creative in developing their scenarios and to consider various formats such as storytelling, poetry, art and pictures. With guidance from the facilitator, participants explored these questions together, building

a shared understanding of the underlying issues while reflecting on similar experiences. There was no pressure to find answers or solutions. A 'friend with experience', who had engaged with this topic in their own work, was invited to offer additional perspectives and/or resources in response to the discussion. The meetings concluded with the group's thoughts on shared learning and possible future actions.

What lessons were learnt

Creating a safe and supportive learning space requires intentionality in all aspects of social interaction and relationship-building. This includes clarifying the intentions of each session, practising active listening and approaching scenarios and dilemmas with an attitude of openness, curiosity and a willingness to ask questions. In this way, presenters felt heard and supported throughout the learning experience.

The levelling of hierarchy in relation to positions and titles, together with an intentional focus on exploring rather than solving dilemmas, allowed the community to present vulnerable and sensitive topics. As the sessions have evolved, the team has come to understand that the ECHO process has facilitated the development of a SLOW HPE COP (Table 1).

Building a community is a slow practice of learning together in a social space perceived as supportive and safe. Such a space allows participants to share authentic stories of uncertainty and dilemmas, knowing that these will be received with curiosity rather than judgement. In this way, experiences are recognised as valuable and meaningful, and those who take the risk of being vulnerable and honest feel seen and heard.

Building a community also requires learning to listen to one another. Active listening enables us to explore dilemmas with curiosity rather than opinion. It is an essential skill for healthcare professionals, ensuring attentiveness to patients and their families, as well as members of the healthcare team. Flattening hierarchy by deliberately setting aside roles and titles shifts the focus to what is truly meaningful within the scenario being presented and has enabled the community to find shared human values across disciplines and professions. As community members have

Table 1. Unpacking the SLOW in COP development

SLOW HPE	
S	Safe, seen, social spaces
L	Listening, levelling, letting go
O	Open-hearted outlook
W	Wonder, wander and wow!

COP = community of practice; HPE = health professions education.

contributed their own dilemmas and learning experiences, the leadership team has relinquished control over topics and themes, allowing the community to evolve into one of peer learning and support.

In a world characterised by disruption and times of chaos, the practice of open-hearted and courageous engagement in an HPE community is necessary for wellbeing. This practice involves openness to diverse perspectives and experiences, comfort with uncertainty and new ideas, and a willingness to resist the urge to judge or 'fix' others, thereby intentionally demonstrating an open heart, mind and outlook. When the slow and essential values of safety, listening and openness are practised in open discussion, they foster a sense of awe and wonder, and encourage participants to find their voices and agency. As they weaved through discussions with curiosity, innovative ideas and possibilities emerged, contributing to an expansion of HPE theory and practice.

Slow HPE is akin to Slow Scholarship in teaching and learning, which emphasises the importance of being present to and in everyday life, fostering a culture of care, building meaningful connections with others and embracing a strong ethic of engagement.^[2] As part of the broader Slow Science movement, Slow Scholarship was inspired by the Slow Food Movement, which resists the pressures of fast food by being attentive, deliberate, curious, creative, open and mindful.^[2] These are qualities we have observed in the Africa ECHO HPE COP.

In the words of one participant, 'We need enabling and supportive spaces ... to have discussions that are open, honest, supportive and not solution-oriented.' There is considerable pressure in academic global health to be more productive, do more with less and do it faster, multitask for survival and continuously scale up innovation.^[3] HP educators experience similar pressures and value opportunities to explore alternative responses to this. As another participant noted, 'The strength of a community is necessary to hold tensions.'

In response to fast, 'take-away', globalised virtual and abstract pedagogies that privilege competition, privatisation and efficiency,^[4] it is vital to create spaces such as the Africa ECHO for HPE COP. These safe spaces enable educators to collectively engage in thinking, immerse themselves in experiential encounters, and synthesise information and reflect upon it, because this is how new ways of knowing are formed.^[4] As one participant reflected, 'There is a power of listening and engaging and being in conversation with others.' Like the products and fruits of Slow Research,^[3] we hope that Slow HPE offers a more collaborative, interconnected

and ultimately more sustainable approach to training healthy healthcare professionals in a healthy way for a healthier world.

Conclusion

Building trust takes time, and trusting relationships require safe spaces for honest dialogue. Learning is inherently relational and depends on meaningful engagement with others. The creation of a community, together with the practice of shared values and relationality, forms part of a slow process of innovation in which new possibilities emerge and learning is co-created. We suggest that this approach offers a valuable pathway for shaping the future of HPE.

Declaration. Artificial intelligence (AI) was not used in any form during the writing of this manuscript, but it has been a frequent topic in sessions of the Africa ECHO Network for HPE. AI surrogates were not permitted to join the sessions.

Acknowledgements. We are grateful to the participants of the Africa ECHO for HPE COP with whom these ideas have been developed, explored and tested. We are also grateful to the ECHO Institute at the University of New Mexico for their support.

Author contributions. All the authors have been involved in the Africa ECHO Network for HPE since its inception and contributed to the development of the concepts presented in this paper. JC and IC developed the first draft of this manuscript, based on a presentation at the SAAHE 2025 conference by JC, to which all authors contributed. FS and PB made substantive revisions to the paper. All authors edited and approved the final version.

Funding. The Africa ECHO Network for HPE received seed funding from the ECHO Institute, University of New Mexico.

Conflicts of interest. None.

1. The University of New Mexico Health Sciences. Project Echo. <https://projectecho.unm.edu/>
2. Leibowitz B, Bozalek V. Towards a Slow Scholarship of teaching and learning in the South. *Teach High Educ* 2018;23(8):981-994. <https://doi.org/10.1080/13562517.2018.1452730>
3. Adams V, Burke NJ, Whitmarsh I. Slow Research: Thoughts for a movement in global health. *Med Anthropol* 2014;33(3):179-197. <https://doi.org/10.1080/01459740.2013.858335>
4. Hartman Y, Darab S. A call for Slow Scholarship: A case study on the intensification of academic life and its implications for pedagogy. *Rev Educ Pedagogy Cult Stud* 2012;34(1-2):49-60. <https://doi.org/10.1080/10714413.2012.643740>

Received 27 October 2025; accepted 17 March 2026.