

Social Media Competencies for Medical Educators

Martha S. Grayson, MD
Katherine Chretien, MD

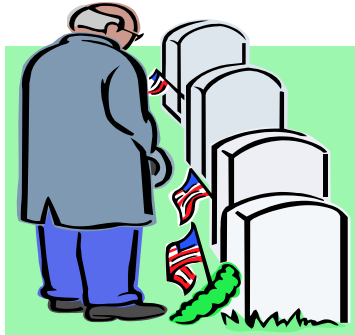
Albert Einstein College of Medicine
George Washington University

Objectives

- Discuss professionalism issues surrounding social media use in medical education.
- Identify opportunities for training faculty in social media use.
- Discuss baseline competencies in the use of social media by medical school faculty.

The Four Faculty Generations

Silent
generation



Baby Boomers



Gen X



Millennials





Wikipedia defines social media as:

- primarily Internet-based tools for sharing and discussing information among human beings
- refers to activities that integrate technology, social interaction, and the construction of words, pictures, videos and audio.
- depends on the varied perspectives and “building” of shared meaning among communities, as people share their stories and experiences



Swiss Cows Send Texts to Announce They're in Heat

New York Times 10-2-12

- **Christian Oesch is testing a device that sends an SMS to his phone when a cow is sexually active**



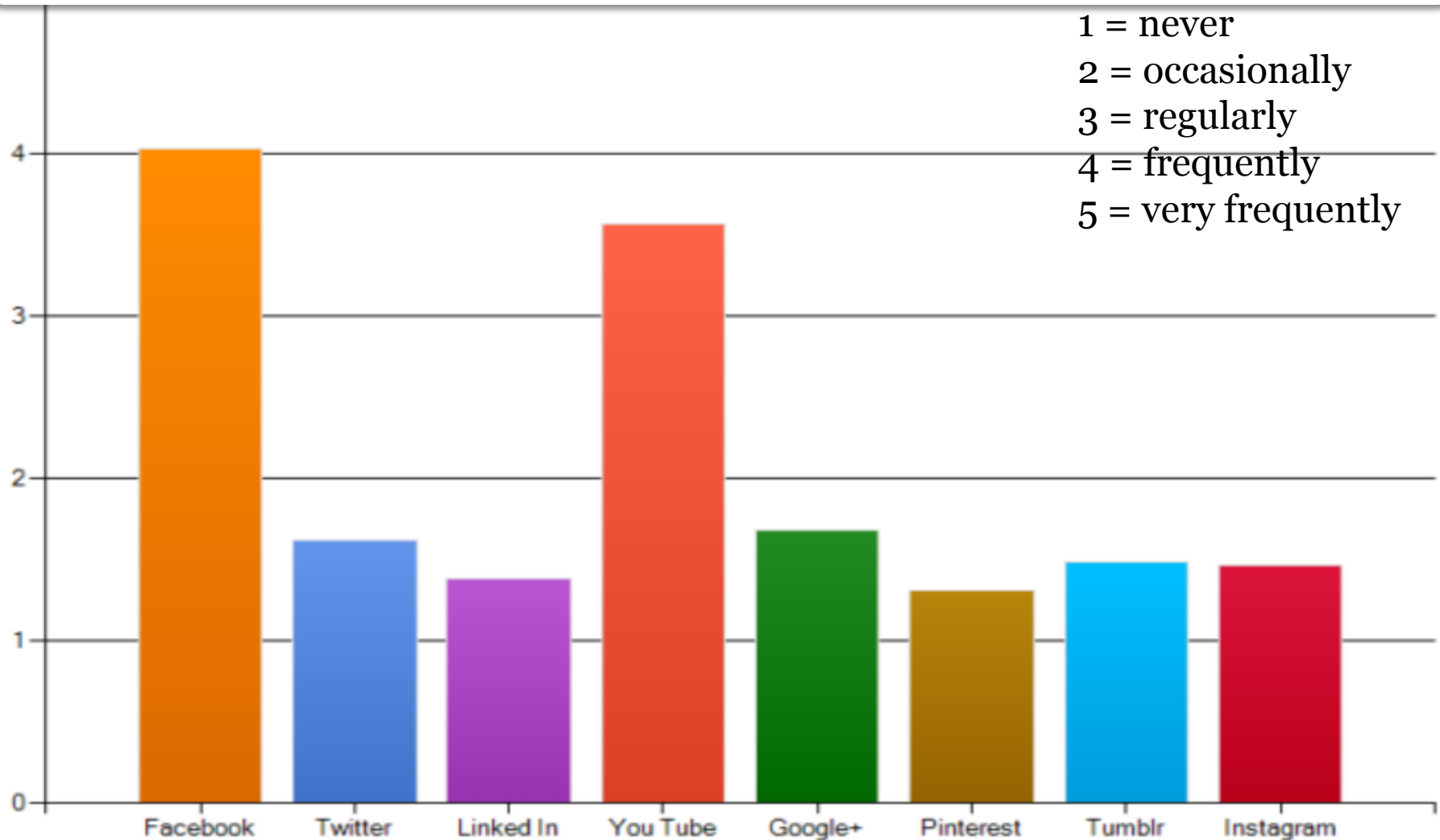


Survey of Einstein Medical Students

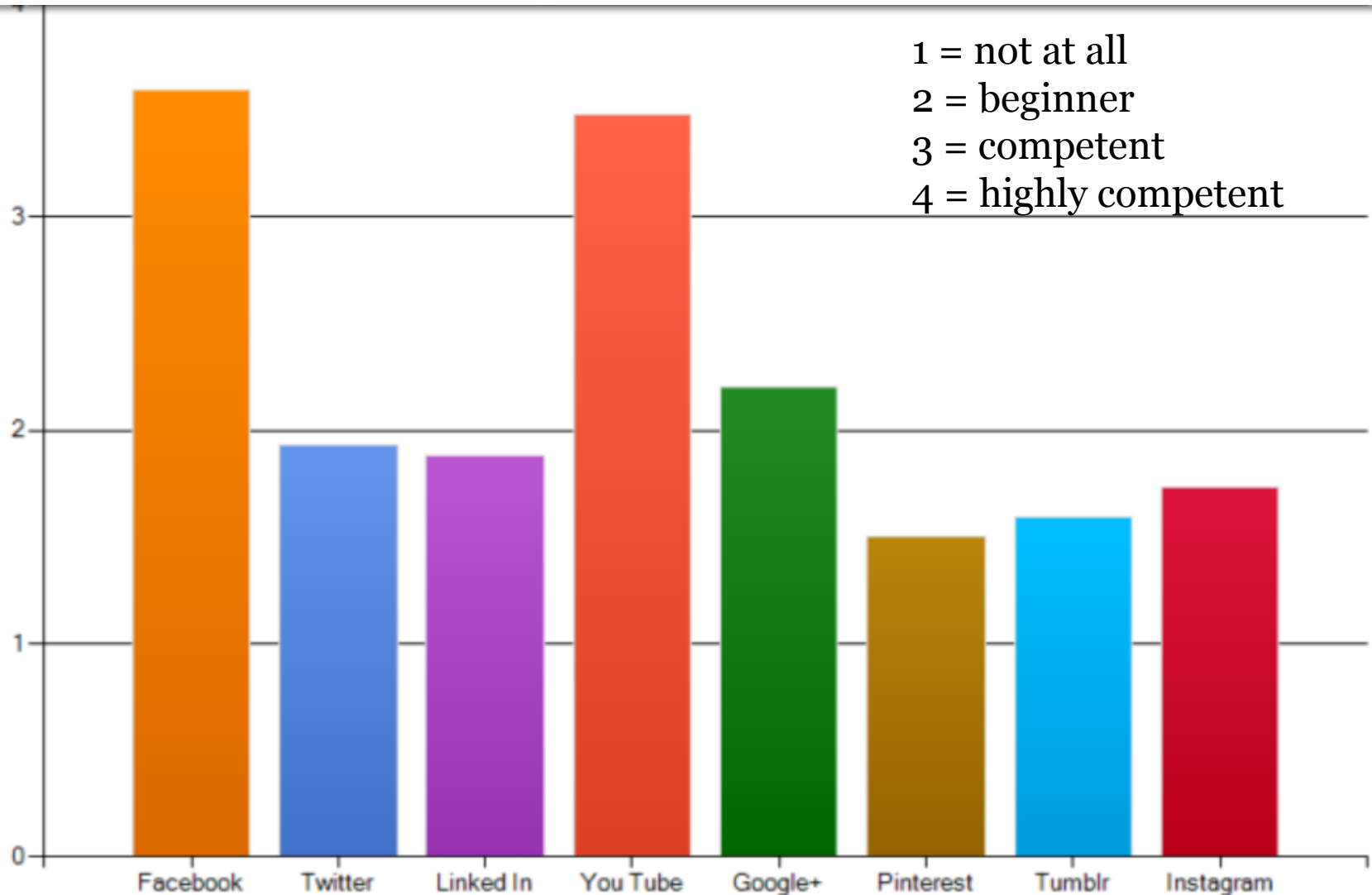
n=496



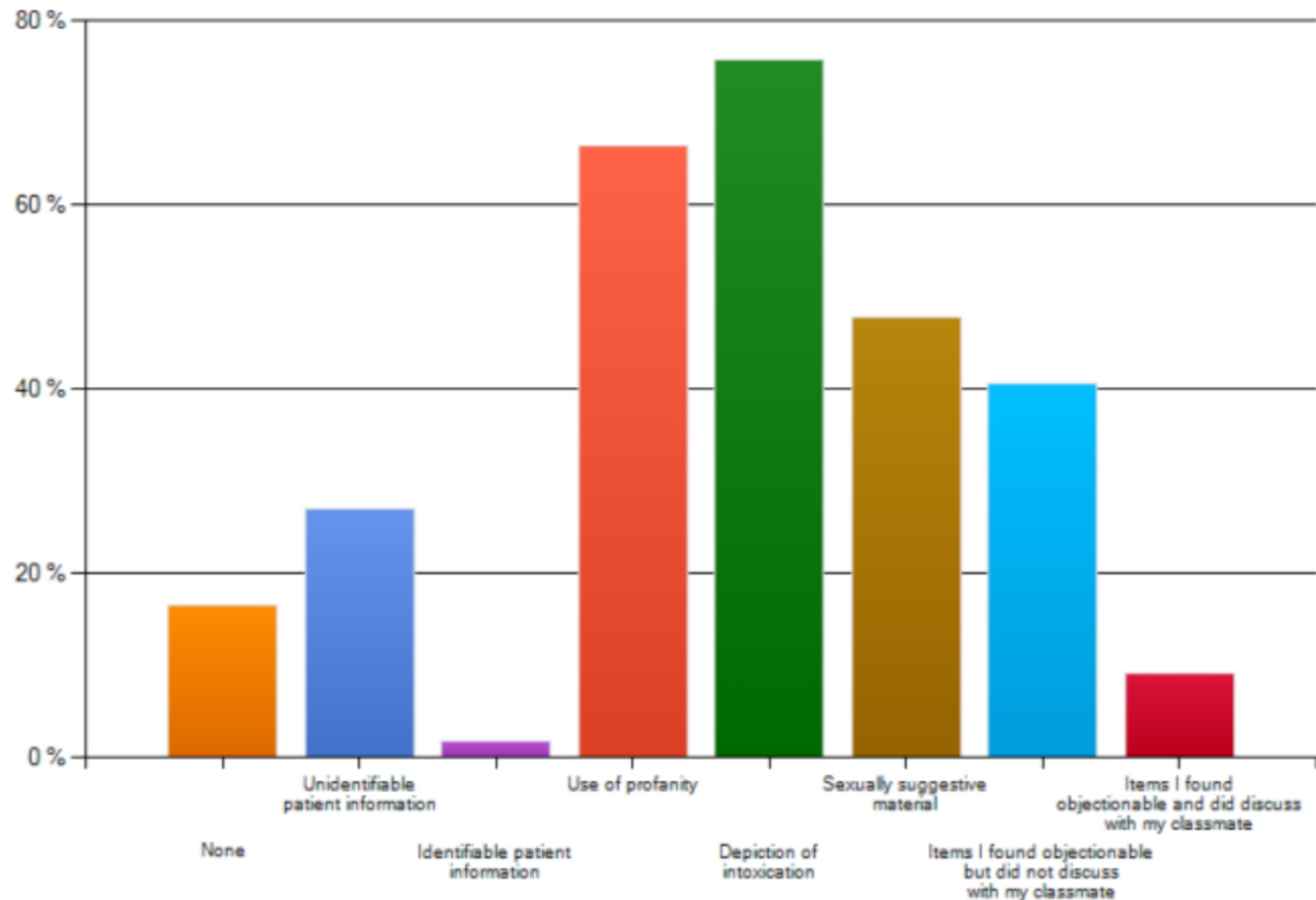
How often do you use each of the following social media services?



How competent are you at using each of the following social media services?



Which of the following types of information have you seen posted online by a classmate? Check all answers that apply.

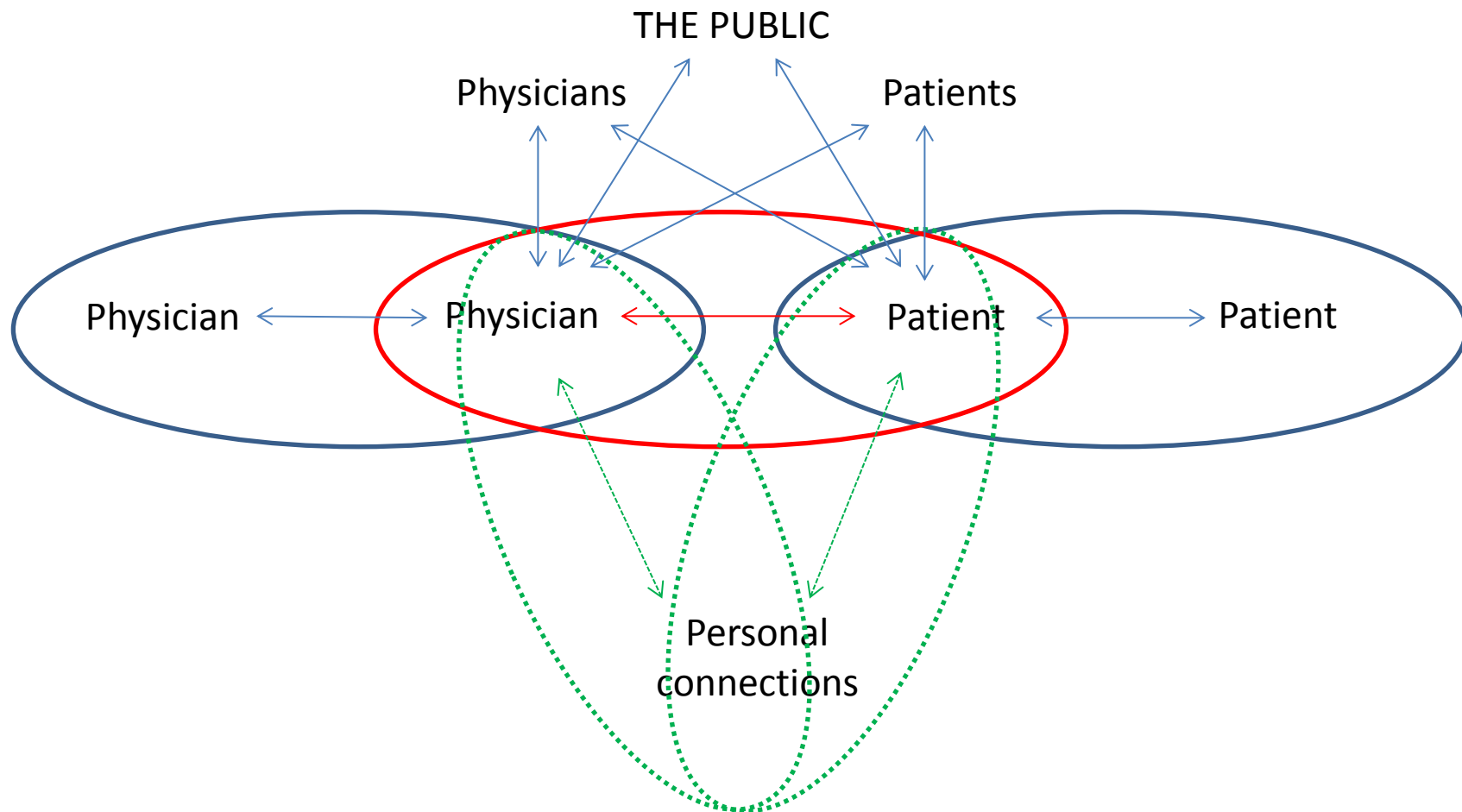


Professionalism and social media



Our IMPERATIVE

Physician  Patient



This portion of the requested page has been blocked.

[Click here for details.](#)

LIVES

Friend Request

By DANIELA LAMAS

Published: March 11, 2010

Last winter, in the middle of my intern year, I became [Facebook](#) friends with a young man who was dying in the intensive-care unit. An investment banker in his mid-20s, he thought he was healthy



RECOMMEND

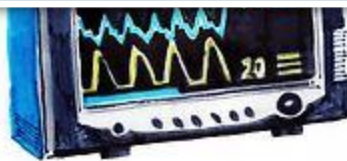


TWITTER



LINKEDIN

Last winter, in the middle of my intern year, I became Facebook friends with a young man who was dying in the intensive-care unit.



before — died, that is, three times before being brought back with jolts of electricity. And this young man with a steroid-swollen face was surfing the Internet.

NOW PLAYING

[Vitals](#) > [Internists](#) > [DC](#) > [Washington](#) > [Dr Katherine Chretien MD](#)



Snapshot

Full Profile

Rate this doctor

Patient Guides

Dr. Katherine Chretien

Dr. Katherine C Chretien, MD is a female with 8 years of medical experience and practices in Internal Medicine.

Veterans Affairs Medical Center -

Washington

50 Irving St NW

Washington, DC

[See all of Dr. Chretien's practice locations](#)

★★★★ Medical school

Vitals.com: “where doctors
are examined”

A Full Profile (FREE!) includes:

What's inside Hello Health

EHR

PHR

> Communication tools

Online labs and eRx

Online scheduling

Customizable practice settings

Integrated billing

Team management tools

Mobile

Simplified documentation

HIPAA compliance



Secure messaging, video chat and instant messaging let you generate additional revenue by meeting with patients the way they want, and when you want. And you can seamlessly document your interactions in their charts.



What's to be GAINED?

Professional growth



Reputation

Hone writing

Establish expertise

Share information

Disseminate research



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

4800 Sand Point Way NE Seattle WA 98105 206-987-2000, 866-987-2000 (toll-free)



[Donate Now](#)

[Clinics and Programs](#)

[Medical Conditions](#)

[Classes and Community](#)

[Safety and Wellness](#)

[Research](#)

[Ways to Help](#)

[Home](#) > [Seattle Mama Doc](#)

Enter Search Term Here

Seattle Mama Doc™

A blog by Dr. Wendy Sue Swanson.

A mom, a pediatrician, and her insights about keeping your kids healthy.

Sudden Cardiac Death: What Parents Can Do

[Tweet](#) 17

[Like](#) 29 [Send](#)

Posted on March 23, 2012 in: [General Pediatrics](#) | [11 Comments](#)

As a parent and pediatrician, any mention of sudden cardiac death leaves me feeling uneasy. The stories of young athletes dying or [falling on the field are agonizing](#). All of us here on earth would like to do something to prevent these deaths.

Researchers and cardiologists are working tirelessly to understand predictors for sudden cardiac death in children alongside techniques to improve screening and prevention for young athletes. [Dr Nicolas Madsen](#) talked with me about [recent work here in Washington State](#). There's a video at the end of this post from the interview. I'm lucky, I met Dr Madsen when he was a medical student and now he's an old friend. He's one of those bright lights: a compassionate physician and father of three who just gets it and wants to solve big problems. He's about to finish his fellowship here in Seattle and while completing his training, he's uncovered some holes in the system. He's helped me understand how to screen children better. As a parent, there are some simple things you can do to improve the screening your child receives prior to athletic participation.

In This Section...

[Overview](#)

[About This Blog](#)

[Follow Me on Twitter](#)

[RSS Feed](#)

[In the News](#)

[Seattle Mama Doc 101](#)

Seattle Mama Doc™



Students using social media to galvanize a patient safety movement



Henderson et al, J Patient Saf, March 2010.



RenalFellowNetwork



National Kidney
Foundation®

a website written for renal
fellows, by renal fellows,
featuring a new nephrology
related teaching point on
a near-daily basis.

[Home](#)[About](#)[Grants](#)[Conferences](#)[Courses](#)

Tuesday, October 23, 2012

eJournal Club - Kidney Biopsies

This month's [eJournal Club](#) concerns a [paper](#) (with an accompanying [editorial](#)) reporting the experience of renal biopsies in Norway. One issue that arises again and again is whether or not patients should undergo outpatient biopsies. The argument against this is that many complications occur more than 8 hours following a biopsy and that the complication risk is too high to allow patients to remain unmonitored at home. These recommendations were based on older data which dated from before the era of live ultrasound and the more modern biopsy needles. More recent studies have suggested that outpatient biopsies are safe and I had a conversation with one attending at the ASN last year who was surprised that everyone was not doing outpatient biopsies because they had been doing it without a problem for years.

This paper, while not specifically addressing the issue of outpatient vs. inpatient biopsies, should alleviate some of the concerns that people have. After 9288 biopsies, the rate of serious complications was 0.9% (transfusion or surgical intervention). This is similar to recently published studies. There were no deaths during the 20 years covered by the study. There was an increased risk of bleeding in patients with a low GFR, uncontrolled hypertension, older age and acute kidney injury. Notably there was no difference in bleeding complications when 14G needles were used as opposed to 18G needles although less glomeruli were obtained with the smaller needles.

Pearls for Boards

Good luck to those

Partner



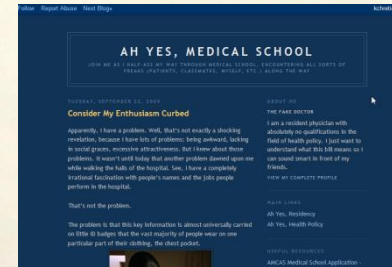
Join the discussion over a
each month from the jour

Partner



What's at STAKE?

HIPAA pitfalls lie in the pieces



Survey Questions	Yes (%)
Aware of incidents of students posting unprofessional content?	60
Pt privacy violations	13
Conflicts of interest	4
Profanity	52
Discriminatory language	48
Depicted intoxication	40
Sexually suggestive	38

FEDERATION OF STATE MEDICAL BOARDS (FSMB)

The Federation of State Medical Boards (FSMB) plays an important role in protecting the public from the unprofessional, improper, unlawful, fraudulent and/or incompetent practice of medicine.





92% reported online professionalism violations

**Inappropriate contact
with patients (69%)**

**Inappropriate
prescribing (63%)**

**Misrepresentation of
credentials or clinical
outcomes (60%)**

Greysen SR, et al. JAMA.2012;307(11):1141-2.

92% reported online professionalism violations

**71% held formal
disciplinary proceedings**

**License limitation
(44%)**

**License revocation
(21%)**

**License suspension
(29%)**

Greysen SR, et al. JAMA.2012;307(11):1141-2.

A top-down view of two open hands, palms facing up, holding five metal letters that spell out the word "TRUST". The hands are light-skinned and positioned against a solid, deep red background. The metal letters are a dark, brushed metal color and are held between the fingers and palms. The lighting is soft, highlighting the texture of the skin and the metallic sheen of the letters.

TRUST



What's COMPLICATING?

AMA Guidelines: Proceed cautiously

2010 Interim Meeting of the House of Delegates



[OVERVIEW](#) | [HIGHLIGHTS & SPEECHES](#) | [AGENDA](#) | [VISITOR INFO](#) | [REPORTS & RESOLUTIONS](#)

AA Text size Print Email Share

AMA Policy: Professionalism in the Use of Social Media

The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar Internet opportunities can support physicians' personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunity to widely disseminate public health messages and other health communication. Social networks, blogs, and other forms of communication online also create new challenges to the patient-physician relationship. Physicians should weigh a number of considerations when maintaining a presence online:

(a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.



[AMA PolicyFinder](#)

Safari File Edit View History
http://www.facebook.com/home.php

Google Reader

Google Reader

Friends

facebook

Home

Profile

News Feed



Auburn, AL



Auburn



Status Updates



Photos



Links

More

Hypothetical Student-Posted Online Content	Never or Rarely Acceptable %
Photo of student holding an alcoholic beverage	77
Depicted intoxication	93
Comment containing profanity	94
Description of a de-identified patient encounter (respectful tone)	61
Description of a de-identified patient encounter (negative tone)	86
Disparaging remarks about profession	76



ology concerned with
responses to stimuli in

expert ● n. a person
skilful in a particular
such knowledge or a

Baseline social media competencies for faculty



Generated at AAMC 2012 session “What Faculty Should Know about Social Media”

- Understand generational differences in technology/social media use and views on professionalism
- Understand privacy and security issues pertaining to social media use
- Familiarity with social media policies – both from major medical organizations and specific to local institution

From AAMC 2012 session “What Faculty Should Know about Social Media”

- Identify preferred social media tools for medical education
- Demonstrate social media literacy
 - Familiarity with social media tools and their purpose
 - Know vocabulary, abbreviations
 - Actually use at least one tool
- Recognize principles of using social media responsibly

Any additional competencies?



Faculty Development Programs- Albert Einstein College of Medicine



IMAP/Macy Grant:

Social Media and Professionalism

1. To educate faculty on social media use in medicine
2. To provide an opportunity for students to learn about the benefits and challenges of social media use
3. To enable students to determine whether social media use by our patient population can be used to improve health

Programs to enhance the social media skills of faculty

- Full or half day educational symposia
- Course specific programs
- Free standing workshops
- Programs supported by:
 - Institute on Medicine as a Profession and the Josiah Macy, Jr. Foundation
 - Office of Faculty Development
 - Office of Medical Education

Educational Symposia

- Davidoff Education Day- Social Media in Medical Education: the Promise and the Perils
 - Educating Physicians in the 21st Century: Twitter, Facebook and Digital Medicine- Kent Bottles, MD
 - The Road to Professionalism in the Digital Age- Katherine Chretien, MD
- Health Care Social Media in the Digital Age
 - Farris Timimi, MD
- Social Media and Medicine: Perfect Match or Perfect Storm?
 - Susannah Fox and Kevin Pho, MD

Course Specific Faculty Development

- Professionalism in the connected age: Teaching Medical Students about Social Media
 - David Stern, MD, PhD & Allison Fine, MPA
 - Workshops with cases focused on blog posts, Facebook HIPAA compliance
- Geared to small group leaders and preceptors in courses involved with social media curriculum
 - Introduction to Clinical Medicine- years 1 & 2
 - Bioethics- years 1 & 2
 - Patient, Doctors and Communities – year 3

Workshops- freestanding and part of educational symposia

- Twitter to Tenure
- Social Media in Medical Education: how can we bridge the current generation gap
- How to Use Social Media in UME and GME
- Understanding Social Media for the Curious Novice
- Smart Phones, Savvy MDs: information on the move
- Taking Twitter to the Next Level

Social Media Personal Faculty Development Plan



Competencies	Strategies to obtain competency	Time Frame

Wrap Up and Next Steps

- <http://socialmediainmeded.blogspot.com>