

Bridging the Disconnected: Empowering Advisors for Change Through Social Media

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Collaboration between a volunteer family advisor and a Strategic Clinical Networks engagement consultant



1 We Need a Bridge?

At the 2014 Provincial Patient and Family Advisor Conference, it became apparent that advisors were feeling isolated and disconnected from each other. Given this reality and the role advisors play in collaboratively creating conditions of innovative changes in the SCNs, it was clear that they needed to be connected to one another. How could this occur?



2 Bridge Proposals

To consider possible connections, in June 2015, a survey was sent to all AHS Patient and Family Advisors and Patient and Community Engagement Researchers (PaCERs). Results indicated that 52% of respondents rated social media as a way to connect with others. This form of connection addressed:

- Alberta's geographical size
- Budget restraints
- The need for flexibility in participation
- Fast mobilization



3 Bridge Design

Recognizing the sense of isolation and disconnection advisors were expressing, a family advisor stepped forward to partner the conceptualization of an advisors' "bridge."

With support from an SCN-related staff member, the Patients 4 Change project began in May 2015.

Different social media options were considered. Twitter and Facebook were chosen for their:

Synchronous & Asynchronous Capability	Different Privacy Settings	Large user base	Ability to share links, photos, videos & text	Different character limits	Ease of use
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4 Our Question

Can social media platforms act as a connector and support for Patient and Family Advisors and Patient and Community Engagement Researchers (PaCERs)?

~450 Patient/Family Advisors across Alberta 55 PERG Patient/Family Advisors & PaCERs in the pilot project

Constructing a Dynamic Bridge



PDSA cycle

For changing and improving the social media networking strategy

Principles

Inclusivity, representing patient voice, respectful interactions and relevant topics

Focus

First on the Twitter account and then on the Facebook group

Pilot first

With SCN Patient Engagement Reference Group (PERG) members

Survey

Before education to see PERG members' comfort with, use of, and knowledge of Twitter

Education

Provide sessions on how to use Twitter at a PERG meeting

Survey

Measure PERG members' comfort with, use of and knowledge of Twitter, after education sessions

Other Measures

Account reach and effectiveness by examining Twitter statistics



6 Dynamic Bridge Results

Where it began:

The June 2015 PERG meeting involved Addiction and Mental Health SCN, who wanted to hear Patient and Family Advisors' and PaCERs' perspectives on Twitter. Strong desire for educating PERG members on Twitter was expressed. Surveyed PERG members on social media (prior to education session):



61% did not have a Twitter account or had never tweeted

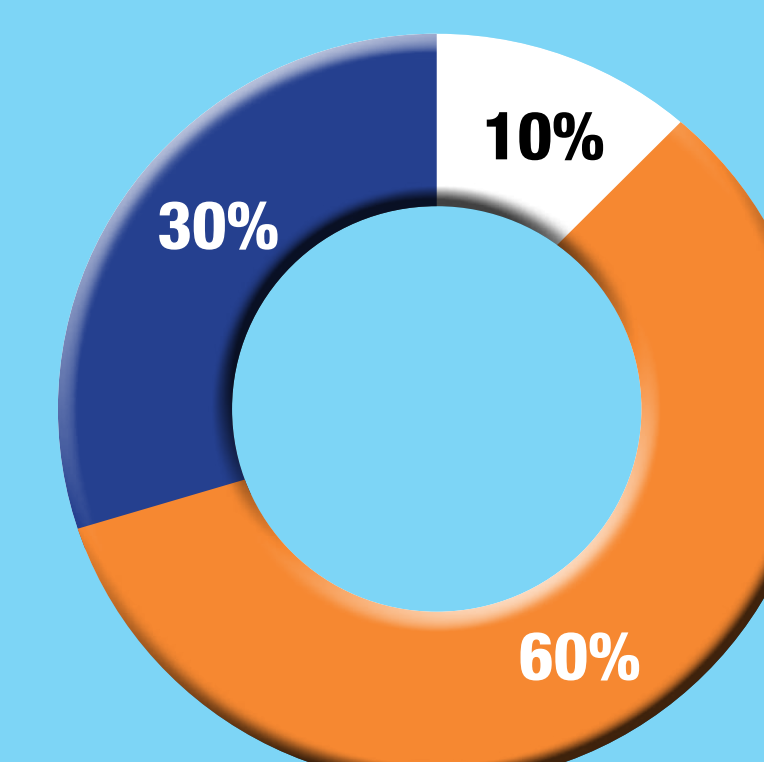
68% rated their knowledge of and comfort with Twitter as none or minimal.

The bridge building continues by:

- Exposure and promotion - live tweeting events, discussion during meetings, newsletters, PFCC e-mails, conference mention and insert etc.
- Feedback from advisors and adjusting the 'bridge' accordingly

After education:

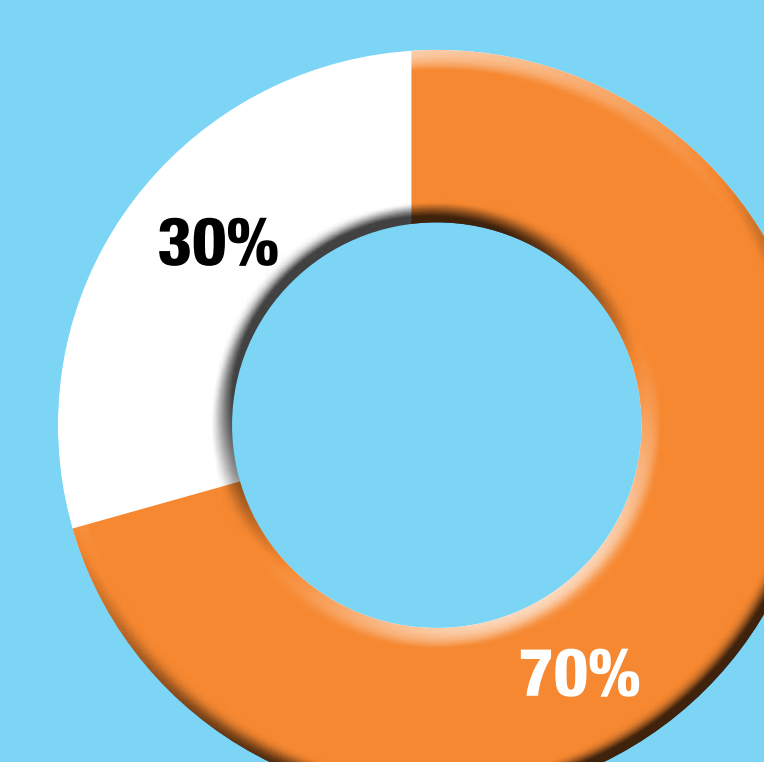
After the Twitter education session, a survey of those who had participated in the session showed:



Twitter Use After Education Session

- Unreported
- Use of Twitter increased
- Use of Twitter remained unchanged

80% reported that the education session increased their level of interest in using Twitter.



Knowledge and Comfort Level with Twitter after Education

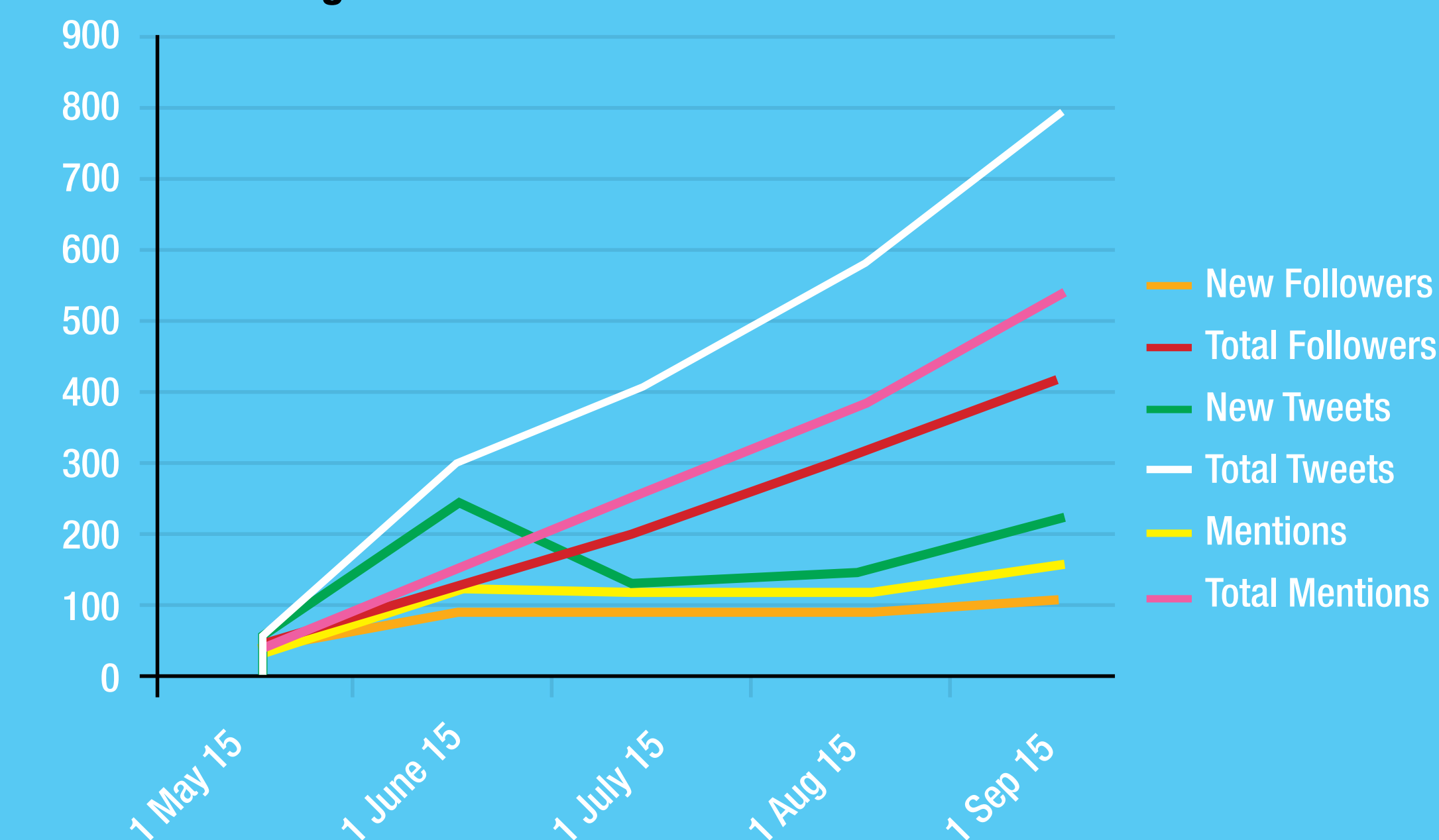
- Knowledge and comfort level unchanged
- Increased knowledge and comfort level

Highlights:

Frequency of comments regarding the role/value of Twitter or @Pts4Chg (pre-education survey vs post-education survey):

- ↑ 46% Sharing information, experiences, ideas, advice, etc.
- ↑ 18% Form of communication
- ↑ 63% Connecting and interacting with others
- ↓ 70% Has little to no value to Advisors and PaCERS

@Pts4Chg Account Statistics



"Connecting with other patient advisors puts my own story in perspective. I can start to see the commonalities of our experiences, as well as the aspects that make them unique. That perspective makes me a better advisor." ~ Patient Advisor

"We are the most effective as advisors when we are no longer isolated. When we can connect, we feel supported as a community and can bring the best patient voice forward." ~ Patient Advisor



7 Lessons From Constructing and Travelling on the Bridge

Takes Time

- To increase frequency of posts, tweets and comments
- To increase traction

Participation

- May include reading material and not posting
- Silence is an important message
- Increases when live tweeting

Increase Engagement

- Use a variety of questions, formats and topics
- Respond to everyone who participates in the Facebook group

Encourage Growth

- Have 'superusers' connected with each platform
- Live tweeting increases followers, visibility and interaction

It's Personal

- Different platforms target different individuals
- Recognition is appreciated
- Issue a welcome e-mail to the Facebook group, which includes ground rules, instructions and important links



8 Future Bridge Developments

In the Facebook Hub

- 'Ask AHS' – Ask questions which an AHS member would answer
- Hosting – Teams of individuals responsible for facilitating discussions over a period of time
- 'Time to chat' – Scheduled times for live discussion

Twitter

- Host live-tweet conversations with health leaders – interviews, specific topics
- Provide additional Twitter tips and training

Evaluation

- Continue to incorporate feedback
- Continue to measure advisor "bridge" effectiveness through focus groups/surveys