How can social media aid delivery of patient blood management?

Suzy Morton, July 2016
Barriers to delivery of PBM

- Wide audience
  - Medical knowledge
  - Geography
  - Specialty
  - Application of knowledge
- Transfusion is one part of most people’s wide and varied practice
- Perceived lack of knowledge gap
- Competing demands on people’s
  - Time
  - Focus
- Huge audience, few transfusion specialists
- (Exposure to clinical practice is difficult to capture)
What do we mean by “social media”?

- “Websites and applications that enable users to create and share content or to participate in social networking” [Oxford dictionary]
- “web based media that allow people to create and exchange content” [GMC, 2013]
Join Twitter today.

Full name

Phone or Email

Password

Sign up

By signing up, you agree to the Terms of Service and Privacy Policy, including Cookie Use. Others will be able to find you by email or phone number when provided.

Advanced options
• Different sides of social media
  • Your own learning/CPD
  • Information you provide for others
  • Your public profile
  • Personal versus professional profiles

• Rules of engagement
  • Remember everything you say is permanent (even if deleted)
  • Behave as you would in real life

• Watch out for spam
  • Following 10000s but with few followers themselves

Who to follow?

@london rtc
@KatePendry
@BritishBloodTS
@TeamHaem
@Transfusion_TEL
@TransfusEd
@gogmum
@NHSBT
@Ceri_Rose
@bloodbankguy

#, the ultimate archiving tool

#FOAMed
#blooducation
Technology adoption life cycle

- **innovators** – more assets, more educated, prosperous, risk-oriented
- **early adopters** – younger, more educated, community leaders, less prosperous
- **early majority** – more conservative but open to new ideas, active in community, influencing neighbours
- **late majority** – older, less educated, conservative, less socially active
- **laggards** – very conservative, fewer assets/less capital, oldest and least educated

Beal and Bolen, 1981
What modes are in active use in transfusion/haematology?

- Websites and blogs (less interactive)
  - transfusion evidencelibrary.com
  - transfusionlibrary.com
- Internet fora
  - Doctors.net
- Interactive blogs
  - teamhaem.com
  - stemlynsblog.org
- Twitter
  - Follow individuals you know
  - Follow institutions
  - Tweet your own material & engage with your learners
- Whatsapp
- “Content communities”
  - Youtube
- Networking sites
  - Facebook
  - Linked in
Find interesting articles and breaking headlines with zero effort....
Ask the international experts about topical issues....

Dr Suzy Morton @TransfusionWM · Jan 28
@KatePendry @KreuterMD any informmn on TTI w Zika &/or any discussn re changes to blood (&marrow) donatn/screening in N America?

Kate Pendry @KatePendry · Jan 28
@TransfusionWM @KreuterMD Can you help @gailmiflin ? !

Dr Gail Miflin @gailmiflin · Jan 28
@KatePendry @TransfusionWM @KreuterMD latest ecdc update here too ecdc.europa.eu/en/publication...

Justin Kreuter, MD @KreuterMD · Jan 28
@gailmiflin @KatePendry @TransfusionWM thank you for sharing this from the ECDC- helpful & concerning.

@gailmiflin @KatePendry @TransfusionWM
hot-off-the-press from AABB re: Zika & blood donors: aabb.org/programs/publi ...
How I treat patients with inherited bleeding disorders who need anticoagulant therapy ow.ly/BVPn302fo5e @UNC

Approach to FVIII or FIX goals for the use of anticoagulant and antiplatelet therapy in hemophilia.

Karyn Martin, and Nigel S. Kay
Blood 2016; 128: 178-184

15/07/2016 20:30
We have repeated the plt count and it is 10. We think this girl has ITP. Do you think she needs any treatment? Would you observe? #teamhaem

Case 60 – update 2

Our patient has been started on oral iron for a iron deficiency anaemia.

Given that she only has some bruising and a slight petechial rash the decision has been made to monitor her, but not to start on any treatment.

She is kept under close follow up and a repeat fbc a week later shows...
Participate in active discussion

Ask questions and have people tweet answers

Respond to questions asked of you
GMC guidance

- GMC acknowledge benefits of use of social media for public health, networking and patient information

- Subject to
  - Good Medical Practice
  - Confidentiality guidance
  - Maintaining a professional boundary... guidance

- Follow institutional social media policy
- Confidentiality not guaranteed by sites
  - E.g. doctors.net
- Blurred line between personal and professional image
  - Representing organisation
- Unable to remove content once posted (even if deleted)

- If you identify yourself as a doctor in publicly accessible social media, you should also identify yourself by name
- You should also be aware that content uploaded anonymously can, in many cases, be traced back to its point of origin
Limitations

• Can be time consuming
• Difficult to transmit nuances
• Limited word count on some platforms
• Interaction with people you don’t know “IRL” can be clumsy
  • Discussion/debate
  • Feedback on Q&A
• Social and professional (and political) life can be confused
  • Maintaining professional profile
  • Need to decide target audience and purpose, if aiming to deliver
• Permanent record of what’s said
  • Knowledge content and opinion on clinical practice
  • Other views expressed
• Txt spk
Why should we embrace social media?

• Solutions to problems we face every day
• Improve delivery of knowledge to a wider audience
• Raise the profile of transfusion medicine – and need to keep up with the times!
• Target population are already using it; it's not a temporary phase
• Two-way interaction
• A ‘way in’ to other specialties
• Instant international networking
• Vast amount of knowledge with zero effort
  • ‘Pick and choose’
• Keeping up to date and ahead of the curve
• Follows a life-long learning model
• It's free… #FOAMEd
From sceptic to advocate!

• Our practice is changing
• The ways we interact are changing
• 'target audience' like this way of learning and are already integrated into social media platforms
• More evidence is required... but how?