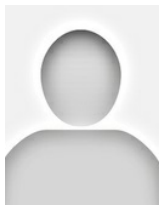

ICU Volume 15 - Issue 2 - 2015 - Agenda

SMACC Chicago



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Social Media and Critical Care (smacc)'s third meeting takes place in Chicago from 23-26 June. *ICU Management* spoke to one of the smacc founders, Dr. Roger Harris, to find out more.

What is the background to smacc?

Oliver Flower and I started our website **www.intensivecarenetwork.com**, and began collaborating with a similar site run by Chris Nickson and Mike Cadogan **www.lifeinthefastlane.com**. We began working with similar sites around the world and the movement FOAMed (Free Open Access Medical education) was born. Many of these sites were growing exponentially with > 50,000 page views per day. They shared a common ethos, which was that the education they produced was posted free for anyone to access. Some sites were blogs, others podcasts etc. We decided we would like to come together as a group and hold a physical meeting driven from the websites. Oliver Flower, Chris Nickson and I came up with the idea of smacc (as it represented our website origins and strong social media platforms spreading the education). We established a Not for Profit (NFP) charity, and the three of us seeded the meeting from our own pockets as a donation to the project. We expected 100 delegates and got 700 at the first meeting.

The smacc meeting has grown to over 2,500 delegates. What do you attribute this phenomenal growth to?

The meeting is different to anything else out there. One delegate wrote to say it was the first meeting she had been to for years (including all the big Australasian/North American and European meetings) where she came away feeling "inspired, proud to be a doctor and excited to take her knowledge back to work"!

The involvement of delegates starts well before the meeting. There have already been > 10000 tweets carrying the hashtag #smaccUS. There is no lectern (for speakers to rest on), and we discourage Power-Point with complicated statistics etc. that are hard to read and distract from what the speaker is saying. Some find it hard to believe that you can give a high impact academic presentation on a critical care topic without showing all the evidence on PowerPoint – we would argue that the speaker should inspire the audience to think, go away and read the literature for themselves and then re-listen to the talk. I challenge any conventional speaker to watch the greats, such as Professor Simon Finfer, at smacc in Chicago and not agree.

Why is social media so important in critical care?

Social Media (SoMe) is important to all doctors. We present at many different meetings now as they all recognise that SoMe is a great way of communicating. It creates a conversation that can be held very rapidly. The journals recognise this, and many research studies now use SoMe as one of their means for disseminating information.

Smacc lists many affiliated websites in North America, Australasia and Europe. Are you hoping that low-income countries will be able to participate?

Any website that contributes to FOAM can get involved. The material from smacc is all podcast and released free on the Internet after the conference so that anyone can download the talks. Smacc has had 750,000 downloads of these talks from all over the world, many from developing nations. The big barrier is language. While many health professionals in developing countries speak English it is not their first language so this creates challenges. To this end we have been looking at getting the talks translated.

What innovative presentation methods do you use at smacc?

We plan our sessions with key educational objectives and then package that education in an inspiring interactive experience. Sonowars is a great example (see the video at <https://vimeo.com/74193257>) and you will understand. There are some great messages in that session (for instance about the movement of the myocardial septum in RV failure), which were delivered in an unforgettable theatrical style.

What are you looking forward to the most at smacc Chicago?

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For me personally – it being over! We all contribute hundreds and thousands of hours on this project for free. The committee pays their own way...we do this because we believe passionately in FOAMed, but I think we will all be glad for a break in July. That said I can't wait to feel the buzz, the vibrant energy that smacc generates – it's electric and I haven't encountered anything like this in my 20 years of attending critical care conferences.

For further information visit <http://www.smacc.net.au/>



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the sMACC team @smaccteam

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