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Physicians who enjoy keeping abreast of these clinical findings have to design and do scientific research to anticipate clinical improvements that might be on the horizon.

In our opinion, paying more for training in biomedical research is appropriate for and expected of those who intend to apply to a good hospital. The question is how to balance the service and the science. Two principal means are by intensifying the collaboration between PhD holders and clinicians and encouraging the diversification of the perspectives brought to bear on research in medical education.[2]

We declare that we have no conflicts of interest.

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Use of social media to enable medical teams to work virtually (and better)

We were delighted to read the Comment on social media and research activity by Sophie Scott (Feb 27, p s5).[1] We would further add that social media can be used to facilitate teams of clinicians to work closely while separated geographically and that, by doing so, the quality of such work is more effective and can lead to significant improvements for both organisational efficiency and patients' care.

Although it is now completely normal for clinical collaborators to straddle cultural and national boundaries, this can present several substantial barriers to the timely realisation of a clinical issue at hand. At the same time, studies in organisational psychology show that effective teams, when colocated, spend a great deal of their work time talking about things that have little or nothing to do with work tasks.[2] Such behaviour is encouraged because this social interaction is thought to breed trust and belonging and is therefore productive—even if the content of the conversations does not seem to be helping to get things done. It is this trust that plays a part in the formation of real teams and, when such teams form in the clinical sector, they have a real and significant effect on the reduction of patient mortality.[3]

We declare that we have no conflicts of interest.

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