SUMMER TRAINING REPORT

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PART A: REPORT ON WORK FROM HOME-RESEARCH PROJECT

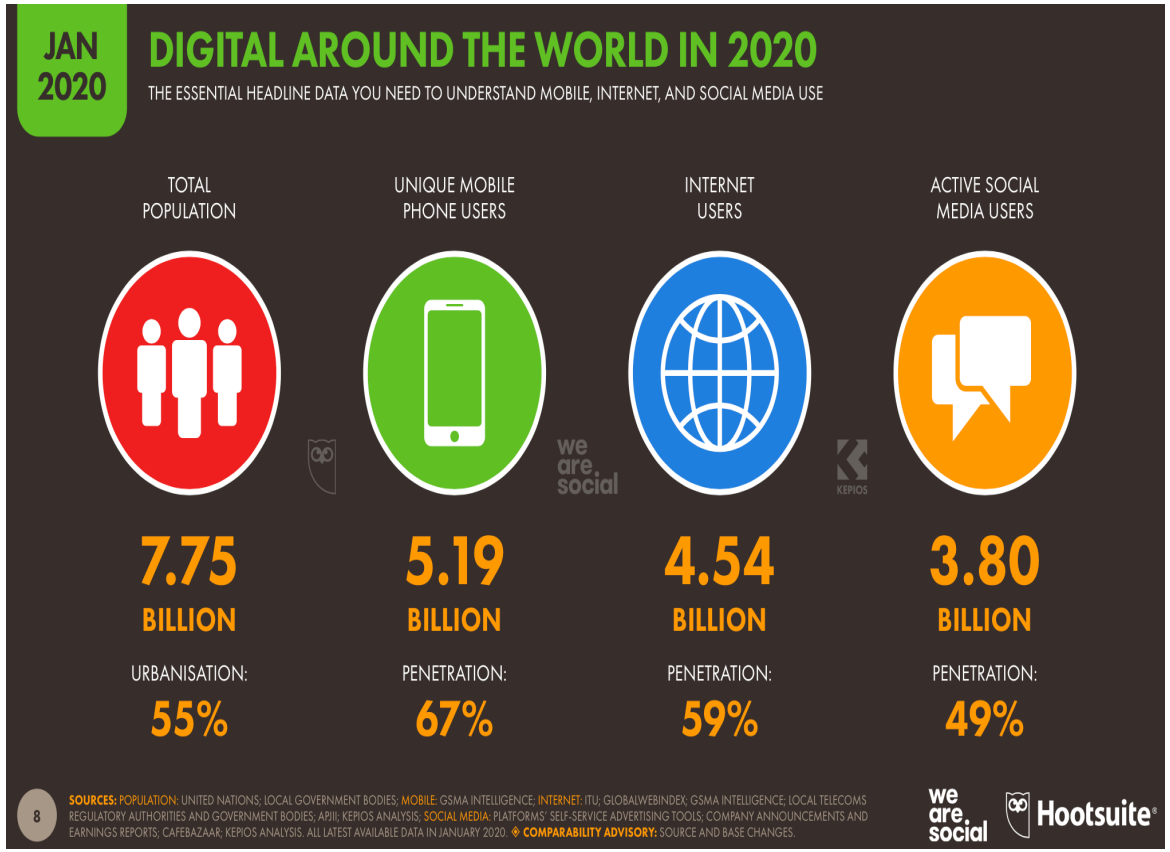
ROLE OF WHATSAPP IN HEALTH COMMUNICATION AMID COVID-19 PANDEMIC IN INDIA

CONTENTS

- Introduction-
- Review of Literature-
- Rationale-
- Research Question-
- Objectives-
- Methodology-
- Results-
- Conclusion-

INTRODUCTION

- Social Networking websites has become a global phenomenon in the past few years.
- Teenagers and youth especially student have embraced these sites to connect with their friend and make new once.
- In India more than 360 million people are using social media.



INTRODUCTION

- WhatsApp is a freeware, cross-platform messaging and Voice over IP (VoIP) service, it was rolled out in 2009.
- Now it is popular among more than one billion people worldwide
- Nuisance value of WhatsApp are communalism, lynching, and wrong information.
- Recently Gov. launches WhatsApp helpdesk for helping people getting the correct information on Covid-19.

REVIEW OF LITERATURE

- A study published on International Journal of Medical Science and Public Health on “Role of WhatsApp in improving learning among medical students” shows that 78% of the learner's knowledge improved after using WhatsApp for 5 months for communication and discussions.
- Another study on the “Role of a WhatsApp clinical discussion group as a forum for continuing medical education in the management of complicated Clinical cases in a group of doctors” shows that use of WhatsApp in a medical setting as an effective means of communication, long distance learning and support between peers and specialists.

RATIONALE

- Misinformation and rumors were spreading through this medium of communication for past few years.
- Amid COVID-19, mobs attacked health workers due to fake news
- People collected at railway station after getting message on WhatsApp during Covid-19.
- The purpose is to know if WhatsApp could play any helpful role and how it has contributed in building awareness, increasing knowledge, not forgetting message during COVID 19.

RESEARCH QUESTION ?

- Can WhatsApp be an important platform for awareness and behaviour change in Health Communication Campaigns?

OBJECTIVES

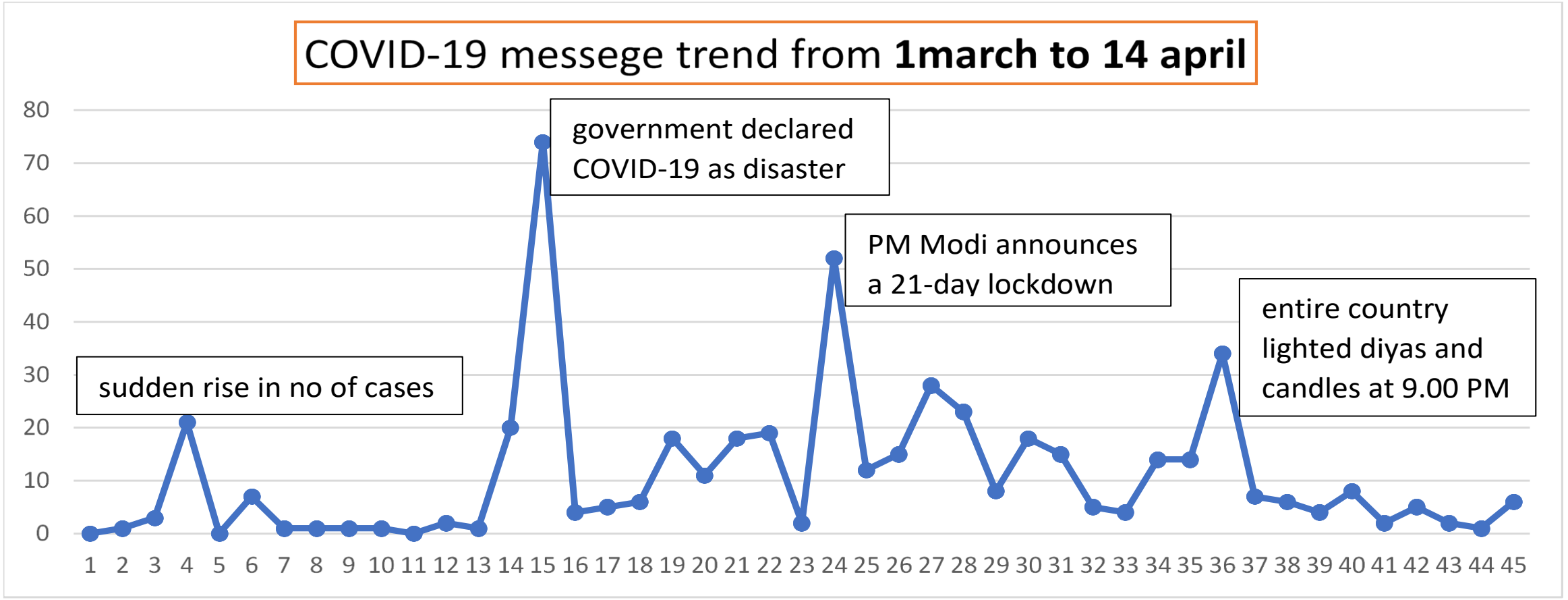
- *Broad objective:* To know the use and role of WhatsApp usage in Health communication during Covid-19 Pandemic.
- *Specific objective:*
- To find out if there is a trend in WhatsApp usage with respect to major Covid-19 announcement.
- To analyse the kind of messages, those were circulating during initial phase of Covid-19 pandemic, i.e. March 1-April 14, 2020
- To collect opinion of the people on their likability of different types of messages.

METHODOLOGY: PRIMARY RESEARCH

- *Two approaches:*
- In one approach, messages of four WhatsApp groups were collected from 1st March to 14th April and analyzed.
- In second approach, the group members were asked to fill an online questionnaire regarding WhatsApp messages.

INTERACTION/ENGAGEMENT PATTERN-

Pattern in no of Covid-19 messages within those four WhatsApp groups.

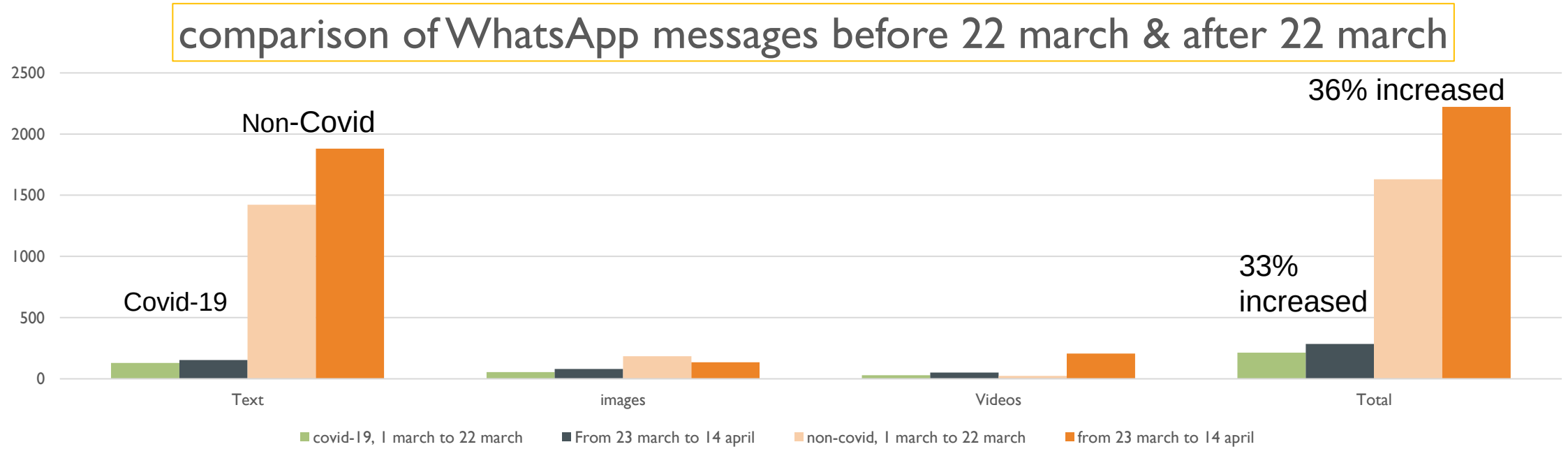


RESULTS

Demographic Characteristic of participants, **N** (Total participants) =**194**.

Variable	Frequency	Percentage (%)
Gender-		
• Male	118	60.8
• female	76	39.2
Age group-		
• Up to 25	65	33.5
• 26-30	60	30.9
• Above 30	69	35.5
Educational qualification-		
• Up to Higher Secondary	2	1.0
• Graduation completed	109	56.2
• Post-Graduation completed	83	42.8
Employment status-		
• Student	84	43.3
• Working	76	39.2
• None	34	17.5
Total-	194	100

WhatsApp access during Lockdown	Frequency (N=194)	Percentages (%)
• Increased	96	49.5
• Same as before	80	41.2
• Decreased	18	9.3

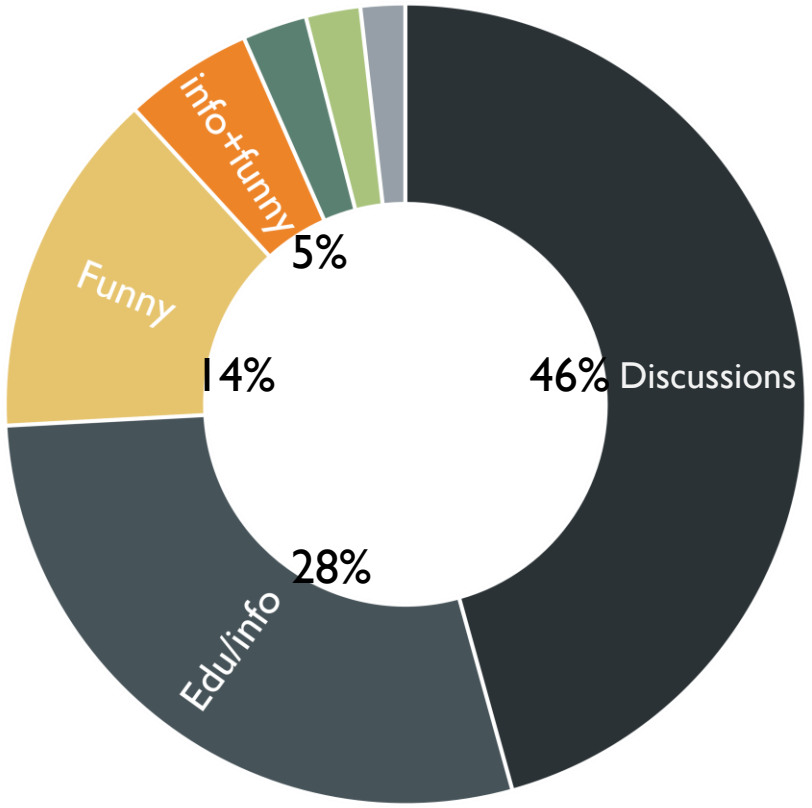


KIND OF COVID-19 INFORMATION SPREADING THROUGH WHATSAPP

Most often Covid-19 messages received.

Responses	Frequency (N=194)	Percentage (%)
• Factual/Educational	60	30.9
• Factual+funny	50	25.8
• funny/jokes	21	10.8
• Discussions	18	9.3
• Misinfo/Rumors	40	20.6
• Fearful	5	2.6

Proportion of Different types of messages within WhatsApp groups



MOST LIKED COVID-19 MESSAGES

Rank	Percentage (%) of (N=194)					
	Factual/Edu	Factual+funny	funny/jokes	Discussions	Misinfo/Rumors	Fearful
1st	49.5	14.9	29.4	.5	2.6	4.6
2nd	30.4	34.5	17.5	2.1	12.9	3.1
3rd	16.5	37.6	23.7	5.7	11.9	3.1
4th	1.5	8.2	21.6	18.6	26.3	23.2
5th	1.5	3.6	5.2	37.6	25.8	26.3
6th	.5	1.0	2.6	35.6	20.6	39.7

TYPES OF COVID-19 MESSAGES DELETED OR IGNORED INSTANTLY

Variable	Frequency (N=194)	Percentage (%)
• Factual/Educational	7	3.4
• Factual+funny	29	15.3
• funny/jokes	72	36.1
• Fearful	83	41.7
• Discussions	40	20.1
• Misinformation/Rumors	178	88.4

IMPORTANCE OF WHATSAPP IN CREATING AWARENESS-

Different Sources of Covid-19 Updates.

Percentages (%) / Responses	Getting Covid-19 updates from-	Heard first time at-	Heard most of the times-
• Social Media	61.8	23.2	28.9
• WhatsApp	58.3	4.6	11.9
• Paper/E-News	80.4	49.5	36.1
• Radio, TV	63.3	18.0	19.1
• Word of mouth	38.2	4.6	3.6
• Poster/flyer	15.6	0	.5

USERS PERCEPTION AND ATTITUDE TOWARDS COVID-19 MESSAGES-

Opinions on WhatsApp messages.

Responses	Frequency (N=194)	Percentages (%)
• Easily create awareness	134	69.1
• They tickle your funny bone	37	19.1
• Creativity in messages helps remember it	77	39.7

CONCLUSION

- WhatsApp could be used as an important platform for circulating health messages due to its high reach and acceptability factors.
- WhatsApp could play a significant role in awareness and knowledge of the disease and risk perception.
- Discussions within groups increase awareness about disease and does not let an issue fade away from memory.
- Messages could be designed by weaving in the elements -funny and factual as reported by the people.

PART B: REPORT ON ONLINE COURSE- QUALITY ASSURANCE IN HEALTH CARE

- Course Description-
- Objectives of the Course-
- Course contents-
- Learning Methodology used in the Course-
- Key Learnings from the Course-

COURSE DESCRIPTION

- It’s a 60 hours long self-placed course.
- Consist of 10 self-learning Chapter.
- Designed by Prof. S.D. Gupta, Public Health expert .
- Available online at IIHMR University’s free Moocs platform.

OBJECTIVES OF THE COURSE

- *Broad objective-*
- To improve participants' knowledge of the concept of quality.
- Develop skills in the implementation of the Sustainable Quality Assurance Program in the Health Systems and Hospitals.

SPECIFIC OBJECTIVE

- To familiarize and understand the of Quality Assurance (QA)
- To understand the scope of QA.
- To understand the importance of standards, indicators, benchmarks in QA.
- To understand the QA process and develop skills to use various quality improvement tools.
- To develop skills of monitoring and supervising the quality of services.
- To increase leadership effectiveness and learn the process of building effective teams for quality.
- To plan and implement QA Program in the health system and hospitals.

COURSE CONTENTS

- Chapter-1 (Quality Assurance Concepts)
- Chapter-2 (Quality Assurance Approach)
- Chapter-3 (Setting Standards)
- Chapter-4 (Monitoring Quality and Supervision)
- Chapter-5 (Assessment of Quality)
- Chapter-6 (Quality improvement tools)
- Chapter-7 (Medical Audit)
- Chapter-8 (Leadership)
- Chapter-9 (Team Building)
- Chapter-10 (Plan of Action

LEARNING METHODOLOGY USED IN THE COURSE-

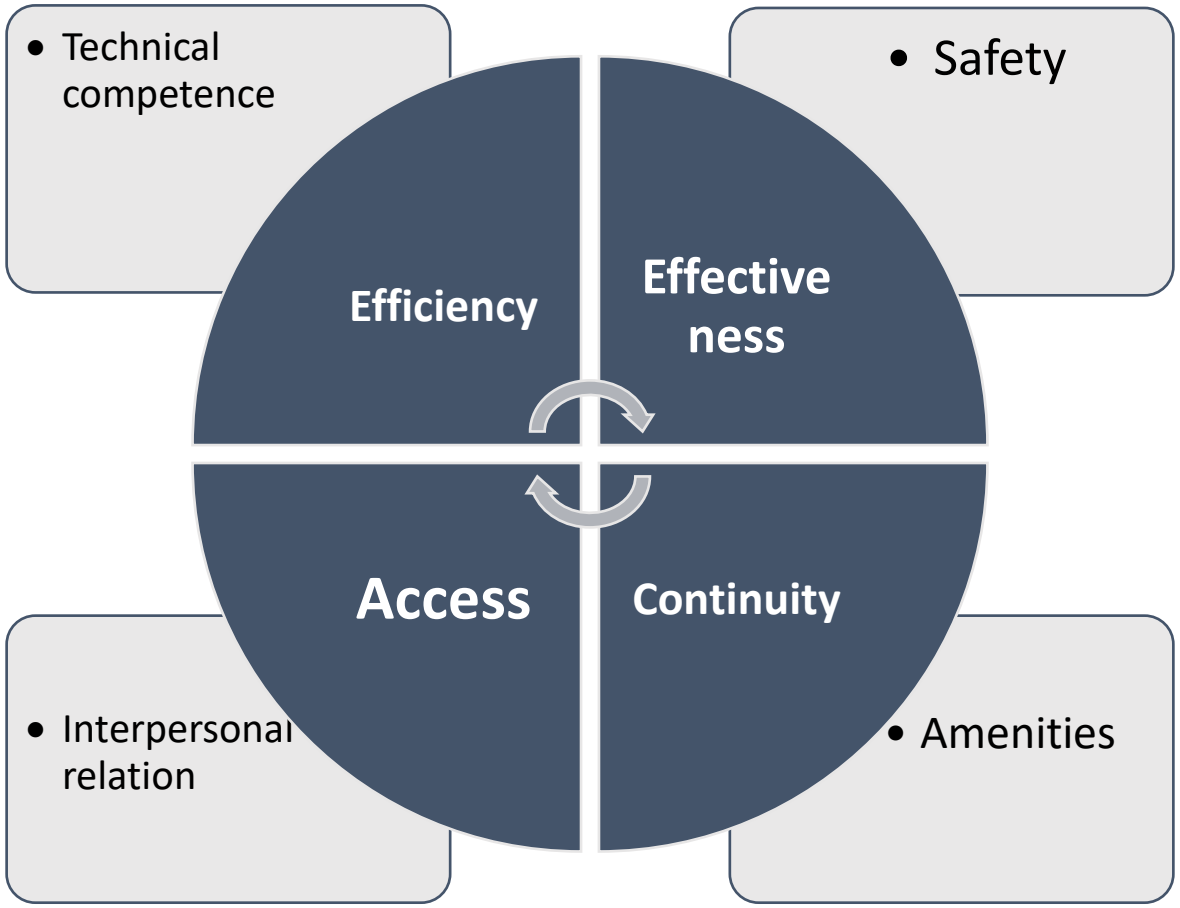
- *Reading material (text)*- 10 Chapters in total with different objectives and reference material for the same.
- *Ppt*- One in each Chapter
- *Assignment*- Each Chapter has set of exercise with expert's review.

KEY LEARNINGS FROM THE COURSE: *CHAPTER-1(QUALITY ASSURANCE CONCEPTS)*

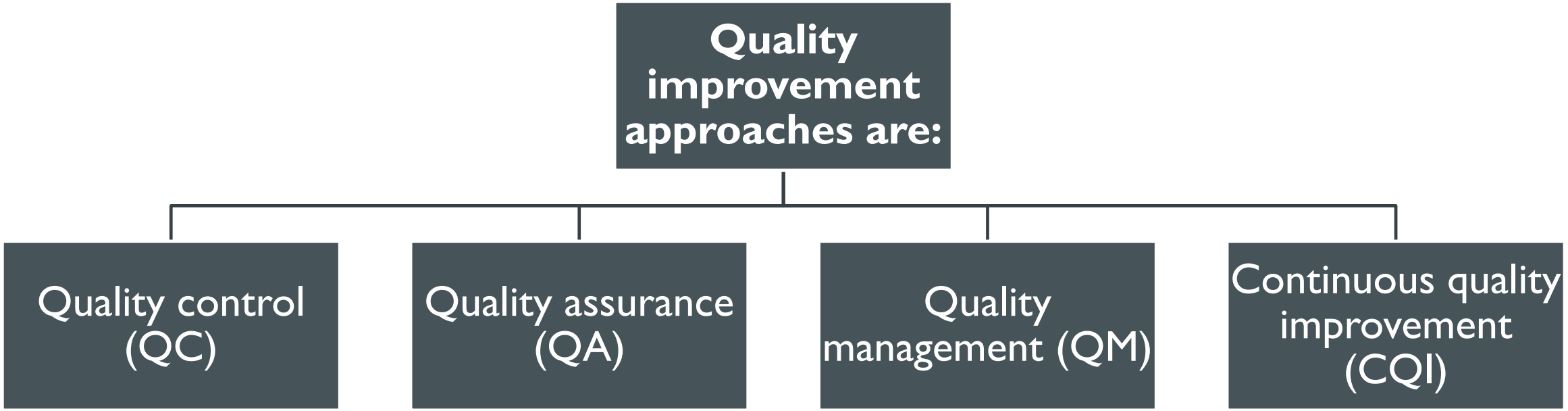
- **The concept of quality is different to different group of people: -**
- *For patient-* Effectiveness, Accessibility, Relationship, Continuity, and Amenities.
- *For provider -* Technical competence, Effectiveness, and Safety.
- *For managers -* Efficiency and effectiveness, Program goals, Technical components of staff, and Performance indicators.

Dr. Donna Baden in 1966 proposed system framework with three dimensions

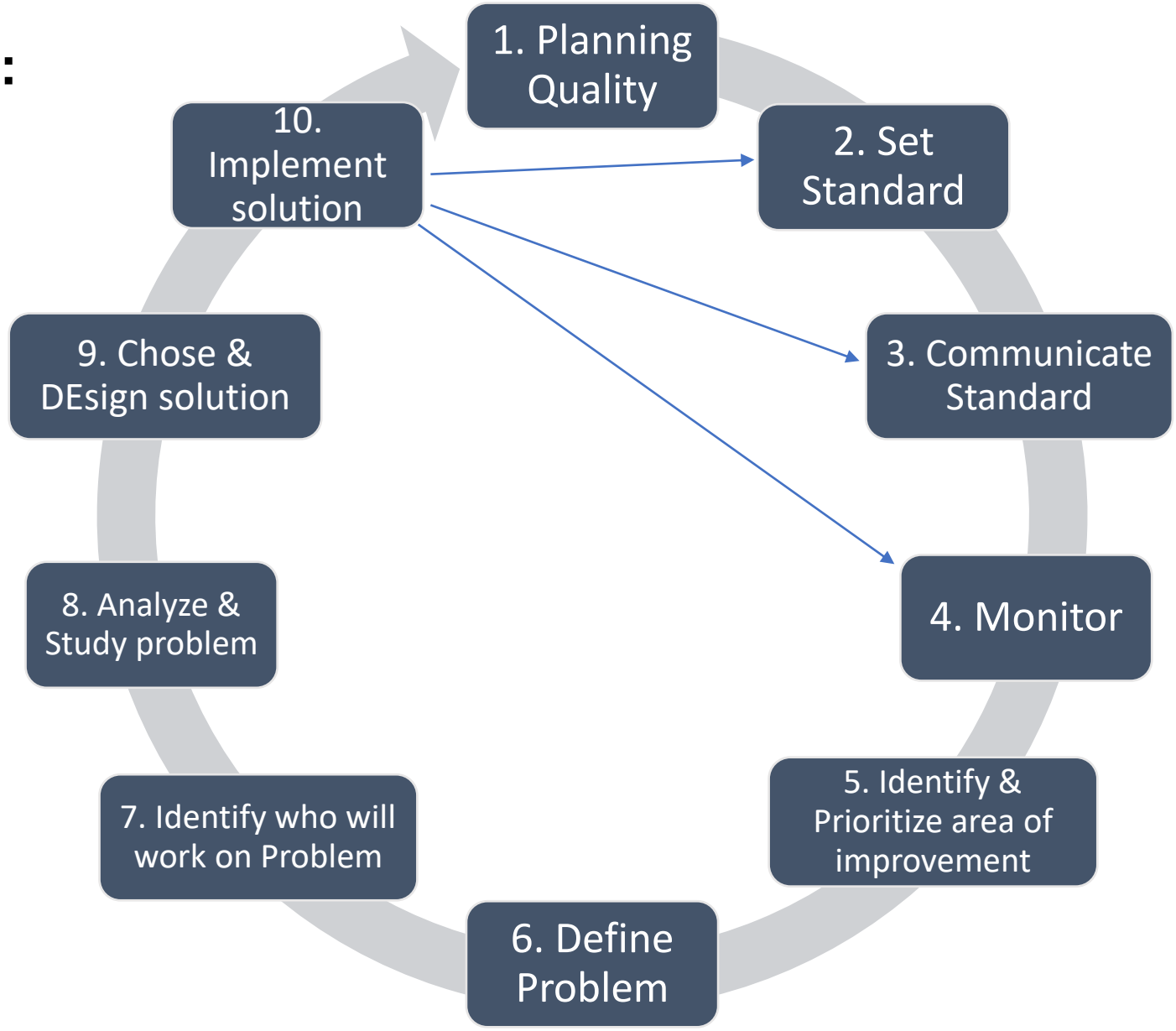
QUALITY IS MULTI-DIMENSIONAL



CHAPTER-2(QUALITY ASSURANCE APPROACH)



Quality Assurance Cycle:



QA is 10 steps cyclical, dynamic, and ever improving process.

CHAPTER-3 (SETTING STANDARDS)

What is Standard?

- Standard is a statement of expectations for Inputs, Process, and outcomes at the health system.
- The standards are written & Explicit, these are specific, measurable, achievable, reliable, and valid.

Indicators and Threshold:

- Indicators are measurable variable that can determine degree of achievement of standard.
- It can be clinical or non-clinical.
- Minimum and maximum levels of standards are called Threshold levels

PROCESS OF DEVELOPING STANDARD

- *Step 1-* Identification of function or service and the prioritizing based on indicators like- high volume, high risk, problem prone, ability, economic feasibility, and impact.
- *Step 2-* Identifying inputs, process, and outcomes for the function or services chosen.
- *Step 3-* Define quality characteristics for ‘key elements’ in inputs, process, and outcome.
- *Step 4-* Develop standard by expert in different formats (e.g. statement, guidelines, Algorithm, pathway etc).
- *Step 5-* Access appropriateness of standard weather it is workable, reliable, and convergent.

CHAPTER-4(MONITORING AND SUPERVISION)

Establishing quality monitoring system:

Identify information needs - the service area which is most important.

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Select indicators based on few criteria and expressed them in the form of rate, ratio, percentage and average.

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Collection of data by deciding appropriate method, tools, and strategy.

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Storing of data for retrieval easily for analysis.

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Dissemination of information using different strategies, at two different level-

(a) Feedback to see staff.

(b) Disseminating to external audience

CHAPTER-5 (ASSESSMENT OF QUALITY)

purpose is to identify the gaps between expectation and actual service.

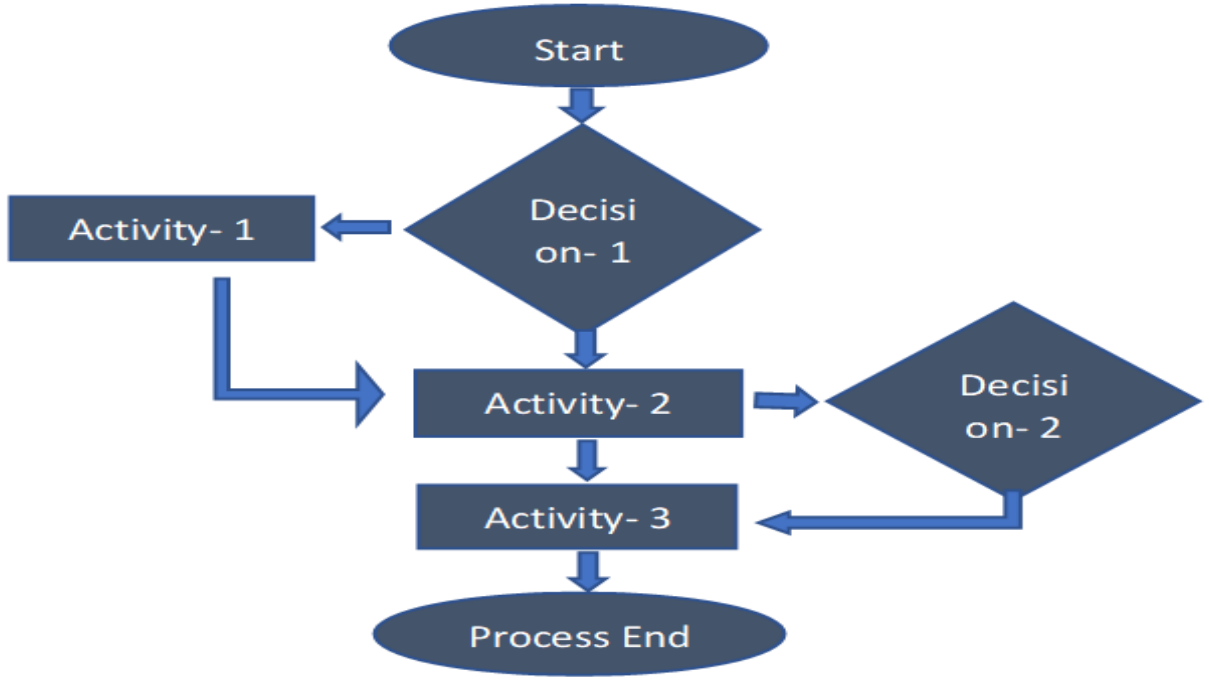
includes assessment of structure/input, Process, and Outcomes.

Quality assurance approaches:

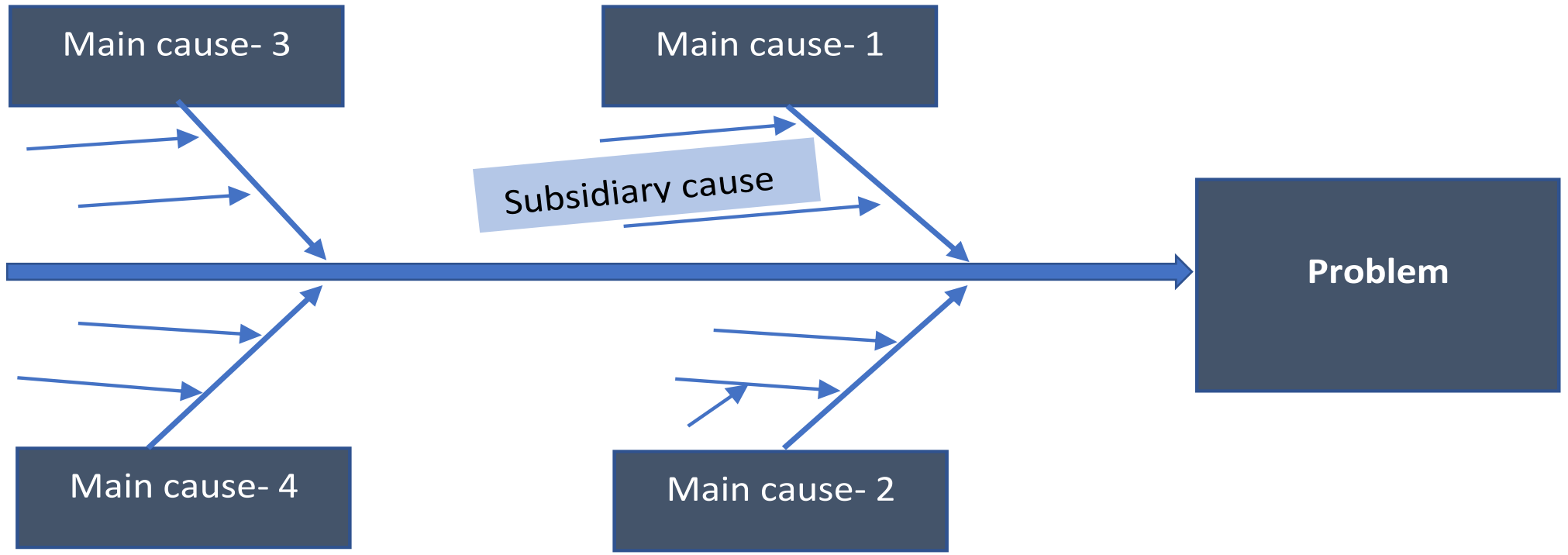
- Situational analysis-
- Mystery client studies-
- Client satisfaction studies
- Patient flow analysis-
- Focus group discussions-
- Operation research-

CHAPTER-6 (QUALITY IMPROVEMENT TOOLS)

1. *Brainstorming-* It is a supportive tool and an excellent technique for generating ideas of all the possible causes.
2. *Flowchart-* Used to analyse the sequence of activities and break up it into sub-steps.



1. *Cause effect/Fish bone diagram-* Helpful in determining both the primary and the secondary causes of a problem and analysing ideas generated from brainstorming.



4. PARETO CHART-

Cause	Number	% of Total	Cumulative%
A	32	44	44
B	26	27	77
C	8	11	82
D	6	8	90
E	4	5	96
F	3	4	100

- Few vital factors are identified.
- A & B are vital (few) causes seventy-seven percent of total.
- Rest is useful (many) Causes 23% of total.

CHAPTER-7 (MEDICAL AUDIT)

Definition:

- Medical Audit is the evolution of Medical Care, through analysis of medical record.

On-the-spot medical audit:

- The team goes to a ward and carried out audit, when patient & treating team is available.

METHODOLOGY

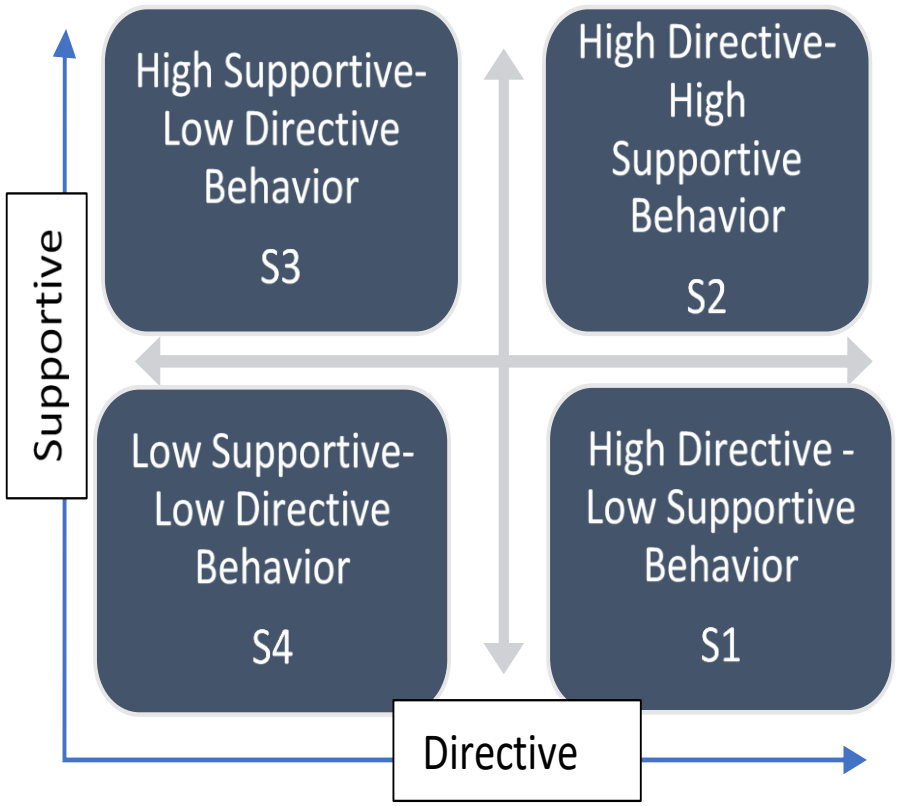
There are six major steps in conducting medical audit-

1. Selection of a disease and criteria development
2. Selection of cases with diagnoses
3. Work sheet preparation
4. Case sheet evaluations and tabulation
5. Analysis of data
6. Preparation and presentation of reports

CHAPTER-8 (LEADERSHIP)

- Leadership is the process of influencing others in a desired direction.
- It is a function of three factors- the leader, the team, and the situation.
- People at different levels are empowered to take up leadership rule.
- There is no universally best leadership style, it’s all depends on the situation.

Four basic Leadership style:



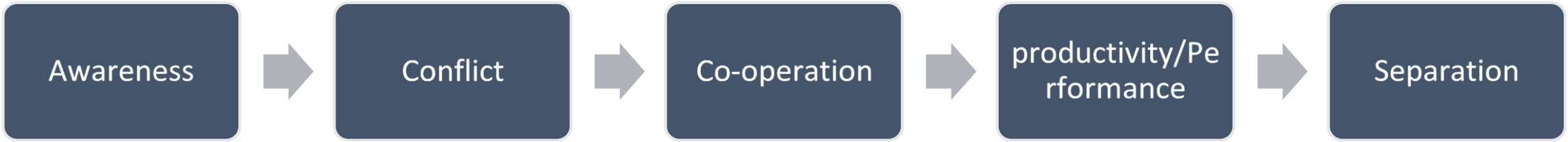
Developmental levels and Preferred Leadership style:

Developmental Levels-	D-1	D-2	D-3	D-4
Characteristics -	High competency High commitment High teamwork	Any 2 High 1 Low	Any 2 Low 1 High	Low competency Low commitment Low teamwork
Leadership Style-	S1- Directive	S2- Coaching	S3- Supportive	S4- Delegating

CHAPTER-9 (TEAM BUILDING)

- A team is a group of people working for a common purpose and goal.
- Teams are different from groups.
- Four essential elements of teams are common goal, interdependence, commitment, and accountability.

Process of building team:



CHAPTER-10 (PLAN OF ACTION)

- The Plan of Action is the final step in the process of developing and implementing Quality Assurance in Health care Organizations.

Process of Developing a Plan of Action:

Thank You