Chapter 12

Creating Secondary Learning Resources from Web Based Conversational Learning Around 'Rational Usage of Medicines' in Diabetes

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ABSTRACT

This paper is an exploratory approach to creating stimulating medical education resources in the form of interactive conversational learning between health professionals who present topics related to their practice either in the form of a case uncertainty or a general uncertainty around treatment decisions. Through these conversations, health professionals discover newer insights into the topic being discussed and learn actively along with an online group of health professionals who guide each other contextually through the discussion. doc2doc, BMJ Group's global clinical online community, presents a unique platform for the above described activity. In this illustrative example, the authors look at the topic of 'rational usage of medicines' in diabetes.

DOI: 10.4018/978-1-4666-1876-3.ch012

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INTRODUCTION

Our hypothesis is that interactive conversational learning between health professionals who present a topic related to their practice either in the form of a case uncertainty or a general uncertainty around treatment decisions can create stimulating secondary learning resources in medicine.

We present an illustrative case study drawing on the topic of 'rational usage of medicines' in diabetes and invite the reader to place their comments on whether this could be a valuable secondary learning resource toward contextual medical learning in the future.

doc2doc is BMJ Group's global professional networking community. It is an independent medium of communication aiming to improve the working lives of doctors, and the healthcare of their patients. Healthcare professionals come to doc2doc to meet and talk about their clinical and non-clinical interests on discussion forums, blogs, or through direct correspondence with other members.

We explored our hypothesis on 'conversational learning in medicine by retrospectively representing doc2doc discussions on the 'rational usage of medicines in diabetes'. We begin with a discussion centered on a 'case scenario' posted on doc2doc.

The clinical problem is gradually opened, layer by layer, through the discussions generated by the participants and the original poster. The responses from the participants sometimes rely on their background knowledge and sometimes draws on foreground knowledge with evidence based links to further information supporting their contention. Responses have been edited for relevance to avoid repetition.

The sections quoted from material on the doc2doc web site are in italics.

We begin by looking closely at this 'case' posted on the 20th of April 2011 by Yaron a 48 year old male health professional from Israel (henceforth Y).

I have a 46 year old woman with Hb A1 of 9.8 and BMI of 45. She has residual schizophrenia and she is not compliant for her medications. Do you have Ideas how to manage her?

Top of Form

On 21/04/2011 we have this response from 58 year old health professional and doc2doc's deputy diabetes champion, Joey from Rio De Janeiro, Brazil (whose 'user name' is 'Joey Rio; henceforth JR):

I would begin listing all her meds and trying to get rid of those that increase her weight. For sure some psychiatric drugs, like quetiapine, can induce a large weight gain, even much higher than glitazones or insulin.

Would be nice to have this information…

* *An in depth psychiatric consultation to know what he thinks about the natural history of her psychiatric condition.*

* *With this BMI and A1C, does she already have what kind of other diabetic complications?*

Response on 21/04/2011 from Y (original poster):

She does not take psychiatric medications. She thinks that they are poisoning her. She does not meet the criteria for compulsory hospitalization and she does not want to see her psychiatrist.

Thank you for the advice. Concerning complications…She has severe congestive heart failure with anasarca, nephropathy with eGFR 30, retinopathy, and recurrent right leg cellulitis.

Respondent JR (on 21/04/2011):

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