

All a twitter

Social media tools and technology are
reshaping the way nurses share information.

By Jill-Marie Burke

On a Friday morning in June, 'nursekama' is hanging out at a coffee shop surfing the Internet on her laptop while she enjoys an earl grey tea with soymilk and a shot of vanilla. Suddenly, her Google Reader – a tool that scans websites for the newest content – alerts her to a statistic she is anxious to share with the mental health providers, nursing colleagues and real-life friends who make up her online community. Setting down her mug, she quickly taps out a message on her keyboard: *3,616.....The no. of Canadians that have been hospitalized for suicide attempts since May 1, '09* and sends it into cyberspace with a link to *mindyourmind.ca*, the website where the news originated.

'Nursekama' is using Twitter, a social-networking website that allows users to post 140-character messages called 'tweets.' 'Followers' read the messages to stay updated on the daily activities or topics members of their network are interested in.

'Nursekama,' or Kamini Kalia as she's known in real life, is a clinical nurse specialist who works in the Psychosis Program at St. Joseph's Regional Mental Health Care in London and St. Thomas. Last year, she discovered that using Twitter was an effective way to spread the word about the three nursing topics Kalia says she is most passionate about: mental health and psychiatry; interprofessional education; and collaborative practice. She uses Twitter to find out what experts are saying, share research findings, promote conferences, websites and documentaries and to stay in touch with health-care professionals in Canada and other countries.

"Twitter is also an opportunity for me to further my advocacy work," explains Kalia. "Stigma is one of the greatest issues that we want to overcome in mental health. Since it's a social issue, I thought that social media could be used to counteract it. Through Twitter, I can support people in their own anti-stigma initiatives, express my own thoughts or share the experiences of those who live with mental illness."

Social media is quickly becoming an integral way for RNs to share information, promote the profession and encourage political action. In the past year, RNAO has started tweeting about Medicare, posted items on the best practice guidelines and action alerts on the association's Facebook fan page and uploaded videos such as one on the announcement of nurse practitioner-led clinics to the video-sharing website, YouTube. And thanks to the work of Nursing Students of Ontario members, RNAO now has its own page on Wikipedia, an online encyclopedia that anyone can contribute to.

RNAO is also developing social networking tools of its own. The International Affairs and Best Practice Guidelines (IABPG) Program recently introduced the NURSE (Nurses Using Research to Sustain Excellence) Guideline Network, a free site that provides resources for implementing the BPGs and allows users to share expertise

related to various guidelines. And an online RNAO community is currently being developed so members who live in the same regions of the province or who work in similar practice areas can talk about the RNAO initiatives they're most interested in.

RN Robert Fraser says it's exciting to see more and more RNs using these tools because they make it possible to get the latest knowledge

and information quickly.

"There is vast potential for tapping into the technologies to transfer knowledge, share stories, advocate for health, educate patients and network," he says.

When Fraser was an undergraduate nursing student working on a project at Southlake Regional Health Centre in Newmarket, he asked his Twitter followers what types of policies their health-care organizations had on nasogastric and suctioning tubes. Within a day and a half, he received 24 replies from health-care professionals across the United States. Today, Fraser is working on a Masters in Nursing at the University of Toronto and tweets a

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To 'tweet' or not to 'tweet'

What would you do if a patient requested you to be one of her Facebook "friends?" Should you blog about a challenging client?

Rochelle Atkins, a policy and practice consultant at the College of Nurses of Ontario (CNO), says upholding practice standards such as confidentiality, consent, privacy, and maintaining appropriate therapeutic nurse/client relationships is just as important on Twitter as in a trauma unit.

Atkins says becoming 'friends' with a patient on a website like Facebook, which isn't set up for care-related communication, crosses professional limits laid out in the College's Therapeutic Nurse/Client Relationship Standard. "We expect nurses to maintain the boundary between a therapeutic nurse/client relationship and a friendship," Atkins explains. "Communication outside that becomes an issue."

Atkins says referring to individual patients or clients when blogging or tweeting is also inappropriate. Mentioning a patient's name, diagnosis, unique circumstances or any other information that makes it possible to identify an individual violates the *Personal Health Information Protection Act* (PHIPA). While most nurses would never consider breaching patient confidentiality in this way, a few do lose sight of their professional standards online.

Karen Puckrin, the CNO's Manager of Reports, says that in the past few years the College has received complaints and reports about nurses who have posted patients' conditions, treatment needs and even their names online. In one case, a patient contacted the College when he discovered his nurse had blogged about him.

"Every complaint is assessed individually," Puckrin says. "The College could ask a nurse to review practice standards or meet with CNO staff to discuss accountability for protecting a client's confidentiality." Puckrin also says nurses should follow a simple rule when online: if you wouldn't discuss something on a crowded elevator, you shouldn't post it on a website. **RN**

For more information on standards, call the CNO Practice Line at 1-800-387-5526 ext. 6397 or e-mail ppd@cnoemail.org.

Social Media Demystified

A glossary of common terms to stay current in cyberspace.

Blog – or “web log” is a webpage that allows someone to write information, thoughts or stories about a particular topic, which other users can comment on.

Del.icio.us – allows you to save, categorize and share your favourite web pages. www.delicious.com

Digg – a community-based website where users submit content and rate it. The greater the number of “Diggs,” an article earns, the more popular it is. www.digg.com

Facebook – users create and customize their own profiles with photos, videos and personal information. Users can send messages to ‘friends’ they’ve added, and update personal profiles. Visit RNAO’s fan page at www.rnao.org/facebook

LinkedIn – is a business-oriented social networking site that allows professionals to connect with others in their field. www.linkedin.com

MySpace – an online community that allows friends to keep in touch and meet new people. You can create a profile and list interests, hobbies and share photos. www.myspace.com

Podcast – a digital media file distributed over the Internet. Listeners can play them on portable media players or a computer.

RSS – stands for Really Simple Syndication. RSS feeds are used to get the latest news from frequently updated websites.

Twitter – a free social networking website that allows users to send and read messages called tweets of up to 140 characters. www.twitter.com

Web 2.0 – describes changes in the way the World Wide Web is used to enhance information sharing and collaboration that has led to the development and evolution of social networking sites, video sharing sites and blogs.

Wiki – a page or collection of web pages designed to allow different people to contribute or modify content. Wikis are often used to create collaborative websites.

You Tube – a website where users can upload, view and share video clips. www.youtube.com **RN**

Source: <http://www.alumni.mcgill.ca>

few times a day to share articles, research studies and literature reviews.

Fraser also spends a good chunk of his online time updating Nursing Ideas, a website he created in 2008 that features videotaped interviews with nurse leaders, researchers, educators and other innovators like Toronto street nurse Cathy Crowe, and Tilda Shalof, an ICU nurse who has written a number of books on nursing. Fraser says he wants Nursing Ideas to make people aware of all the innovations happening in nursing.

“A lot of phenomenal things are happening within the profession,” he explains. “But for the most part they’re turned into difficult to read, sometimes very academic writing that takes a lot of the personal, passionate and more human aspects out of the story. I’m hoping to inspire nursing students and nurses to see the opportunities that are out there.”

Word about Fraser’s enthusiasm for using social media to advance the profession is spreading. In November, he will give a presentation about Nursing Ideas at the Sigma Theta Tau International biennial convention in Indianapolis. And this fall, he’ll be offering workshops through RNAO and the Registered Practical Nurses Association of Ontario to introduce nurses to Twitter, Facebook and other tools.

Fraser says one of the calmest places to enter the social media waters is LinkedIn, a professional site he likens to exchanging business cards at a conference. Users can post a resumé and express an interest in job offers, consulting or working with others. The site even has networking groups nurses can join and enables users to search for people they know. He also recommends RNs try out FriendFeed, which allows people to see everything someone is doing online. Searching for rdjfraser on FriendFeed, for example, takes you to his Nursing Ideas website, blog, and Twitter postings.

Fraser was barely a teenager when RN Barbara Cowie wrote an essay on how the Internet could be used for networking back in 1998. Cowie says experienced nurses shouldn’t be intimidated by all the lingo and

hype that surrounds Facebook or Twitter. You don’t need to be under the age of 30 to take advantage of their potential.

“For collaboration and information sharing and networking with nurses who have similar interests, the Internet is phenomenal,” she says.

Cowie recently completed an inter-professional education faculty and staff development program through the University of Toronto and St. Michael’s Hospital. As part of the course, she often used a website called LinkHealthPro, a collaborative knowledge network, to stay in touch with other course participants from numerous organizations.

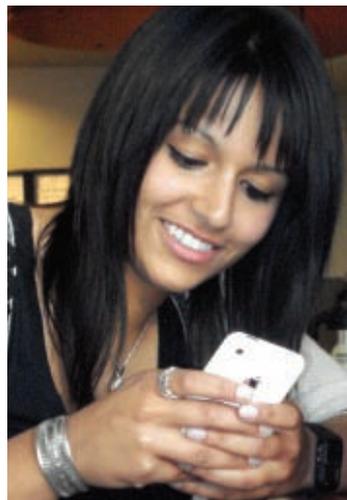
Cowie and her fellow students could post their profiles and a list of research presentations and publications, ask questions of each other, and participate in discussion forums.

Cowie says the tools made it easier for her to learn. But she’s aware that not all nurses are able to take advantage of these opportunities, especially those who live in remote areas of the province where Internet access can be spotty.

“I’m really cognizant about universal access and the inequalities; the differences between rural and urban and the need for more computer and Internet training,” says Cowie. “We have to make sure that we address unequal access and develop infrastructures, services and education.”

Using social media is now such an intrinsic part of their nursing careers that Cowie, Fraser and Kalia can’t imagine life without it. Kalia says she wouldn’t want to miss out on any of the advocacy and professional development she gets from tweeting.

“There are other discussions going on and other knowledge being circulated,” she says. “It’s almost as good as being able to go to a conference and talk to different people.” And since she’s purchased an iPhone, ‘nursekama’s’ followers will now be able to read the nursing tweets she posts while she’s on the city bus, at the yoga studio and everywhere in between. **RN**



Kamini Kalia sends info on her iPhone.

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