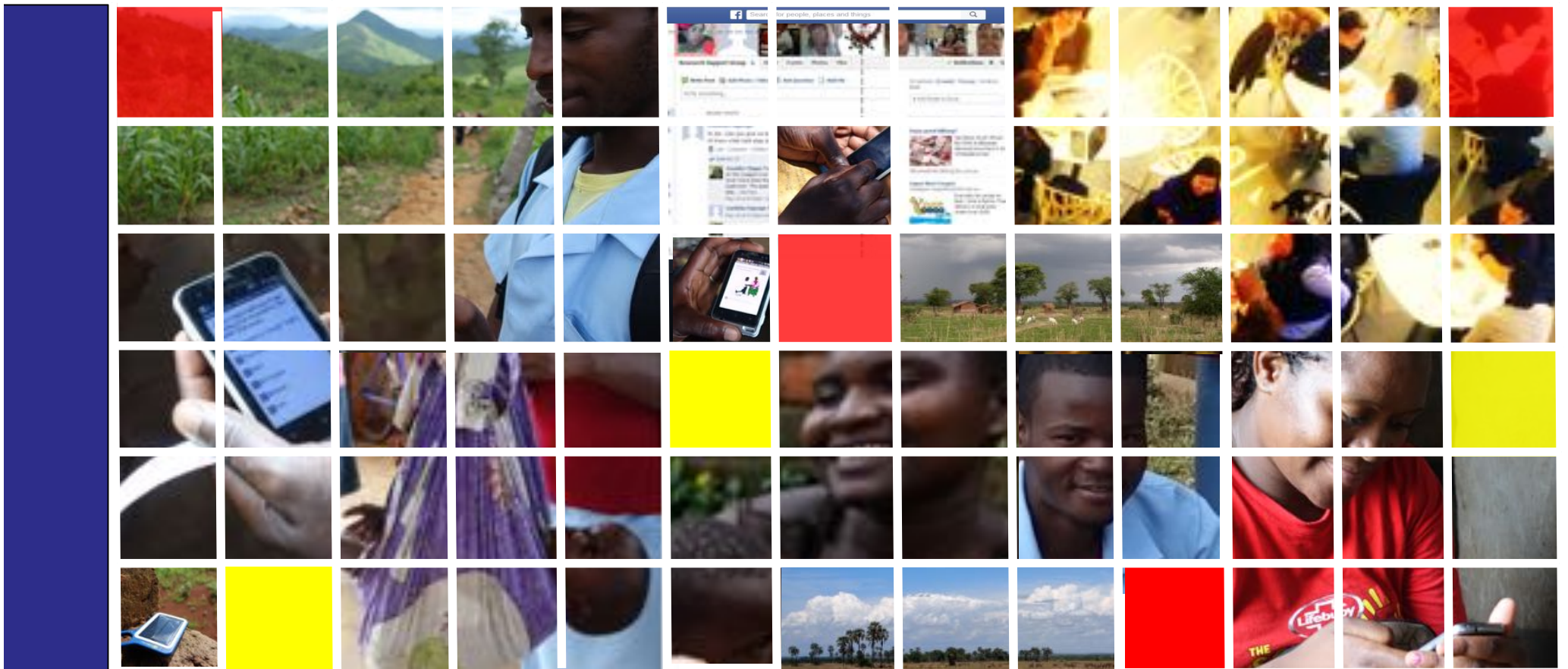


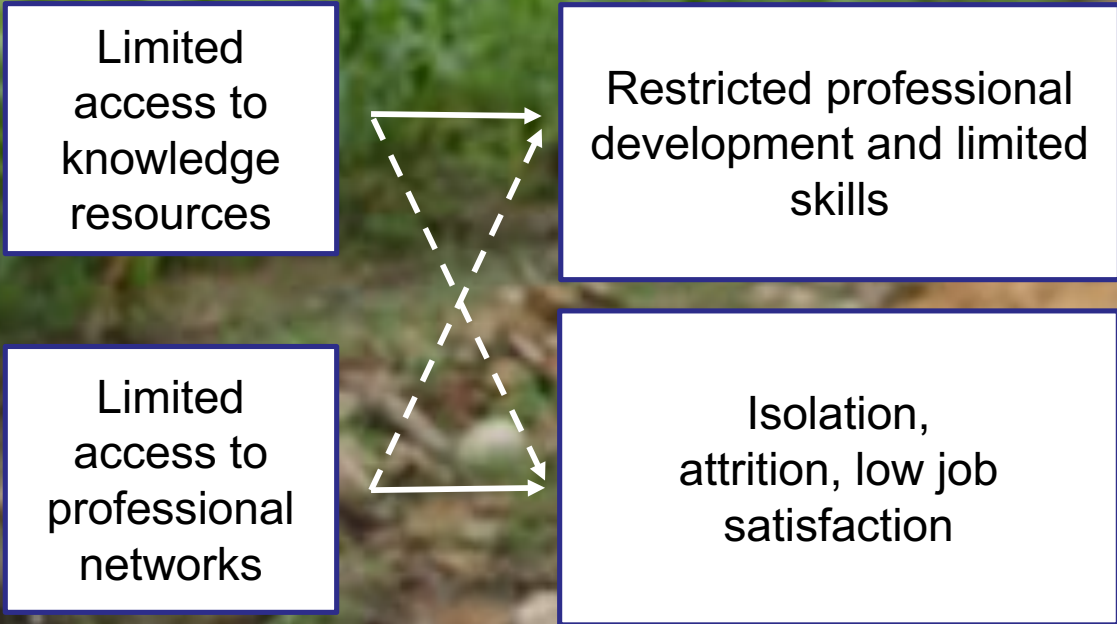
ICT-enhanced learning of rural health workers



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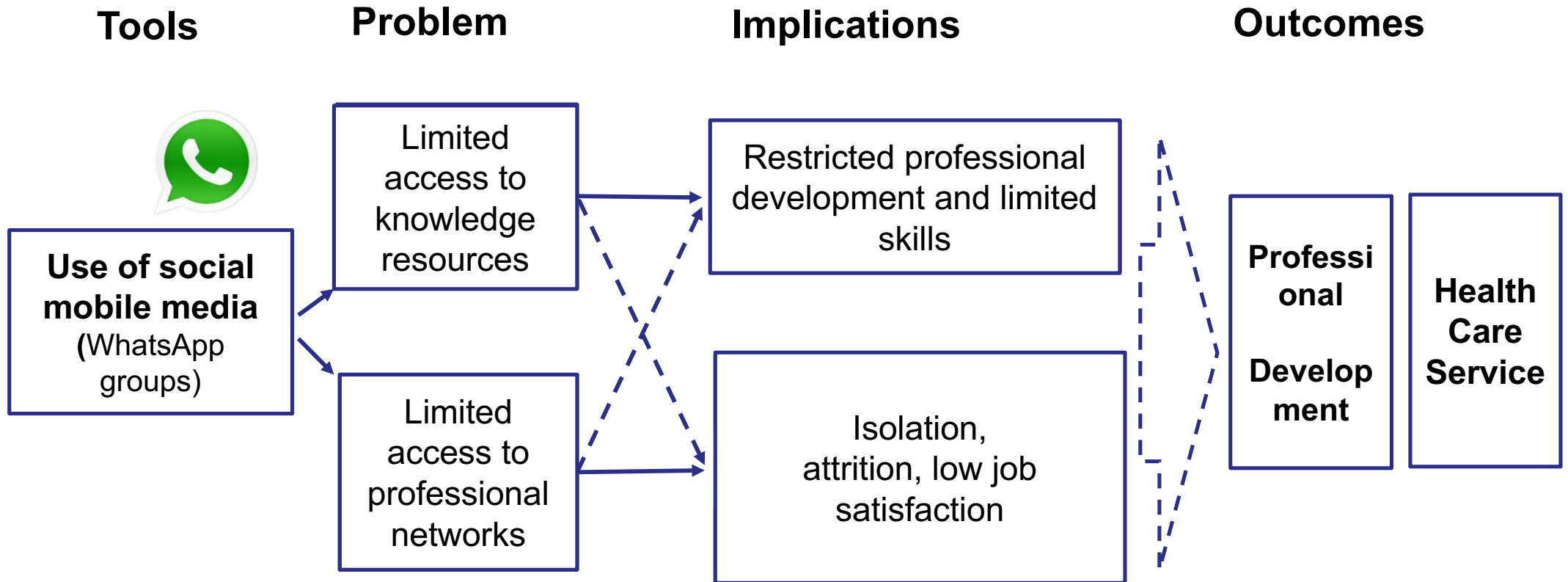
Professional development of health professionals in rural Sub-Saharan Africa

Two key challenges:





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



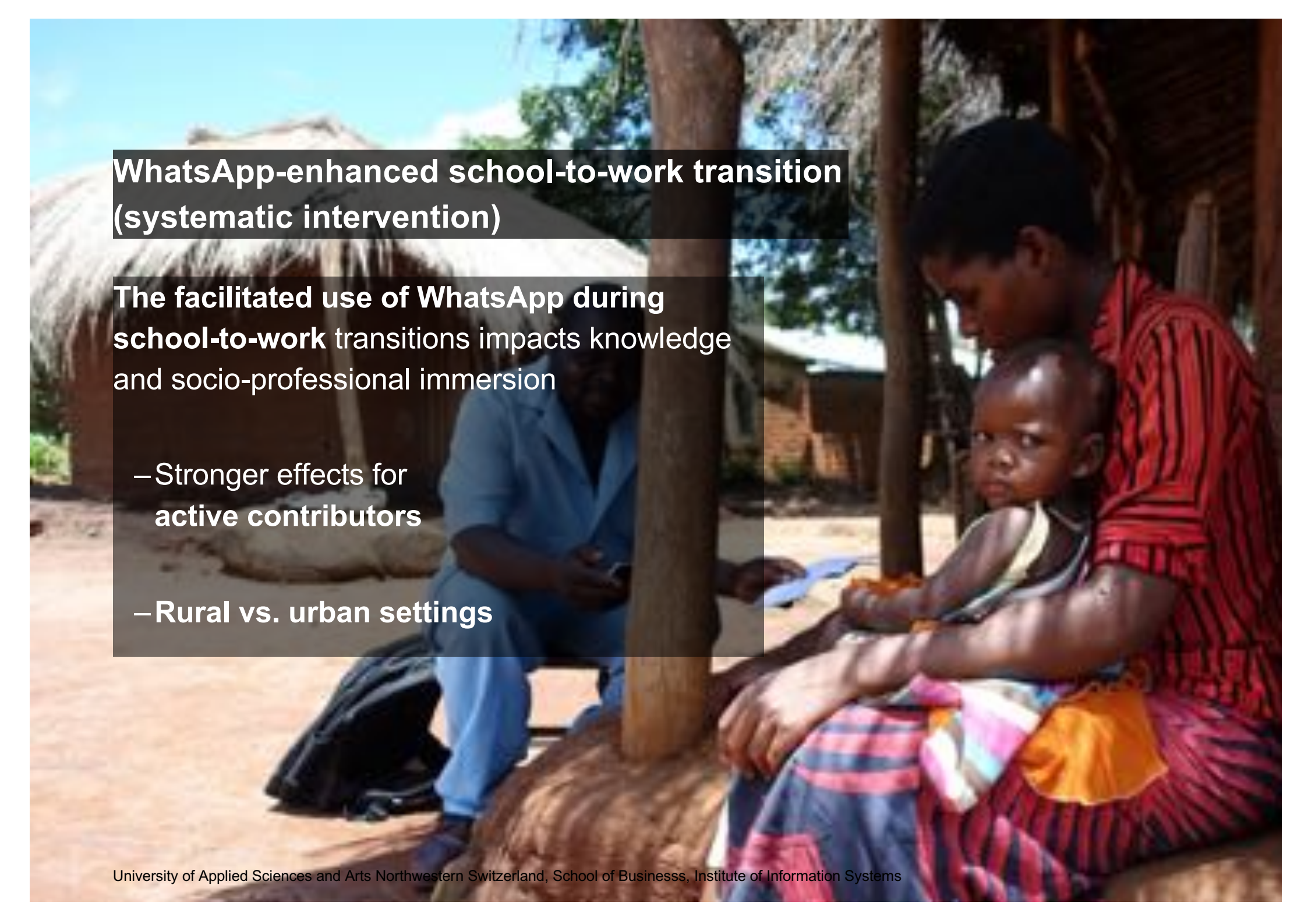


Using resources that are already/ increasingly in the hands of many health workers

A photograph of a man in a white lab coat, likely a healthcare worker, looking at a smartphone. He is in a community setting with other people in the background. The image is overlaid with text boxes.

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

A photograph of a rural setting. In the foreground, a woman wearing a red and black striped shirt is sitting and holding a young child. The child is wearing a colorful patterned garment. In the background, there is a traditional hut with a thatched roof and a person sitting on a bench. The scene is outdoors with trees and a clear sky.

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 ceftriaxone...
22 October at 00:52 Like 1 person

A sure Lyme . classic ECG 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?

- cystic fibrosis
- neurofibromatosis
- achondroplasia
- 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...

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

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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