



Web-based social media for professional medical education: Perspectives of senior stakeholders in the nursing home sector



Fiona Kitching^{a,*}, Margaret Winbolt^b, Aleece MacPhail^c, Joseph E. Ibrahim^a

^a Department of Forensic Medicine, Monash University, 65 Kavanagh Street, Melbourne 3006, Australia

^b Australian Centre for Evidence Based Aged Care, La Trobe University, Melbourne, Australia

^c Sub-Acute Medical Services, Ballarat Health Services, Ballarat, Australia

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SUMMARY

Objective: Participatory web-based platforms, including social media, have been recognised as valuable learning tools in healthcare education for over a decade. Use of these platforms is now widespread in tertiary education. It is less widely accepted as a tool for continuing professional education and development at the industry level. This study explores perspectives of senior stakeholders in the nursing home sector to explore perceived benefits, barriers and risks for use in professional education.

Methods: Qualitative data were collected through semi-structured interviews of 'high level' clinical and executive staff from a cross section of nursing home stakeholder organisations. Established printed educational material (PEM) was used as a case study for adaptation to web-based social applications. Questions were designed to gather information about the interviewee's views on the potential to apply PEM to programs such as blogs, Twitter and YouTube to deliver education and aid communication in the sector.

Results: Twelve participants from eleven stakeholder organisations took part in the study. Most participants were cautious about the use of social media programs in continuing professional education. Participants described the benefits (contemporary information, delivered rapidly, varying formats) and barriers (credibility of information, potential misinterpretation, sector demographics, time constraints) to uptake of these programs. The majority of participants preferred formal e-learning programs to web-based social media applications.

Conclusions: Reservations expressed about the use of social media, such as accuracy, legal and privacy risks to the organisation reflected those previously expressed by the broader medical community.

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Introduction

In order to provide safe and high-quality care, continuing professional education and development is essential for all members of the healthcare workforce. However, the learning needs of professional adult learners are distinct from those of other groups (Knowles, 1984). Knowles' original principles of andragogy still form an influential basis of adult learning theory, including in clinical education (Kaufman, 2003). According to Knowles' framework, adult learners are autonomous and self-directed, with accumulated experience and internal learning motivation, and prefer immediate, problem-centred learning that integrates into their daily challenges (Kaufman, 2003).

Web-based, participatory learning systems (Box 1) are well adapted to deliver continuing professional education in a format that adheres to the principles of adult learning, whilst also meeting the healthcare sector's need for flexible, up-to-date systems of workforce development (Van De Belt et al., 2010). Healthcare education research has recognised

these platforms as a valuable tool for over a decade (McKimm et al., 2003).

Learners, particularly the emerging workforce, also have an increasing preference for online digital resources (Cartledge et al., 2013; White, 2008). This coincides with an increased expectation by educational providers. Hardcopy formats may soon become redundant and educators must address the challenge of transferring existing printed educational material into these newer formats.

However, the healthcare sector is not adapting uniformly to developments in information technology. Whilst interactive and participatory web platforms are already a mainstay of education at the university level (Cain and Fox, 2009; Cartledge et al., 2013) and are almost universally used by students and recent graduates in the health professions (Hansen, 2008; von Muhlen and Ohno-Machado, 2012), they may not be the preferred option of experienced professionals. Older and more senior clinicians report lower usage and greater reticence towards the use of these technologies (Usher, 2012). As a result, use of Information Technology (IT) to improve service quality, safety and efficiency in the Australian health system lags behind other comparable industries by many years (Australian Health Ministers' Conference, December 2008), and applying web-based social applications to

* Corresponding author.

Box 1

Definitions.

Term	Definition
Social media	"A group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content." ¹ Commonly cited examples include Facebook, YouTube and Twitter.
Web 2.0	A platform whereby content and applications are no longer created and published by individuals, but instead are continuously modified by all users in a participatory and collaborative fashion. A commonly cited example is Wikipedia, an encyclopaedia written and edited collaboratively by its users. ^{1,2}
E-learning	Kaplan et al. (2010) consider Web 2.0 as the platform for the evolution of social media. ¹ "Training delivered on a digital device such as a smartphone or laptop computer that is designed for self-study as well as synchronous instructor-led e-learning." ³
Printed educational material	"Printed educational materials (PEMs) are widely used passive dissemination strategies to improve knowledge, awareness, attitudes, skills, professional practice and patient outcomes. Traditionally they are presented in paper formats such as monographs, publication in peer-reviewed journals and clinical guidelines and appear to be the most frequently adopted method for disseminating information." ⁴ The example cited through the article is the RACC.
Learning Management Systems (LMS)	"Learning Management System is a broad term that is used for a wide range of systems that organize and provide access to online learning services for students, teachers, and administrators. These services usually include access control, provision of learning content, communication tools, and organizations of user groups. Another term that often is used as a synonym to LMS is learning platform." ⁵ Commonly cited examples include WebCT and Blackboard.
Aged Care Channel	An interactive broadcasting service for nursing home staff providing education on a range of clinical issues to improve care practices. "Our programs, feature subject matter experts, actual aged care environments and real people." ⁶

¹ Kaplan, A. M., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of social media. *Business horizons*, 53(1), 59–68.

² Kilpeläinen, A., Pääkkönen, K., & Sankala, J. (2011). The use of social media to improve social work education in remote areas. *Journal of Technology in Human Services*, 29(1), 1–12.

³ Ruth C. Clark, Richard E. Mayer. *e-Learning and the Science of Instruction: Proven Guidelines for Consumers and Designers of Multimedia Learning*, 3rd Edition. Pfeiffer: San Francisco.

⁴ Freemantle, N., Harvey, E., Wolf, F., Grimshaw, J., Grilli, R., & Bero, L. (2000). *Printed Educational Materials: Effects on Professional Practice and Health Care Outcomes*. The Cochrane Library.

⁵ Paulsen, M.F. (2002). *Online Education Systems: Discussion and Definition of Terms*. NKI Distance Education. <https://www.porto.ucp.pt/open/curso/modulos/doc/Definition%20of%20Terms.pdf>

⁶ <http://www.agedcarechannel.com.au/>

continuing professional education and development is still in a formative stage (Van De Belt et al., 2010). The increasing use of portable platforms including smartphones and tablets in both clinical and educational settings will only increase the need for familiarity with interactive web platforms (Payne et al., 2012; Sclafani et al., 2013).

For health professionals, there is great potential for application of participatory web platforms that allow establishment of online communities, where ideas, advice and expertise are shared. This format is particularly beneficial for those in rural and remote practice (Boulos and Wheeler, 2007) and may also enhance distribution of information to frontline staff. One example of successful application is the use of Twitter for the distribution of public health and emergency information and prediction of disease outbreaks (Eysenbach, 2006; Ginsberg et al., 2009; Holt, 2011).

The Aged Care sector could benefit from this approach as it is large, complex, and dispersed. In Australia, the sector comprises over 7000 facilities, including many smaller services in rural and regional areas with over 200,000 staff employed, caring for a particularly vulnerable population (Katz et al., 2003). Although there is a variation of educational background between occupations providing direct care to residents, a large majority (88%) have post-secondary qualifications (King et al., 2012). Innovative strategies will assist staff to meet mandated continuing professional education requirements where traditional forms of teaching may be expensive, time consuming and limited by geographical barriers (Curran et al., 2006). The benefits and limitations of continuing professional educational requirements are beyond the scope of this study and continue to be debated. A comprehensive

analysis is contained in the Institute of Medicine report (Institute of Medicine, 2010).

More generally, access to educational material and collaboration between professionals is possible and vital to improve safety and quality of care. The nursing home sector should also adapt to changing educational demands, including engaging with social media. The next generation of frontline staff are already demonstrating their enthusiasm for online and interactive learning (von Muhlen and Ohno-Machado, 2012). The perspectives of senior stakeholders in management and policy roles may help guide future development and uptake of on-line education resources.

Aim

This study investigated the views of senior executive policy and management staff about the role of social media in professional health education in the Australian nursing home sector. We aimed to characterise (1) current usage, (2) perceived benefits, (3) risks and (4) barriers to implementation.

Method*Ethical Approval*

Recruitment, questions, data collection and analysis strategies were submitted to and approved by the Victorian Institute of Forensic Medicine Ethics Committee (application number RAC 005/13).

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