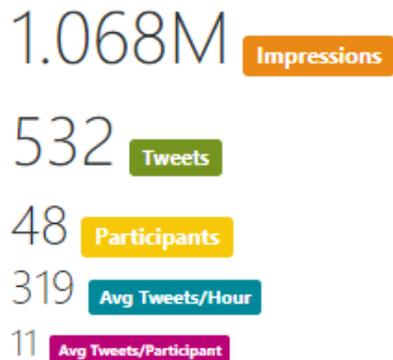


#WhyWeDoResearch

“Engaging the Public in COVID-19 with Research, Science & Medicine”

TweetChat 8: 12th May 2020

The Numbers



*The eighth #WhyWeDoResearch 2020 weekly tweetchat explored **Engaging the Public in COVID-19 with Research**. The theme for this #WhyWeDoResearch tweetchat was a result of previous tweets commenting on increased public awareness of COVID-19 research and how that could be utilised to engage the public with COVID-19 studies. Please note that the representative examples may vary depending on the location and*

the experiences of individuals. We decided to video record the questions as this medium of interaction, which seemed to be well received in the previous chats. The transcript of the #WhyWeDoResearch tweetchat (held on 12.05.2020) is available: [click here](#).

Health & Wellbeing

Some spoke of increased workload and as a result how tired they were, others said how they struggled more this week compared to others (especially with remaining indoors so much) and others tweeted how they were starting to be more “accepting...life not going to be the same...” or “...have I adjusted to the ‘new normal’ I wonder”. Getting into a routine and tips on how to structure different activities to separate the week from the weekend were discussed.

[Future Learn Courses](#) were mentioned in a few tweets as a resource for learning from home. People tweeted about how they were either improving on, or starting new, hobbies. Gardening tips were being shared and requests to see photographs taken by those joining in the #WhyWeDoResearch tweetchat. Pancakes was the most popular baking activity discussed this week!

Engagement

Discussions centred around how important it is to be understandable when engaging with the public. Also, what definitions are used when using the words 'public' and 'engagement'. Engagement and involvement were seen as separate important terms in their own context. Having one did not replace the other. Definitions used during the #WhyWeDoResearch tweetchat are below:

Public: Members of the public include everyone (can be patients, carers and service users etc)

Engagement: Raising awareness and understanding of research

Involvement: Actively involving people in research (but this does not include people as study participants)

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in all your tweets.

Examples of public engagement included “Innovative chats about how to involve and interact with patients and the public whilst social distancing [via WhatsApp, Zoom and Microsoft Teams]” and using popular media “a comic book style was used to share research...”. People tweeted that they had seen a few great examples of making research more accessible and hoped it would be repeated elsewhere. One included the medical consultant, while seeing the patients on the wards, introducing research to the patient, letting them know what was happening and that they may be approached by research team. The SHARE STUDY (aims to understand how the COVID-19 outbreak is affecting families and children with cancer) was given as an example of involvement with families of children with cancer, and with the children themselves, for study set up.

Clinicians, to some extent, were dependent on research for potential treatments and this has consequently increased engagement and therefore also the research profile within the Trust(s). Some felt that COVID-19 studies are reaching a wide audience and that research is spoken about on many different levels. Research is at its most accessible and we need to ensure that what we learn from the current climate is retained, distilled and the best parts retained. Overall, a lot of tweets were concerned with how to keep the public engagement that had been gained with COVID-19 going. Utilising traditional media (such as the television) and social media were seen as way “of reaching a potentially whole new cohort of public to be involved”.

Study repetition was noted with people tweeting that “A lot of the research around the impact of lockdown seems very similar”. People commented that they had stopped participating in some COVID-19 data collection studies because they seemed so similar to what they had done before, plus as a lot of them have follow up surveys they would be inundated if they did them all. It was felt that there should have been more collaboration from the very start.

Some spoke of feeling “feeling very cynical this week about what influence the public have over COVID 19 research and services”. That feedback was often asked for but not acted on. Some were frustrated that engagement and involvement were not seen as essential for emergency research despite the fact that organisations were saying that it was a recommendation to have public patient involvement and engagement (PPIE). It was felt that “COVID may have shown the Emperor without clothes”.

Questions



#WhyWeDoResearch
(12.05.2020)



#WhyWeDoResearch
(12.05.2020)



Q1: We would like to ask first & foremost, how are you all?

Q2: Have you got any good examples of public engagement?



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#WhyWeDoResearch
(12.05.2020)



#WhyWeDoResearch
(12.05.2020)



Q3: Which audiences does Covid19 public engagement reach?

Q4: How can we engage a range of different audiences in Covid19 research?



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#WhyWeDoResearch
(12.05.2020)



Last question of the eventing: Tell us a joke.
Let's keep ourselves laughing!



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