Web 2 and You
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Web 2.0 offers exciting possibilities for the readers of ADC

I f you have got past the title of this article – well done! The internet seems to delight in inventing a bewildering series of new “experiences” which serve to make most of us feel as if we’re left outside, watching some glittering procession through a dirty window. Words and phrases such as Web 2.0, Mozilla, RSS feeds, XML, and so on, serve to intensify this feeling of mystification. Here we will attempt to guide you through some of what you might find useful, and tell you about some things that we’ve been doing at ADC which may be of interest.

WHAT’S THE BIG IDEA?
There are as many definitions of Web 2.0 as there are people discussing it. The easiest way we’ve found of thinking about it is to start by understanding what Web 1.0 is. In the first version of the web, we were trying to duplicate what it was about it is to start by understanding what

Web 1.0 is. The first version of the internet, doing what would have taken days or weeks in just minutes. But doing pretty much exactly the same as before.

So, now that we can get into a “electronic book” really quickly on the internet, what else could we do using Web 2.0 that might let us use information differently?

Well, to follow on the Index Medicus idea, you could use something like www.hotreference.com. This is a free tool which allows you to compile, online, a list of references which you might put into a paper. This has been possible for some time on single computers, but Hot Reference allows multiple users to share reference lists anywhere in the world.

Or, let’s take this paper. It was written by two people, Bob Phillips and Ian Wacogne, who live about 200 km apart. In a Web 1.0 world one of us would have written one draft, emailed that to the other, who would have worked on the second draft, and so on. As it was we did it like this: we created a first draft in Google Docs, and shared it between the two of us. This meant that either of us could edit it at any time. Or even different parts of the document at the same time. We could rapidly track each other’s changes, and accept or reject those changes. A recipe for chaos? Well, maybe – and a little scary at times when we were both editing. However, out of chaos comes creativity.

A further example would be the way you browse web pages. You might find, for example, www.badservice.net a fascinating read. But to go there and look and see if the author has posted anything that is a bit, well, Web 1.0. It’s like buying each new edition of a magazine you sometimes like. Instead you could very easily use the RSS feed. RSS is one of those abbreviations which has had several meanings, but the most helpful is “really simple syndication”. The way it works is to let web users look at just one website – that they create – and drag, or lasso, in little teasers of information about what might interest them on other sites. The RSS feed contains the teasers, and our blogs at ADC generate one automatically. Another way of thinking of RSS feeds is as advertising, where you’ve given the advertiser (us at the Archives) very clear information about what you’d like to look at. So, all you need now is a reader – or the way you create your own site. This can be a separate program, it might be the email software you currently use, or, even more simply, you could set up Google to recognise you – iGoogle – and then every time you accessed Google, you’d see what was the latest on www.badservice.net. And on our blogs. And on the BMJ. And the BBC News. And from a gossip columnist. And whatever else takes your fancy. You just scan your own page and look at what seems relevant or of interest to you.

So, in Web 2.0, you’re creating and interacting with the content. And in the two way street of Web 2.0, this is only the start of it. On to blogs.

BLOGS – THAT’S JUST GOSSIP, ISN’T IT?
If you’ve heard of blogs – an abbreviation of the words “web log” – it is probably in the context of gossip. The impression is given that solitary hacks, tapping away at their computers in the small hours of the morning, are creating a buzz by talking about interesting things. They become famous – meaning read and then talked about, or even blogged about – because of their entertaining perspective, or perhaps just good old fashioned bitchiness. What do you need to know about blogs?

• Blogs are like diaries, and as such they can be as public or private as you like. When we began our blogs at ADC we kept them private, but now have them as public documents which anyone can view.

• You can blog about whatever you like. We’ve started two blogs for now: Précis and Archimedes. If you read this a few months down the line, some others might have developed, or some might have started and faded away.

• Traditionally – if anything can be traditional in Web 2.0 – you see the most recently written item at the top of the page, with progressively older items underneath.

• Each item, or post, can fit into different categories. This means that you can view items by date (if you want to know what we’ve blogged on in the last week), title (if you only want the headlines) or by category. For example, if you look in the Précis blog you’ll see categories which look, for example, at infectious disease, while in the Archimedes blog the “critical appraisal
notes’ are a category. Or you can search for key words.

- You can comment on most blogs. The BMJ Publishing Group policy is to require moderation of comments, which means that each comment will be read by the blog owner before being posted. This reduces the risk of defamation or downright rudeness. Many blogs on the internet are not moderated, although the host (the company which owns the internet site where the blog is posted) will often wish to have offensive material brought to their attention. Our hope is to stimulate lively discussion, in a lighter and more interactive vein than formal letters to the journal or even electronic responses through the journal website.

- The content of the blog can link to, well, anywhere. We’ve inserted hyperlinks in our blogs; they’ll take you through to the articles themselves, or maybe to other articles or sites containing relevant information.

- The way we’re using them is to let you interact with the Archives’ papers in a different way. If Web 1.0 was our website replicating a paper journal, Web 2.0 will let you see the articles as soon as they are ready – rather than waiting for a paper publishing schedule – and begin to respond to them.

THE PRÉCIS BLOG
Précis starts with the idea that any good paper can be summarised in one sentence. That sentence may sometimes be complex, and should normally leave you wanting to know more, but it will contain the core of what the paper is about. Since January 2006 Ian has been writing a Précis of each issue of ADC; he gets the journal about 2 months ahead of print and writes up to two sentences for each paper. This is, by its nature, idiosyncratic, and hopefully sometimes controversial. The original idea was to send this out as an email, which you can still get. With the blog, however, we’re able to come up with more interesting answers to the question: How do we get more people into the journal? For example, instead of wondering if Web 3.0 takes us. However, a lot of this is really, really easy, so come and have a look – you never know, you might even find it fun.

THE ARCHIMEDES BLOG
Archimedes, the bimonthly section of evidence-based questions and answers, has been longing to be released onto the web for some time. Its structure was web-friendly from its inception: it starts with a questioning headline title, goes on to the clinical scenario that tells you why it’s important, then the details of the appraisal and then the clinical bottom lines that sum it all up. With the Archimedes blog, you get to see the questions as they are being asked, and can comment on the answer you expect to see, you can argue about the interpretation of evidence from the published topic reports, and you could perhaps add new information to older reports.

Teaching tips, bite-sized explanations of EBM concepts and links to other places where the practice of evidence-based child health can be discussed are also present. If you do nothing but add the RSS feed to your inbox or iGoogle – as previously discussed – you’ll be two steps ahead of many other paediatricians.

IS IT AS DIFFICULT OR AS COMPLICATED AS IT MIGHT SOUND?
Well, there are no two ways about it, the two of us are nerds. We’re also early adopters – people who get into technology sooner, ahead of the boom, rather than later. But does this mean that you – yes, you, reading ADC in the bath right now – shouldn’t be involved? Well, let us be clear that you shouldn’t use a laptop in the bath – although this may be where Web 3.0 takes us. However, a lot of this is really, really easy, so come and have a look – you never know, you might even find it fun.

Accept 30 July 2007

Competing interests: BP and IW receive an honorarium for some tasks completed for Archives of Disease in Childhood. This means they are interested in ADC being successful.

www.archdischild.com