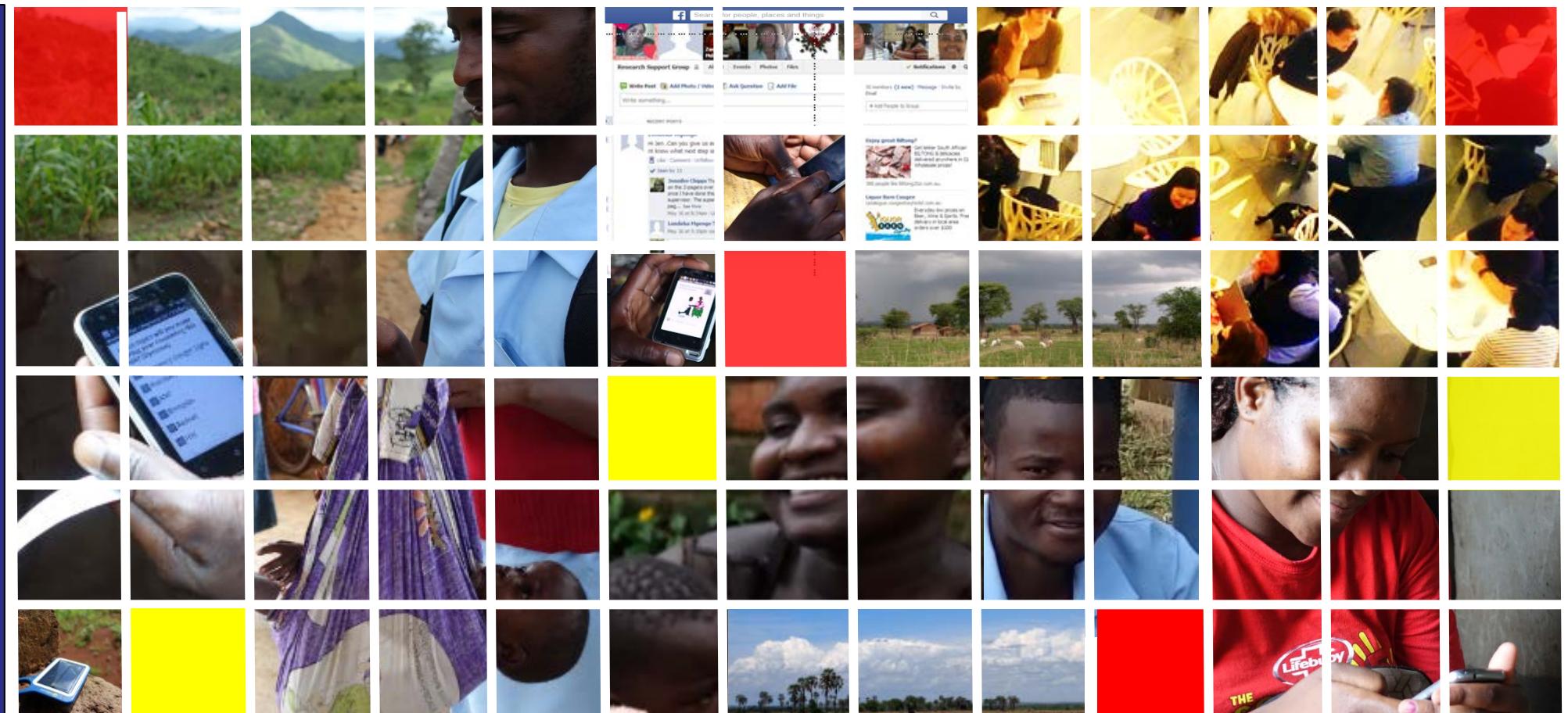


Using social media to support health professional learning and collaboration in rural and under-served environments

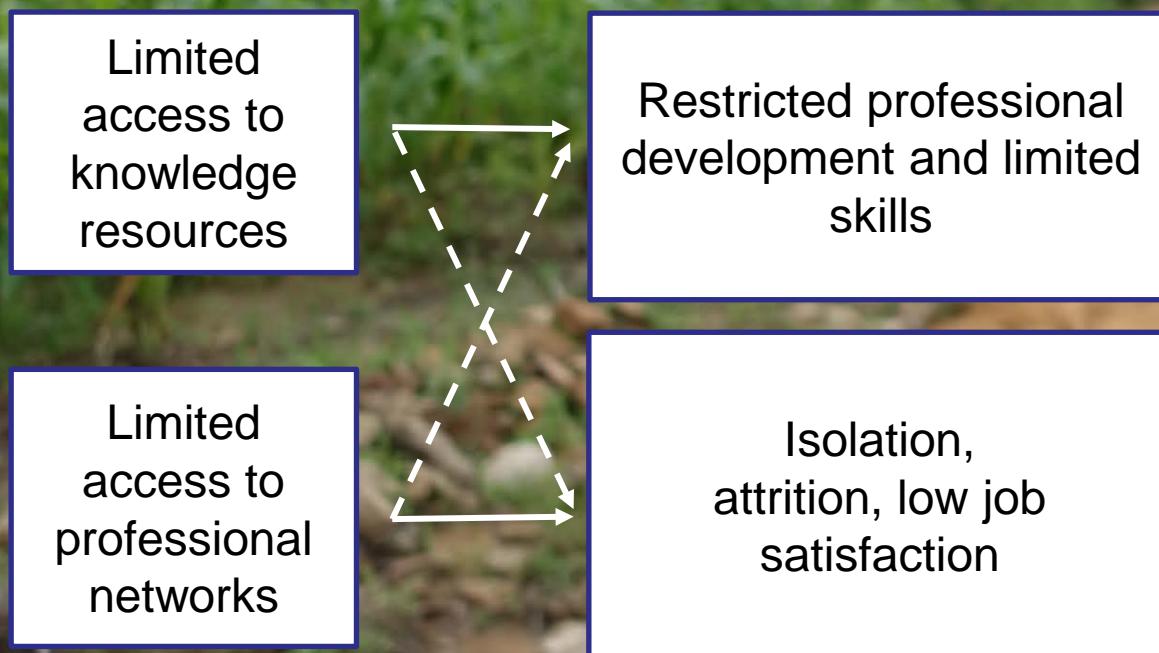


Christoph Pimmer, PhD

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

Professional Development

Health Care Service

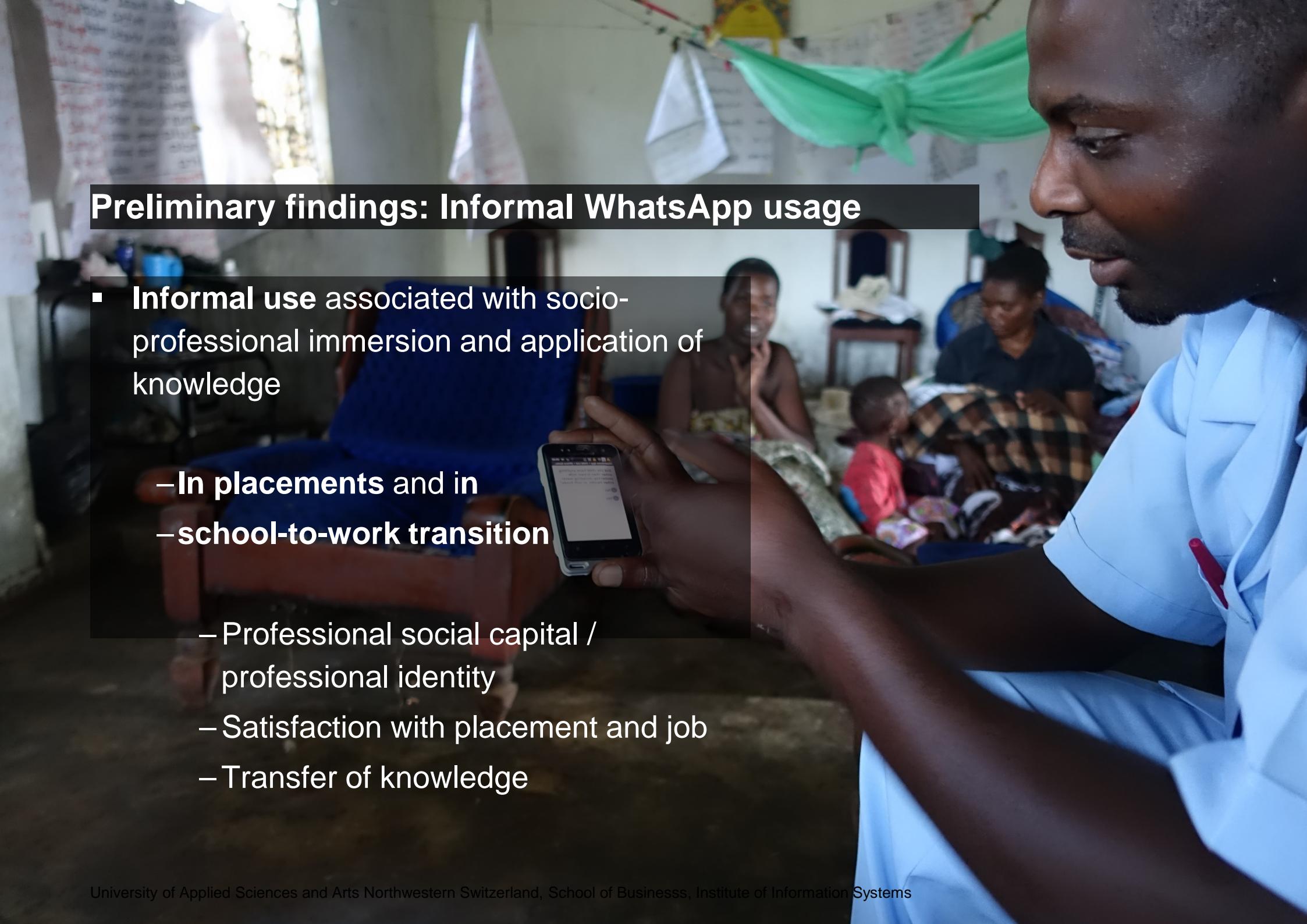




Using resources that are already/ increasingly in the hands of many health workers

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 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 ceftetiaxone...
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

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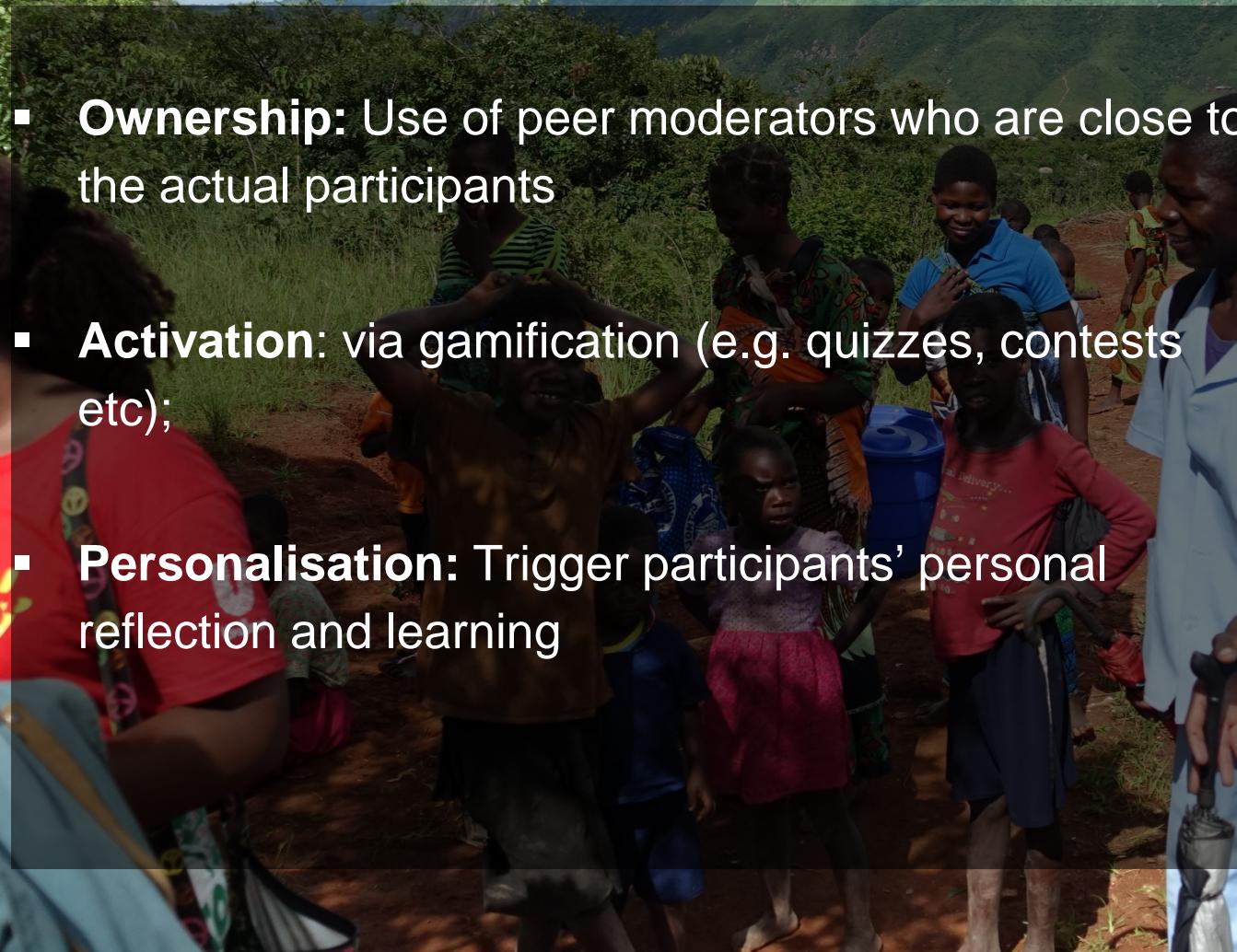
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Backup Slides

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