

NHS-HE Connectivity

Web 2.0 & Social Media in
Education & Research

The NHS recognises the benefits of social media to patient communication and engagement and for feedback and dialogue with the public.

NHS social media policies highlight the **potential risks of social media** including:

- breach of patient confidentiality
- breach of copyright
- cyberbullying
- lapses in professionalism

These risks are very real

healthcarenetwork

Insight, reports and data for NHS innovators

Trusts reveal staff abuse of social media

Snapshot survey of some of England's biggest trusts suggests growing problem for the NHS



Sade Laja

Guardian Professional, Wednesday 9 November 2011 09.00 GMT

 Comments (0)

Improper use of social media, especially Facebook, is leading to disciplinary action against staff at a number of English trusts.

Figures released to Guardian Healthcare show that 72 separate actions were carried out by 16 trusts against staff who inappropriately used social media between 2008-09 and October 2011.

Guidelines from professional bodies



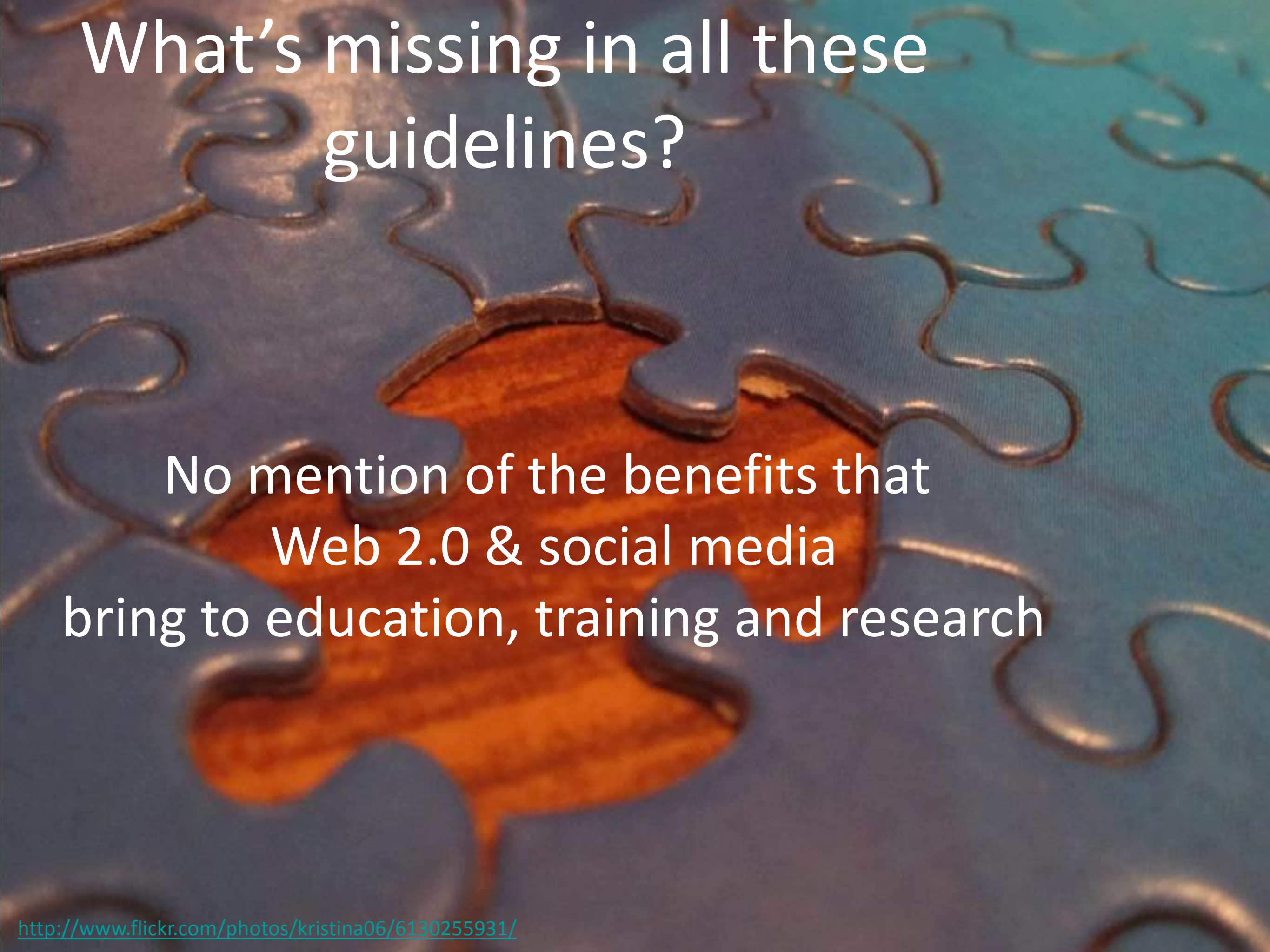
BMA 

NMC Nursing &
Midwifery
Council

**General
Medical
Council**

Again these guidelines focus on ...
personal and ethical responsibilities
relating to patient confidentiality and
appropriate discussion of clinical
practice ... also highlight the blurring
of professional and personal
boundaries

NMC - “We do not advocate blanket bans on nurses, midwives or students joining or using social networking sites, and employers and educators should not suggest that this is our position. Even if such bans could be imposed on workplace or university computer networks, personal computers and mobile devices offer easy access. Blanket bans are likely therefore to be both unenforceable and counter-productive. We support the responsible use of social networking sites by nurses, midwives and students.”

A close-up photograph of a wooden puzzle. One piece is missing, revealing a reddish-brown surface underneath. The puzzle pieces are light-colored wood with dark, wavy grain patterns. The background is a solid, textured blue color.

What's missing in all these guidelines?

No mention of the benefits that
Web 2.0 & social media
bring to education, training and research



BMJ^{Group} Blogs

BMJ Web Development Blog SUBSCRIBE NOW

Twitter Journal Club: yet another 'revolution' in scientific communication?

15 Jul, 11 | by Claire Bower, Web Administrator, @clairebower

A junior doctor in the West Midlands and a medical student at Cambridge University have kicked off a

new movement in the medical community by launching the first ever **Twitter Journal Club**. Heralded as a 'revolution' in scientific communication, it has enjoyed positive coverage from publishers and practitioners alike (e.g it was mentioned today at the ASME Annual Scientific Meeting). Now in its seventh week, the initiative has amassed over [950 followers on Twitter](#) and last Sunday generated 448 tweets during a discussion of the following BMJ paper: [Effect of \$\beta\$ blockers in treatment of chronic obstructive pulmonary disease: a retrospective cohort study](#)

 Like

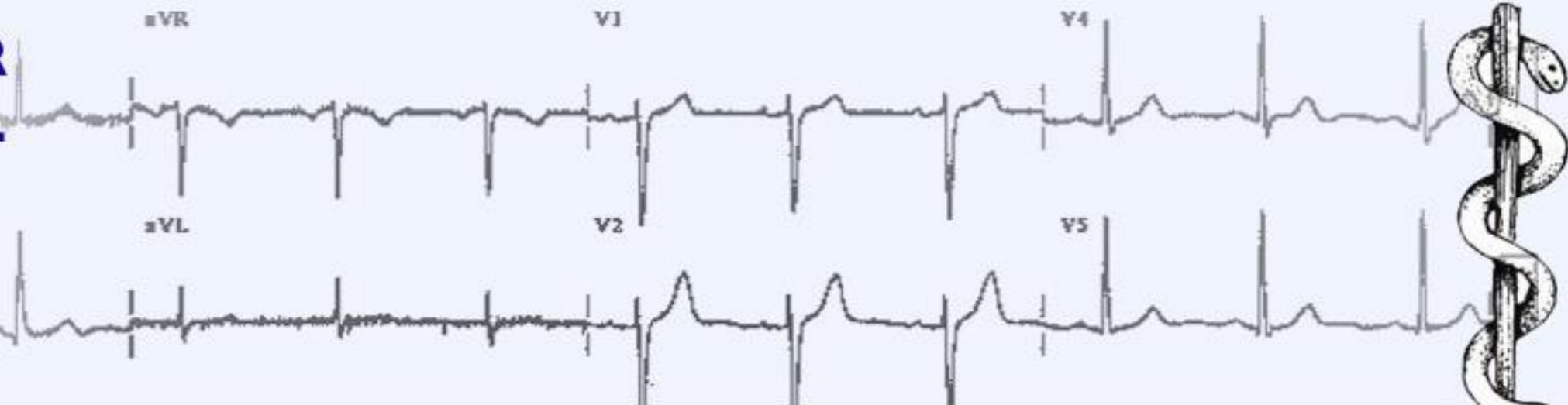
16

 Tweet

163

TWITTER JOURNAL CLUB

#TwitJC



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Week 14 – Discussion Points – Reducing drug errors in anaesthesia

Posted on [December 4, 2011](#) by [nsilvey](#)

This was a single centre randomised trial. Was the methodology of the study robust enough? The absolute risk reduction in drug errors with the use of SAFERSleep was 2.5% and the NNT was 40. Most of the errors described are ... [Continue reading →](#)



Posted in [Uncategorized](#) | [Leave a comment](#)

Week 14 – Reducing drug errors in anaesthesia

Posted on [December 4, 2011](#) by [nsilvey](#)

It is a sad truth that drug errors not only happen but cause harm to patients. Whether it is the wrong drug,

Who we are

Twitter Journal Club is (as the name may suggest) a Twitter-based journal club. We meet fortnightly on Sunday nights at 8pm UK time (7pm GMT) to discuss & critique a variety of medical papers.



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gasclass Gasclass Team

This weeks **#gasclass** has been updated with more information on wp.me/p1HC5J-2Z please RT

1 hour ago



gasclass Gasclass Team

Some good thoughts about the dangers of anaesthesia for the severely malnourished in this weeks **#gasclass**. More info later. Stay tuned!

3 hours ago



gasclass Gasclass Team

The patient is severely cachexic and has been admitted for emergency ECT. How will you proceed? **#gasclass**

6 Dec



gasclass Gasclass Team

Recurrent themes so far have highlighted danger of remote site, issues with consent, medical problems and psychiatric drugs **#gasclass**

6 Dec



Gasclass Team

@gasclass view full profile →

Web School Of Anaesthesia

Follow me to recieve updates about new cases or articles on the Gasclass website

<http://gasclass.wordpress.com>

158

Tweets

0

Following

213

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3

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1 hour ago



gasclass Gasclass Team

Some good thoughts about the dangers of anaesthesia for the severely malnourished in this weeks **#gasclass**. More info later. Stay tuned!


3 hours ago

#gasclass



Case week 10 (w/c 05/12/11)

 December 5, 2011  gasclass

 [Leave a comment](#)

This weeks case looks at Anaesthesia for one of the more unusual hospital procedures.

You have been asked to go to the nearby mental health hospital to anaesthetise patients undergoing electro convulsive therapy (ECT). What issues do you need to be aware of and what is your default technique?

You arrive at the mental health unit to assess your patient. The patient has been admitted within the previous 24 hours under the mental health act. This is her first ECT. She is severely depressed with marked catatonia. She has not been eating in the community and is severely cachexic. She currently weighs 37kg. The psychiatric team feel that ECT is indicated urgently.

How will you proceed?

Additional information

You discuss the urgency of the case with the mental health team. They have already commenced supervised re-feeding and have checked serum electrolytes. She remains hypokalaemic, hypophosphataemic and hypomagnesaemic although these are slightly better than on admission. The mental health team are keen to proceed as they don't feel she can wait 4 days until the next ECT session. The team have also requested muscle relaxation as they are concerned she may be severely osteoporotic.

Would you anaesthetise the patient, if so, give details on how you would do it?

@gasclass

There are no trick questions on #gasclass. It is an educational tool only so please feel free to join the conversation. Remember to include the phrase #gasclass in your response. This is referred to




[RSS feed](#)

Twitter feed

- This weeks #gasclass has been updated with more information on <http://t.co/pC3LshtY> please RT 1 hour ago
- Some good thoughts about the dangers of anaesthesia for the severely malnourished in this weeks #gasclass. More info later. Stay tuned! 3 hours ago
- RT @bagheera79: #gasclass this is not a ruptured AAA. 24-48hrs of pre-GA fixing will reduce risk. Don't forget: there will not be inform ... 14 hours ago
- The patient is severely cachexic and has been admitted for emergency ECT. How will you proceed? #gasclass 1 day ago
- Recurrent themes so far have highlighted danger of remote site, issues with consent, medical problems and psychiatric drugs #gasclass 1 day ago

 [Follow](#) @gasclass

 Follow

Keeping ECG's Simple

Developed from Twitter #ECGclass to help keep Primary Care ECG interpretation simple for all!

MONDAY, 8 OCTOBER 2012

#ECGclass Case 13 - AF or not AF?

#ECGclass Case 13

This weeks ECG class is a confidence teaser.

It builds a little on the learning point of last week. How comfortable are you with uncertainty? Are you confident enough to challenge your ECG machine's analysis?

Below are 6 ECG's.

One or more may be Atrial Fibrillation. One or more are not.

Which ones would you be confident enough to plough ahead, and treat as AF?

If you want to ask any questions, or make any comments, please use the hashtag #ECGclass.

Remember, this is a learning forum and not designed to catch anyone out.

These ECG's have been specially selected because they are *not* straight forward, so don't feel disheartened if you are unsure. (Most of them were passed to me by my GP colleagues who were uncertain about some aspect of them. For one of them, I sought a consultant cardiologists opinion. Reassuringly, even he wasn't 100% sure!)

As always, it's just a bit of fun.

Take your time. Answers and discussion to be posted later.

FOLLOW ME:

 Follow @hcwetherell

LIKE IT? TWEET IT!

 Tweet 0

BLOG ARCHIVE

▼ 2012 (30)

▼ October (2)

#ECGclass Case 13 - AF or not AF?

#ECGclass Case 12 - An Irregular rhythm

▶ September (10)

▶ August (7)

▶ July (11)

ABOUT ME

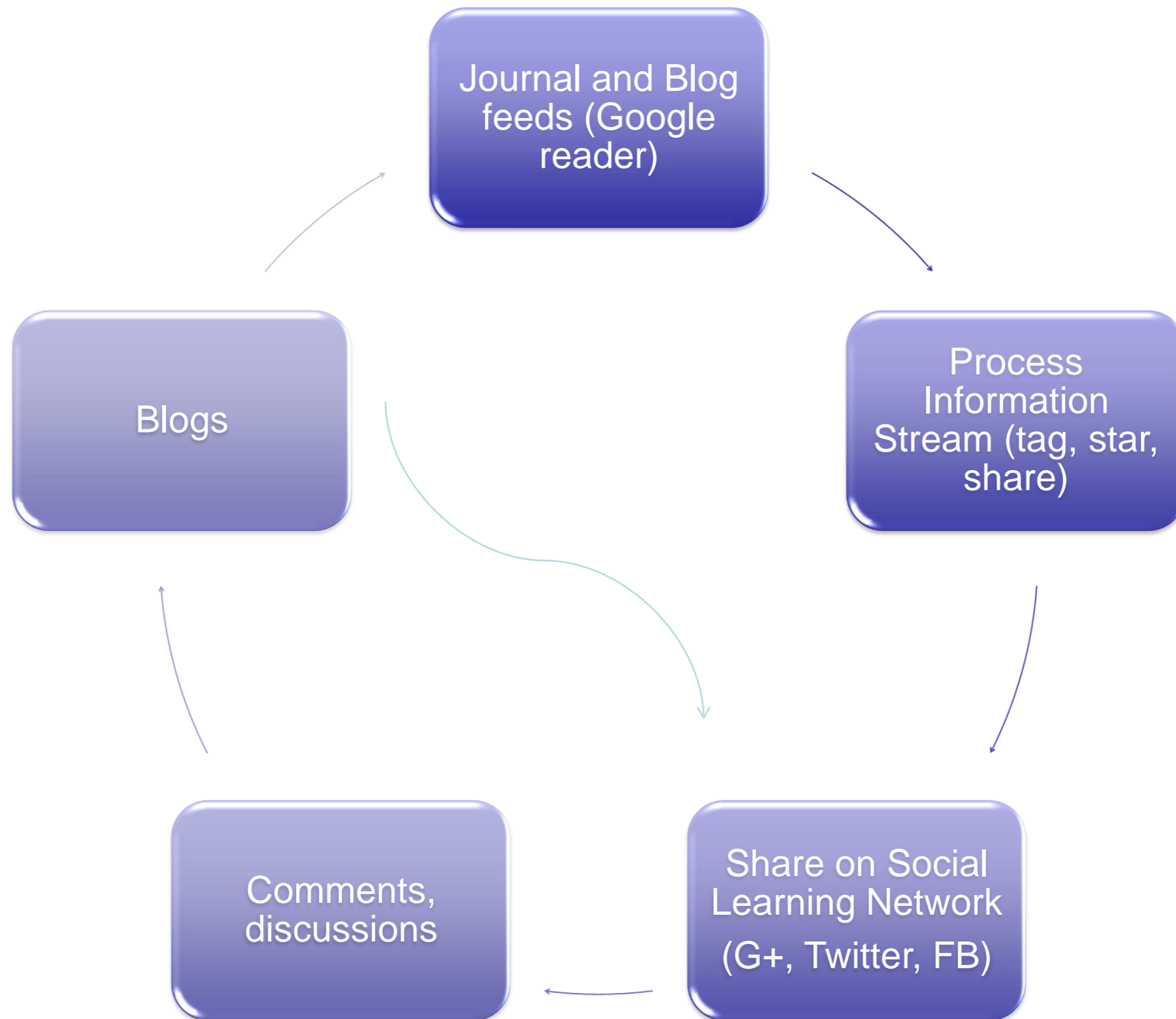


MOOCs

Massive Open Online Courses

<http://www.flickr.com/photos/fantasticalmonkey/231718162/>

The Learning Cycle



Online medical content curation and personal time management with Web 2.0: an exciting era Mesko - Cellular Therapy & Transplantation 2011 v2(8)

webicina	http://www.webicina.com/	2000	professionals	cluding Social media
<i>Cell Ther Transplant. 2011;3:e.000093.01. doi:10.3205/ctt-2011-en-000093-table1</i>				

Table 1. List of online medical services focusing on content or resource curation

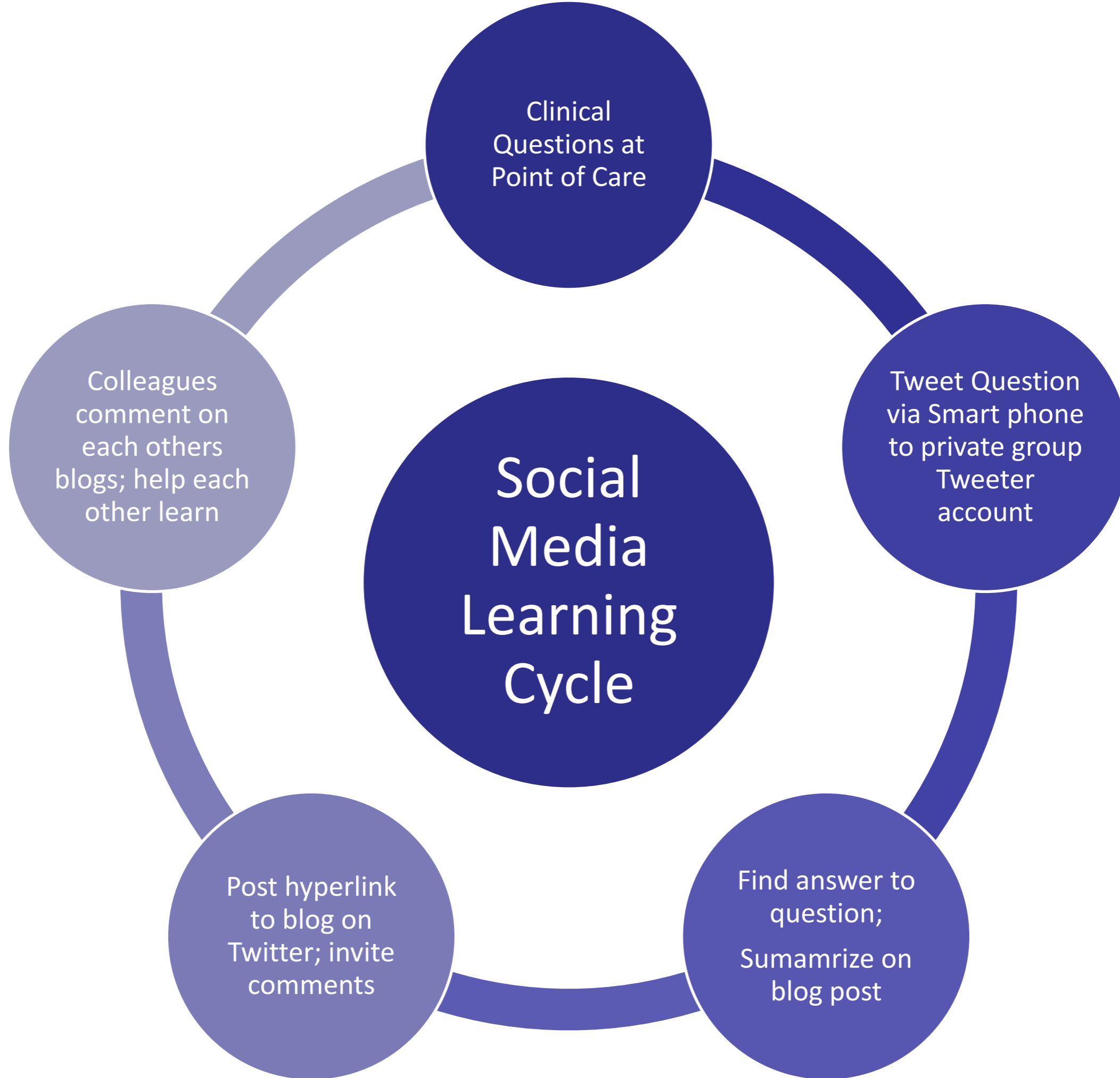
2 www.ctt-journal.com 2011;2(8)

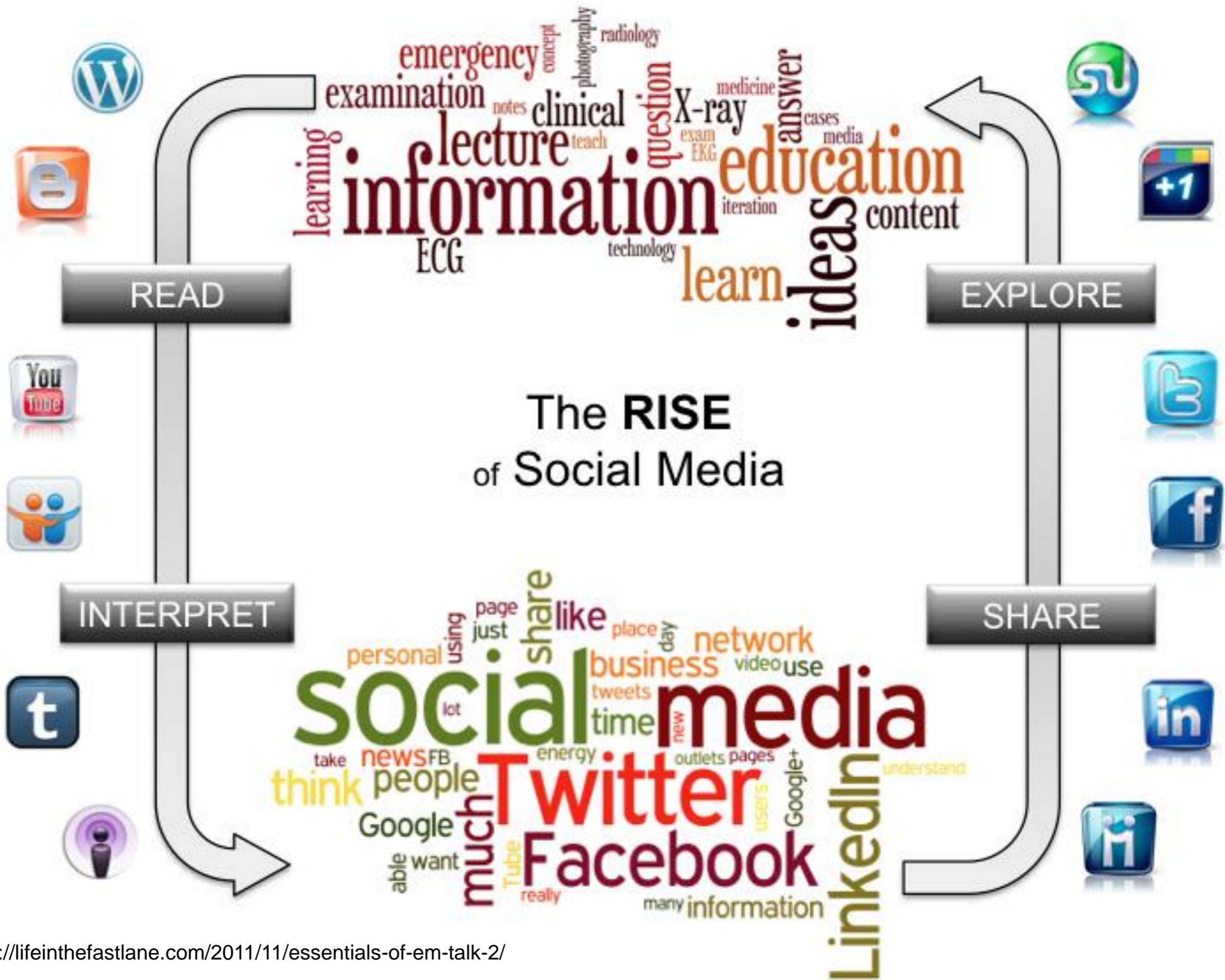
What would I do if	In 2000	Now
I need clinical answer	Try to find a colleague who knows it	Post a question on Twitter
I want to hear a patient's story about a specific condition	Try to find a patient in my town	Read blogs, watch YouTube
I want to be up-to-date	Go to the library once a week	Use RSS and follow hundreds of journals
I want to work on a manuscript with my team	We gather around the table	Use Google Docs without geographical limits
<i>Cell Ther Transplant. 2011;3:e.000093.01. doi:10.3205/ctt-2011-en-000093-table2</i>		

Table 2. Differences in my online activities between 2000 and today

These tools and resources now play a huge role in my life: they connect me to people, colleagues from around the world, they let me see what's happening in the world in my fields of interest; they help me collaborate and discover new aspects of my work. Obviously, Wikipedia is still close to my heart, and I also liked Google Mail from the first moments. At the time,

and discussions every day. On Twitter I do the same but for medicine, and Facebook for me is more about keeping up with what is happening with my colleagues from around the world and what kind of projects they are launching. Google Reader is for news sites and blogs, and I use Webicina's PerSSonalized Medicine to see the latest improvements in





Drafting a paper that provides ... an overview of how Web 2.0 technologies are being used to support teaching and learning ... to highlight ...

some of the benefits these tools can bring to education and training ... and identify ...

possible users, risks ... and to ...

propose recommendations in terms of access and use so that the potential benefits may be realised.

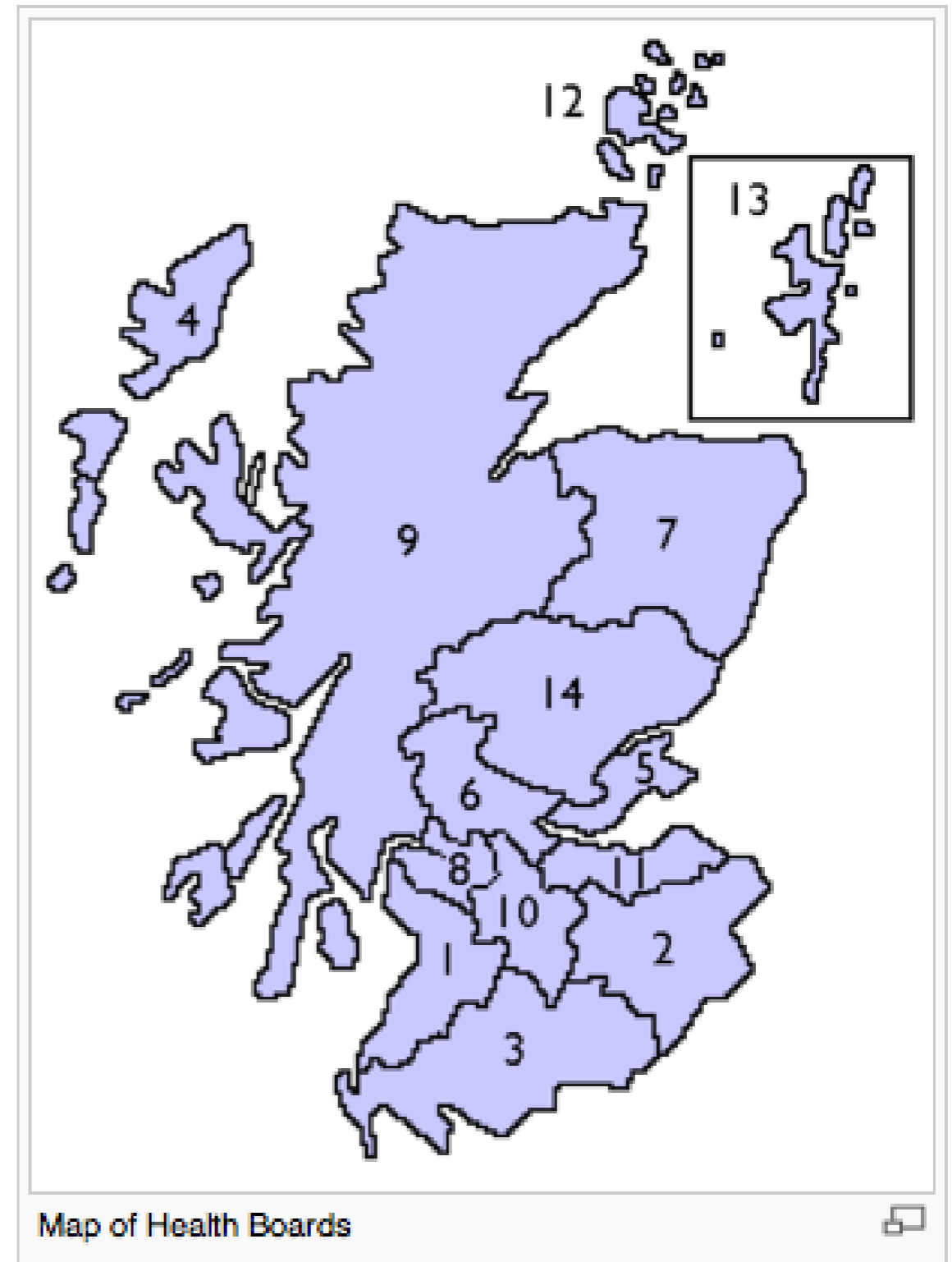
Collate case studies and good practice

THE CASE STUDY

<http://www.flickr.com/photos/binuri/5106411271/>

NHS Scotland Health Boards

No	Name
1	NHS Ayrshire and Arran
2	NHS Borders
3	NHS Dumfries and Galloway
4	NHS Western Isles (Gaelic: <i>Bòrd SSN nan Eilean Siar</i>)
5	NHS Fife
6	NHS Forth Valley
7	NHS Grampian
8	NHS Greater Glasgow and Clyde
9	NHS Highland
10	NHS Lanarkshire
11	NHS Lothian
12	NHS Orkney
13	NHS Shetland
14	NHS Tayside



How do we get buy in from all Scottish NHS Boards?