Introduction ‘User-Driven Learning’ in Healthcare

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“The soul of medicine is easy to understand. You master the microcosm and the macrocosm and in the end let things happen as it pleases God.” Mephistopheles in Goethe’s Faust

How do we continually shape medical education and practice to meet the needs of users? Would empowering health system users (multiple stakeholders such as patients, their relatives, and health professionals) with contextual information and knowledge offer an answer? Is this an approach that can achieve improved healthcare outcomes in a globally networked community?

The primary objective of the International Journal of User-Driven Healthcare (IJUDH) is to provide a global forum for researchers and practitioners to advance the knowledge and practice of user driven learning in healthcare and connected disciplines. The emphasis here is on learning through clinical problem solving that may help to answer some of the above questions.

Can we use an online journal platform to propagate a learning environment where interested and articulate candidates with basic computer literacy with or without degrees in any discipline such as BA Humanities, Social Sciences, B Tech, B Sc Math, Physics and Chemistry etc join and foster a multidisciplinary approach to healthcare?

Can this interested group of human online users be expected to develop and propagate heightened health awareness and education among healthcare users (patients and their relatives) in the community? Does improved health system awareness in terms of safety and quality of care augment healthcare outcomes in the community?

The International Journal of User-Driven Health Care attempts to answer questions such as these and invites contributions from all health care users – patients, practitioners, students, researchers and decision makers to shape and develop a worldwide community to address such questions. Our philosophy is participatory and democratic – recognizing the ‘wisdom of crowds’. We endorse the spirit of Health2.0 and beyond.

The term Health 2.0 refers to the concept, described, of Web-based platforms that allow users to reformulate data for their own purposes and empowering them to improve their own healthcare through social networking and improved collaboration with professionals (Belt, Engelen, Berben, & Schoonhoven, 2010). The key themes of Health 2.0 are central to the philosophy of the International Journal of User Driven Health Care:

- Users (stakeholders) are central to the driving of health care
• Web 2.0/Technology is key: taking advantage of available technologies that stakeholders could use for communication and for sharing information.

• Social Networking in online communities that involves transparency and openness and collaboration

• Improving Health Care is the ultimate goal.

Our definition of User-Driven Health Care is improved healthcare through clinical problem solving utilizing concerted experiential learning in conversations between multiple users and stakeholders, primarily patients, health professionals, and other actors in a care giving collaborative network across a Web interface (Biswas, Martin, Sturmberg, et al., 2008). The term “user” includes health professionals as well as patients and anyone who uses the web with a user name. These “users” generate an information flow that “drives” the system’s workflow (hence the choice of the term “driven”). This information flow perhaps also depicts the journeys that each individual user began the day they were born and became aware of an entity they identified as their body. These journeys may document individual user personal experiences, their reflective observations, abstract conceptualizations and particular instances of their active experimentation. Themes of interest encompass knowledge or evidence, attitudes and practice (Biswas et al., 2008; Biswas, Martin, Sturmberg, et al., 2009).

We invite you to join us as readers, writers and commentators and celebrate the sense making of our journeys through health and illness related to the major internal systems of the body. This work has commenced with a key text published by IGI Global, User-Driven Healthcare and Narrative Medicine: Utilizing Collaborative Social Networks and Technologies. Hershey, PA: IGI Global.

REFERENCES


Rakesh Biswas passed his MBBS from Kolkata and obtained his MD in internal medicine through a structured residency program from PGIMER, Chandigarh, India (an institute deemed to be of national importance). He has subsequently taught and practiced medicine as assistant, associate and full professor in centers of academic excellence in Nepal, India and Malaysia. He has considerable expertise in clinical problem solving and has published his experiences extensively in academic journals and books which have been cited globally. He is presently a regional editor for Journal of Evaluation in Clinical Practice, Blackwell publishers, UK. He is a reviewer for the research evaluation panel of National Digital Research Centre, Ireland and academic co-investigator in their newly funded program of research on health informatics solutions to chronic disease challenges. His interests include Clinical problem solving applied to patient centered health care and health education.

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