

Summer Training Report

By

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MBA (Hospital and Health Management)

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Acknowledgements

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Lastly, I would like to commend the Coursera Platform for providing access to the online course that has enabled me to gain in depth knowledge about eHealth.

Sonia Maria Jose

PART 1

Report on Work from Home Assignment

(Research output based on work from home assigned by faculty)

17th April 2020 – 10th July 2020

**Study on perception of working individuals
towards Work from Home (WFH) during
the COVID-19 Pandemic**

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Study on perception of working individuals towards Work from Home (WFH) during the COVID-19 Pandemic

CHAPTER 1 : INTRODUCTION

Coronavirus disease [1], also known as COVID-19 is an infectious disease that is caused by a newly discovered coronavirus which is transmitted through droplets generated by an infected person when they cough, sneeze or exhale or by touching any contaminated surfaces and then the mouth, nose or eyes. The outbreak of coronavirus was first reported in December, 2019 in China which further spread to various parts of the world, including India which reported its first case in January, 2020. In an effort to combat the spread of disease, nationwide lockdown was imposed in India from 24th March 2020 and was extended many times due to increasing number of cases.

Owing to the situation at hand, many organizations allowed employees to “**Work from Home**”. Work from home is concept of working that does not require the employee to travel to the place of work. Instead they perform their work activities from their place of residence, allowing greater flexibility. With the spread of coronavirus requiring social distancing, it wasn’t feasible to allow employees to work from office due to lack of adequate space between work stations. Further with the imposition of nationwide lockdown, it made it impossible to travel to work places unless in essential services. Thus many organizations initiated “**Work from Home**” for their employees as a safety measure to avoid transmission of virus among its employees. This ensured continued functioning of the organization while employees performed their tasks from home safely. However, employees, whether they want or not, have to perform their work from home under situations that may not be conducive. This calls for an assessment the impacts of working from home under such unprecedented situations.

Objectives

The study was conducted with the following objectives in mind :

- To assess perception of working individuals towards work from home
- To assess adherence to social distancing & hygiene norms while working from home
- To assess the impact of social distancing on a working individual
- To study the measures undertaken to deal with social distancing
- To suggest possible measures to deal with problems faced

CHAPTER 2 : METHODOLOGY

It is an **exploratory study** to determine the impact of working from home under the restrictions of COVID-19 in place. **Convenience sampling** was used to determine the samples through a survey questionnaire made using Google forms (Annexure 1) which was carried out from **17th April - 20th May, 2020**. The survey link was sent to known Indian workers through the medium of WhatsApp. **Sample size** consisted of **101 respondents**. Responses from the participants were recorded and analysed through MS-Excel to assess impact on workers working from home.

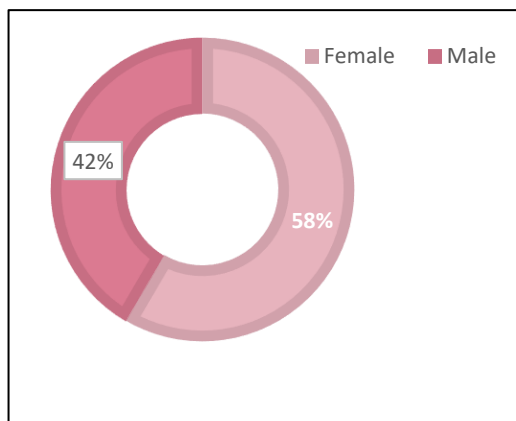


Figure 1 : Gender wise sample distribution

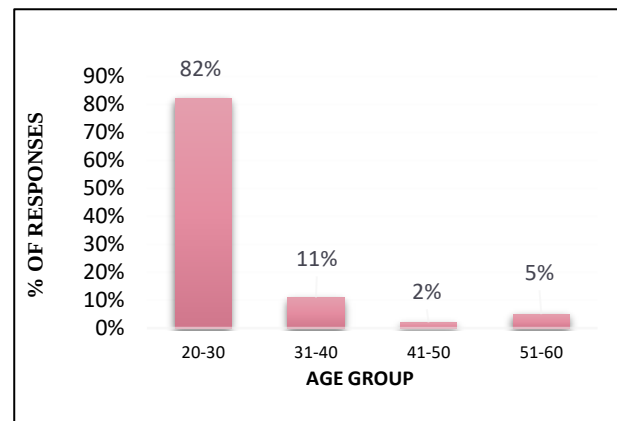


Figure 2 : Age-wise sample distribution

The sample consisted of 58% female and 42% male between the age group of 20-60 years with majority responses (82%) from the 20-30 age group.

The respondents were working in private sector, public sector or self-employed.

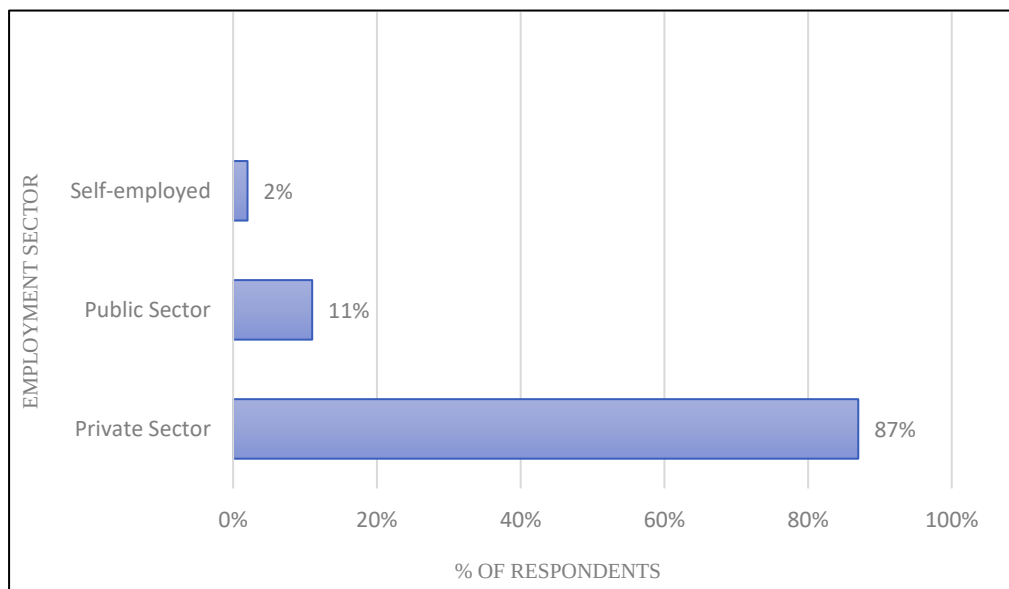


Figure 3 : Distribution based on employment sector

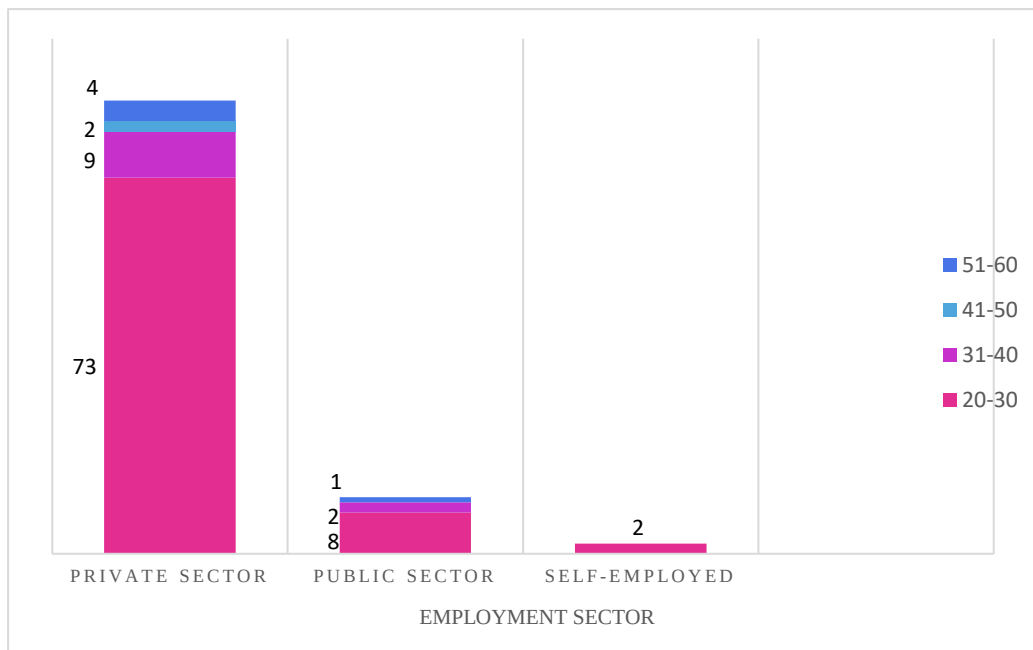


Figure 4 : Employment sector distribution based on Age group

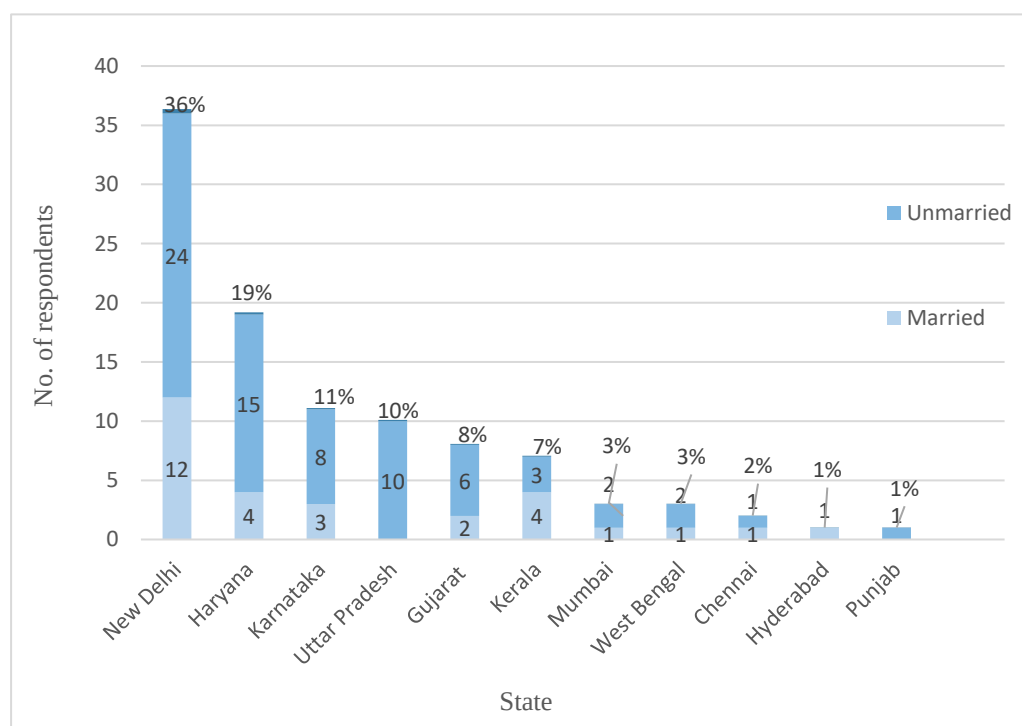


Figure 5 : State and marital status based distribution

As per figure 5, responses were received from 11 different Indian states of which 29% were married and 71% were unmarried.

CHAPTER 3 : DATA COMPILATION AND ANALYSIS

I. Perception of working individuals towards work from home :

Due to the unforeseeable spread of pandemic all over India, there wasn't adequate time to optimize necessary resources for efficient work from home when lockdown was imposed. Perception of respondents were gauged towards work from home based on their perception of its efficiency, feasibility, time management, ability to maintain work life balance. These statements aimed to gauge the feasibility of working from home in terms of ease of working, convenience, efficiency, time management.

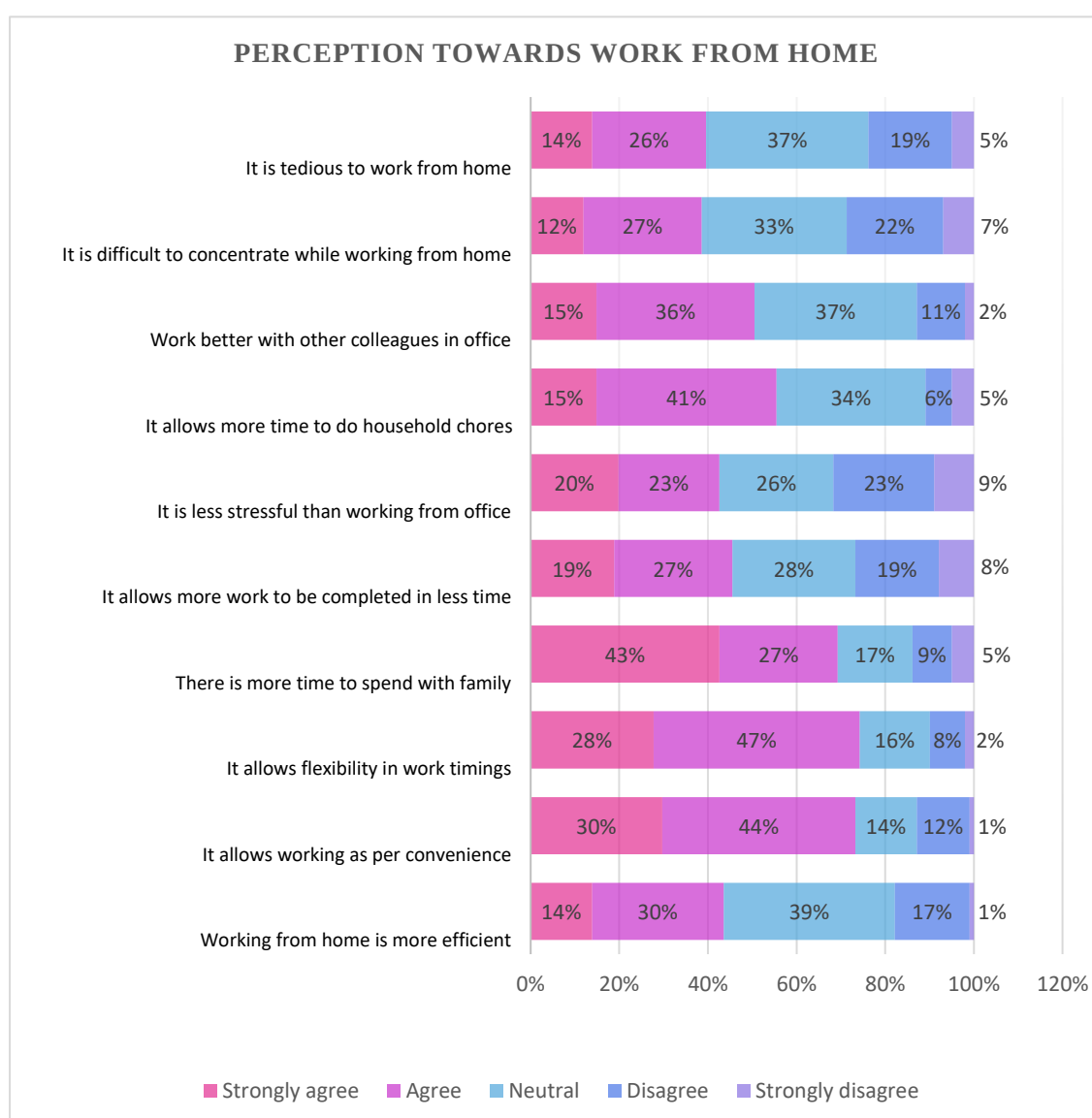


Figure 6 : Perception towards work from home

Based on the above statements, 43% found working from home efficient while 50% found it better to work with other colleagues in office. 74% reported that work from home allows greater flexibility in work timings and 45% reported completion of tasks within less time. 40% of the respondents were of the view that it's difficult & tedious to work from home while 39% of the respondents found it difficult to concentrate while working from home. On assessment of challenges faced while working from home, lack of proper work station has been stated the most followed by connectivity/internet issue.

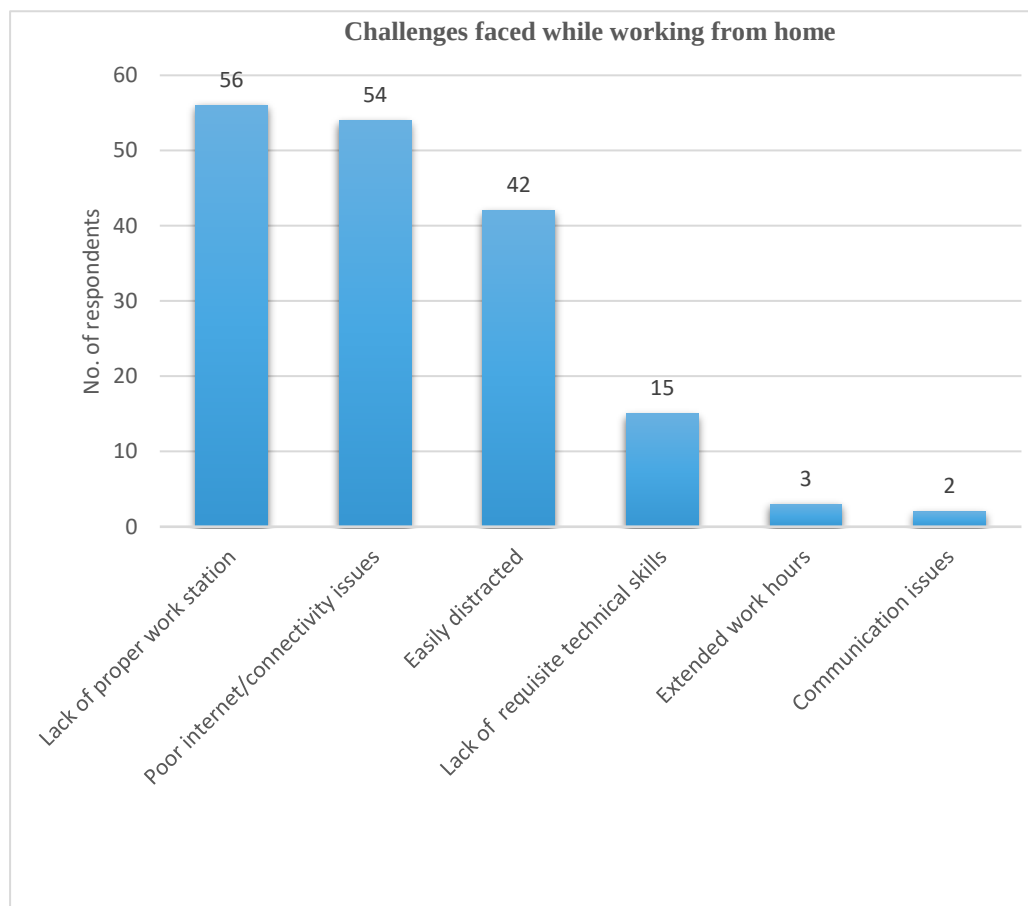


Figure 7 : Challenges faced while working from home

Many articles on the internet throw light on the challenges faced working from home with coronavirus around.

Easy distractions, difficulty in collaboration, lack of dedicated workspace, frequent interruptions, feeling lonely or isolated as a result of physical distancing, lack of choice of in-office days are most commonly stated as challenges to working from home [2] [3] [4].

II. Assessment of adherence to social distancing and hygiene practices :

To assess the adherence to hygiene norms while working from home, responses were recorded on 5 parameters i.e. :

- a) Washing hands on a regular basis
- b) Usage of mask while venturing out
- c) Covering mouth while coughing/ sneezing into elbows
- d) Cleaning and disinfecting touched surfaces regularly
- e) Maintaining appropriate distance while interacting with others

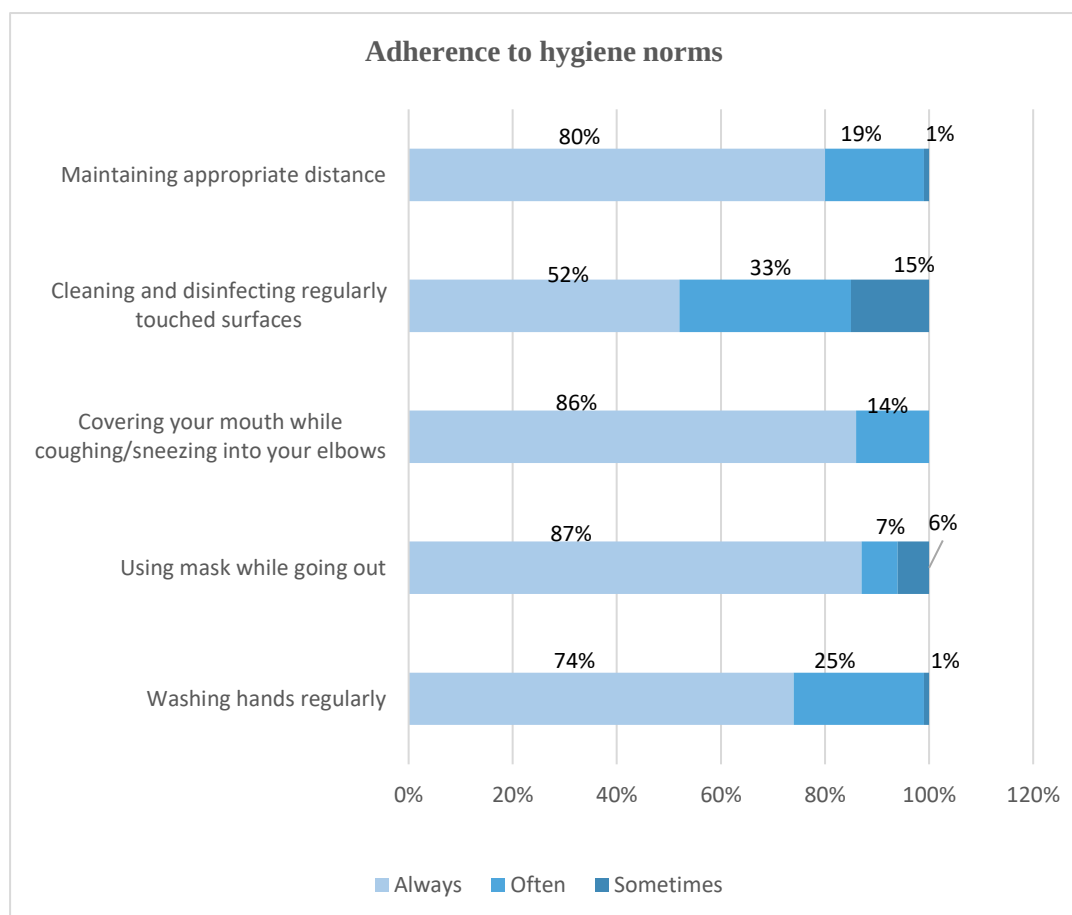


Figure 8 : Adherence to hygiene norms

Out of all the 5 practices, the practice followed the most was “Usage of mask while going out” while the one least followed is “Cleaning and disinfecting regularly touched surfaces”.

III. Assessment of impact of social distancing on a working individual

During this period of lockdown, not having to commute to office, respondents had more time at their hands. They were able to perform their household chores, spend more time with family, learn a new/desired skill such as cooking, sketching, online courses etc. whereas few reported difficulty in time management and extended hours of working. Many studies have highlighted the benefits of physical exercise towards job performance [5] [6]. However, pre-lockdown, 38% of the respondents were exercising regularly while post-lockdown there was a minor increase to only 40%.

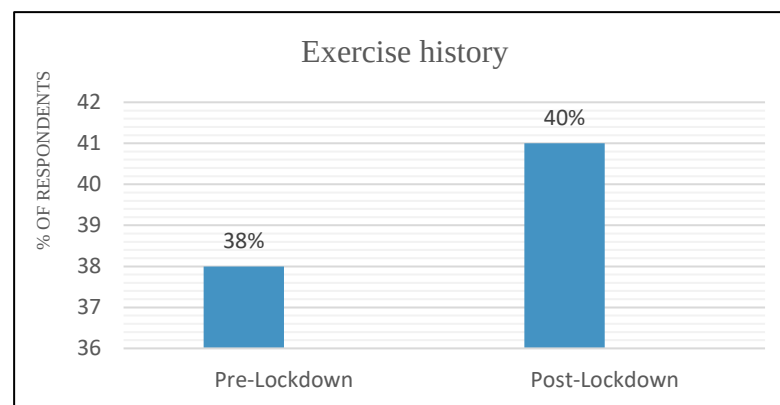


Figure 9 : Exercise history Pre and Post Lockdown

Due to nationwide shut down, economic activity in India declined steeply resulting in many lay-offs and salary cuts [7]. 56% of the respondents were worried about their finances, 27% had experienced a pay cut in their salary and 18% had experienced worry about being laid off.

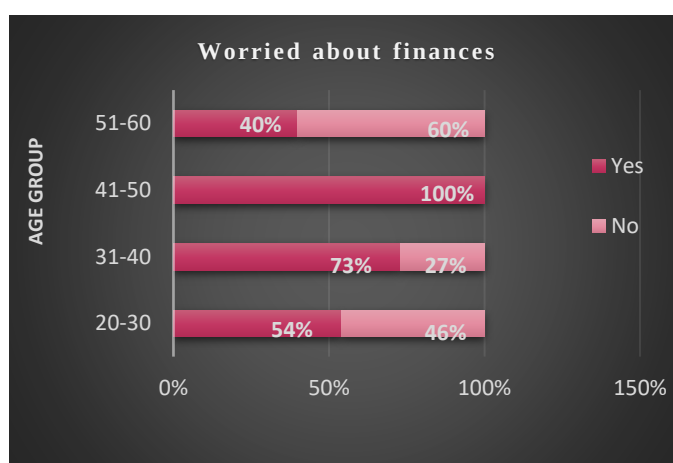


Figure 10 : Data of respondents worried about their finances

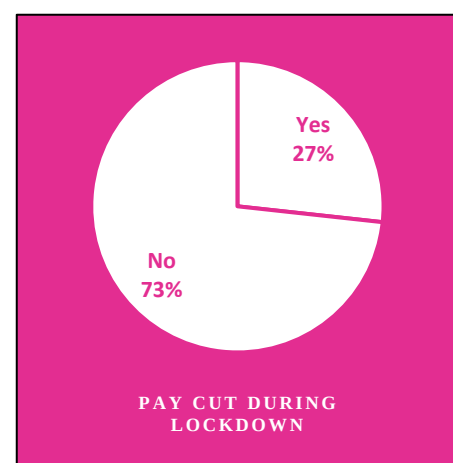


Figure 11 : Experienced pay cut during lockdown

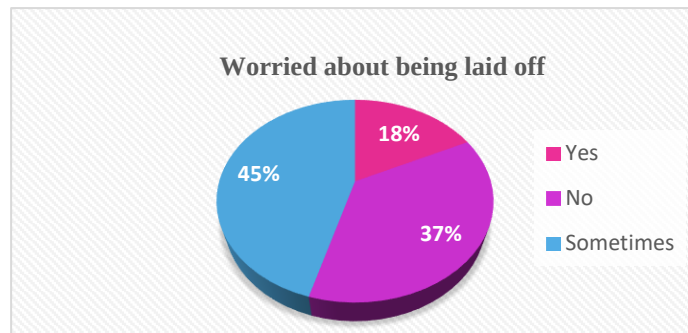


Figure 12 : Data of respondents worried about being laid off

Up to 37% of the respondents agreed to having trouble falling asleep while 76% reported a change in their sleeping pattern.

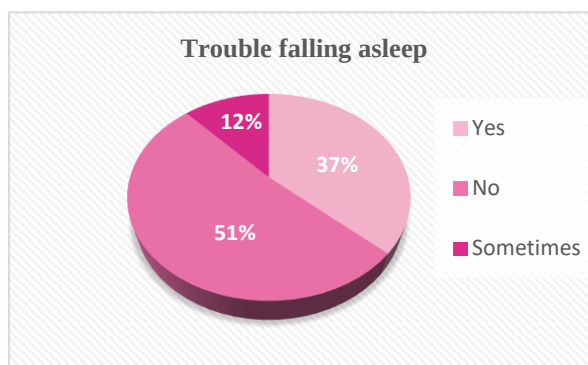


Figure 13 : Data of respondents having trouble falling asleep

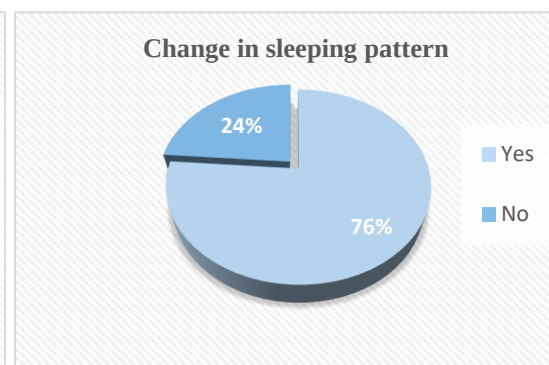


Figure 14 : Data of respondents experiencing change in sleeping pattern

On being assessed emotionally for having felt tired, irritated, depressed, stressed during this period, almost everyone expressed having felt one or the other during this period, majorly feeling tired, irritated.

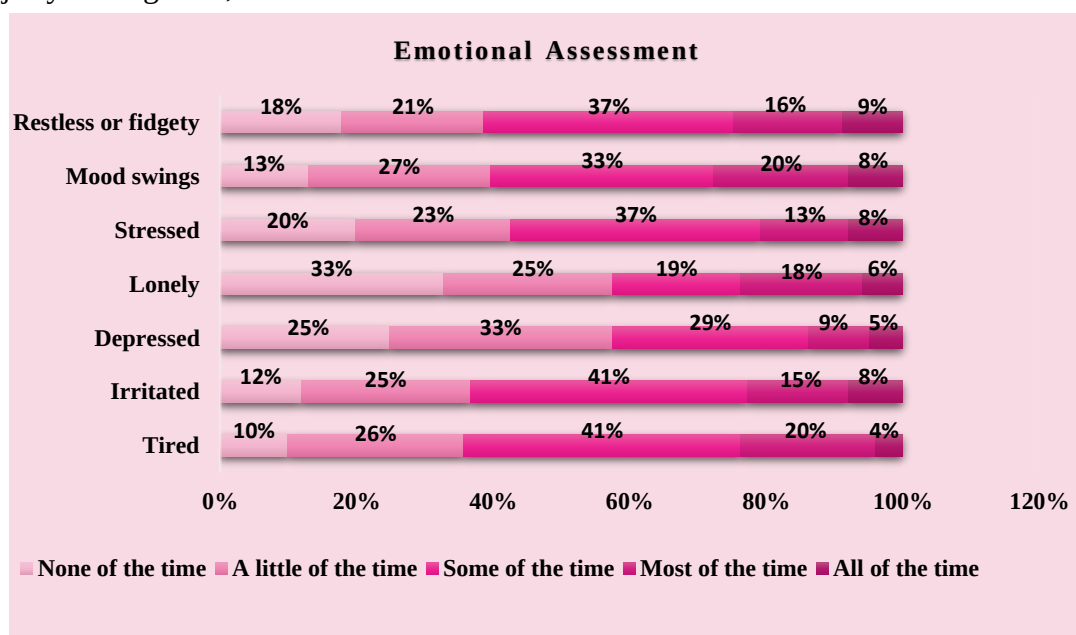


Figure 15 : Emotional Assessment of respondents

As people are working in isolation, facing problems such as lack of dedicated work space, no choice of in-office days, connectivity problems, communication problems, extended hours of working, easy distraction through family members, managing household chores simultaneously, it may result in feeling tired, irritated, depressed or lonely at times.

IV. Measures undertaken to deal with social distancing

In order to understand how respondents dealt with the excess time in hand, being forced to the confines of their home as a safety precaution, a list of activities were provided among which the respondents had to choose from or provide their own.

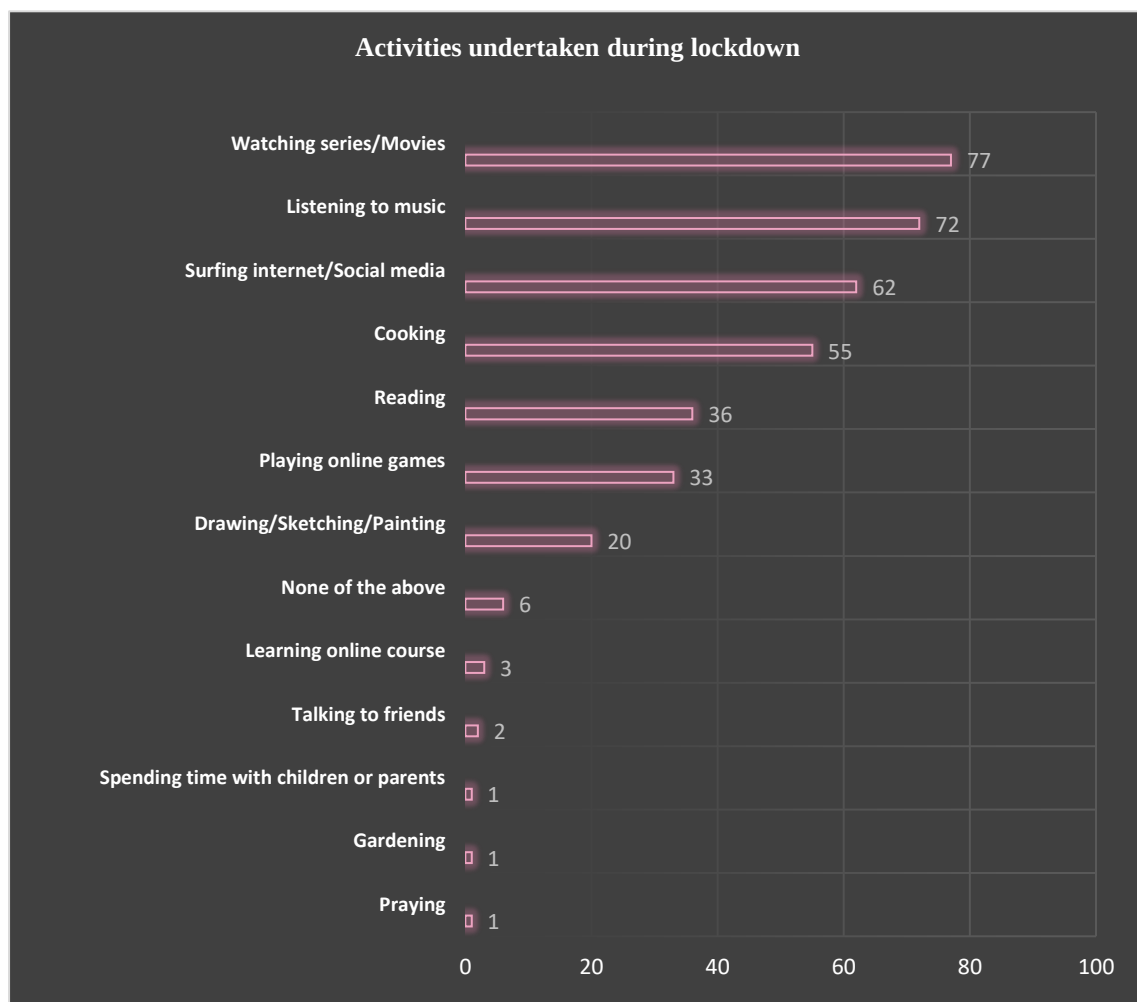


Figure 16 : Activities undertaken during the period of lockdown

Watching series/movies received the highest number of responses followed by listening to music and surfing internet/social media. Other activities that received significant responses were cooking, reading, playing online games, drawing.

CHAPTER 4 : RESULTS AND DISCUSSIONS

Based on this study, a consensus cannot be drawn between work from home and work from office. With varied perceptions regarding work from home, it is difficult to ascertain what is more suitable. During this period, the respondents were found to practice social distancing norms for ensuring their own safety against COVID-19. However 56% reported feeling worried about their finances, 27% reported having had a pay cut in their salary and 18% were worried about being laid off which could have been a cause for sleep troubles and needs to be looked into further. Additionally with increased duration of working hours, negligible social interaction, lack of sufficient physical activity, it may have resulted in feeling tired, isolated or irritated. With ease of access to work and increased time duration of working, productivity may increase immediately but it cannot be guaranteed for the long term if the employees feel burned out by constant juggling of work and personal life at one place. Stanford economist Nicholas Bloom states “The global work-from-home movement intended to maintain output and efficiency during the COVID-19 pandemic could actually generate a worldwide productivity slump and threaten economic growth for many years”. He reasons it due to lack of proper work station, working alongside kids or other family member causing distractions, lack of ability to choose not to work from home as well as no in-office days. Thus one size may not necessarily fit all. As work from home is here to stay for the time being, there is a need for greater research on work from home in such situations to bring about necessary reforms.

CHAPTER 5 : CONCLUSION AND RECOMMENDATIONS

This study does not provide a definitive nod to work from home as people differ in their perception towards work from home and its effectiveness. Given the current scenario of increasing cases, work from home may be here to stay for some time. Without a consensus, continual work from home without addressing the above concerns and challenges could turn detrimental to the workers as well as to the organization. Based on the analyses of perception towards work from home as well as to counter the challenges faced, few suggested measures to deal with the pressures of working from home can be [8] :

- Maintain dedicated workspace where you only perform work activities
- Make a routine of starting work on time and logging out on time
- Ensure work life balance by shutting off work after working hours
- Perform regular exercises for ensuring physical and mental health well-being
- Maintain connections with colleagues through social media interactions
- Use excess time to learn a new skill, talking to friends or any other activity that simulates the mind
- Organization may schedule remote online activities to build team spirit on monthly basis & also provide counselling services for the employees who may face issues while working from home

More in depth research needs to be done in order to understand the physical as well as psychological impacts of working from home despite not wanting to. If working from home is here to stay for the long term, there is a need for identifying a system that can work around the drawbacks of working from home and benefit both the individual and the company in the long run.

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ANNEXURE

QUESTIONNAIRE (<https://forms.gle/6PYERnvwYovxYuS5A>)

1. Email address :
2. Age : 20-30, 31-40, 41-50, 51-60, 60+
3. Gender : Female/Male/Other
4. Employment Sector : Private/Public/Self-employed
5. City of Employment :
6. Marital Status : Married/Unmarried
7. Since how long have you been staying put at home?(duration is days)
8. Have you been maintaining adequate social distance as advised to prevent spread of COVID-19? (Always, often, sometimes, not really)
9. Have you been following hygiene norms specified below?
(Always/Often/Sometimes)
 - Washing hands regularly
 - Use of mask
 - Covering your mouth while coughing/sneezing into the elbow
 - Maintaining an appropriate safe distance
 - Cleaning and disinfecting touched surfaces regularly
 - Others(specify)
10. Indicate your level of agreement to the following statements related to “Work from Home” : (Strongly Agree –Strongly Disagree)
 - Working from home is more efficient
 - It allows working as per convenience
 - It is difficult to concentrate while working from home
 - It is tedious to work from home
 - It allows flexibility in work timings
 - There is more time to spend with family
 - It allows more work to be completed in less time
 - It is less stressful than working from office
 - It allows more time to do household chores
 - Work better with other colleagues in office
11. What are the problems faced while working from home?
 - Lack of requisite technical skills

- Lack of proper work station
- Poor internet connectivity
- Easily distracted
- Other

12. Did you exercise regularly before lockdown?

13. Are you able to exercise regularly at home during lockdown?

14. Did you learn any desired/or new skill(s) during this period? If yes please specify

15. Are you worried about your finances?

16. Do you have trouble falling asleep during lockdown?

17. Are you worried about being laid off during this period of economic crisis?

18. Have you noticed any changes in your sleep pattern recently?

19. How often have you felt any of the below during this period?

(All the time, Most of the time, Some of the time, A little of the time, None of the time)

- Tired
- Irritated
- Depressed
- Lonely
- Stressed
- Mood swings
- None
- Others(Specify)

20. If checked any of the above, what measures have you undertaken to deal with it?

- Surfing internet/social media
- Watching series/movies
- Listening to music
- Playing online games
- Cooking
- Reading
- Drawing/Painting/Sketching
- Learning online courses
- None

Part II

Report on Online course

eHealth-More than just an electronic record

Offered by : University of Sydney

Platform : Coursera

4th May 2020 – 7th June 2020

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eHealth- More than just an electronic record

I. Course Description

Technology has become one of the industry that is growing at a fast pace. The advancements made has helped enhance human life in many ways. One such way is through its entry in the health sector. Gone are the days when you had to visit the clinic or hospital, make appointment and wait for your turn to meet the doctor. With advent of technology, this can all be done from the comfort of our homes with a click of a button.

e-health is an emerging field that lies at the intersection of medical informatics, public health and business, catering to health services and information, delivered or enhanced through the Internet and related technologies. It refers to how technology is enabling a new delivery of health services, health efficiencies, and overall improvement to health quality. It empowers the individual to be more engaged in their own health as well as own information about their health.

In a broader sense, the term characterizes not only a technical development, but also a state-of-mind, a way of thinking, an attitude, and a commitment for networked, global thinking, to improve health care locally, regionally and globally by using information and communication technology.

The coverage of the course spans :

- The fundamentals of eHealth
- Health data being currently collected and how it will transform healthcare in the future
- Effectiveness of new technologies in helping health consumers participate in their own healthcare
- How eHealth can improve the coordination and efficiency of healthcare and barriers existing

II. Objectives of the course

This course is multidisciplinary in nature and aims to equip the global audience of health clinicians, students, managers, administrators, and researchers to reflect on :

- Overall impact of eHealth
- Integrating technology with healthcare
- Application of technology in healthcare
- Identifying emerging trends in local and global eHealth practice and research

It goes on to explore the various ways to optimise health in order to provide maximum satisfaction to the one who requires care. Through electronic maintenance of health records, access to health related data for speedy action, ensuring data privacy and the various ways it can be made use of for both provider and the receiver aims to ensure optimum performance.

eHealth is not simply maintenance of electronic health records but encompasses the nuances of setting up the entire system electronically in order to enhance the healthcare experience.

III. Learning methodology used in the course

The course was delivered through video lectures. Industry experts provided their views on various practical aspects based on real life cases and provided valuable inputs. Relevant cases were put forward. Assignments were given in each module to assess knowledge regarding existing eHealth practices. At the end of each module, links to reading material has been provided relevant to the particular concept under discussion to further enhance the existing knowledge. Through discussion prompt, students taking the course could express their views on what eHealth means to them, their usage of health based apps and discuss other things related to the course. It further introduces us to other peers learning the course to have discussion on it and share viewpoints. Each module consisted of quiz(s) that aimed to determine the extent of understanding of the concepts.

IV. Course Contents

The eHealth Course consists of 5 Modules to be covered within a period of 5 weeks requiring 15 hours in total. Each module consists of lessons, assignments and reading material at the end. It consists of 2 graded peer review assignments in Module 2 & Module 5 that had to be submitted for successful completion of course.

Module	Topic	Hours to complete	Duration of completion
Module 1	What is eHealth?	2 hours	4-10 th May 2020
Module 2	Health in our Hands	5 hours	11-17 th May 2020
Module 3	Data and the "Quantified Self"	1 hour	18-24 th May 2020
Module 4	Interacting with Health Professionals using New Technologies	2 hour	25-31 st May 2020
Module 5	eHealth in Professional Practice	5 hours	1-7 th June 2020
Total hours/weeks		15 hours	5 Weeks

Module 1 : What is eHealth? (1st Week)

The first module begins with a brief introduction of eHealth, the various components of eHealth, the challenges to eHealth and its future prospects. It defines eHealth from the perspective of both healthcare consumer as well as the healthcare provider.

Through an online assessment “Learn about current and futuristic examples of eHealth technologies in practice”, awareness regarding eHealth in current practice was identified. It gave in detail the various existing as well as future challenges faced by eHealth seeing its growing popularity such as requisite funds to implement it, access to high speed internet, technical know-how, training for both the consumers and healthcare professionals, data privacy, a greater span of education on how health can be controlled by the individual, controlled by the health care provider, and controlled by Allied Health teams.

It calls for recognizing an eHealth model through an intersection of 3 key eHealth domains:

- a) Health in our hands
- b) Data and the “Quantified Self”
- c) Interacting with health professionals through new technologies



Figure 1 : Domains of eHealth

This model encompasses the components of eHealth requisite for successful implementation and usage of the same worldwide. It guides the provider as well as the consumer the advancements that needs to be adopted and implemented to ensure a better healthcare experience.

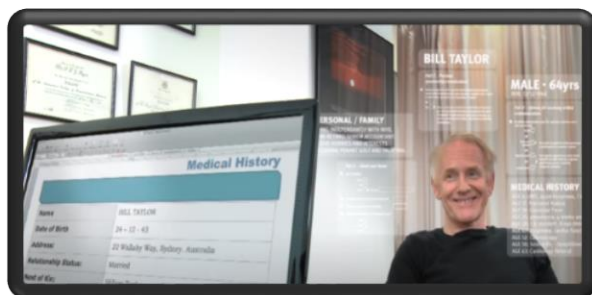
These models of eHealth thereby enable conduction of healthcare business, involving all of the clinicians and everyone who's going to use it to make sure that the eHealth strategy actually improves the way work is done.

Experts brought forward their views as to the challenges existing for successful implementation such as

- Lack of information about eHealth among relevant stakeholders
- Need for educating the students to be able to use the eHealth facilities and adapt to the changes in the future
- A shift in mind set to not content self with the existing resources but adapt to the changes for ensuring “seamless, coordinated and connected care” while dealing with healthcare consumers to enhance their experience
- Education for deciphering the health data by consumers
- Using technology for health needs
- Ensuring data privacy

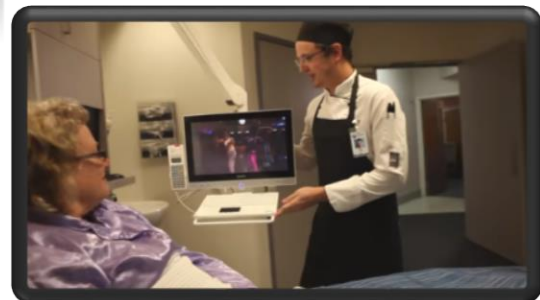
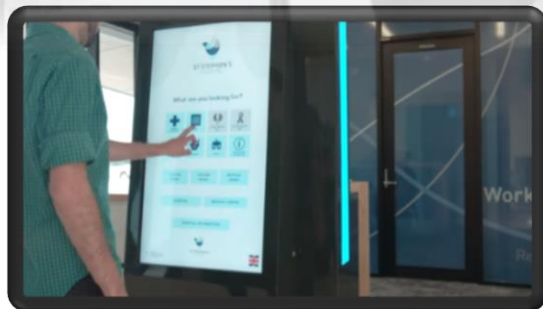
The future of health seems to be gradually veering towards eHealth for a consumer driven approach with greater access to healthcare, ease in mode of delivery of healthcare such as Telemedicine, access to health related data through apps, ability to maintain health records electronically that can be accessed when required. eHealth will ensure dispatch of more personalized healthcare solutions suitable for the consumer based on their needs and health data. It will ensure a more collaborative approach towards health through sharing of data where required for superior and faster support.

Links of videos of eHealth in action were provided to understand how eHealth can be used and is used in the healthcare settings with better results.



Video 1 : eHealth in action

<https://youtu.be/ODgjGfC4opE>



Video 2 : St. Stephen's Hospital-Digital hospital in Australia

<https://youtu.be/350objGTXDI>

Learning outcomes of Module 1 :

- Definitions of eHealth from both health consumers and professionals
- Identifying an eHealth model that illustrates how key eHealth domains intersect to impact on health care
- Insight into the fundamental principles of eHealth
- Awareness of eHealth in current practice
- Interpret the current and future challenges of eHealth for both health consumers and health practitioners

Module 2 : Health in our hands

Health in our hands aims to make healthcare more accessible to both the healthcare consumers and healthcare providers by using technology that empowers the common man to be more in tune with their health. Gone are the days when a consumer would simply accept anything and everything that doctors suggest. Now consumers are more informed



Figure 2 : Health through technology

and ask questions due to knowledge received from internet or their peers. This module sheds light on the effect of advancements in technologies in the healthcare field that has empowered people to be more aware and in tune with their own health status. Through a variety of health based app that help in tracking daily activities, monitoring steps, calories, sleep duration, inactive duration, reminder for healthy activities, consumers are now more involved in maintaining their health than rushing to the doctor at every small incident. Through forums, blogs, expertise sharing platforms, there is a shift occurring from healthcare towards health.

It enables people to look after their own health and allows them to decide what is suitable for them. It emphasizes on prevention rather than cure. Through such advancements, consumers can now maintain and record their data as well as interact with other people who may have faced similar issues on social media platforms or forums dedicated to it. With

increased use of wearable health devices, people can now monitor their data real time and set goals to achieve an ideal health status for themselves. It aims to provide control of health to the consumers and integrate health into everyday lives. Healthcare professional may see an increase in consumer led drive for them to be more responsive to personal health data and mobile technologies. Wearable devices allow the user to monitor data such as number of steps taken, kilometres covered in a day, speed, heart rate, blood pressure, sleep tracking, calories intake and some even provide platforms for interaction with other people using the devices. The data collected can be utilised to assess the health status of the individual and take necessary action where required. It encourages in bringing about a healthy behaviour change that leads to a healthy life. Mobile health or mHealth is another field that has seen exponential growth. With increased accessibility to smartphones, various health apps are increasingly helping in monitoring and tracking health data through smartphones. Health is now at the fingertips of health consumers.

Learning outcomes of Module 2 :

- Understand the potential of mobile technology to support the shift from “healthcare” to “health”
- Describe examples of “wellness” and “healthcare” mobile apps currently in use
- Strategies for including mobile health apps in professional practice
- Assessing health apps for design and effectiveness

This module consisted of an assignment towards successful completion of the course. It required for a health App to be critically analysed using the Mobile App Rating Scale. The appraisal was uploaded and was reviewed by a peer. Further, assessment of a health App appraisal by a peer also had to be done for successful completion of this module.

Module 3 : Data and the “Quantified Self”

The second component of eHealth model deals with data that is collected. It sheds light on the need for shifting to paperless data that can be accessed anytime, even in real-time to assess health problems. Problems faced due to paper form of data collection such as deciphering illegible handwriting, maintaining stacks of data, space to maintain records etc. are now a thing of past. With the advent of technology, data can easily be maintained on storage devices that can be accessed anywhere, anytime. This has had a serious impact on the health sector, with many moving to maintaining patient records on their databases. Simply through a click of a button, the entire history of the patient can be accessed and assessed, saving a lot on time and paper.

With data at the forefront of this revolution, the question that needs to be answered are-

- Who holds the data?
- Who owns the data?
- Who can use the data & for what purposes?

Digital health records enables ease in monitoring the health related data, tracking medical history, follow-up sessions in order for improved health care delivery. Data can be utilised by individual or organizations to assess quality of life and take necessary measures for improvement. With availability of data, there needs to be the ability to also decipher the data appropriately. Data can be useful only if it can bring out some meaningful information which can be acted upon. Increasing connectivity means the ability to share cases, information and ensures better diagnosis. Through interoperability of healthcare providers, information crucial to a patient may be shared in real time through electronic transfer of medical record, saving crucial time and ensuring efficient discharge of care. Further, this type of data has the potential to devise predictive and precision medicine to deal with medical issue rather than following a general method. It allows customising care as per the needs and requirements of the patient in context. However a major hurdle in this is maintaining data confidentiality and privacy. Consumers may not wish to share their private data for fear of being judged or misuse. There needs to be appropriate measures and checks in place to ensure data is used for the right purposes only when required and does not fall into the wrong hands.

Learning outcomes of Module 3 :

- Effectiveness of paperless data in the health sector
- Understanding benefits of apps that monitor & track for personal as well as professional use
- Assessing the potential of health related data for efficient and effective healthcare delivery
- Deciphering health related data to derive useful meaning
- Ensuring data confidentiality and privacy of health related data

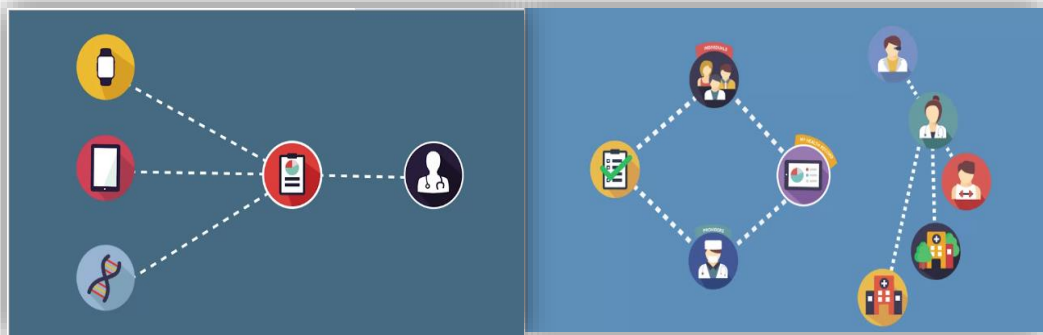


Figure 3 : Interoperability of domains of eHealth

Module 4 : Interacting with Health Professionals using New Technologies

The final component of eHealth model looks at interaction with health professionals using technology. This module elaborates on the gradual shift in the interaction of consumers with health professionals. With advent in technology, consumers can now interact with health professionals without having to step into their office. When restrictions such as time, distance, work, money etc. do not permit face to face interaction, online consultation allows achieving the objective. Further, scheduling an appointment online allows saving time spent on waiting. The ease with which this can be done allows access to healthcare anywhere, anytime.

It highlighted 10 eHealth advantages that may motivate healthcare providers and consumers to adopt eHealth on a more permanent basis :

1. Improved Consumer Access	2. Care stays local
3. Benefits smaller centres	4. Expands provider reach
5. Diagnosis “on the move”	6. More service delivery options
7. Fast tracks diagnosis	8. Integrates care and daily life
9. Supports professional development	10. Offers professional flexibility

The question thus arises is how effective will be a treatment that is provided through online mode. While many may prefer to have a face-to-face interaction, in cases where it is not possible due to work schedule or when away on a business trip, you can access care from your regular provider if they provide their services online. There is more confidence when you receive care from your regular provider as they are aware of your medical history and can provide sound judgement based on you medical records. With new modes of delivering healthcare such as Telemedicine, Telehealth, Mobile Health, Video conferencing it is now easy to provide care to consumers in different parts of the world. It further leads to professional development of the healthcare provider as it caters to consumers from different parts of the world. Many hospitals have developed their own apps that allow booking of appointments, scheduling follow-ups, imparts health related information, allow sharing and storage of medical reports for ease of access resulting in greater consumer satisfaction.

Learning outcomes of Module 4 :

- Understanding innovative eHealth interactions between consumers and healthcare professional
- Evaluating the advantages of technology based eHealth services in improving access and communication in healthcare
- Appreciating the differences between online and face to face health service interactions

- Consider new models of healthcare supported by telehealth, social media and personalized apps
- Appreciate how eHealth can be used to support professional development

Module 5 : eHealth in Professional Practice

The final module aims to combine the above three domains to devise an eHealth model suitable to the professional healthcare practice to capitalise on the growing demand for eHealth. It calls for an intersection between the three domains to identify a model that would deliver as per the needs of both the consumer as well as the healthcare practitioner. This is to be done through a variety of case analysis requiring a different set of action.

Learning outcome of Module 5 :

- Provided an evidenced based rationale for adopting an eHealth strategy suitable for your own professional practice
- Described how you would anticipate this strategy improving healthcare services for both yourself and healthcare consumers
- Using eHealth principles from previous modules to review and comment constructively on those eHealth strategies suggested by other course participants

The second assignment was to be completed in this module. Based on the case provided, domains of eHealth for the case in point had to be identified and should be used to devise an eHealth strategy that would meet consumer healthcare needs

V. Key Learnings from the Course

The course provides a complete overview of eHealth and elaborates on the 3 domains of eHealth. The 3 domains are clearly explained well in terms of its need, infrastructure required for it and the challenges with the existing system that barricades its insertion. Advancements in the 3 components were explored in the current scenario as well as views were expressed by the industry experts regarding lack of requites training for implementation of the same. Changes need to be made in the existing infrastructure to incorporate the suggestions made. Further training has to be provided to health professional to adapt to the changes in order to effectively utilise the benefits of eHealth. With the advancements in technology as well as the rising use of health apps, people are now more in charge of their health than ever before. It allows prevention and improvement in health with greater ease. It allows the health care provider to provide care tailored to the needs of the customer and work with a consumer driven approach.

VI. Bibliography

Course URL : <https://www.coursera.org/learn/ehealth#about>

Image source : eHealth-more than just an electronic record course material