

# TeamHaem: Engaging and Educating in Haematology using Social Media



A K McGregor<sup>1</sup>, E A Graves<sup>1</sup>, J Young<sup>1</sup>, C W Tiplady<sup>2</sup>

<sup>1</sup>Trainees in the Northern Deanery; <sup>2</sup> Northumbria Healthcare NHS Foundation Trust

## Background

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. We developed a haematology-oriented presence within SoMe in order to develop educational dialogue and promote haematology as a specialty. TeamHaem now has over 750 followers, has had 16000 'hits' on our blog and attracted visitors from over 100 countries.

## Aims

**To educate:** Haematology is a specialty widely considered to be intimidating, and to which students and junior doctors have too little exposure. We felt there was scope to improve haematological knowledge amongst non-haematologists.

**To engage:** Haematology is relevant to all aspects of hospital practice. We wanted to create an educational platform that demonstrates the relevance and importance of haematology to their practice.

**To support CPD:** Those of us committed to the specialty need to continuously refresh our knowledge. There are, of course, other educational resources but none that offer a truly interactive, multidisciplinary platform.

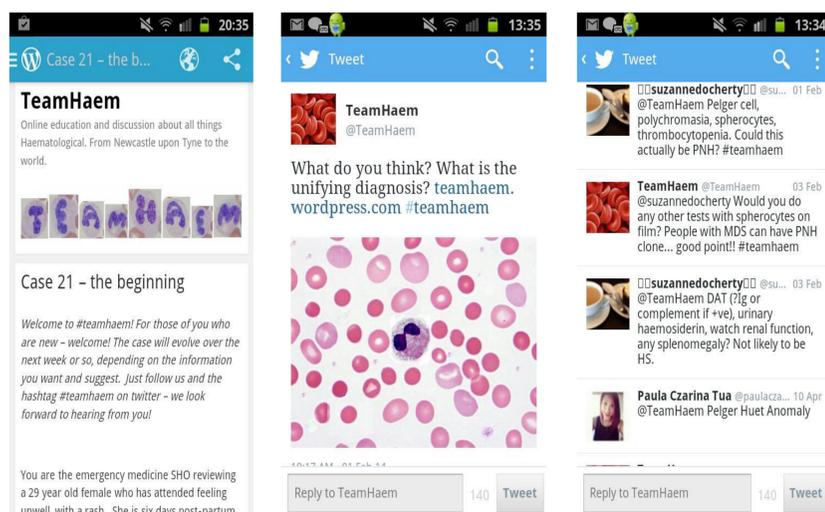
**To share information:** Educational resources are varied and seemingly infinite – we wanted to create a forum for like-minded colleagues to share papers, resources and events.

**To encourage multidisciplinary learning :** We work closely with other healthcare professionals; we wanted to extend this philosophy to the learning environment to allow doctors, pharmacists, nurses, students, charities, patient groups and biomedical scientists to learn from each other.

**Anywhere, anytime learning :** Hand-held Wi-Fi enabled devices have transformed private study. We wanted to provide the opportunity for colleagues to learn at a pace and place that suited their job and lifestyle.

**To create an international learning collaborative :** We hoped to engage international colleagues to maximise learning opportunities for all.

## Methods



- A case is designed and a brief introduction is posted on a blog ([www.teamhaem.wordpress.com](http://www.teamhaem.wordpress.com)) with an accompanying question for 'followers' to consider.
- The blog is posted on our twitter account, so anyone who follow @TeamHaem will see that the blog has been posted and a case has begun.
- We ask that people read the case and questions and respond on twitter with their thoughts. Further aspects of the case are posted over the following week and more comment and debate ensues.
- The case is then summarised on the blog to act as a future educational resource.

## Results

- We have, to date, 750 followers on twitter and this is ever expanding
- We have tweeted over 1500 times and 22 cases published on our blog
- We have had visitors to our blog from 105 countries
- Our blog has been visited 16000 times in 15 months
- We have been discussed at International education conferences (ASPIH2013 and AMEE2013) as an example of innovative learning
- We have collaborated with other SoMe projects, including @gasclass, @cellcountr, @geekymedics, @twitfrg

## Successes, challenges and the future

### Successes

Our follower statistics demonstrate that there is an audience for the approach we use in TeamHaem. Interactive, collaborative multimedia approaches are known to appeal to 'millennial learners'<sup>1,2</sup> a term which describes a large proportion of junior staff and students. 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 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 GMC guidance<sup>5</sup> 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.

### 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>.

### Future direction

We would like to involve more expert guests in hosting cases. We want to continue to develop TeamHaem by increasing reference sharing and developing new approaches such as journal clubs, themed weeks and morphology 'quick spots'.

## References

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