

All a Twitter

Social networking is starting to find a foothold in medical practice

Professionals across all sectors can increasingly be found “tweeting”, “liking” and “sharing” on the job, and Australian doctors are no exception.

Twitter, Facebook, LinkedIn, YouTube, blogs and online communities dominate the professional social networking landscape — but before you write them off as Gen Y hype, it’s worth considering the potential of these tools.

In a socially networked world, the audience is no longer passively receiving data downloads — the conversation is now two-way, with everyone contributing. Moreover, this flow of knowledge is constantly updated and is distributed instantly to those who most want or need it.

Ultimately, these tools could help to remove the barriers that separate silos of medical expertise — a good proposition for a profession that embraces lifelong learning.

Medical student and social media consultant with Dialogue Consulting, Mr Hugh Stephens, says few clinicians fully appreciate the power of social networking.

“While social networking has been well accepted into many US clinicians’ lives, both as a tool to engage with patients and as a tool for professional development, many Australian doctors don’t believe in its value”, Mr Stephens says.

However, he says a growing number of doctors are dipping their toe into the social media pool and putting tools such as Twitter and LinkedIn to work in their practice.

The most popular social media applications that Australian doctors use professionally are Twitter and medical blogs, Mr Stephens says, with early adopters discovering benefits such as enhanced information access and professional networking.

Finger on the pulse

Even when used at a basic level, social media tools can help doctors by enabling them to keep up with news and research, says Ms Jenni Beattie, a Sydney-based digital communications consultant who specialises in the health care industry.

Tools such as Twitter and Facebook enable new content to be distributed instantly, and, importantly, it lands directly in the path of those who really want it, she says.

“Social media channels allow users to receive content on the go in a time-critical fashion, which is particularly relevant to the medical field. Rather than relying on ‘pull’ communication where readers have to search for information, today you can use keyword searching and target the right thought leaders to enable ‘push’ communication that comes directly to you.”

Dr Edwin Kruys, a general practitioner at the University Medical Practice in Geraldton, Western Australia, says Twitter has become a key source of information for him.

“I follow individual doctors in Australia and abroad, as well as organisations such as the Centers for Disease Control (twitter name @CDCgov), the Australian Medical Association (@ama_media) and the Royal Australian College of General Practitioners (@RACGP). As I do a lot of travel medicine, I use Twitter to follow international disease outbreaks”, Dr Kruys says.

If you’re keen to experiment with social media, Twitter is a great place to start, he says. Twitter users read or send updates, or “tweets”, which are up to 140 characters. Individual users can follow other users’ updates. The real value of many tweets is the links to web pages. You can also follow hashtags on Twitter. When used in a tweet, a hashtag (for example, #ehealth or #ruralGPs) allows people to follow everything that is tweeted about a particular event — say a conference — or on a particular topic. Dr Kruys says Twitter, together with a new breed of specialty medical blogs, is shaping up as a great health education tool.

Content is king

A prominent example of a medical specialty blog is Life in the Fast Lane, an educational emergency medicine site created by Dr Mike Cadogan, from Western Australia (see MJA Careers, 16 July). It offers critical care insights and tips of the trade from a group of Australian and New Zealand doctors in emergency medicine, toxicology and intensive care, and it attracts thousands of regular readers internationally.

Emergency physician Dr Cliff Reid has also created his own blog, Resus.ME, which logs the latest research findings on resuscitation from more than 40 journals and national and international guidelines (see Box).

Medical bloggers such as Dr Cadogan and Dr Reid also use social media tools to distribute links to their blogs as well as other topical content.

Dr Reid says it's easy to get swamped when you first sign up to Twitter. Pinning down good content is key. It helps to know what sort of information you seek and which people or organisations post on those areas.

To avoid information overload, he says doctors should be selective in who they follow and accept that they can't read every tweet.

Meeting of minds

Social network experts agree that the full power of the medium is only unleashed when the conversation is two-way.

Already a growing number of health industry professionals actively tweet one another. For instance, Health Care Social Media Australia and New Zealand on Twitter (#hcsmanz) is a chat group that meets online on Sunday night to discuss the use of social media in health care.

For doctors who want to interact with colleagues, there's also an international database of physicians who tweet ([TwitterDoctors.net](http://www.twitterdoctors.net) (<http://www.twitterdoctors.net>)).

Gated community

Because of the privacy issues and sensitivity attached to medical subjects, many doctors are more comfortable collaborating with colleagues in a secure online zone.

For this reason closed social networking environments are gaining traction in the medical profession.

Bowral GP and University of Wollongong senior lecturer, Dr Stephen Barnett, has helped to create such sites, including www.e-healthspace.com.au, where doctors can share ideas, work through case studies and access specialist support. About 10,000 doctors, mostly GPs, have joined the site, which has sponsorship from pharmaceutical companies.

"Doctors are much more likely to want to share knowledge and conduct professional interaction in a secure doctor-only environment", he says.

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WA practice gets social

University Medical Practice in Geraldton, Western Australia has trialled an enterprise social network application, Yammer, to connect staff members across two practices.

Based on the same premise as public social networks such as Twitter and Facebook, Yammer is designed to generate discussion inside a business using a message board.

These conversations are much easier to follow than email, says Dr Edwin Kruys (pictured), a GP at the practice, and they can be searched, organised and filed.

"Yammer is great for having discussions with like-minded people without the world watching over your shoulder. It is password protected and only accessible for people within one organisation", he says.

Dr Kruys says the trial showed Yammer had a positive effect on the work atmosphere and made the practice feel smaller.

However, not everyone liked the tool or opted to use it, which reduced its effectiveness. The trial was recently halted as a result, he says.

"My tip for organisations trialling enterprise social networks would be to make it part of the business strategy first and make sure that senior management is on board before you introduce it."

Doctors who blog

Like most medical bloggers, emergency physician Dr Cliff Reid writes and publishes posts about medicine in his own time.

He initially created his blog, Resus.ME, to track new research findings in resuscitation as a personal reference point, but he now uses it to share this knowledge with others in his field.

"I'm committed to keeping it going as others also find it useful", Dr Reid says. "So many people are now doing high-quality blogs and podcasts in their own time for free, and I'm proud to be part of this free-access movement."

He uses tools such as Twitter to disseminate his posts — and other content such as conference hashtags — more widely.

"It's a uniquely 21st century experience", Dr Reid says.

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