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MOBILE HEALTH OPPORTUNITIES IN TRAINING MEDICAL WORKERS

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Abstract: The possibilities of M Health including services to provide patients with the necessary information, remote real-time monitoring of patients with chronic diseases (hypertension, diabetes, asthma, etc.) has not yet been fully explored.

Simultaneously, the authors for the first time presented the results of the telegram bot channel on advanced training of medical and other personnel in an independent form of training on SARS-CoV-2, as well as an assessment of their learning processes.

Keywords: medical education, medical culture, coronavirus infection.

Background. Over the past decade, as a result of the rapid development of components of medical electronic systems in healthcare, such as e-health, mobile health, telemedicine, and medical information are being introduced into comprehensive practice [6]. According to the World Health Organization (WHO), the online platform allows patients to self-plan and manage their treatment using simple medical devices that send information to healthcare professionals. This allows for a more simplified approach to medical care, considering the living conditions of patients who may find it difficult to find time for a scheduled visit to the doctor [2,5].

This, in turn, is one of the important tasks for introducing best practices in the management of the medical industry, introducing digital devices, empowering citizens, improving the efficiency of healthcare systems, and providing a high level of medical care [3,4].

The development of the medical industry in our country requires the adaptation of the medical system to the requirements of world standards, the improvement of methods for the early detection, diagnosis, treatment, and rehabilitation of diseases through the introduction of modern management methods. In accordance with the Decree of the President of the Republic of Uzbekistan PD No. 5000, dated February 23, 2021 “On measures for the effective organization of healthcare digitalization”, set such tasks as the introduction of a single platform for healthcare information systems, which includes information systems and software products, to expand the digitalization of the medical sector.

Subjects and methods. We created the first telegram bot channel called “medkultura” to constantly improve the knowledge of medical personnel and the medical culture of the population (Fig. 1). The training was based on the Interim Guidelines for the Management of Patients with COVID-19 (Version 6) using it as a stand-alone training method [1].



Figure 1. Telegram channel Medkultura

Seventeen test questions were provided, with 5 possible answers for each question. The study involved 1417 healthcare workers, including 224 doctors, 610 midwives, 243 nurse assistants and 439 other employees. The results of the answers were saved in the telegram bot channel.

Telegram bot channel has the following advantages over other mobile media applications, namely personal attention to each client, text

interface consumes less traffic, low cost, flexibility, and response speed, it does not require protection, installation, and authorization from competitors. The telegram-bot channel developed by us is designed to test the knowledge of medical and other personnel on the SARS-CoV-2 disease, assess risk groups of the population for the cardiovascular system diseases, and disseminate information about a healthy lifestyle.

Results and its discussion. Preventing the spread of SARS-CoV-2 is an important challenge for healthcare professionals. All medical and other personnel should be aware of the measures to protect against disease. Therefore, the first question on the stand-alone training course is to choose the right method of mask removal in the prevention of coronavirus infection caused by SARS-CoV-2. The following responses were received from the respondents (Fig. 2).

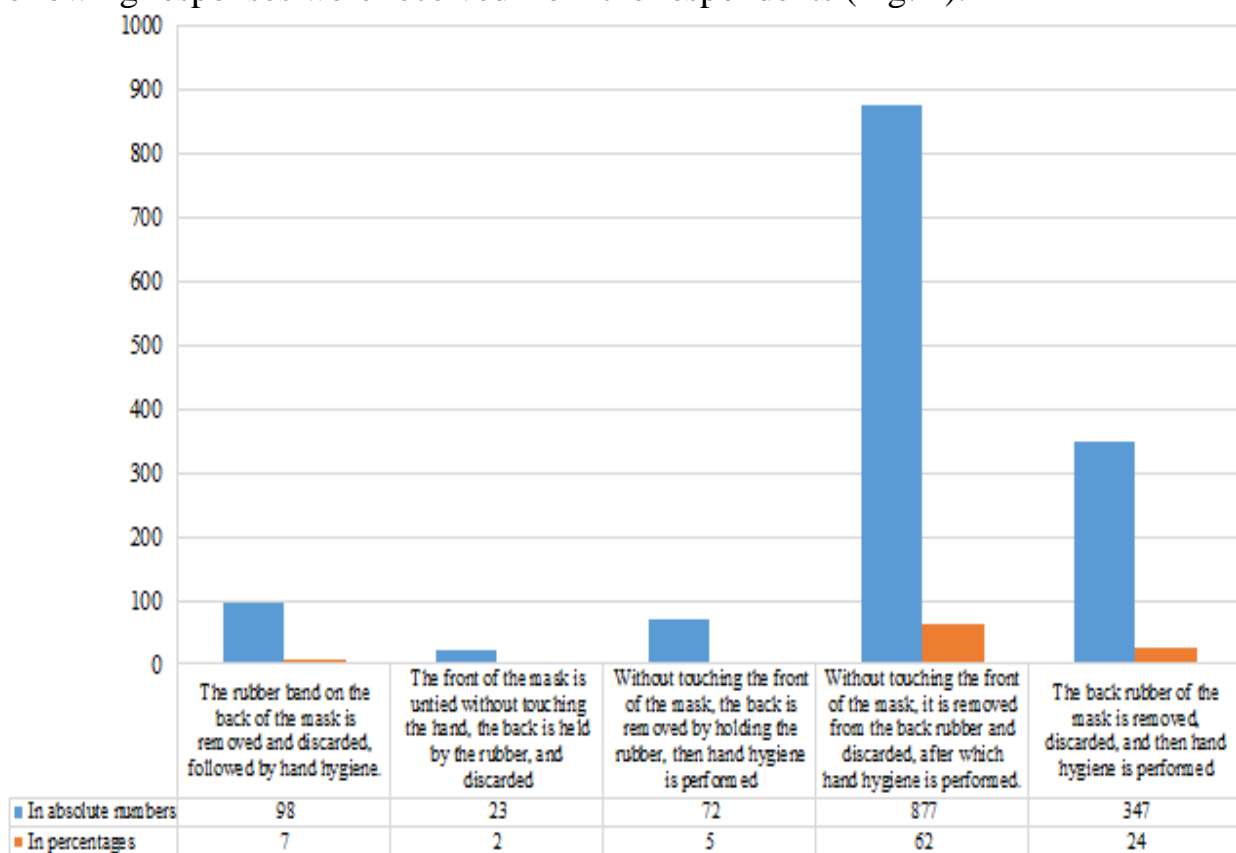


Figure 2. Choose the right mask removal method to prevent infection with the coronavirus caused by SARS-CoV-2

An analysis of the answers revealed that the back elastic band of the mask is removed and thrown away with subsequent hand hygiene - 98 (7%), without touching the front of the mask, the back elastic band is removed and thrown away - 23 (2%), without touching the front of the mask, the back elastic band is removed, then hand hygiene is performed - 72 (5%), without touching the front of the mask, the back elastic band is removed and thrown away, then hand hygiene is performed - 877 (62%) and the elastic band on the back of the mask is removed, discarded, and then hand hygiene is performed - answered 347 (24%) medical workers.

It is well known that early diagnosis of any disease affects its adequate and effective treatment. Therefore, the prevention of severe cases of the disease while raising the awareness of health workers is an important task. This is important not only for explaining to the population and improving its medical culture, but also for the correct choice of treatment techniques when addressing patients with complications and risk factors.

Thus, the following answers were received to questions indicating the main risk factors leading to a severe course of coronavirus infection caused by SARS-CoV-2 (Fig. 3).

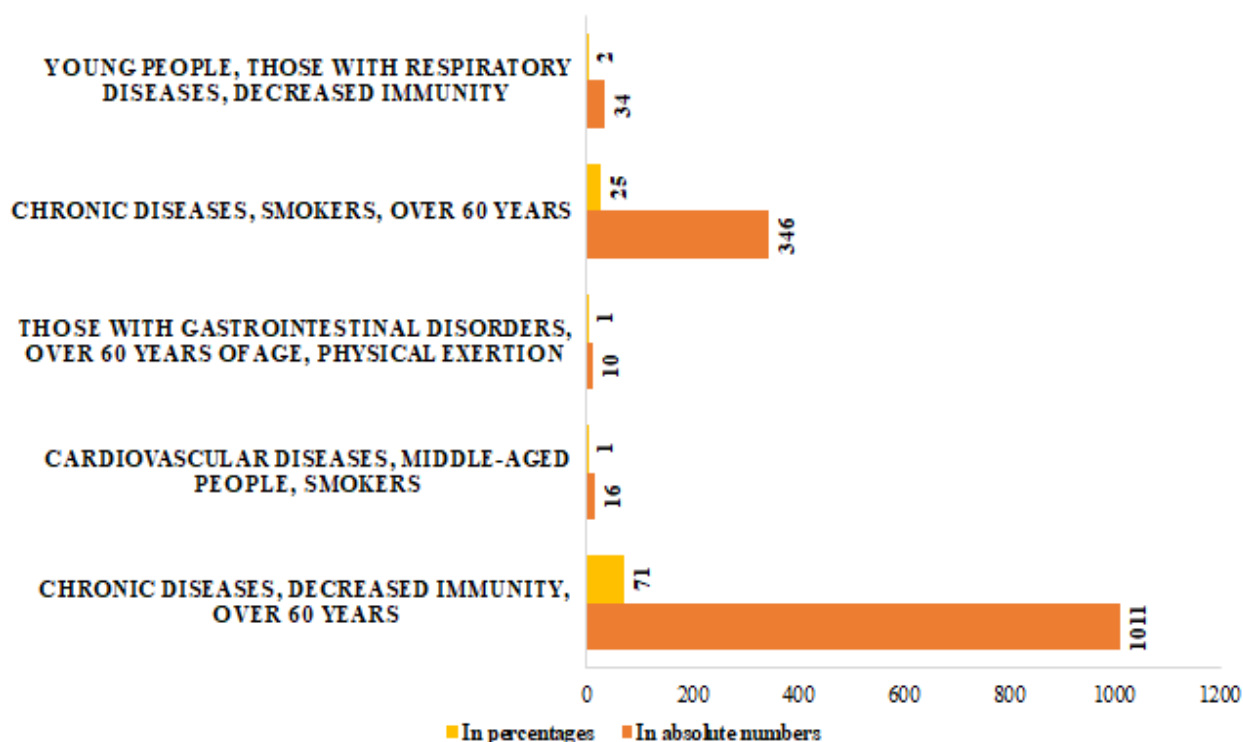


Figure 3. Identify the main risk factors of severe cases of SARS-CoV-2 coronavirus infection.

The answers to the above questions were as follows, i.e., the most chose chronic diseases, reduced immunity, age over 60 years - 1011 (71%). Therefore, there are chronic diseases caused by SARS-CoV-2 infection, a decrease in immunity and protection, and the vaccination of people over 60 years of age is the main task of the medical staff.

One of the important tasks in obtaining the spread of infectious diseases is the isolation of patients, the prevention of its spread and the determination of the duration of the spread of the virus, the incubation period of the disease, even after the passage of clinical symptoms. The WHO has set the incubation period for SARS-CoV-2 as 14 days. Therefore, the response of medical personnel to this question was studied, and the following question was asked from medical personnel, namely, WHO recommendations for self-isolation and duration for SARS-CoV-2 coronavirus infection with clinical signs (Fig. 4).

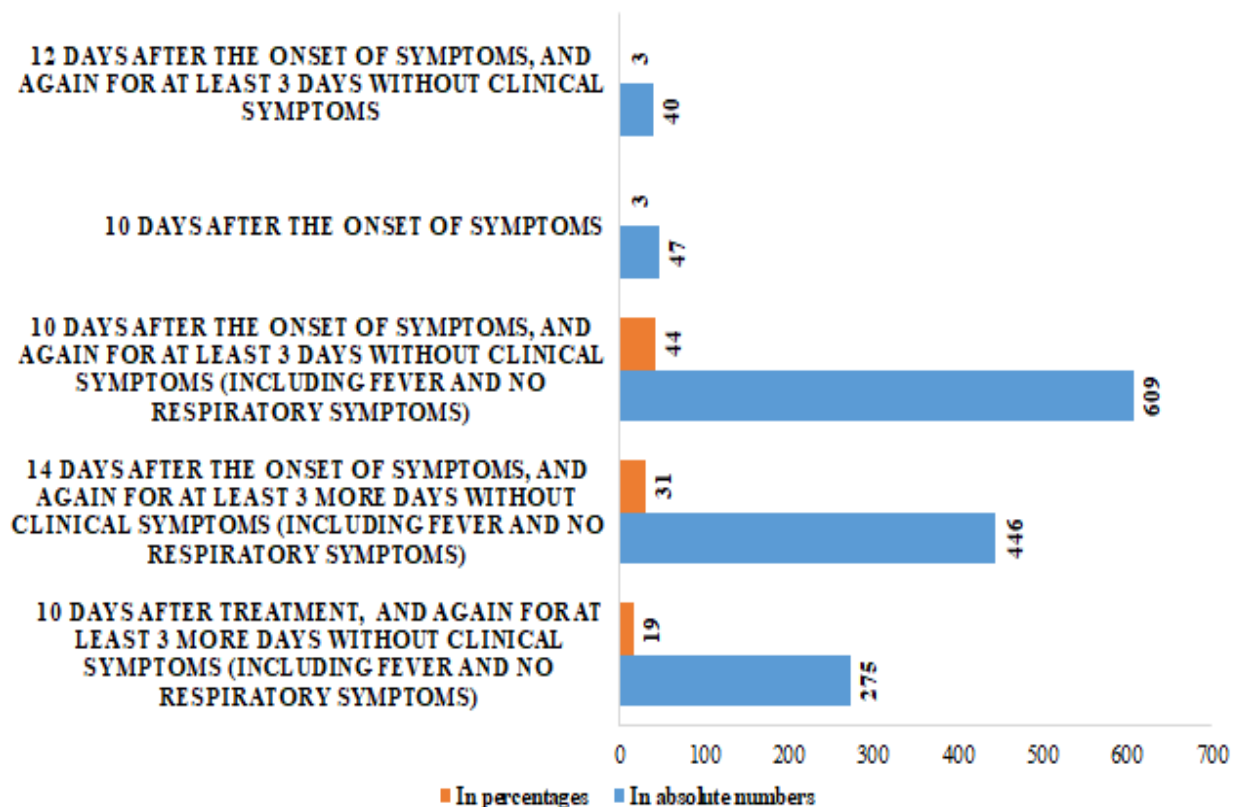


Figure 4. Indicate WHO recommendations for self-isolation and duration for SARS-CoV-2 coronavirus infection with clinical signs

The following answers were received to these questions, i.e. 10 days after treatment and again for at least 3 days without clinical symptoms (including fever and absence of respiratory symptoms) - 275 (19%), 14 days after the onset of symptoms and again for at least 3 more days without clinical symptoms (including fever and absence of respiratory symptoms) - 446 (31%), 10 days after the onset of symptoms and again for at least 3 days without clinical symptoms (including fever and absence of respiratory symptoms) - 609 (44%), 10 days after the onset of symptoms - 47 (3%), 12 days after symptom onset, and 40 (3%) respondents reported at least 3 additional days without clinical symptoms.

Conclusion. The possibilities of mHealth have not been fully explored yet, including services to provide patients with the necessary information, remote real-time monitoring of patients with chronic diseases (hypertension, diabetes, asthma, etc.). However, the telegram bot is a direction of the mobile healthcare system and

has many advantages over other mobile medical services. The article presents the results of education on SARS-CoV-2 disease in a short period of time and treatment of the scientific knowledge level of many medical professionals.

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