

Development of an obstetric medicine email discussion list

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Summary

Background: The Clinical Forum on the North American Society of Obstetric Medicine (NASOM) website was underutilized. From 2006 to 2007 there were 16 Clinical Forum posts with 12 responses, and none were added after 2007. This report describes the development of an email discussion list using an information 'push' format to facilitate discussion among Obstetric Medicine physicians.

Methods: An email list of North American and International SOM members was compiled and distributed. Email list usage was tallied and a survey was sent to list members.

Results: The email discussion list had 18 discussions in the first year with 79 responses, and membership grew from 96 to 209 members from five continents. There have been 44 discussion topics over three years. Common topics related to haematology, thrombosis and cardiac issues. Ninety-one percent felt that the list improved communication among members.

Conclusion: The frequent usage, large number of responses and survey results suggest that the email list successfully improved communication among SOM members.

Keywords: general medicine, high-risk pregnancy, maternal–fetal medicine

BACKGROUND

Literature and clinical input appropriate for obstetric medicine physicians may come from multiple specialists or journals, and data regarding certain areas are sparse and potentially conflicting. Members of the North American Society of Obstetric Medicine (NASOM) and the International Society of Obstetric Medicine (ISOM) could benefit from an efficient tool to facilitate dissemination of knowledge and provide rapid feedback or input from experienced colleagues.

The Internet offers discussion fora where individuals interested in a topic may log into a specific website, or a site that hosts many discussions, post questions, learn about topics based on prior posts and answer questions posted by others. The need to actively navigate to a site to acquire information is considered a 'pull' system. Some software programmes allow users to subscribe to a subforum or a specific topic discussion (thread), and receive an automated notification when a new post is entered or an answer is posted in response to their question. This type of automatic notification is considered a 'push'. In 2006, the NASOM and ISOM websites opened a clinical forum accessible to members by logging into the respective website, navigating to the 'Clinical Forum' section, and posting a question, but the NASOM/ISOM software does not offer automatic notification. Therefore, in order to receive responses or review questions, members must independently log on to the site and navigate to the 'clinical forum' section

in a proactive fashion. Systems using push technology, or a surrogate, will actively inform a group of users about new events in realtime, and theoretically could increase the value of the forum. Automated email list management programmes are examples of push systems that allow users to send an email message to a central address so that messages, and any replies, are automatically delivered to all subscribers of that list.

After observing a low rate of utilization of the NASOM Clinical Forum, a usage analysis was performed in 2008. After the analysis, in order to foster more interaction among the societies' members, an email discussion list of NASOM/ISOM members was compiled and distributed to the members to foster a 'push'-type discussion system. The primary objectives are to present the retrospective analysis of the Clinical Forum utilization and the response to the NASOM/ISOM email discussion group. A secondary objective is to present the results of a short survey sent to the email list members seeking their input and impressions regarding this communication tool.

METHODS

Clinical forum review

All forum posts on the NASOM website (<http://www.isomnet.org/nasom/home.cfm>) were reviewed for the following information: date of post, original poster (anonymously), number of responses, time to response, and the results were tabulated.

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Development of the email list

After the 2008 NASOM and ISOM meetings in Washington DC, USA, the email addresses of all invitees were compiled into the 'List'. In June 2008, an email was sent to all members of the List stating that the intention was to use it as a realtime discussion tool for clinical dilemmas. All email messages received by the author pertaining to List discussions were saved for a period of two years and the following information was tallied to assess List utilization: new topics started, clinical field to which the topic related, month in which the topic was started, number of email responses, country of the respondents only when provided. No personal information is presented here. Members were informed that they could be removed from the list. The author maintained the list and served as an administrator. In order to minimize emails as much as possible, when people asked to be removed, or added, an updated list was sent only every 4–8 weeks. When a new list was sent out, members were asked to delete old emails and/or lists, something that did not always occur. This manual maintenance by an individual is the historical procedure for discussion lists developed before the development of automated programmes. In addition, to obtain input from members, a 10-question survey was sent out to the 96 initial List members using survey-monkey.com. Three reminder emails were sent regarding the survey. Descriptive statistics are used. Data regarding the first year of the List were presented at the 2009 NASOM meeting.

RESULTS

NASOM website clinical forum analysis

The NASOM clinical forum was initiated in 2006, a total of 16 topics were started by six separate members between March 2006 and April 2007, after which no new posts were added. One member started nine of the discussions, two started two topics, and three started one. Eight of the topics had zero responses, four topics had one response and four had two responses. The range in days between the post and a response was 0–53, unfortunately indicating that this forum was not used in a way that would offer practical input to the original poster.

Email discussion list utilization results

After the initial email, many List members replied with enthusiastic comments regarding the opportunity to interact with other members around the world, but 10 found that the initial deluge overwhelmed their inbox and requested to be 'unsubscribed' from the list. Those emails were not tracked, but after the first month the number of emails decreased and all related to clinical issues.

In the first 12 months, 18 questions were submitted on a wide range of topics, with 79 responses (Figure 1) by nine different members. Most of the activity took place in the first month following the announcement of the listserv. In this month five questions were asked, with 22 responses. Table 1 lists the topics by year and clinical focus, and summarizes the list activity; there have been 44 unique topics, some simply informative such as distribution of a new journal article. The most common topics were related to haematological or thrombotic disorders, with cardiac issues the third most common.

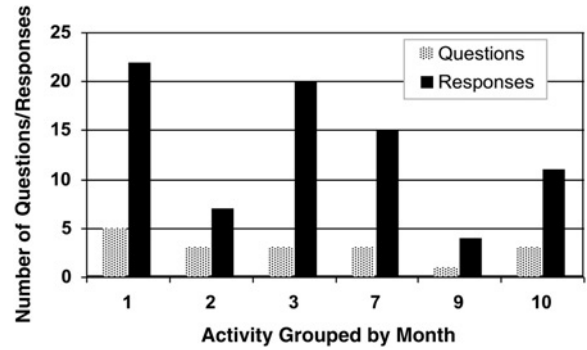


Figure 1 Questions and responses grouped by month 2008–2009. Grey bars show the number of questions submitted to the email list based on month since the list was developed, and the black bars represent the number of responses during that month

Responses came from 13 countries within the continents of North America, South America, Europe, Australia and Asia.

The survey

At the time the survey was distributed, there were 96 members on the list and 34 responded to the 10-question survey. Among the 34 respondents, 21% started a discussion, 9% responded three or more times, 38% responded 1–2 times and 53% never responded. Twenty-seven replied that they find the discussions between members informative, and 88% stated that they feel comfortable exchanging information through the List while one person (3%) did not.

One of the concerns raised by List members at the inception was the amount of email they would now receive as a result of the list. Some list management sites/programmes allow users to choose how often they would like to receive emails and updates. In that context, members were asked: do you prefer immediate email notification of new discussions; or would you prefer that emails be sent as a batch at the end of each day, or each week? Forty-seven percent preferred 'immediate notification', 32% preferred 'once a day' and 21% preferred 'once a week', indicating that most respondents preferred real-time updates.

Table 2 lists respondent impressions about the email discussion list. The majority felt that the list improved communication among members, increased their knowledge, could improve the

Table 1 List of List topics by year and clinical focus

Organ system	2009 n (%)	2010 n (%)	1st half 2011 n (%)	Total n (%)
Cardiac	1	4	2	7 (16)
Dermatology	1	0	0	1 (2)
Endocrine	2	1	1	4 (9)
Gastroenterology	1	1	2	4 (9)
Haematology	1	5	3	9 (21)
Infectious disease	1	0	0	1 (2)
Medication	2	1	2	5 (11)
Neurology	1	0	0	1 (2)
Preeclampsia	3	1	0	4 (9)
Renal	0	0	1	1 (2)
Rheumatology	0	2	0	2 (5)
Thrombosis	5	0	0	5 (11)
Total n (%)	18 (41)	15 (34)	11 (25)	44 (100)

Table 2 Survey responses regarding list member impressions and preferences

Statement about the email Listserv	Strongly agree, % (n)	Agree, % (n)	Neutral, % (n)	Disagree somewhat, % (n)	Strongly disagree, % (n)	Total no. of responses
It increased my knowledge in the field of OB medicine	35 (12)	53 (18)	12 (4)	0	0	34
It improved the care I provided to my patients	21 (7)	47 (16)	32 (11)	0	0	34
Continued membership COULD improve the care I provide to my patients	29 (10)	59 (20)	12 (4)	0	0	34
The list improves communication among members	39 (13)	52 (17)	10 (3)	0	0	33
The list provides a way to obtain reassurance	27 (9)	62 (21)	12 (4)	0	0	34
The list is useful for specific diseases	35 (12)	53 (18)	12 (4)	0	0	34
The list is useful for controversial diseases	44 (15)	44 (15)	9 (3)	3 (1)	0	34
The list is a good tool to disseminate new articles pertinent to our patient population	35 (12)	47 (16)	15 (5)	3 (1)	0	34
When others send questions, I find it educational to receive ALL responses/replies sent by others	29 (10)	56 (19)	12 (4)	3 (1)	0	34
I would prefer that responses to clinical questions were ONLY sent to the person who started the discussion	6 (2)	0	15 (5)	29 (10)	50 (17)	34
I would like the ability to control how often I receive emails from the list	12 (4)	27 (9)	49 (16)	12 (4)	0	33
I would like the option to make my responses anonymous	6 (2)	18 (6)	27 (9)	30 (10)	18 (6)	33
This list should be promoted to other specialty societies	6 (2)	25 (8)	50 (16)	16 (5)	3 (1)	32

care they provide to obstetric medicine patients and 79% wanted the ability to view all responses to questions posed to the list as opposed to the answers only going back to the original poster. At this point the List has grown from 96 to 209 members.

DISCUSSION

The intent of the clinical forum was on track, but this data pull system was not widely accepted. Based on the utilization and survey responses, the email discussion List was and is seen as a positive and educational tool, and we attribute that to the push format that does not involve an active login process to post, read updates or receive responses. A pubmed.org search only revealed one article that summarized the use of a listserv (automated email discussion forum) for the International Society of Travel Medicine (ISTM): 911 (47%) of the eligible ISTM members subscribed to the listserv; 369 of these subscribers posted 1710 individual messages.¹ Their experience was similar to ours in terms of interested users as 20 members contributed 40% of the educational postings. As only 14 posts (<1%) addressed special populations such as pregnant women or immigrants, the development of an Obstetric Medicine automated email discussion group seems justified.

Some of the clinical questions sent to our List pertained to inpatients, which could explain why the majority preferred realtime responses as opposed to a delayed/bundled format. Additionally, users found the discussions informative and they served as an informal review of a topic, or formal review when replies included specific references.

The survey was written to solicit input and provide direction for the future of this project. The overall use and survey

responses provided information that the NASOM/ISOM leadership used to justify funding the cost of an automated system, thus freeing up the administrators time. Reporting the survey results was a secondary endpoint, but the results are limited by the 35% response rate. Those who did respond had a relatively high rate of list utilization, suggesting that they already had a positive attitude about the list and those with neutral attitudes were less likely to respond.

In conclusion, the response to the email discussion list has been positive, it facilitates nearly realtime access to experts from around the world, and the NASOM and ISOM leadership have committed to providing funds to automate the list before the end of 2011.

DECLARATIONS

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Contributorship: MC researched the literature, conceived/ carried out the review, and the data analysis.

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