

[This document serves to engage sponsors in this initiative, these can be content-sponsors – like health organisations willing to be involved – or donors. Everyone interested is very much welcomed to join.]

1. Introduction CME & ICT

Continuous Medical Education

Healthcare workers are the most important asset of any healthcare system. However, they need to continually learn and apply new skills and knowledge. Without such learning opportunities, healthcare workers, particularly those in rural or remote areas (where in fact a health centre in a slum can be as ‘remote’ as a clinic in a rural area), will experience professional dissatisfaction. This can include low morale, disillusion, lack of commitment, reduced interest in their work, and a decline in skills and knowledge. They miss opportunities for career advancement and they frequently look to urban areas for work. Most important, ‘disconnected’ from learning, knowledge and information, the quality of the care they provide is low. In response to these problems, many organisations are looking at continuing medical education (CME). This umbrella terms refers to all learning by health staff, and is essentially a way to ‘connect’ health workers to education and information thus enhancing their capacities and motivations. Probably the term Continuous Medical Support (CMS) does even cover this better.

See also IICD: www.iicd.org/base/show_news?sc=8&id=2068

ICTs for CME

ICTs can help to overcome or reduce barriers associated with distance and isolation. ICTs can bring learning resources and information to the learners, instead of making the learners travel to the places of learning.

For instance in the Netherlands organisations in health sector have developed internet solutions to facilitate learning on the job, peer support and knowledge development.

See also: Stichting Fokus – ‘Intranet voor Collegiale Ondersteuning en Kennisontwikkeling’ (*An Intranet for peer support and knowledge development in Dutch Health Sector*) [intra.fokuswonen.nl]

2. Vision/dreams

- Provide adequate and up-to-date information and Know/existing knowledge
- Strengthen mutual (peer) relations and Connect staff and health workers
- Facilitate (distance) learning through a Platform for exchanging knowledge and experiences where you can Learn in your own place and your own time

These goals could very well be served by implementing a kind of online/offline 'Intranet' (of course we have to deal with the special circumstances that challenge establishing an Intranet in [rural] Africa) – see about this issue section 3).

Such an Intranet should:

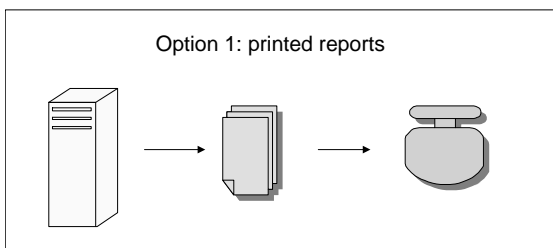
- Be easy to use
- Feel safe
- Be 80% Filled: space left for your own contribution but not useless because still 'under construction'
- Be Web based, scalable, upgradable, open, standardized
- Include good Content management

- Be developed according to Quick Win Methodology, an implementation strategy that creates momentum in learning and acceptance of new solutions.

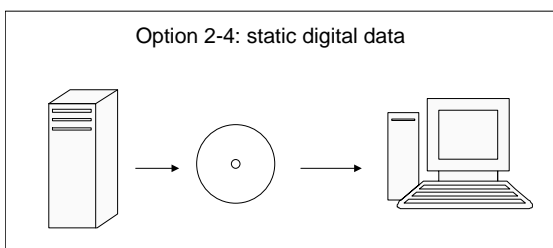
3. Access to ICTs

The proposed Intranet should deal with the special circumstances that challenge establishing an Intranet in [rural] Africa. These include not only the infrastructure but also the management, maintenance and (user) support.

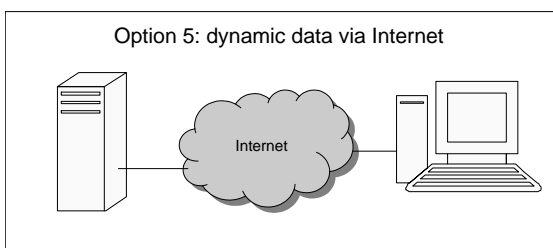
Infrastructure



Intranets do not always need to be made available over an online, high bandwidth Internet. The picture shows 5 options on how to present an Intranet to local users.



Option:
2: sharing flat text files
3: dissemination HTML (internet) pages
4: distributing applications with content



Management, maintenance & support

Parallel to development and delivering of an Intranet to organisations and end-user this needs facilitating and sustainability should be ensured through arranging for long-term maintenance & support.

4. Education in an Internet based environment

According to Professor Ikujiro Nonaka, knowledge creation is a spiraling process of interactions between explicit and tacit knowledge. The interactions between the explicit and tacit knowledge lead to the creation of new knowledge. The combination of the two categories makes it possible to conceptualize four conversion patterns.

Nonaka also suggests different 'Ba's which facilitate the knowledge conversion for his SECI Knowledge creation model.

The four conversion patterns of knowledge are illustrated in diagram below:

Nonaka's SECI Model

	Tacit K	Tacit K	
Tacit K	<u>Socialization</u> (Originating)	<u>Externalization</u> (Interacting)	Explicit K
Tacit K	<u>Internalization</u> (Exercising)	<u>Combination</u> (Cyber)	Explicit K
	Explicit K	Explicit K	

Ikujiro Nonaka, Noboru Konno, The concept of "Ba": Building foundation for Knowledge Creation. California Management Review Vol 40, No.3 Spring 1998.

An Intranet for education and peer support purposes could be design according to this model.

5. Implementation

Quick Win Methodology

Development oriented approach, that creates momentum in learning and acceptance of new solutions: delivering immediate 'wins' to end users parallel to more thorough thought development of next phase products.

Phases

An actual implementation could follow the following steps:

Main Hospitals/Health organizations -> Hospitals -> Local clinics -> Doctors

This has the advantage of testing concepts in a situation where the infrastructure and support is less complicated. On the other hand the QuickWinMethodology dictates considering the specific context to determine the best starting point. If one of the main problems is sharing information with rural centres this could be a starting point.

In next phases also nurses etc. could be addressed.

Two tracks

- Research (functions, content, infrastructure)
- Pilots to buy-in (future) participants, stimulate research and demonstrate possibilities.

Note: a pilot is a real life implementation, which serves specific functions, it is not like putting power steering on a wheelbarrow to try out the newest technology.

6. Proposal

Research

This document can serve as a starting point for a research document. Partners in are needed to start the pilot but also to contribute their experiences in CMEs.

.....

Pilot

'No play and only talk makes Jack a dull boy. Only play and no talk gets him no further in life. Therefore we propose to go forward on the two parallel tracks as mentioned above.

.....

Author: Jaap-Jan Verboom
E: jj.verboom@kincite.com
M: +254 7 33388819
T: +31 30 670 3121
F: +31 30 670 3123

Copyright (c) KiNcite 2003

Permission is granted to copy, distribute and/or modify this document under the terms of the GNU Free Documentation License, Version 1.2 or any later version published by the Free Software Foundation.

<http://www.gnu.org/licenses/fdl.html>