

## Social media for health librarians

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### Introduction

All health librarians need basic web 2.0 skills

Welcome to a new information technology column called "Social media for health librarians" for the JCHLA/JABSC. Over the next year or so, I plan to write about social media and the effects of Web 2.0 tools on our information practices. I hope you find the column a more casual read (i.e., less academic) than previous teaching and learning columns. My goal is to engage health librarians about the tools and trends of Web 2.0 and to raise topics for debate with your peers. Feel free to engage me in debate also. E-mail your questions and send suggested topics such as medicine 2.0, health 2.0, or even health librarian 2.0. For now, let's leave all of the Web 2-point-ohs for later. (See Appendix A for quick definitions of these terms.)

Let's begin by talking about *time* — what other health librarians tell me is the single largest barrier to their use of social media. As a health librarian who follows social media very closely, I realize that time is a significant barrier for many of you and that these barriers also prevent appropriate evaluation of tools. I also realize that if it comes down to spending your collections budgets or evaluating Twitter, there is no contest — collections come first. But Twitter's rise in particular reminds me of the hoopla around Google Scholar when it was first released; do you recall how many librarians spoke out *against* using it [1–2]? Would any of us now deny that Google Scholar is extremely valuable in the health librarian's toolkit, indeed any librarian's toolkit? The realization that Twitter, like Google Scholar, is valuable is certain to come with time.

Social networking presents its own quirks for health librarians — and a tendency to drain more of our time. And the ruse is that to use social media well, you need to build a network of people to create the *network effect*. The network effect (Metcalf's law) states that the more people you have in your network, the more useful it becomes [3]. On Twitter, Facebook, and LinkedIn, I follow ~1000 people. I can't follow all of these people closely but am getting to know about 5% of my network. I follow people from around the world and anyone who can teach me something. If someone is not providing value to me, I quietly stop following them.

I am regularly asked how I monitor so many social tools while maintaining a full-time position at the UBC Biomedical Branch Library. How do I find time to evaluate the tools? I'm also asked what my opinion is on social media's long-term prospects. Is social networking a passing fad? And even — as a busy academic health librarian at Vancouver General Hospital, *why do I blog and tweet?*

For me, social media is primarily about two things: lifelong learning *and* promoting the profession. I firmly believe health librarians should be thinking about the implications of social media in the information age but also using it to tell our stories. Moreover, I think social media is a natural ally for lifelong learners. My use of social media directs my learning every day, and I see it as part of understanding the digital landscape. Our information practices in the digital age should take into account core librarianship competencies but within an environment that includes social media.

Many of you already use social media and collaborate with users online. Please share your ideas. You might even author blogs or use Twitter to network with colleagues. In 2010, it is obvious we have reached a critical mass of social media users in CHLA / ABSC [4]. The Association Web site is now interactive and several members contribute to the Board blog — maybe not as regularly as I would like, but it's a start.

In the same way that Google is now accepted, social media has reached a level of quiet acceptance by information professionals. Have you discerned the slow shift towards the acceptance of social media in health libraries? Within the Medical Library Association (MLA), librarians work through modules to learn about social media [5]. While tools such as Twitter and Second Life may be peripheral for a while, other tools seem to be here to stay. Take a look at some of the recent social media research in MEDLINE; recently, I noticed that several well-designed studies have been published [6–15]. Clinicians around the world are evaluating social media, and the evidence-base is growing.

Social media represents a new domain of expertise for health librarians. Are the collaboration and information-sharing skills of Web 2.0 critical for our future? I believe that they are. Social media skills are not as important as maintaining our intellectual orientation or the work we do to organize collections and services. But I believe we

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should seize opportunities to develop media competencies and find a way to connect them to evidence-based practices. New evidence suggests that social media has an impact on our users' ability to engage in lifelong learning [16–20]. Isn't that reason enough to take social media seriously?

Health professionals are well-positioned to use social media. Even if they do not yet see the immediate value of doing so, we can find ways to highlight relevant technologies and be a resource for health professionals. It might be interesting to survey how many health librarians in Canada get reference questions about social media on a regular basis (Appendix B): What is Web 2.0 and why as a physician should I care? As a nurse, should I use Twitter? I hear Google tracks my searches — is this true? I am new to social networking: can you help direct me to some basic information?

As an early adopter and blogger, I am often asked for my opinion about social media, and this has led to my involvement in curriculum development. I sit on a UBC Faculty of Medicine committee looking at how to integrate social media into undergraduate programs [21]. The School of Library, Archival and Information Studies now offers a three-unit course on social media, which I designed and teach [22]. I can't imagine doing my job without this expertise. It is vital for every health librarian to determine how these tools might fit into their practice; not every new gadget or tool has to be adopted to be effective in the provision of health information services.

In conclusion, you'll find that social media can be both fun and useful. Every day, on my *computer dashboard*, I multitask, share, tweet, and scan ideas all day long. Between consultations and meetings with physicians, I read Twitter. Social media is critical to my practice as a 21st century information professional. This is a time where all health librarians and health professionals can raise their awareness of social media and determine how it might affect patient care. All health librarians should have basic social media competencies and be able to answer questions from their users — and perhaps even provide advice in the future. That's just part of what we will discuss in the year ahead.

## Next column

Social media competencies for health librarians.

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## Appendix A

### Blogs

The term “blog” refers to a frequently updated site of entries arranged in reverse chronological order. Blogs are important in the rise of social media and Web 2.0. However, micro-blogging and services such as Twitter and Yammer are taking some attention away from blogs and bloggers.

### m-Health

This is the use of portable computers in health, including mobiles, smartphones, and iPhones, and even wearable devices that communicate directly with clinical systems and electronic patient records.

### Podcasting and video-casting

Podcasting combines “broadcasting” and “iPod” and refers to syndicated audio and video content on handheld devices and personal computers. Synonyms for podcasting include audiocasting and audioblogging. Vodcasting, a portmanteau of video and broadcasting, is very popular owing to mobile devices such as iPhones and video-sharing sites such as BlipTV, Google Video, iCYou, and YouTube.

### Social media

The term “social media” refers to tools used to share opinions, insights, and perspectives with others. These tools are known as social software or Web 2.0 technologies. Social media are themselves information channels and include text, images, audio, and video sent via message boards, blogs, podcasts, wikis, and vlogs. Social media is designed to help people involved in a common task achieve certain goals.

### Social networking sites in medicine

Social networking sites (SNSs) are used by some health providers to network with others. They are seen as a means of managing information, disseminating knowledge, and highlighting achievements. Some examples of medical SNSs include LinkedIn, Konnects, Sermo, and Within3. Dedicated medical SNSs require all members to be screened against state licensing board lists. SNSs are of interest to pharmaceutical companies who spend 32% of their marketing dollars to influence leaders in medicine. A number of SNSs for patients, such as PatientsLikeMe (<http://www.patientslikeme.com/>), are increasingly popular.

### Twitter

Twitter is a free microblogging service and a way to share information (<140 characters) with people in your network (think status updates on Facebook). On Twitter, space is provided for members to share brief thoughts or answers to the question, “What am I doing (i.e., thinking or reading)?”

### Web 2.0

Web 2.0 is viewed as both a period of time (2000–2010) and an era when using the Web as a platform for sharing and participation became popular. Web 2.0 is distinguished from Web 1.0 in that communication with Web 2.0 is two-way and dynamic. In medicine, Web 2.0 may be important because it engages doctors in evidence-based practice. Other trends linked to Web 2.0 include gaming (i.e., Second Life), open access, and Twitter.

## Appendix B. Some common reference questions involving social media

*Q1. A third year surgical resident is thinking about setting up a blog to talk about his residency. What advice would you give?*

A. My advice would be to ask the resident whether she is thinking about setting up a public blog or a password-protected one. Has the resident blogged before and is she aware of the legal issues for medical bloggers such as patient confidentiality, defamation, and internal hospital matters? Perhaps the resident could take a look at some general medical blogs such as KevinMD (<http://www.kevinmd.com/blog/>) or CasesBlog (<http://casesblog.blogspot.com/>), or the health librarian could recommend a more specific surgery blog. It might be sensible to advise discussing the patient issues with the chief resident before creating the blog.

*Q2. The head of medicine comes into the library. Someone has friended him on Facebook. He has asked whether there is any way to delete the request without insulting the colleague. What should he do?*

A. Tell the head of medicine he can change settings in his profile so he cannot be followed at all except by friends. Ask him whether he uses Facebook for business or pleasure. Explain that all kinds of health professionals get improper requests from people on Facebook and Twitter, even patients. However, he can quietly ignore or delete the request. Whether someone approaches you online or face-to-face, you can maintain clear boundaries by upping your security settings (or using a pseudonym) in any social network.