



# Hematology and Social Media: Communication and Education in the Modern Era

## Background

Medical education, professional networking and communication are changing as social media becomes more integral to the lives of academics, doctors, health care professionals and patients.

Social media (SoMe) is gaining popularity as a platform for informal, user-directed learning; the ease with which educational material and discussion can be accessed from multiple devices is key to this.

## Aims

We aimed to develop a haematology-oriented presence within SoMe. We wanted to promote Haematology as a specialty willing to engage in international and truly multi-disciplinary dialogue via the most modern platforms. We also wanted to create an educational dialogue that would allow interested parties, from the smallest to largest institutions, to participate in teaching and the dissemination of knowledge.

## Methods

We chose Twitter, a free, widely used SoMe microblogging website as it allows instant dissemination and discussion of educational material. Our Twitter profile (@TeamHaem) contains a short biography of who we are and our objectives.

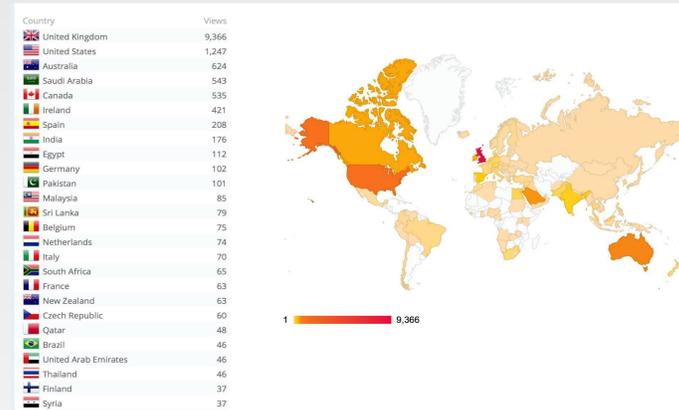
@TeamHaem established a Twitter presence by 'following' education and medical professionals, enabling us to see their status updates. We subsequently asked them to 'tweet' about us; therefore gaining our own followers. We created case-led discussions, which evolve over time and are designed to be topical and relevant to our followers, targeting their various skill sets and levels of expertise.

We used a blogging website to create the backbone of our case and Twitter to lead the discussion. Images, such as blood films, radiographs and marrow histology can be posted in addition to links from journal articles. Any follower can contribute or can simply watch the case developing.

We react to followers' suggestions and encourage evidence-based discussion, closing each case with a summary. Cases are tagged by topic, thus a body of reference material now exists that can be used by any visitors to our blog.

## Results

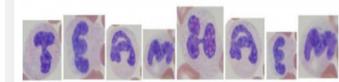
@TeamHaem has been operational since 2012 and we currently have 1,434 followers from 112 countries around the world, including doctors, nurses, students, pharmacists, educationalists and biomedical scientists.



We have published 38 interactive cases to date via our blog, which receives an average of 1,100 visits per month. We have presented our education platform at medical education conferences and regularly write guest posts for other medical education websites, both to promote haematology to other specialties and to promote our project. We maintain a SoMe presence and in doing so have forged links internationally. We provided Twitter coverage of various haematology conferences, including The American Society of Haematology 2014 congress which was the topic of over 20,000 tweets, and The British Society of Haematology conference 2015.

### TeamHaem

Online education and discussion about all things Haematological. From Newcastle upon Tyne to the world.



### Case 32 – update 1

So what have we found out so far?

We have a 40 year old man, who had one episode of ITP as a child, with dilated

You have been asking for a HIT screen, here it is! our patient is pat2, what would you like to do do now? #TeamHaem



## Discussion

### Successes

Our follower statistics demonstrate that there is an audience for the approach to education we use in TeamHaem. Interactive, collaborative multimedia approaches are known to appeal to 'millennial learners'<sup>1</sup> a term which describes a large proportion of junior staff and students. This is supported by a recent systematic literature review of SoMe and medical education<sup>2</sup>. Inversely, millennial learners have been shown to reject didactic teaching as irrelevant to their needs<sup>1</sup>; knowing this the TeamHaem approach is to help learners apply information, rather than disseminating knowledge.

The diverse audience we have attracted reflects the need of many professionals to learn and develop through dialogue within a 'community of practice'<sup>3</sup>. We are proud of the multi-disciplinary, multi-professional, international 'team' we have created as a reflection of the reality of haematological practice.

### Challenges: Ethical Issues

We are very careful to maintain patient confidentiality and encourage our followers to do the same.

We have been clear that we are not an authoritative body and cannot give advice to either professionals or patients. This is an issue that concerns many doctors: a recent JAMA review<sup>4</sup> of the ethical and professional issues surrounding SoMe concluded that doctors must be careful to maintain professional behaviour when communicating with the public via SoMe. This is also reflected in the GMC guidance<sup>5</sup> on Professionalism and social media, to which we adhere.

### Challenges: technophobia

SoMe is a deterrent for some colleagues who may otherwise choose to engage in an education project. Recent studies<sup>6</sup> found that younger, technological literate participants were more likely to maintain engagement and experience benefit from SoMe projects. However an Ultrasound oriented SoMe programme<sup>8</sup> found that whilst only 50% of participants had engaged with SoMe previously, 81% reported the project as being useful after one year, suggesting that participation can be encouraged if the material is engaging. We strive to maintain a high educational standard and hope the newly-converted technophobes share their positive experiences. The blog is also a stand-alone source of educational material that is available for visitors who choose not to participate in the SoMe case discussions.

### Challenges: Participation

Audience participation is as much a challenge in the virtual classroom as the traditional lecture theatre. Whilst we have hundreds of followers, the number of participants in each case is fewer. To encourage participation we direct tweets at individuals, retweet at various times of day and ask followers to retweet us too. However we cannot force participation and must accept that many are following and benefitting from the discussions, but not contributing. Low participation rates have been identified as an issue by other authors<sup>2,8</sup>.

## Conclusion

Haematology is a specialty that is frequently scientifically ground-breaking. Many in the field are interested in methods of sharing knowledge and promoting the specialty, as well as learning from colleagues.

@TeamHaem is an entirely novel programme which has succeeded in developing an international network for professionals and students working in Haematology. We have over 1400 followers from more than 100 countries and continue to curate high quality educational networks and debate for the Haematology community.

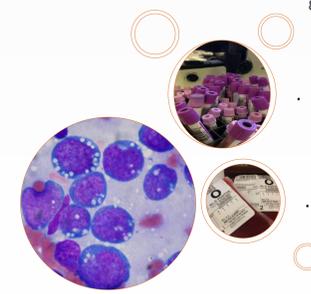
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Twitter tweet from Laura Dunning (@laura\_dunning) 17/02/2015: Is the ELISA test also positive? #TeamHaem

Twitter tweet from Dave Arkless (@DaveArkless1) 17/02/2015: @TeamHaem +ve HIT screen. Alternative anticoagulant, not warfarin. High risk of DVT, vigilance required. #TeamHaem

Twitter tweet from jarofjam (@jarofplumjam) 17/02/2015: @TeamHaem hmm doesn't fit with DIC. gel particle agglutination card pod tho. Need a more specific test for HIT now...#TeamHaem



@teamhaem  
#teamhaem