

# Nursing experts warn of content accuracy on social media

January 21 2014, by Kerry Faulkner

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Credit: AI-generated image ([disclaimer](#))

YouTube videos showing poor hygiene and safety procedures for inserting catheters could be teaching techniques that put patients at risk, according to a study by nursing teachers.

A team of four researchers including Notre Dame University School of

Nursing and Midwifery's lecturer Peter Carr viewed 50 YouTube videos which gave instructions on central venous cannulation and peripherally inserted central catheters.

Mr Carr says YouTube has become a readily accessible learning resource with many benefits including students being able to watch as often as they needed.

But clinicians are concerned that some videos present information that hasn't been peer reviewed and teaches the wrong methods.

Mr Carr says many of the procedures filed on YouTube failed to adhere to acceptable standards and urges students to use The Association of Vascular Access YouTube channel.

The channel features submissions that are peer reviewed by clinicians and academic members and reflect all the correct procedural steps for insertion.

The findings of the research have been reported in the article *Assessing the Quality of Central Venous Catheter and Peripherally Inserted Central Catheter Videos on the YouTube Video Sharing Web Site* and published in the *Journal of the Association for Vascular Access*.

The 50 YouTube videos were critiqued and scored on criteria determined by the researchers, based around evidence-based guidelines from the Centres for Disease Control and Prevention, the Australian Clinical Excellence Commission and the UK National Institute for Health and Clinical Excellence.

The criteria covered ten points including hand hygiene, use of sterile gloves, skin antisepsis and ultrasound pre-assessment.

Mr Carr says among the most significant findings was the high percentage of videos where clinicians 'operated blind', without real-time ultrasound, which is a proven way of reducing insertion related complications and incorrect positioning.

Real-time ultrasound can prevent accidental arterials puncture and possible intravascular infection which can cause death.

Mr Carr says blind insertion is a technical skill that superior surgeons have mastered over time but even they now recognised the important benefits of using ultrasound to visualise the anatomy before inserting.

"If we are going to have good ethics and advocacy, we've got to be using these technologies," Mr Carr says.

He says the YouTube investigation has resulted in further research, in collaboration with UWA Associate Professor James Rippey, investigating if using ultrasound to identify vessels has better outcomes for all vascular access devices.

**More information:** "Assessing the Quality of Central Venous Catheter and Peripherally Inserted Central Catheter Videos on the YouTube Video-Sharing Web site." Peter J. Carr, Evan Alexandrou, Gavin M. Jackson, Timothy R. Spencer. *The Journal of the Association for Vascular Access* - September 2013 (Vol. 18, Issue 3, Pages 177-182, [DOI: 10.1016/j.java.2013.06.001](https://doi.org/10.1016/j.java.2013.06.001))

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