REUE | Editorial

From Socrates to WhatsApp: An andragogical look at learning in emergency health professionals

De Sócrates a WhatsApp: Una mirada andragógica al aprendizaje en profesionales de urgencias y emergencias

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For centuries, adult education and learning have remained silenced and hidden within the history of pedagogical thought (the art and science of teaching children). However, if we trace the roots of teaching, we discover that the great masters of antiquity—Jesus of Nazareth, Confucius, Lao Tzu, Socrates, Plato, Aristotle—did not dedicate themselves to educating children, but rather to dialoguing with, challenging, and transforming adults. They did so through profoundly active, reflective, and contextualized methods.[1] In 1833, the term "andragogy" first appeared in print in a book by Alexandre Kapp, drawing on Plato's writings on education. Kapp argued that learning is not due solely to teachers but also to reflection and life experience; therefore, andragogy is more than merely teaching adults.[2]

Andragogy is based on 6 key assumptions about adults who wish to learn: the need to know, self-concept, prior experience, readiness to learn, problem orientation, and intrinsic motivation. Consequently, it draws on methodologies that respect autonomy, value experience, and connect learning with real practice, such as experiential, situated, meaningful, reflective learning and problem-based learning, among others.

Lave and Wenger, when discussing learning, propose shifting the analytical focus from the individual as learner to learning as participation in the social world.[3] In this way, they link communities of practice with the components of learning: meaning, practice, community, and identity. A community of practice is a living context that can provide its members with access to competence and invite them to a personal experience of engagement through which that competence becomes part of an identity of participation. Communities of practice are privileged spaces for knowledge creation. The concept arises from the observation that a gap exists between the practice that should take place (espoused practice) and actual practice. We all belong to communities of practice; they are everywhere, most have no name or membership card, and they constitute elementary structures of social learning.[4]

"Being connected is as important as breathing" is a phrase from an advertising slogan that reminds us that today we can access information anytime and anywhere. In fact, on April 28th, 2025, a massive blackout left the entire Iberian Peninsula without electricity and Internet service. This collapse caused not only the paralysis of rail transport, traffic lights, and airports, but also an Internet traffic drop to 17 % of normal usage, with additional failures in mobile telephony and emergency lines such as 112. Consequently, there was enormous public concern about the inability to communicate, highlighting the vulnerability of communication systems in critical situations.

In 2009, Jan Koum founded WhatsApp Inc., giving rise to an instant messaging application for smartphones. By the end of 2022, there were approximately 2.4 billion users worldwide, and although estimates vary, between 60 and 100 billion messages are sent daily.

In the fast-paced environment of emergency medicine, where time is scarce and continuous updating is imperative, ongoing professional education represents both a logistical and pedagogical challenge. In this context, instant communication tools such as WhatsApp have emerged not merely as informal channels of interaction, but as true platforms for collaborative learning. Clinical WhatsApp groups represent authentic communities of practice,[5] where knowledge is constructed collaboratively, contextually, and situationally. Within these environments, real cases are shared, complex decisions discussed, algorithms disseminated, protocols updated, and—most importantly—clinical experience is collectively reflected upon. This type of exchange fulfills multiple principles of modern andragogy:[6] immediate relevance of

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learning, problem-solving orientation, appreciation of prior experience, and intrinsic learner motivation.

Although WhatsApp was not designed as groupware,[7] it functions as an informal collaboration tool, particularly in environments where access to more structured platforms is limited or impractical. In this sense, WhatsApp may be considered functional groupware that enables, among other things, group discussion of clinical cases, dissemination of protocols and updates, and organization of informal educational sessions.

Moreover, WhatsApp facilitates several contemporary pedagogical approaches compatible with clinical practice:

– Situated learning, recognizing that knowledge only has meaning within its context of application.[3]

– Experiential learning, transforming lived experience into knowledge through active reflection.[8]

– Reflective learning, enabling critical review of practice to improve it.[9]

– Problem-based learning, centered on shared clinical analysis.[10]

– Collaborative learning, valuing diversity of experience and promoting co-construction of knowledge.[11]

These educational dynamics—spontaneous yet structured, horizontal yet rigorous—constitute a creative and effective response to the limitations of traditional continuing education models. Particularly in the demanding field of prehospital emergency and urgent care, where clinical decisions are immediate and margins for error narrow, the possibility of learning in networks, among peers, and in real time becomes a strategic asset.

While this tool offers enormous educational advantages—creating community and fostering a sense of belonging—it also presents significant disadvantages: inappropriate timing of use can distract from learning, and repetitive or inappropriate messages can become disruptive.[12]

Therefore, far from devaluing such informal spaces, academic institutions, scientific societies, and health systems should recognize, integrate, and strengthen these learning environments. Instead of asking whether WhatsApp can be an educational tool, we should ask under what conditions it can function ethically, safely, and effectively.

As in the time of Lao Tzu, who taught through silence, contemplation, and paradox, knowledge is not transmitted but discovered; not accumulated but embodied. As in the time of Socrates, knowledge resides not in books but in dialogue. As in the time of Jesus, learning does not occur in schools but along the path. And today, emergency professionals learn—every day—at the margins of the system, sustaining practice through words, experience, and collective commitment.

In this spirit, on January 17th, 2017, at the initiative of the authors of this editorial, the WhatsApp group "Case Reports for Everyone" was created. Over the years it has incorporated approximately 250 emergency physicians from hospital and prehospital settings, from Spain and Ibero-American countries. It has become a true community of practice bound by love for the profession—emergency medicine—where mutual support, understanding, empathy, and compassion for colleagues have also been cultivated, sharing in patients' suffering and, sadly at times, mourning their loss. By June 2025, participants had exchanged approximately 270,000 messages—an average of about 80 messages per day—covering roughly 5,000 shared cases, and had shared about 10,000 files, including images, open-access scientific articles (among them those of *Rev Esp Urg Emerg*), protocols, SEMES training webinars, and clinical care recommendations. If you are an emergency physician and wish to participate in this group, write to salvadore291161@gmail.com. The requirements are simple: love emergency medicine, wish to share knowledge, respect colleagues, and above all respect the patient being discussed.

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REFERENCES

1. Knowles M. The adult learner: A neglected species. Houston: TX Gulf Publ; 1990.
2. Loeng S. Alexander Kapp–the first known user of the andragogy concept. Int J Lifelong Educ. 2017;36:629-43.
3. Lave J, Wenger E. Situated learning: Legitimate peripheral participation. Cambridge University Press; 1991.
4. Wenger E. Comunidades de práctica. Barcelona: Paidos Iberica, Ediciones S. A.; 2002.
5. Wenger E. Communities of practice: Learning, meaning, and identity. Cambridge University Press; 1999.
6. Knowles MS, Holton III EF, Swanson RA. The adult learner: The definitive classic in adult education and human resource development. Routledge; 2014.
7. Pacheco MJ. Reseña de "una revisión de las comunidades de práctica y sus recursos informáticos en internet" de Ettiene Wenger. Rev Mex Investig Educ. 2004;9:235-44.
8. Kolb DA. Experiential learning: Experience as the source of learning and development. FT Press; 2014.
9. Schön DA. La formación de profesionales reflexivos: hacia un nuevo diseño de la enseñanza y el aprendizaje en las profesiones. Barcelona: Paidós; 1992.
10. Barrows HS, Tamblyn RM. Problem-based learning: An approach to medical education. Vol. 1. Springer Publishing Company; 1980.
11. Peña K, Pérez M, Rondón E. Redes sociales en Internet: reflexiones sobre sus posibilidades para el aprendizaje cooperativo y colaborativo. Rev Teoría Didáctica Las Cienc Soc. 2010;16:173-205.
12. Suárez Lantarón B. Whatsapp: su uso educativo, ventajas y desventajas. Rev Investig En Educ. 2018;16:121-35.

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