

Online communities for healthcare professionals: when hype meets reality

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Research shows that the online interaction is generally low and many communities do not achieve their expected potential.

Technology has created an exciting potential for widely dispersed healthcare professionals to network and share knowledge. The vision of individuals interacting at any time and any place to develop an online community has been seductive to many healthcare organisations. A visit to the Web site of most these organisations will quickly identify a 'community' section. The potential user is enticed by the promise of joining a vibrant community of common interest in which there is active learning from each other. However, in my experience, this is usually more hype than reality.

Over the last few years, I have been fascinated by this new area and it has been a major focus to my research. The driving force has been the apparent lack of informed decision-making by the organisations who offer these online communities for healthcare professionals. It often appears to me that a discussion board is set up by the IT department without any real understanding of the potential problems. My research has included performing a systematic literature review of the use of online communities for healthcare professionals¹ and the development and evaluation of several online communities for public health professionals and general practitioners.² I have excluded groups who were part of higher education or working towards a professional qualification. I have also recently run an online forum for CHAIN 2 in which a variety of healthcare educators interested in work-place learning shared their experiences of developing

online communities. It is remarkable that the overall findings are so similar. The online interaction is generally low and many communities do not achieve their expected potential. The research has identified several common themes that can inform future development and implementation.

There is a need for a clear purpose for the online activity. Some users only want a quick answer to a problem but others want to engage in a discussion. A mismatch in expectations will quickly lead to poor interaction and the end of the community. Discussions appear to go well when there is a clear focus and when the tasks and expected time commitment are clearly stated. There is also a preference for the discussions to be moderated.

The importance of users feeling safe and being able to develop self-identity online was noted. Initial development of mutual trust, perhaps through 'ice-breakers', has been found to be useful and newcomers to an established group need to be quickly welcomed. Profiles of users were noted to be helpful since it both enables users to be aware of who they are talking to and to assess the credibility of their comments. Using a text-based and online approach requires a new etiquette in communication. Many messages are too brief, such as those used in an email, and some are too long. Both of these types of message do not create a sense of mutual understanding that leads to self-disclosure. The importance of individual learning styles, gender and language proficiency was also noted.

Problems with access have been repeatedly highlighted. Each online community appears to use a different format for the online environment and the user has to adjust to each new user interface. Often there are problems with IT access whilst working in the NHS. Sometimes there are insufficient or inaccessible computer facilities for many healthcare professionals. In addition, the organisational culture in the NHS does not appear to support online work, with managers often not giving recognition for the importance of this informal activity or allowing protected time when there is the conflicting pressure of work. The use of reminders to participate is considered useful, such as by RSS or email.

There are no easy or single approaches that can guarantee success for the development and implementation of an online community. However, there is now an evidence-base to inform decisions that is relevant to the unique context of healthcare professionals. My recommendations are:

1. *Remember that the success of any online community is associated with the social and organisational aspects rather than the technical. It is often said that people who want to communicate will use any system.*
2. *Different potential users have two main needs: information request and active discussion. These are opposites and to combine the two activities in the same online community often results in failure since neither need is met. I recommend that the needs of users are initially identified and if there is a need for both then two*

separate communities should be developed.

3. Healthcare professionals prefer focused, structured and moderated online discussions. This has resource implications but is essential if rambling and aimless discussions that result in low interaction are to be avoided.
4. All healthcare organisations need to ensure adequate IT access but perhaps more importantly is change to the organisational culture so that it embraces the use of technology as part of everyday professional work.

A glimpse into an online community can be easily obtained by joining an existing community but registration may be required. Examples include Saferhealthcare <www.saferhealthcare.org.uk/ihi> and CHAIN <<http://chain.ulcc.ac.uk/chain/>>. Saferhealthcare has a focus on patient safety and offers a range of discussion forums within the 'Peer-to-Peer' section that use a discussion board approach. CHAIN (Contact, Help, Advice and Information Networks) is a well-established group of online networks for healthcare professionals that are based around specific areas of interest. The networks mainly provide opportunities to share information by email but CHAIN 2 for work-place learning occasionally offers an interactive discussion forum that uses a blog format.

I accept that some online communities can be a success but I have not been able to find the evidence. I encourage everyone to evaluate and publicise their successes. Online communities have the potential to meet the challenge of sharing professional knowledge for healthcare professionals. However, we do appear to keep replicating failure and my research suggests that the basic principles are repeatedly ignored. Is this the future?

References

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Medical Journals Back-files Project

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An initiative to create a free-to-access, critical mass of digital content, based on the back-files of a number of historically significant medical journals.

The Medical Journals Back-files Project is an initiative to create a free-to-access, critical mass of digital content, based on the back-files of a number of historically significant medical journals.

Carried out in partnership between the Wellcome Trust, the Joint Information Systems Committee (JISC), the National Library of Medicine (NLM), and a number of publishers, this project will, on completion, deliver more than 3 million pages of content, made freely available on the Internet via PubMed Central (PMC) <www.pubmedcentral.gov>.

Every word within the archive is indexed enabling a researcher to look for any word or phase, wherever it may appear within the article.

Although the project focuses on digitising back-files, participating publishers also agree to deposit new issues of these journals into this archive on an on-going basis, subject to an embargo period. As such, this project is in close accordance with the Wellcome Trust's position on the desirability of open access to scientific literature.

Thus far, 17 journals, published by a mix of for-profit, not-for-profit, and learned society publishers, have agreed to participate in this project. Titles that will be made available through this project include the *Annals of Surgery*, *BMJ*, *Biochemical Journal*, and the *Journal of Physiology*. A full list of titles that are participating in this project can be found at <<http://library.wellcome.ac.uk/backfiles>>.

...help today's clinicians and researchers discover and access the 'minutes of science', as recorded in these historically significant journals.

A value-added product

In addition to creating page-scans of every single page in the archive, this project also provides a number of value-added features that will help researchers exploit the full potential of the archive. Some of these key features are described below.

Searching the archive

Every word within the archive is indexed enabling a researcher to look for any word or phase, wherever it may appear within the article. In addition, a bibliographic citation for every discrete article is created for inclusion in PubMed. Thus, a

researcher who uses the PubMed database to find articles relevant to the research they are undertaking will be alerted to articles (with links to the full text article in PMC) irrespective of when they were published, or when PubMed/Medline started indexing that title.

Finally, as Google and other search engines are able to trawl and index every paper within the archive, the researcher who uses these generic search tools will still be made aware of relevant papers within the back-file archive.

Innovative linking

To help the researcher move from one relevant research paper to another, all references cited in a paper are programmatically