



NHS

*National Institute for
Health Research*

UK Cochrane Centre

Social Media Annual Report 2013 -14



CONTENTS

WHO ARE WE AND WHY ARE WE INTERESTED IN SOCIAL MEDIA?	3
• The Cochrane vision	3
• The aims underlying our UKCC social media activities	3
AN OVERVIEW OF OUR ACTIVITY ON SOCIAL MEDIA	3
• Twitter	3
• Facebook	4
• LinkedIn	5
• Evidently Cochrane blog	5
• How are reviews selected for the Evidently Cochrane blog?	5
• Evidently Cochrane Infographic	6
HOW HAVE WE ENGAGED WITH OUR AUDIENCE?	7
• Listening is vital.	7
• We recognize the diversity of our audience and take information to people in different places and in different ways.	7
• We seek new audiences in unexpected places.	8
• We don't assume people have heard of Cochrane.	8
• Expert opinion improves discussion and engagement.	8
• Join up activity on different platforms for greater impact and engagement.	8
• Other Tweet chats	9
• Add value.	9
• We look to try new things	10
SUPPORTING COCHRANE COLLEAGUES	10
• Social Media Roadshow	10
• Workshop at the 2013 Cochrane Colloquium	11
PLANS FOR THE NEXT YEAR	11
EVIDENTLY COCHRANE INFOGRAPHIC	12
JOIN US ON SOCIAL MEDIA	14

WHO ARE WE AND WHY ARE WE INTERESTED IN SOCIAL MEDIA?

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. We are a not-for-profit organization with collaborators from 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

The UK Cochrane Centre (UKCC) is a regional Cochrane Centre within The Cochrane Collaboration, supporting Cochrane activities in the UK. It is largely supported by the UK Government through the National Institute for Health Research (NIHR).

Social media is a key focus for the UKCC and falls under our Engagement Programme. This was our first full year of social media activity across multiple platforms and it has been a period of experimentation, innovation and growth. Our focus has been on sharing evidence that is relevant, but not limited, to the UK, to a wide range of stakeholders, including Cochrane contributors, health professionals, the wider public and our funders.

The Cochrane vision:

Our vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesised research evidence. Through trusted evidence, informed decisions and therefore better health.

The aims underlying our UKCC social media activities:

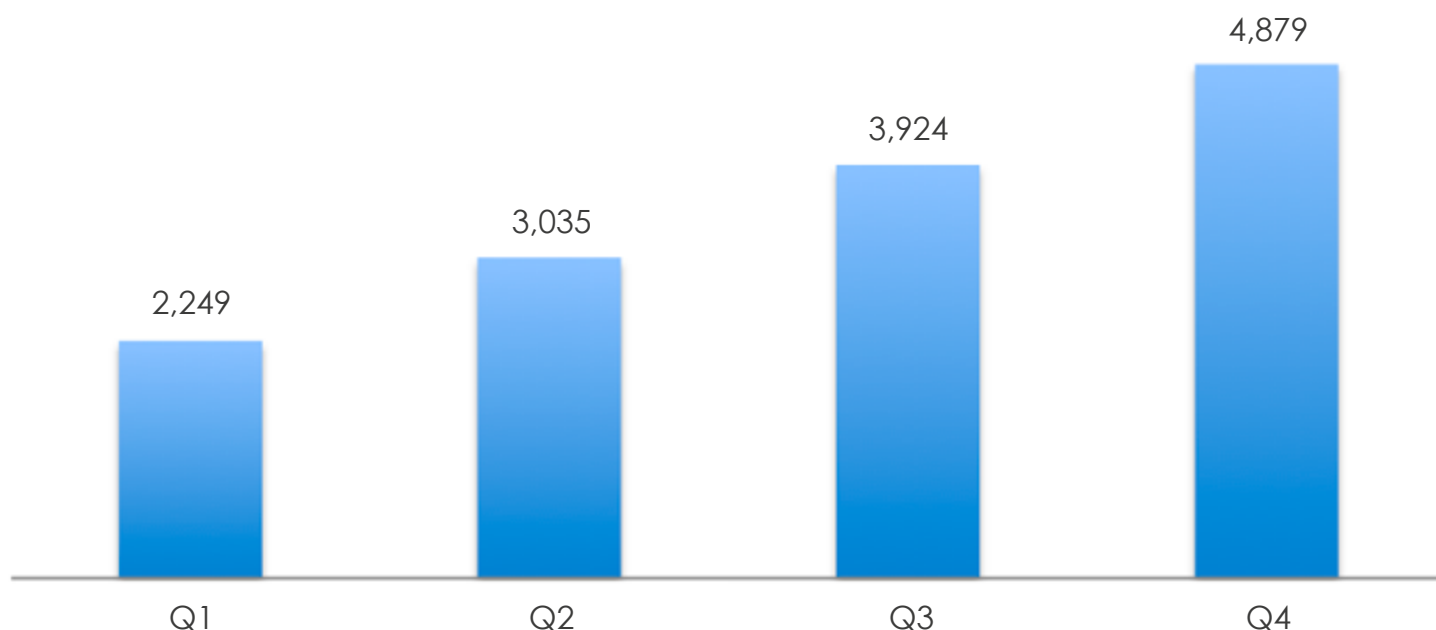
- to promote awareness, understanding and use of Cochrane evidence, across all our stakeholder groups, to enable better decisions to be made about health
- to support the work of the Cochrane Review Groups (CRGs) and Cochrane authors in the UK
- to increase awareness and understanding of evidence-based medicine and to encourage discussion of evidence, including its shortcomings, to promote better future research

AN OVERVIEW OF OUR ACTIVITY ON SOCIAL MEDIA

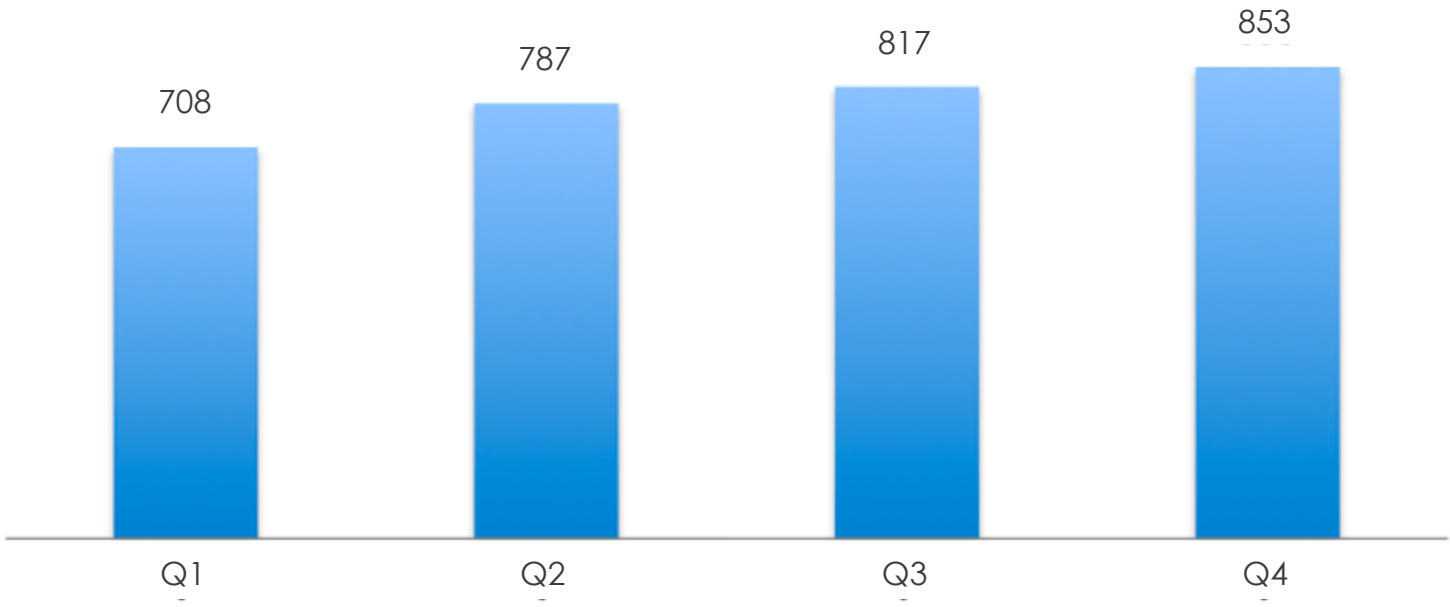
All numbers were measured on a quarterly basis, starting from April 2013 to March 2014.

Twitter - @UKCochraneCentr

Number of Twitter followers we had at the end of each Quarter:

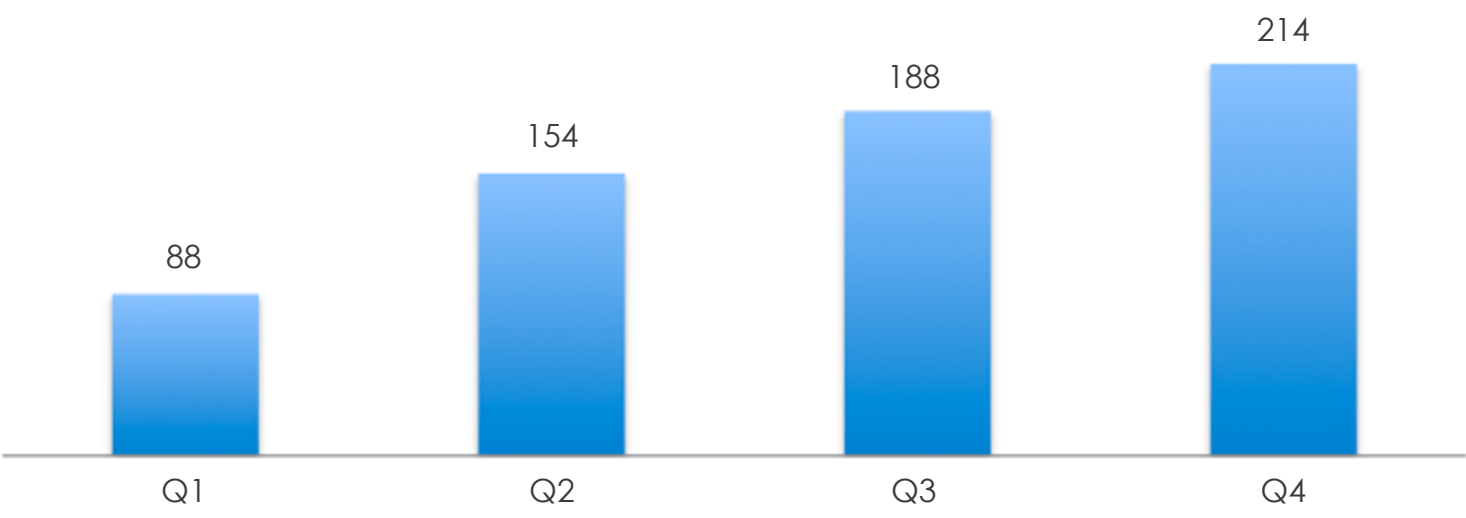


Number of Twitter accounts @UKCochraneCentr follows:

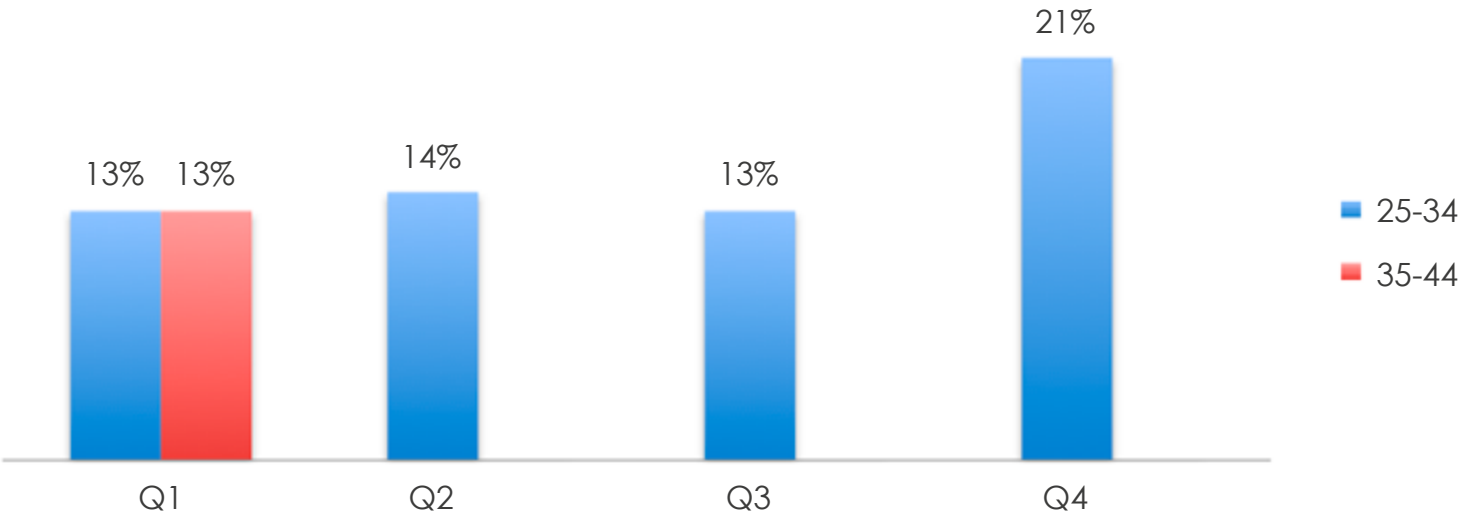


Facebook - facebook.com/UKCochraneCentre

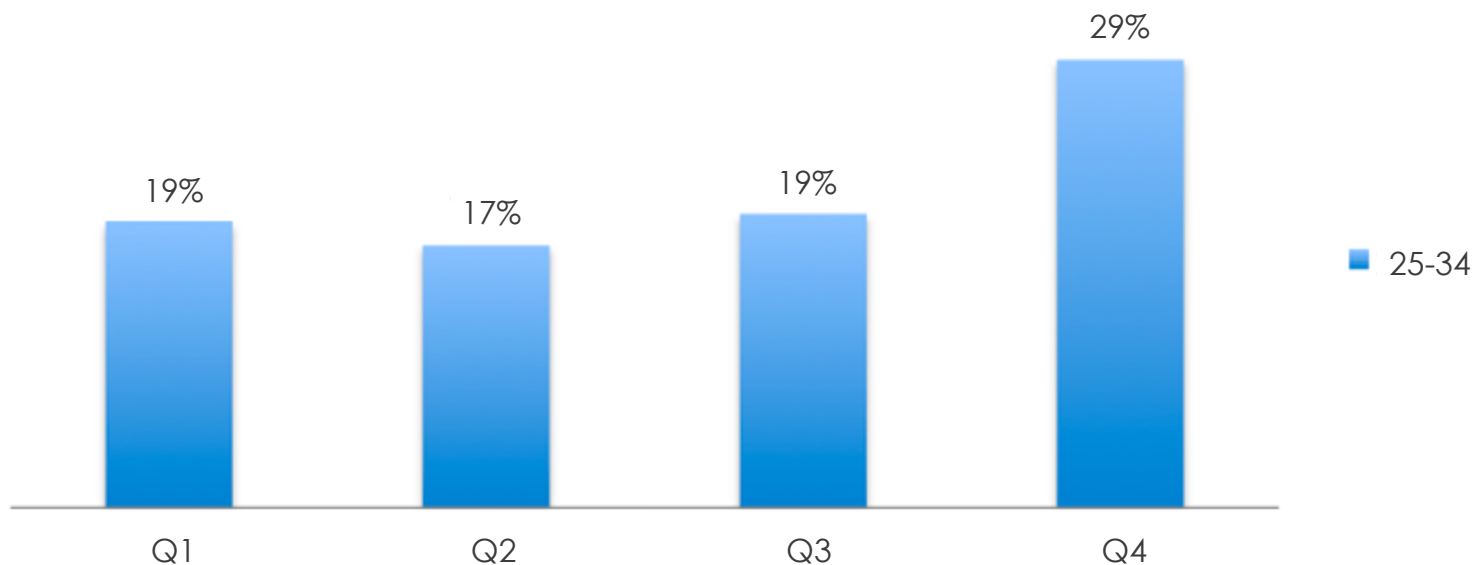
Number of Facebook likes on the UK Cochrane Centre Facebook page:



The age category most reached amongst males through our Facebook page:

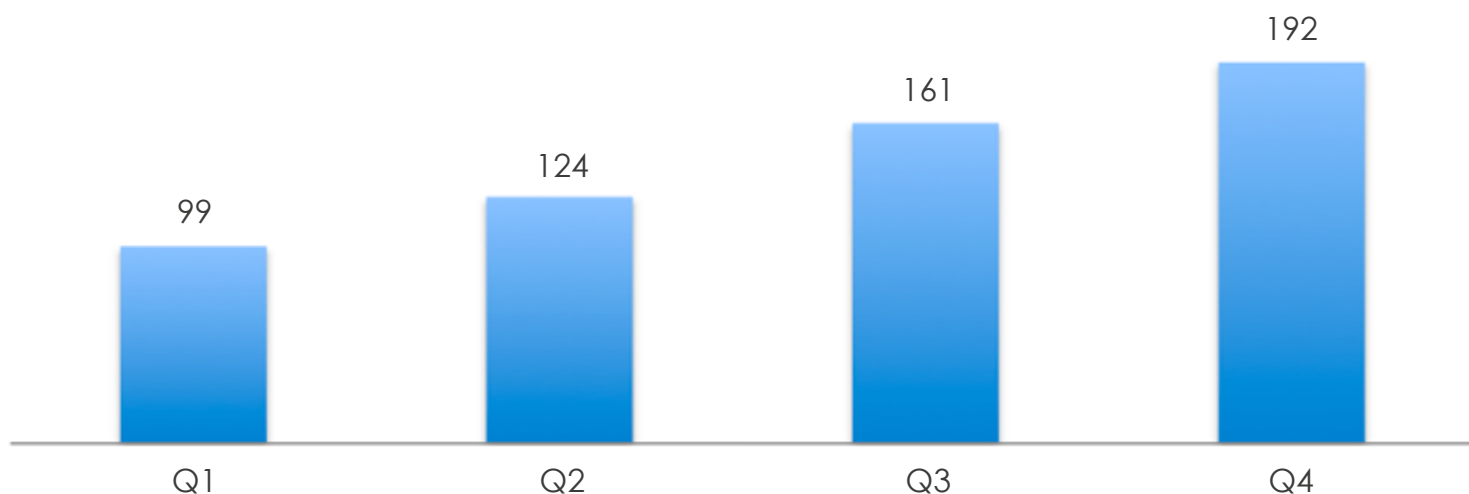


The age category most reached amongst females through our Facebook page:



LinkedIn - [linkedin.com/company/uk-cochrane-centre](https://www.linkedin.com/company/uk-cochrane-centre)

Number of people who follow the UK Cochrane Centre company page on LinkedIn:



Evidently Cochrane - evidentlycochrane.net

Our [Evidently Cochrane](http://evidentlycochrane.net) blog was launched in September 2012 and over this past year 164 reviews from 36 Cochrane Review Groups (23 UK-based) were highlighted in 49 weekly blogs. Sarah wrote most of these but three were guest blogs, written by members of Cochrane Review Groups, and others contain contributions by patients, health professionals and researchers. At the end of this period, redevelopment of the site, with [Minervation Ltd.](http://minervation.com), was under way and the blog was launched on its new site on 1st April 2014.



EVIDENTLY COCHRANE

Sharing health evidence you can trust

How are reviews selected for the Evidently Cochrane blog?

New and updated reviews, just published or forthcoming, are discussed at a weekly meeting of UK Cochrane Centre staff and Cochrane UK Fellow Richard Lehman, considering their potential impact, implications for practice and to whom they might be of particular interest. This influences how and where we disseminate the reviews. Some will be selected for blogs; reasons for selection include important findings that have implications for practice, major evidence gaps that we

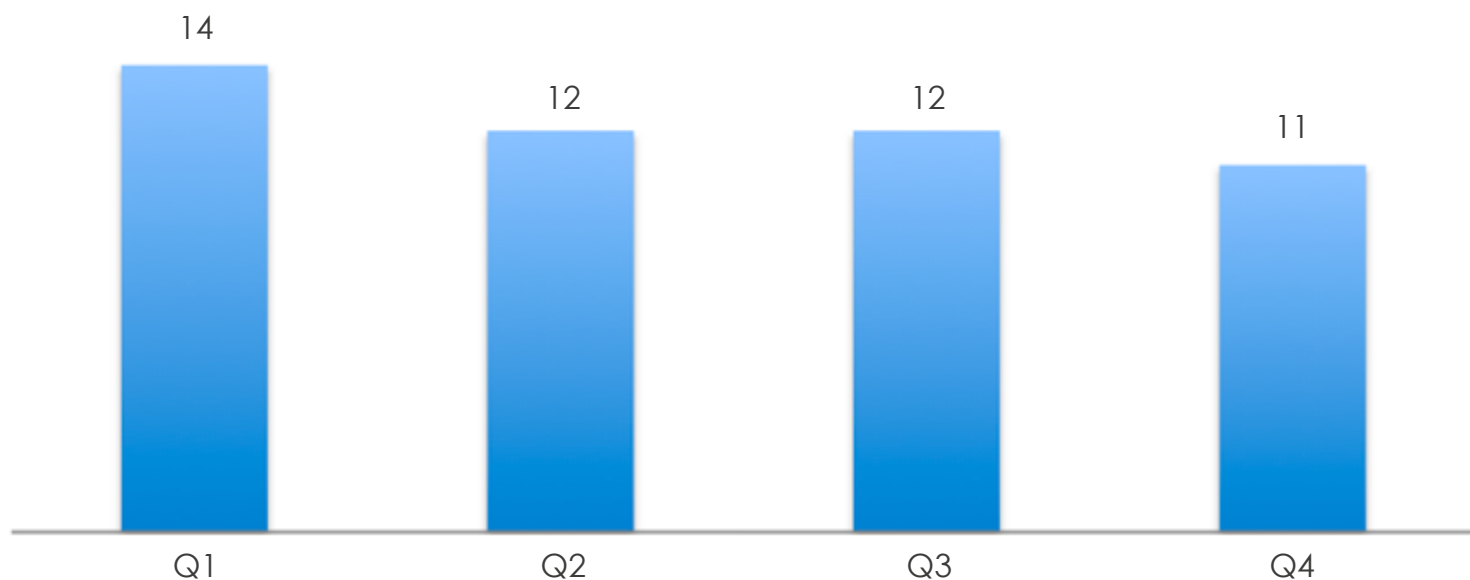
can highlight, and topics of wide interest – so common health problems often feature. We have also blogged several Diagnostic Test Accuracy reviews to help improve accessibility. We have a particular interest in blogging evidence relevant for the NHS and the UK population. We also blog Cochrane evidence to tie in with health awareness days or events or linked to the publication of an important report (such as the Chief Medical Officer’s report) or to a topic in the media. This is a good way of bring new audiences to Cochrane.

We are sometimes approached by the Cochrane Editorial Unit or by a Cochrane Review Group Managing Editor with a request to blog a forthcoming review that is likely to be of particular interest and which suits the format of a blog. We would encourage Managing Editors to get in touch if they have a review which they think would be good as the subject for a blog.

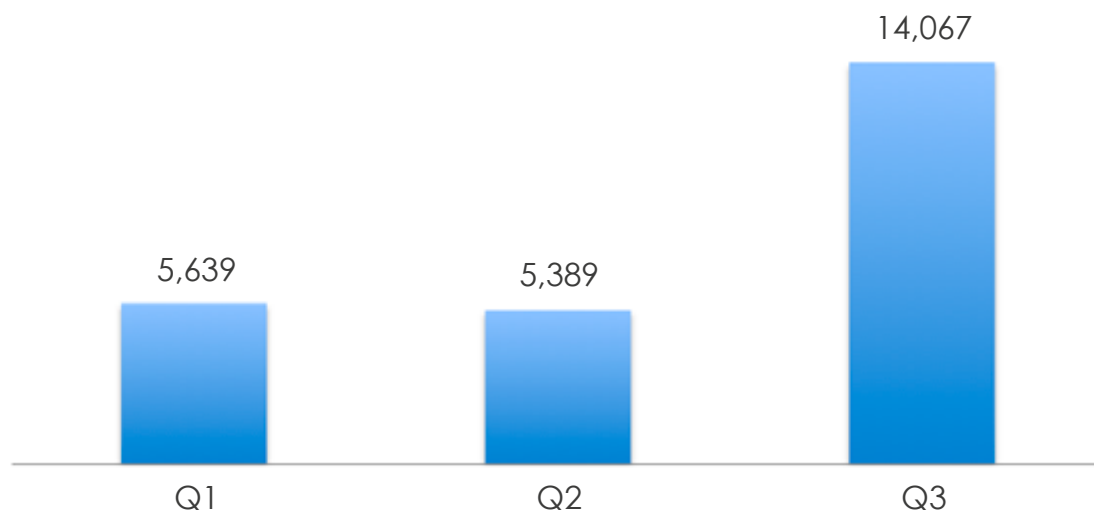
Evidently Cochrane Infographic

Page 12 - 13 shows a graphic representation of the Cochrane reviews blogged about in Evidently Cochrane and which Cochrane Review Group they came from. The diameter of each circle represents the exact number of reviews. For example, the Cystic Fibrosis and Genetic Disorders Review Group have had five reviews blogged on Evidently Cochrane, therefore the circle is 5 cm wide.

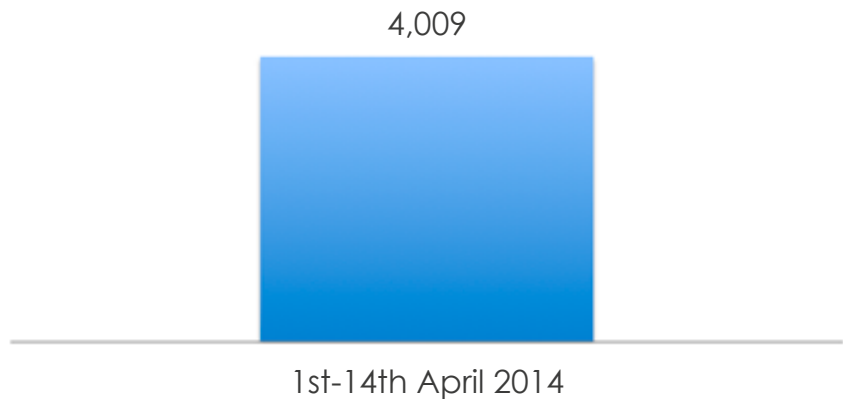
Number of blogs published on [Evidently Cochrane](#):



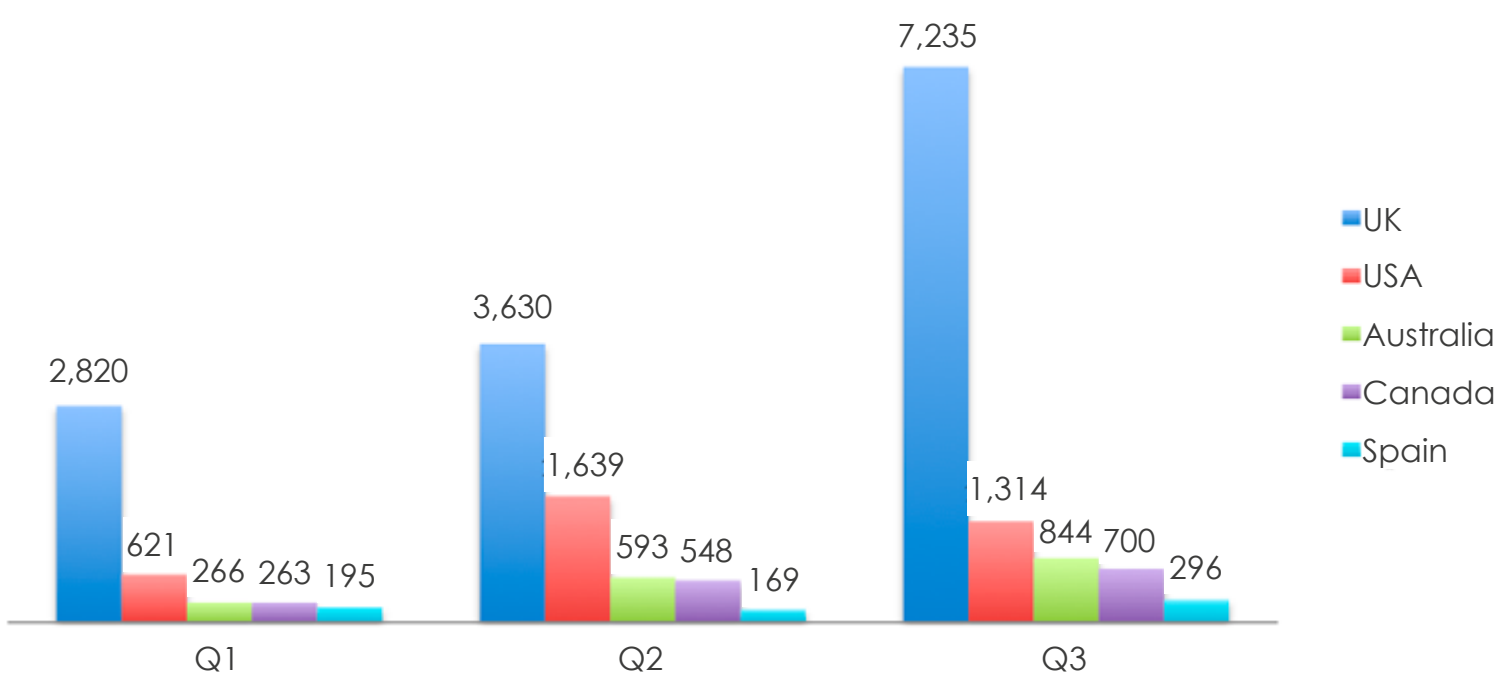
Number of views on [Evidently Cochrane](#) website between Quarter 1 - 3 (limited data for Quarter 4, due to website changes):



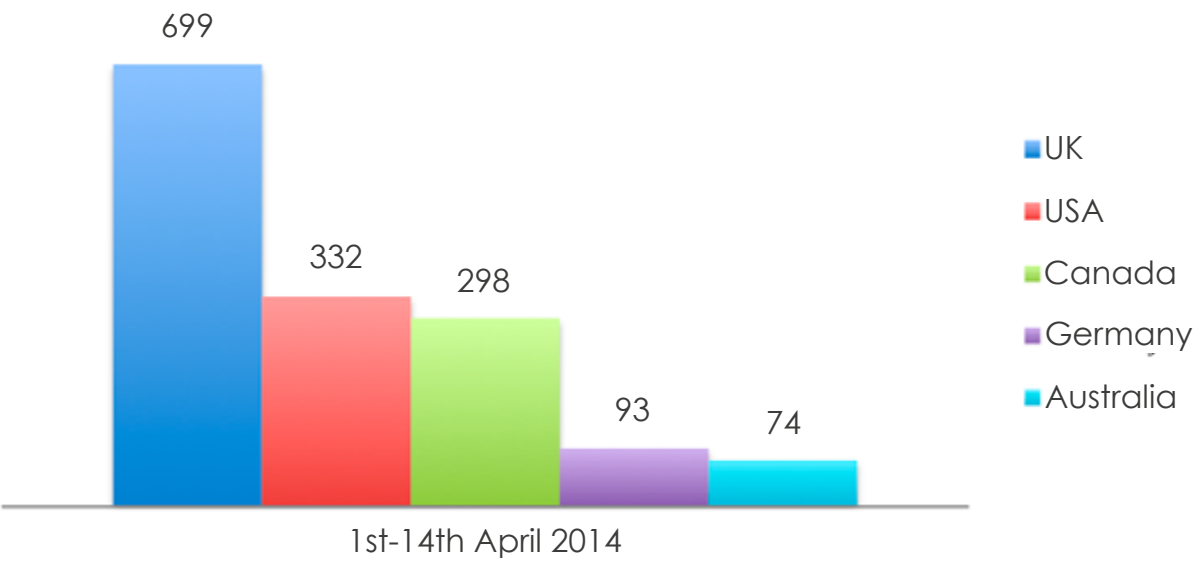
Number of views on Evidently Cochrane website in 1st-14th April 2014 (representing limited data for Quarter 4, due to website changes):



Top 5 countries for number of views on Evidently Cochrane website, between Quarter 1 - 3 (limited data for Quarter 4, due to website changes):



Top 5 countries for number of views on Evidently Cochrane website, between 1st - 14th April 2014 (representing part of Quarter 4's missing data):



HOW HAVE WE ENGAGED WITH OUR AUDIENCE?

There are some guiding principles underpinning this:

Listening is vital.

Engagement is about inviting dialogue and social media gives people a voice and direct access to organizations such as ours. Listening to what people want to know, either from questions asked of us or conversations visible to us, enables us to be responsive and helpful.

We recognize the diversity of our audience and take information to people in different places and in different ways.

This includes sharing information in a number of formats on a variety of social media platforms and using language/terminology tailored to particular sectors of our audience.

We seek new audiences in unexpected places.

This follows on from listening to what people are discussing and where, taking opportunities to offer Cochrane evidence or in other ways advocate for evidence wherever conversations give us an opening. An example of this was using the intense media interest in the impending birth of Prince George, and #RoyalBaby trending on Twitter, to share Cochrane evidence on pregnancy and childbirth with a potentially new audience of people who would not have heard of Cochrane or come looking for this information. Our tweets and blogs linked to this event were among our most popular.

'Where there's a Will' was one of our most shared blogs. In Q2 it was shared 20 times on Twitter and in by Q3 it had been shared 12 times on Facebook since it was published in July 2013.

We don't assume people have heard of Cochrane.

'Cochrane' isn't a failsafe hook to get people to look at the evidence. Tweets and blogs link through to the reviews themselves, but we don't always mention Cochrane in tweets, if the characters can be used more effectively.

Expert opinion improves discussion and engagement.

'Experts' range from patients or carers to health professionals or researchers. We are increasingly seeking to include expert comment in the blogs, to give some meaningful real-world context to our discussion of the evidence and to encourage engagement. Stories are very powerful. Examples of this are the blogs on [decision aids](#), in which 'Joanna' shared her experience of facing stoma surgery and on [home palliative care](#), which included comments on the evidence from an NHS commissioner and a specialist nurse. The palliative care blog in particular stimulated a lot of discussion on Twitter from a wide range of people. It was published to coincide with a palliative care conference hosted by the UK charity [Dying Matters](#) and they were influential in sharing the blog on social media.

Join up activity on different platforms for greater impact and engagement.

We successfully experimented with this in a new way to encourage nurses to engage with the



Where there's a Will. Why women should have support through labour

BY SARAH CHAPMAN // JULY 16, 2013 // 1 COMMENT [TWEET](#) [SHARE](#)

Key message: All women should have continuous support throughout labour. It has benefits for both mums and babies and no known harms.

First there was the disastrous choice of meal, eaten as I started to go into labour, of 'chicken with 40 cloves of garlic' (just my Other Half and me, we hadn't done the maths...). We just knew we wouldn't be able to say 'hospital' or 'hello', without knocking out those greeting us. Then there was the curry which OH dashed out for at some point during the long hours of the next day but which he then dropped down his front. I can't see the Duke of Cambridge having to rough it in a shirt covered in lashings of tikka masala but let's hope he's there to support Kate all through labour. Unless he and his Gran want to take turns of course.

Traditionally, women have been supported by other women during childbirth. Until the 1970s, in Britain at least, it was not the norm for men to be present at the birth of their children, although aristocratic and royal fathers were more likely to be present to see their heirs arrive. According to Dr Laura King, who recently ran a public engagement project exploring people's experiences of fatherhood and childbirth in Britain, from the 1950s to the present, the 1970s saw a change from a minority of dads being present at the birth of their child to around 70-80%. Today, it's seen as the norm, with over 90% in attendance.

Despite this change, in hospitals worldwide, having one-to-one support for the whole labour may not be the norm. A review from a team at the [Cochrane Pregnancy and Childbirth Group](#) looked at what difference this support makes to women and their new babies. They were able to include 22 randomized controlled trials from 16 countries, involving more than 15,000 women in a variety of settings. Continuous support, given by a midwife, nurse, childbirth educator or doula, or by the woman's partner, relative or friend, was compared with 'usual care', which did not involve continuous support through labour.



Aristocratic fathers were more likely to be present at the arrival of their heir

'Where there's a Will', Evidently Cochrane, July 2013

of material from a range of sources over a long period of time. Storify boards also offer a great way to record activity and debate at events, such as our [Annual Symposium](#).

Another way we are adding value is in writing blogs about [diagnostic test accuracy reviews](#). These tend to be hard to understand and, unlike intervention reviews, they are not accompanied by a Plain Language Summary.

We aim to engage with those involved in health research by highlighting gaps in the evidence or problems with research methods and reporting. An example of this was our 'Lessons in disappointment' blog.

We look to try new things

Operating in social media means being part of an ever-shifting landscape of evolving opportunities for sharing evidence, emulating things that seem to work well for others and experimenting with new formats.

One example of this was making a Vine six-second video, to illustrate a Cochrane review on [swimming for children with asthma](#). We shared this on Twitter and in our [blog on the review](#); it was picked up and shared by Asthma UK and may have attracted the attention of new audiences.

In December, we created an [Evidence Advent Calendar](#) on the Evidently Cochrane blog. Each day, a new piece of Cochrane evidence, associated with a festive image, was posted on the calendar, with a link to the review. By Quarter 3 this was the most shared Evidently Cochrane blog with 37 shares on Twitter, 21 shares on Facebook and 7 shares on LinkedIn. The blog was viewed over 4,740 times by the end of December.

SUPPORTING COCHRANE COLLEAGUES

Social Media Roadshow

"I really enjoyed the informal and collaborative nature of the workshops. Sarah and Holly were really enthusiastic, knowledgeable and engaging and all three of us from our Cochrane Review Group (CRG) came away feeling that we can and should do a great deal more, despite our CRG having a strong social media presence already."

Social Media Roadshow participant.

One of the core aims at the UK Cochrane Centre is to support the UK- & Ireland-based Cochrane contributors and stakeholders in disseminating the latest health evidence. The [Social Media Roadshow](#) was a key project to help enable cochrane Review Groups and others learn more



'The Tamiflu Timeline', Storify



16th - new bike (injury!)

Well it's not very festive of me to link the lovely new bike to the possibility of injury, but we health evidence folk have to face up to the worst case scenarios, and maybe we can help you avoid some of them. A [Cochrane review](#) looking at helmets for preventing head and facial injuries in bicyclists found that these injuries were significantly reduced in helmet wearers of all ages in all types of crashes, including collisions with motor vehicles. This is always a hot topic and there is much variety of opinion. The review authors' response to comments from critics are presented in the feedback section of the review. Should you come a cropper, take note that ibuprofen and paracetamol combined provide better pain relief than the same dose of either drug alone and with a smaller chance of needing more over about eight hours, or of experiencing side effects. These are the findings of a [Cochrane review on this topic](#), which found three randomized trials exploring these painkillers in people after they had wisdom teeth surgically removed. This is often used to investigate the effectiveness of painkillers as the results are applicable to other forms of acute pain after trauma. Stay safe this Christmas.

'An evidence advent calendar!', Evidently Cochrane, December 2013

about how they can use social media to make the most of their work.

Sarah and Holly designed a series of workshops, from Twitter basics, blogging, facebook to how to engage with people through 'live' tweeting. Three of the core workshops have been recorded and are on the [Cochrane Training site](#) for anyone with Archie access to use.

The Roadshow went 5 different venues at 7 dates throughout 2013. We reached 22 of the 24 UK & Ireland-based CRGs, training people in the following roles:

- Cochrane Managing Editors: 23
- Cochrane Trial Search Coordinators: 10
- Cochrane Editorial Assistants: 2
- Cochrane Authors: 7
- Students: 2
- Others: 11

Post-Roadshow all participants recieved 3 staggered, follow-up emails, with links to resources and social media. The #cochraneism tweet chats were also set up as a means of support for those who had attended the Roadshow.

Workshop at the 2013 Cochrane Colloquium

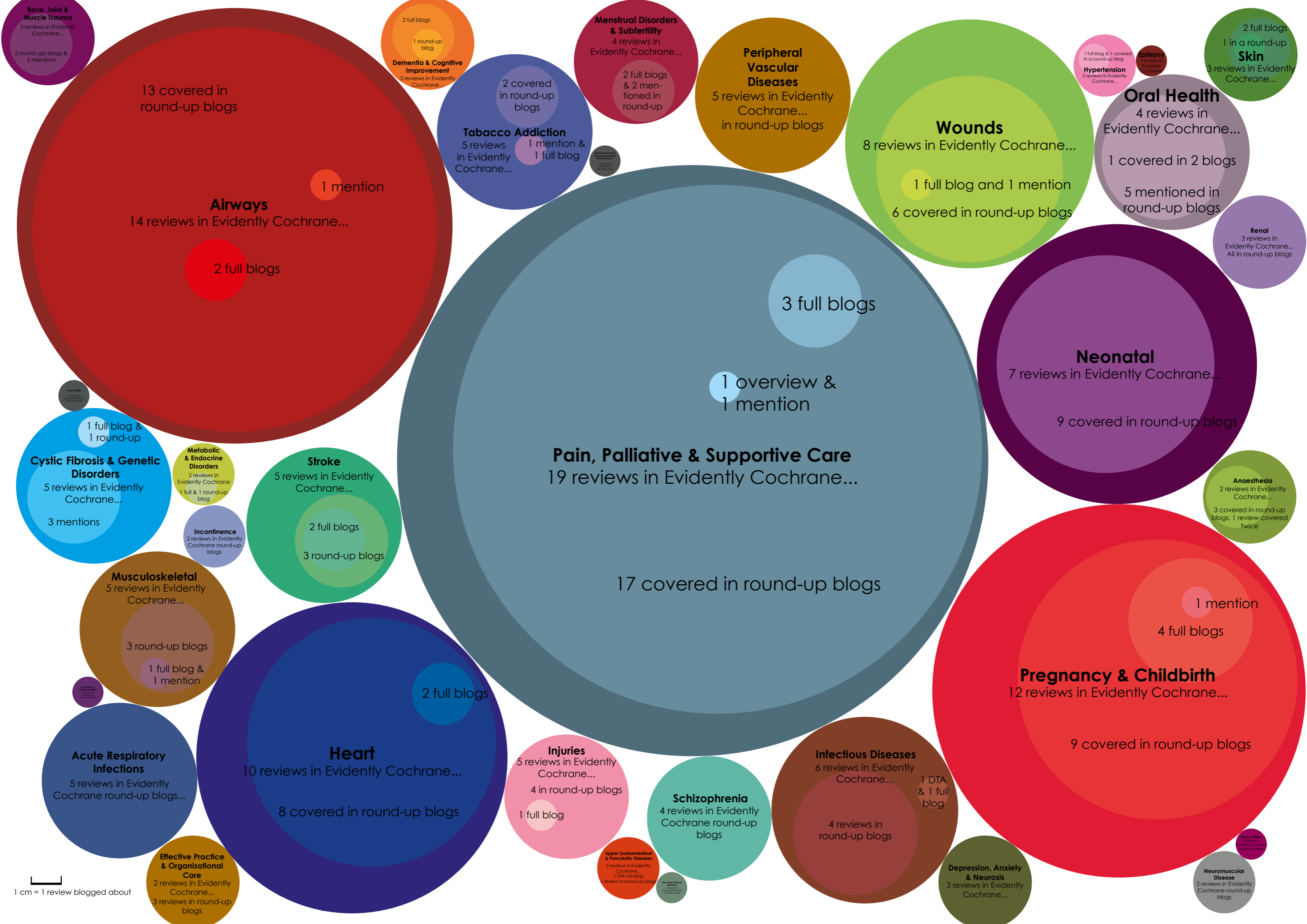
Holly and Sarah gave a workshop at the Cochrane Colloquium in Quebec City on how to tweet Cochrane evidence. They also gave presentations to the Managing Editor Meeting and Centre's Meeting at the Colloquium, on social media at the UK Cochrane Centre.

PLANS FOR THE NEXT YEAR

With the launch of the redesigned [Evidently Cochrane](#) site, the next year will be a period of experimentation and review, with [Minervation Ltd.](#) repeating user testing in January 2015. We will be looking to expand our audience, increase our impact and to improve on how we measure that impact. We expect to see more guest blogs on [Evidently Cochrane](#) and to make one health awareness event per quarter the focus of extended social media activities.

We are planning to offer new workshops to help people engage with research through social media, with sessions for health professionals and researchers, and hope to offer a workshop, taken to different locations, for our Cochrane colleagues with a focus on measuring impact and revisiting using Twitter.

Over all our social media activities, we will be aiming for more collaboration and joined-up working with our Cochrane colleagues. We will be exploring new opportunities to increase our visibility and influence outside the Collaboration.



JOIN US ON SOCIAL MEDIA

evidentlycochrane.net



[@UKCochraneCentr](https://twitter.com/UKCochraneCentr)



facebook.com/UKCochraneCentre



storify.com/MillwardHolly



linkedin.com/company/uk-cochrane-centre



[UK Cochrane Centre](https://plus.google.com/UKCochraneCentre)