

New social network, developed solely for members of medical school community, goes live this week

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The School of Medicine's Office of Information Resources & Technology is launching this week a private, internal social-networking service, [called CAP Network](#), that could dramatically alter communication among faculty, students, postdoctoral scholars and staff like the changes wrought on a much larger scale by Facebook and LinkedIn.

Over the last decade, social-networking services have empowered their users to reconnect with lost friends, stay in touch with distant ones, establish new relationships and, more recently, even coordinate protests and revolutions. And, as those services continue to reshape society, they are also quite likely to also reshape biomedicine.

IRT leaders believes the CAP Network system may be the first fully deployed social network at any academic medical center in the country, though there are other scientific social-networking services on the web today.

The new system combines the medical school's Community Academic Profiles system, known as CAP, with a collaboration platform that allows users to share status updates, customize profiles, follow colleagues, form groups, share documents and even find research collaborators and mentors. While CAP had previously been limited to faculty and students, CAP Network provides full profiles for all staff

members at the School of Medicine, bringing the total number of individuals in the system to nearly 10,000.

Once users have activated their accounts by logging into CAP for the first time (at med.stanford.edu/profiles/), they can start using the new system to post updates, check what others are doing and build a network of colleagues. The range of collaboration features in CAP will be familiar to those who are already active on existing social networks.

"The surprising and unanticipated effects of social-networking services globally suggest that those technologies, if deployed inside a community such as Stanford, can have an equally important impact," said Henry Lowe, MD, senior associate dean for IRT, noting that the intent of CAP Network is to enable people to take greater control of communicating about their work. "We're a community of individuals. Each of us has a story to tell. We wanted a good way to expose those stories."

To help CAP users tell their stories, IRT has included a variety of tools similar to those found on LinkedIn and Facebook. Michael Halaas, the medical school's chief technology officer, explained: "CAP Network will allow our community to form private and open groups. You can securely share photos and files, and collaborate on documents. You can share ideas and refine those ideas. You can really connect with a broad range of people in completely different ways than we have traditionally."

Its potential is apparent when one considers the effect of social networking for research: "CAP will also allow you to discover who is doing similar work to yours," said Halaas. "If, for example, you want to write a research grant in genomics, CAP can help you identify people who can collaborate with you on the project, and you can form a CAP Network group and begin sharing ideas."

Where CAP Network differs from services such as Facebook is that it is

meant to facilitate professional collaboration only within the School of [Medicine](#) community — it's not meant to replace personal Facebook profiles, but is designed to provide a safe environment for professional interaction.

The new system has two key features: First, the existing CAP profile system that has been available to faculty and students and that is now also available to staff. And second, those profiles have been integrated into a “bespoke” version of the Chatter platform, developed by the company Salesforce.com, to bring social networking to the school's education, research and clinical enterprises, and, officials hope, enhance communication within the school.

IRT's development of this system is part of the continuing evolution of this kind of technology. Some of the earliest social-networking services sprouted up in the early 2000s with the advent of Friendster in 2002 and MySpace in 2003. Then, of course, in 2004, Facebook launched. The rest is an Aaron Sorkin script.

Since those early days, the number of U.S. adults using such services has exploded. According to the Pew Internet & American Life Project, 65 percent of all U.S. adults now use social-networking services. The pervasiveness of these services is also reflected in a recent report by the firm ComScore: Social networking now accounts for one out of every six minutes spent online.

“It's clear that these are some of the most meaningful technologies that have developed in recent history,” said Halaas. “They are causing fundamental change in the world at a pace that is truly staggering.”

The development of the CAP Network has been a complex undertaking, and the IRT team working on the project invested a significant amount of effort to make sure the network is safe, secure and private for its

users. "This is a private network that is meant for sharing internally within the Stanford community," said Lowe. "It is intentionally not connected to other social-networking platforms like Facebook."

Moreover, although CAP Network will not initially be used to communicate protected health information, its security features have been designed with safeguarding PHI in mind so that both clinicians and researchers may be able to use the platform to collaborate on patient care and clinical research in the future.

"Secure social-networking platforms have tremendous potential to enhance patient care, which is fundamentally a team-based endeavor," said Lowe. "So we wanted to make this platform one that can store and communicate PHI, but in this initial release we are not yet supporting the use of PHI."

Both Lowe and Halaas are also careful to characterize the release as an experiment — and that they hope the community will help shape the network.

"The users of CAP Network will be bound by a 'social-networking honor code,' based on university policies. Operating within that framework, we leave it to the community to decide how they want to use CAP Network on a day-to-day basis," said Lowe. "It should be interesting to see how they use the platform."

He added: "In deploying the system, we're flipping the switch on a cultural transition for our community. Just making CAP Network available to people is likely to precipitate unanticipated change."

It's now up to users to "Like" the platform and make it their own.

Provided by Stanford University Medical Center

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