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### **What is Social Media?**

Social media platforms continue to grow in popularity with Facebook having over thirty one million users in the United Kingdom; Twitter with fifteen million users and LinkedIn 10 million (McRory, 2014).

Social media employ mobile and web-based technologies to create highly interactive platforms to enable people to communicate, share, collaborate and modify user-generated content thereby providing a platform for real time virtual interactions (Bagley *et al.*, 2014; King *et al.*, 2013; Kietzmann *et al.*, 2011; Kaplan and Haenlein, 2010). Unlike face-to-face interactions they have a global audience with almost immediate response times and are cheap and easy to use (Institute of Education, 2011). Social media include collaborative projects (eg Wikipedia); blogs and microblogs (eg Twitter); social news networking sites (SNS) (eg Facebook, LinkedIn); content communities (eg YouTube); and virtual social worlds (eg Second Life) (Boyd and Ellison, 2008).

### **How can Social Media inform Midwifery Practice?**

When considering the application of social media tools to a healthcare setting, McNab suggests 'social media is an opportunity for health professionals to explore, listen and engage' (2009:566). In relation to midwifery practice, Stewart *et al.* suggest social media encourage the dissemination of evidence-based research to inform practice; 'create an international network of practice and collaboration' and 'provide opportunities for informal learning within a life-long learning paradigm' (2012:432). Social media afford greater flexibility with regards learning opportunities and professional networking as they are free and can be accessed from any location (Cleary *et al.*, 2013); whereas traditional methods of meeting CPD requirements have limitations in relation to costs (travel and attendance fees) and organisational barriers where service needs must take precedence over study leave requests (Ousey and Gallagher, 2010; Carroll *et al.*, 2009).

With the introduction of Revalidation in 2015 to supersede Prep (NMC, 2012) the NMC is currently exploring alternative CPD activities (NMC, 2014), could social media underpin high quality evidence-based midwifery care and support professional collaboration and knowledge sharing?

The NMC and RCM both have active social media profiles using Twitter and Facebook within their communication strategies.

(Figures as of 21.10.14)	Facebook (likes)	Twitter (followers)
NMC	56,952	23.7K
RCM	17,105	14.7K

Findings in relation to qualified healthcare professionals' and social media suggest social media is currently being used mostly for social rather than professional and educational purposes (Aklhateeb *et al.*, 2011). The need for education and professional guidance, both in terms of how to use the internet confidently and on the concept of maintaining e-professionalism are clearly areas for development (McKenna and McLelland, 2011; Sandars and Schroter, 2007; MacDonald *et al.*, 2010; George, 2011).

To date, there are no official NMC guidelines for the appropriate use of social media by its members. Members are advised to act as professionally online as in person, in line with the principles of The Code (NMC, 2008) and the importance of maintaining confidentiality, respecting professional boundaries and not using social media unlawfully are reinforced (NMC, 2012).

With advancing technologies come opportunities for real time learning and collaboration, including the judicious use of social media (Cook and Pachler, 2012; George, 2011) – so what are you waiting for? What's stopping you?

### **'How to' Step-by-Step Guides**

I am not a social media guru, rather an enthusiastic novice who can see its potential for professional discourse to underpin evidence-based practice. The 'how to' guides in future issues on how to join Facebook, Twitter and LinkedIn will take you through the set up process for all three platforms.

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