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EDUCATION

The Value of a Twitter-based Community of Practice for Pharmacy Professionals in the UK

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Abstract

As a means to work across settings and geography, <u>@WePharmacists</u> is a volunteer-led online social-media group open to anyone, with particular relevance to those operating in or with pharmacy teams in the UK. The goal of WePharmacists is to pursue better patient care and outcomes from medicines through shared learning and a connected pharmacy team. The core offering is facilitated tweet chats, on topics suggested by the community. Resources to aid members in connecting with others, finding information and using technology have been developed, along with materials to help members recognize the learning that occurs with social media use. Community members report the value of feeling part of a wider community, along with the benefit of learning from one another.

Keywords: social media, twitter, multidisciplinary, continuing professional development, CPD, collaboration

Pharmacy teams in the UK traditionally operate in sector-specific silos (e.g. hospital, retail), with little communication or collaboration between them. As system pressures exert their toll on pharmacy service provision, individuals are working harder in more challenging environments within those silos. Less time is available to discuss problems or learn and share with others. With diminishing access to peers, support or training, it is challenging for individuals and teams to maintain their competency. As a national focus on newer roles for pharmacy and pharmacy professionals become established, the wider benefits of multi-disciplinary collaboration become even more important.

@WePharmacists is a volunteer-led online social-media group open to anyone, but with particular relevance to those operating in or with pharmacy teams. There are currently over 9,000 community members. Established in April 2013, the idea followed the success of @WeNurses. Such communities demonstrate the ability of social media use to enable the breakdown of silos, open up professional communication and facilitate shared learning. Since its inception, communities have evolved covering 16 professions or areas of practice, which all now sit under the 'WeCommunities' umbrella and all of which use Twitter as their primary social media platform. The goal of WePharmacists is to pursue better patient care and outcomes from medicines through shared learning and a connected pharmacy team. Coordination varies with each volunteer's ability to support at any given time; there are currently six members of the coordinator team and additional recruitment is through tweet campaigns as needed. Twitter is an online social networking service that allows users to send a 140character message, known as a tweet, to each other or their followers (i.e. people in their immediate network).

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Unlike Facebook, Twitter has no privacy settings and tweets can be seen by anyone, but you must be an account holder to be able to reply to or share the message (called a re-tweet).

Social media is an established part of many people's lives. In 2015, there were 2.3 billion active users with people having, on average, 5 to 6 different social media accounts, 320 million of which were for Twitter.¹ The role of social media in professional practice has been well discussed and is not without ethical or professional challenges, such as the possible blurring between personal and professional lives, whether or not to use an anonymous account and how best to publicly respond to patient queries.

The use of social media to support professionals and their practice can take many forms. As its core offering, WePharmacists uses facilitated tweet chats, scheduled twice monthly using the hashtag #WePh. The hashtag character (#) is used in Twitter to bind conversations, so all those involved can see what is being said in real-time, whilst also making it easy to organize and find information afterwards. We've developed two short videos that explain what a tweet chat is and how to get the most from them. Chats cover topics suggested by the community and offer those people the chance to host the chat themselves, giving it direction and structure. Previous 'hosts' have included the Department of Health, NHS England, the Royal Pharmaceutical Society (the UK's professional body for pharmacy) and The General Pharmaceutical Council (the UK's pharmacy regulator). Chats are open to anyone with an interest in the topic, including patients. Recent topics have included a look at pharmacy technician post qualification studies, exploring dementia awareness in pharmacy and debating pharmacy's role in practicing evidence based medicine. Chats last 60 minutes and typically include around 30 participants.

Where organizers feel a wider audience would be beneficial, the WeCommunities will co-ordinate a multi-disciplinary approach using the hashtag #WeMDT. These are particularly

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useful in supporting individuals and organizations to make connections and share learning not only with those in their own profession, who are located at opposite ends of the country, but also between those from different professions altogether. As an example, coordinators have planned a #WeMDT chat with the World Health Organization to cover nursing and pharmacy roles with antimicrobial resistance.

However, it's recognized that chats alone aren't always going to be enough to address the operating challenges faced by the professions represented, so additional tools and resources have followed. As a natural progression of existing work, and following feedback from the community, the following have been developed:

- Resources and tools to support professional social media use (including those supported by the Royal Pharmaceutical Society)
- Tech solutions to help individuals <u>find peers and track</u> their professional social media use
- Newly introduced hashtags to support focused information finding and dissemination through the community
- A portal for <u>capturing continuing professional</u> <u>development</u> (CPD) and support tools to enable individuals to recognize the learning and reflection potential from professional social media use.
- An ability for community members to <u>post their own</u> <u>blogs</u> on our site
- A number of academic research relationships, including two Ph.D. studies related to professional social media use in pharmacy
- On-site support to events and conferences where we can add value for attendees and when the agenda would add value to a WeCommunity; this can include manning a stand, or running workshops, seminars and talks.

To enhance learning, WePharmacists continues to collaborate. October 2016 saw the second collaboration

between WePharmacists and the <u>Centre for Pharmacy</u> <u>Postgraduate Education</u> (CPPE) to integrate a #WePh tweetchat into a national learning program, this time on urgent care. As the nationally funded provider of continuing professional development (CPD) for all pharmacists and pharmacy technicians in England's NHS, this type of collaboration demonstrates the recognition being given to social media as a mechanism for enhanced learning across teams, geographies and professions.

The benefits of a social media approach go beyond just sharing knowledge and experience, or debating approaches and topics; community members have explained that additional value comes from being part of a wider community, having a shared identity, gaining real-time support or advice in an online world and networking outside of usual boundaries. This includes sharing global best practice and having international links: 2016 saw the development of an Australian arm of WePharmacists - @WePharmerOz - after a small group of Australian pharmacists wanted to expand the concept and value of the UK's work into their own country.

As the pace of practice development quickens and the demands on our time increase, social media will play an ever more important part of our ability to promptly recognize, respond to and benefit from change. WePharmacists aims to continue to support and develop our community members as they continue in their professional journey.

Disclosures: None.

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