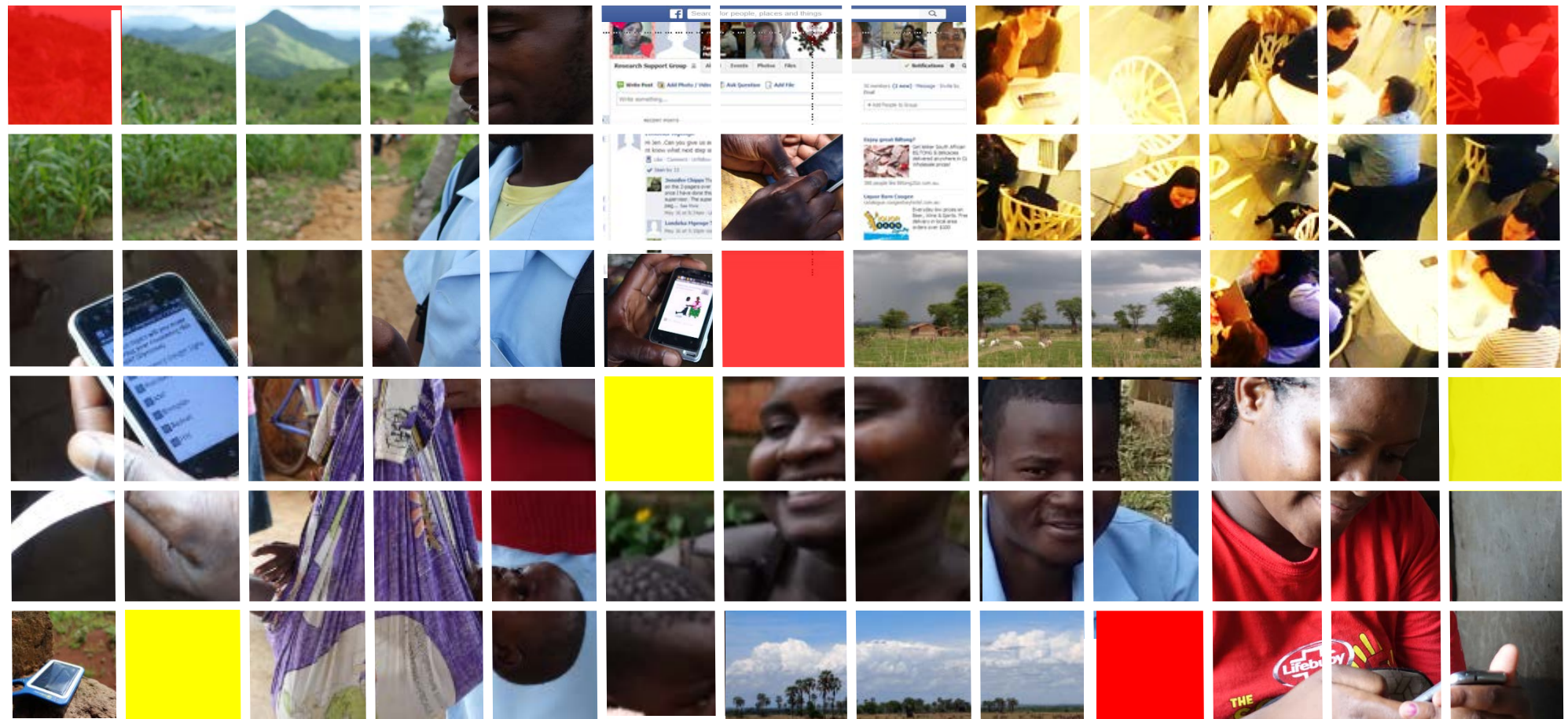


Using social media to support health professional learning and collaboration in rural and under-served environments

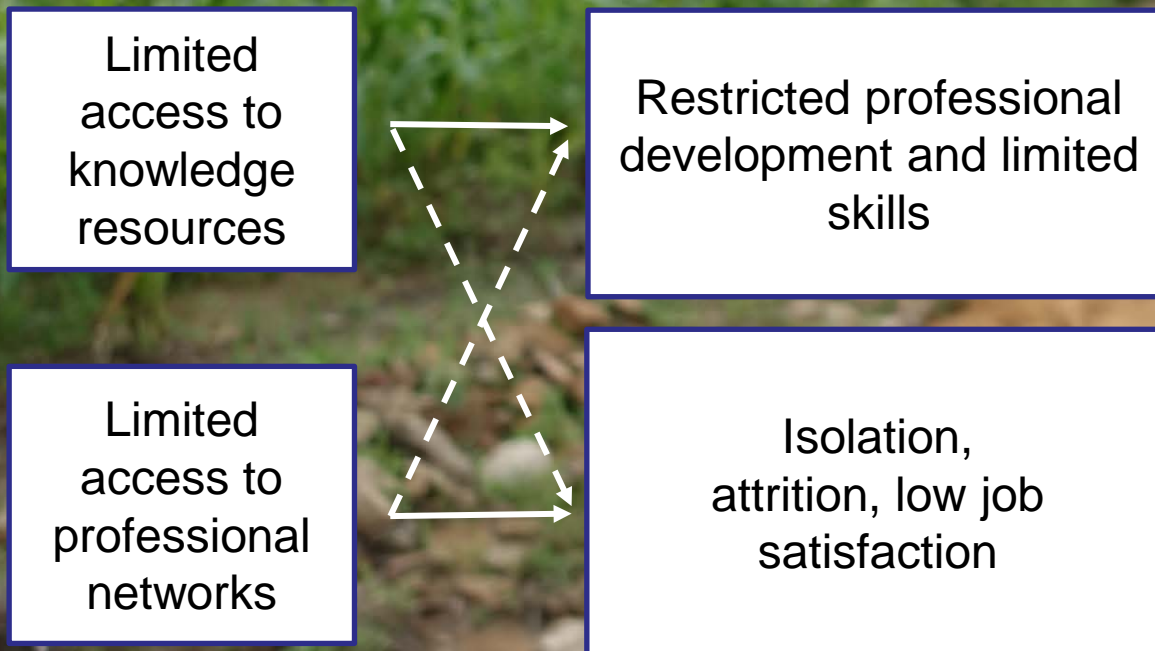


Christoph Pimmer, PhD

Institute for Information Systems, School of Business, University of Applied Sciences Northwestern Switzerland

Professional development of health professionals in rural Sub-Saharan Africa

Two key challenges:





Limited access to professional networks (critical: school-to-work transition)

Tools

**Use of social
mobile media
(WhatsApp
groups)**

Problem

Limited
access to
knowledge
resources

Limited
access to
professional
networks

Implications

Restricted professional
development and limited
skills

Isolation,
attrition, low job
satisfaction

Outcomes

**Professi
onal
Develop
ment**

**Health
Care
Service**






Using resources that are already/ increasingly in the hands of many health workers

A man in a light blue shirt is shown in profile, looking down at a smartphone he is holding. He is in a room with other people in the background, including a woman and a child. The room has a green cloth hanging from the ceiling and some papers on the wall. The overall scene suggests a community or educational setting.

Preliminary findings: Informal WhatsApp usage

- **Informal use** associated with socio-professional immersion and application of knowledge
 - In placements and in school-to-work transition
 - Professional social capital / professional identity
 - Satisfaction with placement and job
 - Transfer of knowledge



WhatsApp-enhanced school-to-work transition (systematic intervention)

**The facilitated use of WhatsApp during
school-to-work transitions impacts knowledge
and socio-professional immersion**

- Stronger effects for
active contributors**
- Rural vs. urban settings**

Massive professional networks One example

- Medical students / professionals in Nepal
- Using a Facebook site to engage in formal learning (quizzes, mini cases) and professional discussions
- 1500 interactions per week
- Bottom up (not tied to any institution)

A A 19-year-old man presents to the emergency department (ED) after an episode of shortness of breath and syncope while at home. He reports having experienced recurrent episodes of irregular heartbeat and fatigue in the week before presentation. ECG obtained at the time of arrival in the ED and showed 3rd degree heart block. He noticed classic skin lesions on his entire body as shown. He reports that he had been on a hiking trip 1 month before this visit to the ED, and he remembers being bitten by a tick. What could be the possible diagnosis and treatment course?



Like · Comment · 21 October at 20:11 · 🌐

M this is bull's eye rash from lyme disease, because he shows 3rd heart block he should be treated with ceftriaxone...
22 October at 00:52 · Like · 👍 1 person

A ture Mona ... classic ECM lesion(s) described as a red patch with central pallor..caused by spirochete Borrelia burgdorferi that is transferred by the Ixodes (dammini) scapularis deer tick..n First-choice treatment for early localized infec...



Medical Profession, wow I Love it.

which of da following r autosomal recessive disorders?

- a) cystic fibrosis
- b) neurofibromatosis
- c) achondroplasia
- d) wilson's disease

Like · Comment · Share · 12 October at 14:13 via Mobile · 🌐

👍 33 people like this.

💬 View all 100 comments

📄 1 share

Write a comment...

Development of digital professionalism

- **Development:** Increasing use of MIM and social media by health professionals
- **Constraints:** Social/ mobile media expands current practices
 - Vehicle for misinformation and (dangerous) rumors, also in global health
 - “Everything shared on the phone is regarded as true”
- **Consequence:** (Health) professionals need to be trained in developing “digital professionalism”

Underlying literature

Pimmer, C. and F. Mbvundula (in print). One message, many voices. Mobile audio counselling in rural health education. Journal of Health Care for the Poor and Underserved

Pimmer, C., Mhango, S., Mzumara, A., & Mbvundula, F. (2017). [Mobile Instant Messaging for rural community health workers. A case from Malawi](#). Global Health Action, 10(1).

Pimmer, C., Chipps, J., Brysiewicz, P., Walters, F., Linxen, S., & Gröhbiel, U. (in print). Facebook for supervision? Research education shaped by the structural properties of a social media space. Technology, Pedagogy and Education

Pimmer, C., Chipps, J., Brysiewicz, P., Walters, F., Linxen, S., & Gröhbiel, U. (2016). Supervision on social media. [Use and perception of Facebook as a research education tool in disadvantaged areas](#). International Review of Research in Open and Distributed Learning, 17(5), 200-214

Pimmer, C; Tulenko, K. (2016). [The convergence of mobile and social media. Affordances and constraints of mobile networked communication for health workers in low- and middle-income countries](#). Mobile Media & Communication, 4(2), 252-269.

Chipps, J., Pimmer, C., Brysiewicz, P., Walters, F., Linxen, S., Ndebele, T., & Gröhbiel, U. (2015). [Using mobile phones and social media to facilitate education and support for rural-based midwives in South Africa](#). Curationis, 38(2).

Pimmer, C., Brysiewicz, P., Linxen, S., Walters, F., Chipps, J., & Gröhbiel, U. (2014) [Informal mobile learning in nurse education and practice in remote areas. A case study from rural South Africa](#). Nurse Education Today 34(11), 1398-1404.

Pimmer, C., Linxen, S., & Gröhbiel, U. (2012). [Facebook as a learning tool? A case study on the appropriation of social network sites along with mobile phones in developing countries](#). British Journal of Educational Technology, 43(5), 726-738

Pimmer, C., Linxen, S., Gröhbiel, U., Jha, A., & Burg, G. (2012). [Mobile learning in resource-constrained environments. A case study of medical education](#). Medical Teacher. 35(5), e1157-e1165.

Backup Slides

Practical findings and recommendations

- **Ownership:** Use of peer moderators who are close to the actual participants
- **Activation:** via gamification (e.g. quizzes, contests etc);
- **Personalisation:** Trigger participants' personal reflection and learning



Limited access to knowledge resources