

Annotating Texts with eMargin

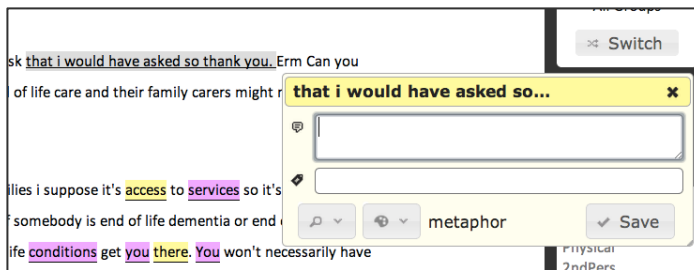


A tool for collaborative textual annotation
(<https://emargin.bcu.ac.uk/>)

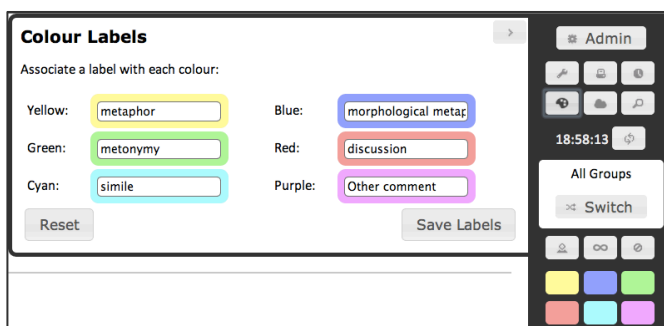
eMargin is a free online tool that lets you upload electronic texts and annotate them using highlights, comments and tags. You can do this individually, but you can also set up groups to share texts and annotations between people, and work collaboratively.

You simply need to register at <https://emargin.bcu.ac.uk/>

With eMargin, you can:

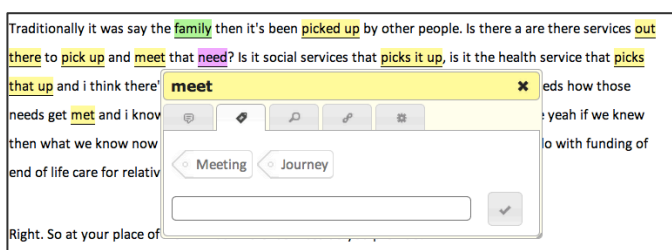


Highlight and comment on words, phrases, paragraphs.



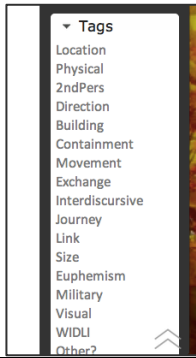
Define the colours according to your needs – Note: there are only 6 colours.

View all highlights at once, or individually, colour by colour.

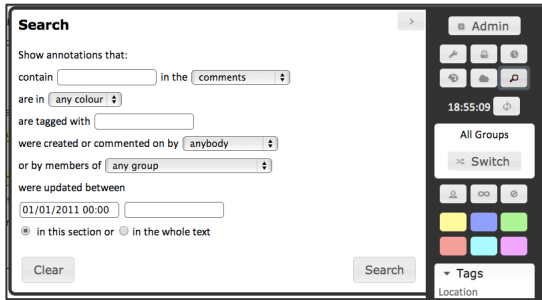


Tag anything that is highlighted.
Add multiple tags to one word

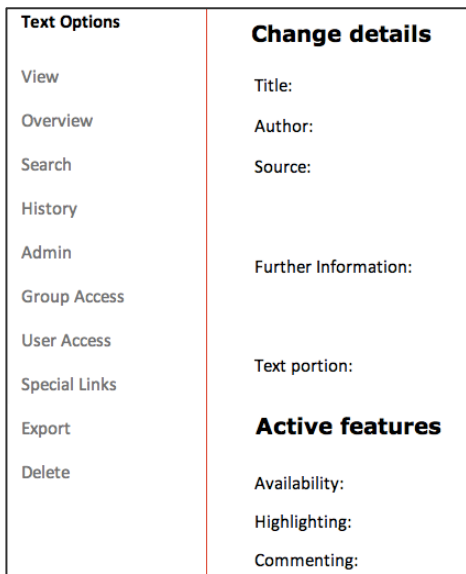
Note: 1 word = 1 tag;
Note: Capitalization - 'movement'
'Movement' = 2 tags



View a list of tags in order of frequency. You can also view the list as a cloud.



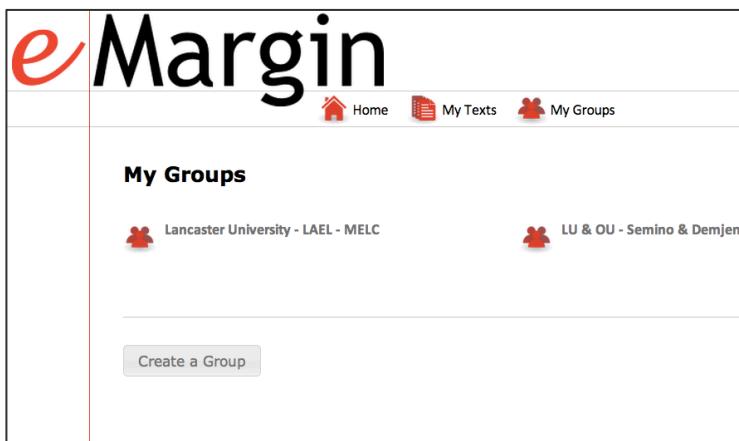
Search for annotations by type (e.g. highlight colour), tag, date or originator (i.e. who added it).



Change metadata.
Change access.

Export annotated texts in xml.

Delete uploaded texts.



Create different groups, that can each share different texts.

1 RESPONDENT: End of life care, let's get the term right. So in terms of end of life care I think an awful lot goes on in the community through primary care and with referral to a specialist palliative care services usually in a reactive way because the capacity of the service is such that it ... can't cope with seeing everybody before there are problems ... because the majority of people die in hospital that ... tells us that erm in primary care even when people want to stay there, sometimes legitimate and sometimes accidental reasons cause people to be admitted to hospital and ... research I'm aware of would suggest that is not where people want to be erm a small percentage of people manage die in hospices even though a large percentage want to and a small percentage of people die in nursing homes some of whom if they're moved there specifically for their end of life care seem not to want to die there. So broadly speaking I think the landscape is a picture of erm people dying where they didn't expect to possibly because of a lack of planning or possibly because of good planning but a lack of resources to fulfil those wishes. Erm people don't necessarily die where or in the manner that they would hope.

2 INTERVIEWER: Right. You use the terms reactive and proactive, what would proactive end of life care look like?

3 RESPONDENT: Erm I think it would involve primary care ... planning, well ... making sure that their the end of life care registers include all the people that should be on there. Discussing all of those people properly and making sure that there is a plan for ... the things that aren't the immediate threats to achieving a patient wants. Some thinking about what if this happened, anticipating, and I think there's I don't I don't think that happens enough. And I think that's what I mean. I would suggest that even when people are discharged from hospices sometimes, certainly I know it happens here, on a ward round I might say, well if if they develop pain the next few steps will the next few things I would suggest we try to keep them at home are XY and Z. That doesn't always get into the discharge letter for the GP to try or even for me if somebody comes to me and says what to do next with this person. Rather than being able to just say Oh well I thought the next step would be this, I have to go through the notes and the thinking that I had done previously is wasted but but that as I say that the hospice end is a small part. I think there needs to be a proper discussion of patient inclusion of patients on end of life care registers, proper discussion of them and that should include thorough thinking and anticipation of what might prevent achieving what's what's hoped for broadly.

Acknowledgement: eMargin was developed by Andrew Kehoe and Matt Gee at Birmingham City University and funded by JISC from 2011-2013.

