THE COLLEGE OF RADIOGRAPHERS
INDUSTRY PARTNERSHIP SCHEME
SUPPORTING RADIOGRAPHY RESEARCH

College of Radiographers Industrial Partnership Research Grants
Final Report Form

1. Principal Investigator	Leslie Robinson
2. Project Title	"Action Research study to develop a mammographer led online service for patients invited for breast cancer screening"
3. Amount of Grant	£9934

4. Did you spend the money as indicated in your proposal (if not why)?

There is some finding left over. This is mainly because we did not recruit the number of participants we had hoped.

5. Did you reach your intended project outcomes (if not why)?

1) *"Short term: recommendations for practitioner engagement on-line"*

These were achieved and detailed in the findings below

2) *"Long term: to have one champion at each breast screening unit whose role it is to respond to clients' queries on-line"*

Whilst there was some anxiety on the part of the practitioners about whether their employers and/or managers would allow them to communicate with clients through social media (discussed in the findings) this outcome has extended beyond the notion of identifying 'champions':

- 29 practitioners have joined the practitioner forum of the WoMMeN hub
- Several practitioners at each workshop requested help with opening Twitter accounts so that they could engage in professional conversations about mammography, mainly through the @wemammographers group (created and curated by a number of the project team)
- A number of practitioners requested materials to disseminate and run the workshop within their own departments. They both reported success in their aims to achieve a better understanding across their teams.CoRIPS funded the publication and printing of 3,000 flyers to respond to this need.
- Two Welsh breast screening units have contacted us to run workshops with their staff (for financial reasons, the bid confined workshops to English breast screening and training centres). A staff development workshop on SoMe was therefore delivered on the 8th of July in Llandudno
- Our work has led to collaborations with
  - the North West AHP network; to explore how the problem of unsupportive Trust Communication policies might be addressed to encourage the use of SoMe for professional purposes.
  - the Health Innovations Agency; to create a national SoMe hub which will provide a supportive place for practitioners and patients to develop SoMe communication skills together

The project has therefore been very successful in terms of moving practitioners forward with this important agenda, extending well beyond the identification of 'champions'.

6. What are your significant findings?

Concerns about using Social Media fall into two broad themes: (i) Working within Boundaries and (ii) Support from Trusts.

These themes can be seen reflected in the four most important concerns amalgamated from the 4 practitioner workshops:

Working within boundaries:
1) Making sure information is correctly presented and factually correct
2) Accountability and responsibility of individuals posting on the site - also legal and professional implications

Support from the Trusts:
1) Support from trusts and discrepancies between the social media policies of different trusts
2) When would we do it? – would there be time to do it in work

Solutions to these problems were identified by the practitioners as:
- Finding out what the professional and statutory body guidelines say about using SoMe in this way
- Undertaking on-line communications skills training (the use of platforms and tools but also the nuances of how to make the message clear in virtual communication)
- Finding out what individual Trust-specific communication policies permit
- Working with those responsible for Trust communication policies where the policies are prohibitive
- Working with managers and other members of the team to disseminate how SoMe can enhance the service

7. Have you submitted the work for publication (if so where)?

Scragg S., Shaikh S., Shires G., Stein Hodgins J., Mercer C., Robinson L., Wray J. (2017). *An exploration of mammographers' attitudes towards the use of Social Media for providing breast screening information to clients* Radiography 23 (3) pp249-255

Scragg B., Shaikh S., Robinson L., Mercer C. (2017) *Mixed messages: an evaluation of NHS Trust Social Media Policies in the North West of England* Radiography 23 (3) pp235-241

8. Have you presented the work at a national/international event (if so where)?

Two posters at

1) C.Hill, L. Robinson, M.Griffiths, C.Mercer, B.Scragg, S. Shaikh, G. Shires, J Stein Hodgins, J. Taylor, C.Ure, J.Wray. (2016) *A mammographer-led online information service for breast screening clients: exploring the professional's perspective* Symposium Mammographicum (Liverpool July).
2) Scragg B, Shaikh S, Robinson L. (2016) Mixed messages - an audit of NHS Trust policies regarding use of Social Media Symposium Mammographicum (Liverpool July).
3) CareOpinion Education Group Birmingham 18/7/17
4) #EngageWell: Engaging patients and public on social media. Innovation Agency conference Liverpool 7/11/17
5) ECR, Vienna 2018 Improving patient engagement through social media (Invited speaker)

9. Please provide an executive summary of your work (two sides of A4 maximum)
N.B. If you already have a draft or final version of the proposed publication can you please attach.

The principle aim of this study was to enable mammographers to communicate on-line with clients in order to offer them support and promote breast screening. In order to do this we intended to answer two research questions

   Primary Research question
   What actions are required to enable mammographers to communicate on-line with clients?
   Secondary Research questions
   To explore the potential barriers to, and enablers for, radiographers to use on-line approaches to engage with the public

The methodological approach chosen was action research which enables participants to arrive at solutions which overcome barriers that exist within their own local context of practice.

Method
85 participants were recruited to one of four workshops held in London, Manchester, Nottingham and Leeds. Participants came from a wide geographical spread representing 50 different breast screening units. They also comprised a range of roles including: administrators, assistant practitioners, practitioners, unit managers, BSP QA leads, educationalist and the National Programme Manager for Breast Screening.

A nominal group technique (NGT) was used to elicit views on a 'group' basis, which exploits the advantage of constructing ideas in teams. These groups were asked to identify barriers to using SoMe as a professional communication tool. There were 19, 23, 20 and 30 barriers listed at each of the four workshops. These barriers were then ranked by participants acting as individuals; this negates the problems that can arise through 'group think', enabling each individual to voice their beliefs. The top four barriers, by rank, were then reflected back to the group for identification of potential solutions.

The project team amalgamated all four workshop barriers and solutions to arrive at a final list of ranked barriers and solutions.

Findings
The barriers fell into one of two broad categories: (i) Working within boundaries and (ii) Support from the Trusts. The top four ranked barriers were:
- Making sure information is correctly presented and factually correct
- Accountability and responsibility of individuals posting on the site, and legal and professional implications
- Support from trusts and discrepancies between the social media policies of different trusts
- When would we do it? – would there be time to do it in work

Solutions to these problems were identified by the practitioners as:
- Finding out what the professional and statutory body guidelines say about using SoMe in this way
- Undertaking on-line communications skills training (the use of platforms and tools but also the nuances of how to make the message clear in virtual communication, such that they are not misunderstood)
- Finding out what individual Trust-specific communication policies permit
- Working with those responsible for Trust communication policies where the policies are prohibitive
- Working with managers and other members of the team to disseminate how SoMe can enhance the service

Observations
- Some of these solutions will be easier to implement than others, e.g. the College of Radiographers has clear SoMe guidelines which are easily accessed, and there are also many 'how-to' training packages. Others, depending on local context, are more difficult as they require changing culture and attitudes:
    - Practices varied greatly across the breast screening unit in terms of how SoMe was viewed with some embracing this fully and others avoiding it completely. Avoidance appeared to be due to anxieties on behalf of the practitioner but more generally because it was perceived managers and employers would not be supportive..
    - There is a need to explore the influence of SoMe on the traditional time boundaries of the working day: some could see how blurring these boundaries reflects the new era of communication whereas others felt this to be invasive, constraining their ability to see how SoMe could be used in a creative way to support the service and service-user experience. These people felt there needed to be a dedicated person rotad for doing this work during the day which raised concerns from others in terms of staff resource.
    - A spin-off project was undertaken by several of the project team which involved auditing North West Trust communication policies to determine whether these were discouraging, encouraging or enabling. This confirmed the participants' concerns that there was variation in support and some policies were prohibitive.

- The workshop format was very successful in generating discussion and raising awareness of SoMe use in health care. All attendees thoroughly enjoyed the events and the opportunity to talk about SoMe and learn how to use some of the platforms. We have been requested to run further events for those who could not attend.

In conclusion, practitioners were generally in favour of the use of SoMe but did not feel supported or confident in terms of their professional position to engage with patients or clients on-line.

- **Recommendations**
- Education institutions need to consider how professional use of SoMe can be included in their programmes of study. This should include not just issues about professional conduct but broader issues related to how SoMe can support health care services and the patient experience. This should be reflected in professional body and HCPC curriculum guidelines.
- The SCoR should consider whether their message about using SoMe is consistent. There is a perception that SoMe is still a 'dangerous' tool due to the frequent reporting of professional misconduct cases associated with SoMe. There could be more done to promote the good practice guidelines.
- A larger audit of communication policies would highlight whether practitioners' beliefs that they are not permitted to use SoMe as part of their professional role is valid.
- Further training is required. The workshops could be extended to other areas and the wider profession but funding would need to be identified.
- The SCoR Education Leads and Radiography Managers' groups need to be made aware of these findings.