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### Join Us on Social Media
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:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Followers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>2,249</td>
</tr>
<tr>
<td>Q2</td>
<td>3,035</td>
</tr>
<tr>
<td>Q3</td>
<td>3,924</td>
</tr>
<tr>
<td>Q4</td>
<td>4,879</td>
</tr>
</tbody>
</table>
Number of Twitter accounts @UKCochraneCentr follows:

- Q1: 708
- Q2: 787
- Q3: 817
- Q4: 853

**Facebook** - facebook.com/UKCochraneCentre

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

- Q1: 88
- Q2: 154
- Q3: 188
- Q4: 214

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

- Q1: 13%
- Q2: 14%
- Q3: 13%
- Q4: 21%
The age category most reached amongst females through our Facebook page:

LinkedIn - 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 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., was under way and the blog was launched on its new site on 1st April 2014.

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:

![Bar chart showing the number of blogs published per quarter](chart)

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

![Bar chart showing the number of views per quarter](chart)
Number of views on Evidently Cochrane website in 1st-14th April 2014 (representing limited data for Quarter 4, due to website changes):

![Chart showing 4,009 views on 1st-14th April 2014](chart1)

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

![Bar chart showing top 5 countries for views between Q1-Q3](chart2)

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

![Bar chart showing top 5 countries for views on 1st-14th April 2014](chart3)
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
Cochrane review on risk assessment for pressure ulcer prevention. We found a vibrant community of nurses on Twitter who were really stimulated and challenged by the realization that there is no good evidence of benefit for something they do routinely. Tweeting about the review generated some interesting comments which I incorporated into a blog.

We followed this by co-hosting, with #WeNurses, a Tweet chat, a scheduled hour’s online discussion addressing this evidence and some questions generated by it. There were around 150 nurses participating in the chat and it was a great opportunity for networking, as well as sharing evidence. There is a summary of the chat, an archive of the tweets, details of participants and a wordcloud from the chat (see next page) on the #WeNurses site and the link to this was added to our blog. This was an opportunity to build a relationship with the founder of #WeNurses, Theresa Chinn (@AgencyNurse). As well as plans for a follow-up Tweetchat in October 2014 (participants were full of ideas about what they might go away and do differently and were keen to reconvene in six months to share progress) we are looking forward to talking with Theresa about future plans for social media activity. We may also submit an article on the evidence and nurses’ responses to it to the nursing press.

Other Tweet chats
For six months we held an hour-long tweet chat twice a month, using the hashtag #cochranesm, primarily as a means of supporting people within Cochrane in their social media use. It gave them an opportunity to have a go at tweeting with friendly colleagues who would respond and to ask questions or share experiences. These took place during the period we were giving social workshops to our UK-based groups (see Social Media Roadshow, further on).

We have also joined in other people’s Tweet chats, which has enabled us to share ideas across academic and professional disciplines, such as the discussion about social media use hosted by @WeSpeechies speech-language professionals.

Live tweeting at events, whether we are at the event or participating only through Twitter, has also been a fruitful way of engaging with professionals.

Add value.
This is our number one rule and is demonstrated throughout our social media activity in a variety of ways, from linking to a review in a tweet, unpicking and explaining a review in a blog, to creating archives of social media material on a topic or related to an event through ‘Storify’. An excellent example of this is The Tamiflu Timeline, our Storify board of key articles and other material relating to the Cochrane review on Tamiflu and the #AllTrials campaign. This is available on the Collaboration’s website and our own. This is a valuable resource which enables people to find in one place a collection of resources and discussions from different sources.
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.
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 received 3 staggered, follow-up emails, with links to resources and social media. The #cochranesm 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.
The National Institute for Health Research is the largest single funder of The UK Cochrane Centre, which is part of the international Cochrane Collaboration, an independent not-for-profit consortium dedicated to providing up-to-date, accurate information about the effects of health care.