IMPACT OF WEB BASED EDUCATION ON WOMEN WITH CANCER – AN INTERACTIVE CONSULTATION AND FORMALIZATION OF KNOWLEDGE

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Abstract
The Tamil Nadu Government is currently contending with the double burden of tackling non-communicable diseases (NCD's) such as Cervical and Ovarian cancer which causes significant morbidity and mortality in the community. If the NCD's are addressed by not adopting by the principal of "Prevention is better than cure", it would only result in significant economic loss to the state. The NCDs cut across all social –economic strata which is a reflection of the changing life style pattern in the community. In case of the poor and the marginalized, sudden catastrophic illnesses arise which can impoverish them altogether. So a knowledge based approach for cancer treatment is needed to all categories of people. In an effort to address the NCDs by designing an effective model to combat NCDs, the Tamil Nadu Health Systems Project had undertaken two pilot schemes. One for prevention and another for screening, as the pilots were quite successful, TNHSP now has initiated steps to scale up these activities along knowledge transfer among people through socio-networking sites. This objective is framed by many, to create a web based tool by which the awareness and advanced planning of ovarian cancer can be established. So this paper conducts a study on the objective of Knowledge Framework through web based tools is whether well-organized or not.

Keywords: E-learning, Facebook, Information Sharing, Self-help Mechanism, Social Support.

1. INTRODUCTION

Non Communicable Diseases can simply be defined as disease that does not get communicated from one individual to another person. Though they do not pose a direct thread like infectious diseases, They have certain characteristics in them long duration of illness, Poor Quality of life arising out of impairment or disability, Loss of productivity, Economic Loss and Possibility for sudden death.

Cancer is an important public health problem with an estimated number of 25Lakh cases at any point of time in our country. Among this Cervix and Ovarian together constitute almost 40-50% of the total cancer burden. According to the latest available statistics, 1, 32,082 new cases of cervical cancer and 83,000 new cases of ovarian cancer occur each year among women in India. All these cancers, if detected early and treated optimally and almost immediately result in higher rate of cure. The number of Cervical Cancer cases detected is expected to increase by 40% in 2020 and approximately 25,00,000 new cases of breast cancer are expected to be detected in India by 2015 (IARC). Fig 1 explains the cervical cancer cases diagnosed annually in India: 132,082 and in World: 4, 93,243. Death rate due to cervical cancer annually in India: 74, 118 and in World: 2, 73, 505 on the basis of fact from WHO.
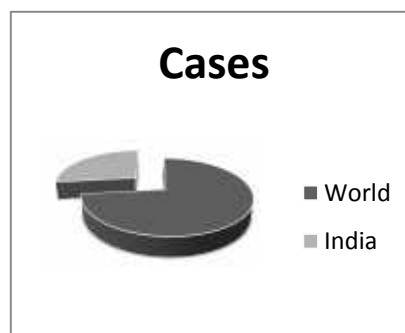

Fig.1. Cervical cancer cases diagnosed annually in India

The paper conducts a review on previously described concept of knowledge sharing including general knowledge of the cancer and the problems related with it. With the available literature about the knowledge management the paper proposes a

methodology to create a knowledge framework. With this a model can be constructed and the knowledge can be transferred easily.
This paper also creates awareness through Socio-Networking sites. The site contains all the necessary information for the health care managers at all levels of uniform and successful implementation of the NCD intervention program in a phased manner. This knowledge based approach would serve as a ready-reckoner for the peoples to understand the key aspects of the program and the roles and responsibilities to be carried out at different levels.

Our appeal is that all the official staff and people take benefit out of this module and contribute to the successful implementation of the knowledge based NCD intervention program which will help in improving the health outcomes and quality of life of individuals in the community.

2. LITERATURE REVIEW
In brief the aim of this study is to offer competent and flexible cognizance support with a potentially large scope. The perception process and the role of reference knowledge there are in now outlined. A knowledge based education should be provided through decision support system with the help of Multiple Classification Ripple down Techniques [1]. Knowledge Transfer and Knowledge Translation are very important to deliver evidence based practice [2]. The web based Knowledge value chain is based on five dyadic capabilities which includes Mapping, Creation, Integration, Replication and Performance [3]. A web based tool should be developed to promote a care planning for women with ovarian cancer [4]. Internet based tailored education program is effective for disease free cancer survivors [5]. Educating Patients and caregivers has a vital role for empowering them in managing disease and treatment syndrome [6]. As a part of larger study the quality of life of cancer patient is judged under treatment through knowledge transfer [7]. More than an anything a social concern is very important which is very simple in sense a conversation [8]. Without proper implication of knowledge the challenges of the survivorship cannot be met (i.e.) no opportunities await there [9]. The study examines the social support of the affected patients, depending on cancer level [10]. To offer efficient and versatile diagnostic support with a potentially large scope, the role of reference knowledge should be outlined [11]. An interactive knowledge model of translation would make the researcher a part of the user group context [12]. To increase the demand for genetic testing for hereditary cancer an adjunct educational methods or counseling is needed [13]. The implications of knowledge translation for continuing education in the health professions include the need to base continuing education on the best available knowledge [14]. Ripple down Rules is a knowledge acquisition method which constrains the interactions between the expert and a shell to acquire only correct knowledge [15]. The current limitations in the application of medical technique are that the underlying tree structure of the knowledge base may require the expert to re-enter some knowledge [16]. Social support has been reliably related to lower rates of morbidity and mortality. It is like a physiological mechanism [17]. Theatre (Staging of data) holds great promise in the world of education and health research translation [18]. It is always good to explain the concept direct to the consumers through some mean [19]. Challenges focus on measurement of disease, incidence and disease-specific risk behavior [20].

3. SEARCH STRATEGY
In this series, there are many steps behind the scenes of this paper. There are totally 5 parts of works beyond the search strategy.
- Part 1- Finding the lead research and learning about the study which embarks on the Knowledge based oncology conduct.
- Part 2 – The process of collecting the Papers, books and all other research article for the study and fighting against some of the challenges along the way.
- Part 3 – Take a peak look on the results which have been published earlier.
- Part 4 – Then finding about the factors considering for picking a perfect paper for assessment.
- Part 5 – Then processing all the filtered papers to achieve a credit consequence.

4. MEASURES
The measures of the research papers discussed are mainly on to develop a framework where the researchers and the knowledge disseminators embarking on the knowledge transfer can increase the familiarity of their group by these attributes.

4.1 Awareness Directly to Consumers
So helping is that the program is direct and face to face. Immediate response and guidance is the extreme advantage. It is really obliging and kind.

4.2 Cancer History
The Whole history of cancer, its origin, its development etc. is explained cleanly and neatly. The structure and the anatomy are also clarified.

4.3 Internet Use
Since internet is widely used everybody comes across the page either intentionally or by mistake. It by either form creates a fruity environment for the awareness.

4.4 Health Care Access
The Health care needed, the test and treatment to be handled, the centers available for cancer are clearly quoted.

4.5 Demographic Measures
Graphical and statically outcome of survival or death rate are explained for focused attraction. i.e. the incidences are clearly explained through an image or through a graph model as expressed in Fig 2.
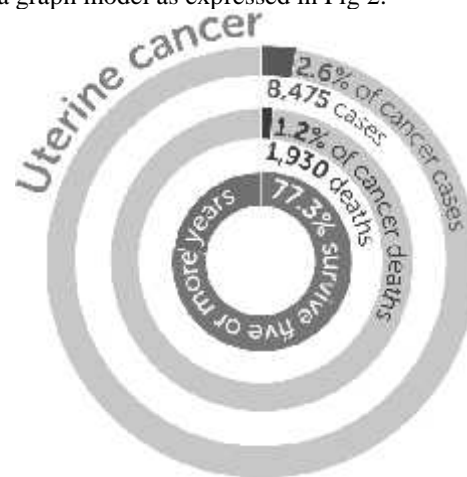

Fig.2. Cancer surviving people five or more years

5. SUMMARY OF FINDING
The current literatures discussed above, certainly follow three types of knowledge transfer.

5.1 Push
The research knowledge which is to be enumerated to others should be framed in such a manner that the audience or members are ready to receive it. The strategies of Push are to push the knowledge to the community without any piece of loss.

5.2 Pull
It is really interest and situation based. The audience or the members have to take an own interest in accepting the knowledge delivered. The members must scrap the knowledge from the Push. The pull strategy is to accept the knowledge which is useful to their decision making.

5.3 Exchange
The Relationship should be always nurtured since it is the main deposit of knowledge transfer. The exchange must be more specific the audience should accept the knowledge and help the researches to work more efficiently.

6. ACQUIRE KNOWLEDGE BY DOING IT
A good Knowledge sharing person must take this evaluation in real hand and check it with the environment to judge its credit. This is also a dual benefit i.e. Knowledge is transferred and also tested. So a socio networking awareness is created to judge whether it is really useful among the present age. The result is unrealistic expectation to our minds. A socio networking

site is farmed on some principles of Knowledge Framework to help a decision making of current methodology of knowledge Transfer. Figure 3, 4 and 5 are some sample Screenshots for socio networking site.

Fig.3. Sample Screenshots for Socio – Networking Site

7. DECISION MAKING
The knowledge framework process is completely user friendly. The communication strategy boosts the ability to communicate effectively. Knowledge framework helps to build the capacity in the members of ovarian cancer community and helps them to understand the research and its evidence till now and also helps to apply decision making.

Fig.4. Sample Screenshots for Socio – Networking Site

Fig.5. Sample Screenshots for Socio – Networking Site

The five Key principle of evidence for knowledge framework is 1) what? 2) Why? 3) By Whom? 4) How? 5) With Which Effect?

- What? – The message should be clear the key should be precise.
- Why? – The specific interaction should be with the members of the community.
- By Whom? - The message delivered must be credible to the audience.
- How? – Other interactive engagement should also be ideal.
- With Which Effect? – Performance should be measured with each context to increase the reliability.

8. AWARENESS TECHNIQUES
The work to initiate the process of calling the people to support should start with awareness, so different type locality people are targeted to be called for. The Table 1 describes the intervention types focused. The intervention clearly starts with college students. They must learn to know these facts. It might save their mama. Then accordingly other community and mainly workplace and Clinic are covered with a pamphlet. Then they are called to the community to spread the awareness.

Table.1. Interventions Focused

Intervention			
College	**Community**	**Workplace**	**Clinic**
Incorporating Ovarian Cancer knowledge as a syllabus for students.	1.Conducting more resource meeting 2.Mobilization Camp	Creating awareness on life style modification such as physical activities and food control.	Completely utilizing screening treatment service.

9. DATA RESPONSE RATE
When made a regular approach of an announcement to support an ovarian Cancer community is called off there was no response. As a friend suggesting them to join the community made a little change. Day by Day the process picked up slow but good. The survey Results are presented in the Table 2. The Data is collected on the basic of Days. The attributes are How many members, theirs interaction with the community, Exchange model of Knowledge they spend on community or about community to others, The confidence Interval of awareness program growing out daily. At one stage the confidence interval is decreased because most of the people started to dislike or they are being impressed by some other pages. The whole concept has started to fall. The crucial progress of the response is indicated in Fig 6. Only at the start people are so interested and later in their activity changes.
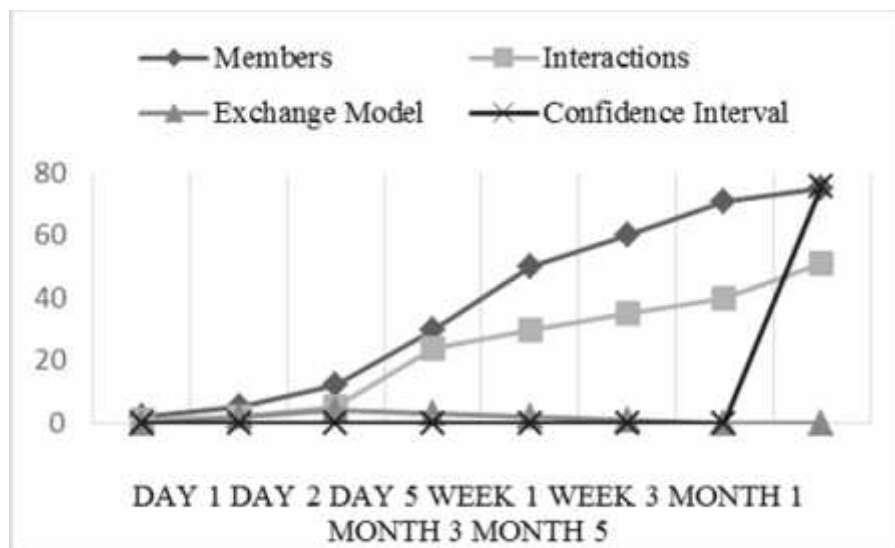

Fig.6.The crucial progress of the response

Table.2. Day by day survey response from the community

Response	Members	Interactions	Exchange Model	Confidence Interval (%)
Day 1	2	1	Nil	0.03-0
Day 2	5	2	2	0-7.02
Day 5	12	5	4	7.02-17.04
After a Week	30	24	3	17.04-54.03
After 3 Week	50	30	2	54.03-80.02
After 1 Month	60	35	1	80.02-95.01
After 3 Month	71	40	Nil	71.4 (Reduced)
After 5 Month	75	51	Nil	75.51

10. LIMITATIONS AND CHALLENGES

In line with the summary an executive work is also to be done. This test has to be applied to find the limitation of the prescribed process.

10.1 The Knowledge Framework Needs More Evidence

To execute the Knowledge framework more effectively a good evidence is needed and one and only way is to link the practitioners in the community wall. It is because they than develop and implement knowledge in action at real time. It is very important that we should not neglect the researchers and also the experienced oncologist from the program.

10.2 Relationship Is Fragile

Though engaging a user in a socio networking site doesn't mean they are fully involved in it. To generate, translate and to implement research knowledge we have to increase the potentially involvement of the members. Considering the members to be data will not help out. The community members should have a clear role.

10.3 Impact of Framework

There are lot of process and lot of engagement which is really confusing which to deal with. Each and every content has a different mapping of activities and outcome and it is good but not in all fields.

10.4 Realistic Outcome

The logic model built is good but it can be separated through Small term or Long term assists. The planning and the evaluation followed are not feasible because of the causal links.

10.5 Unrealistic Expectation

Here only few are interested to translate the knowledge into practical application. In many cases this knowledge is just a piece of information passed on and later forgotten. It is because it is not amusing and either interesting likes cinema or cricket. Only understanding the real consequence will help to reach the target realistic outcome.

11. CONCLUSIONS AND DISCUSSIONS

The concept of knowledge transfer through Internet is really an efficient concept. Mainly through Socio-networking sites can give a high impact on awareness campaign. At present it is not used at a crediting rate. The persons either affected by the disease or person who is search of information are only the members who knows the fact about community. Others are like file wanders they just visit it for name sake. A like tab doesn't helps anyone at the same time does a good benefit to the page holders. The whole concept is just an eye wash at the present community. It is such a beautiful way to create awareness one and only if it used properly by the living community. Otherwise it is a process "Always under Construction"

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