

## Social Media Competencies for Medical Educators

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### 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:

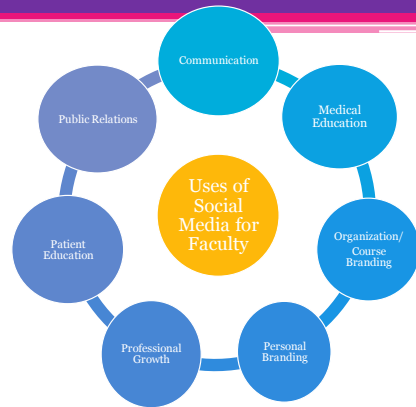
- primarily Internet-based tools for sharing and discussing information among human beings
- refers to activities that integrate technology, social interaction, and the construction of words, pictures, videos and audio.
- depends on the varied perspectives and “building” of shared meaning among communities,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

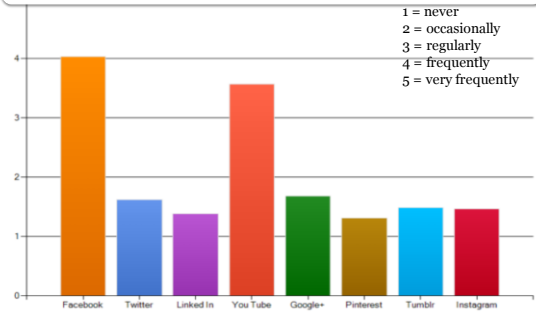


## Survey of Einstein Medical Students

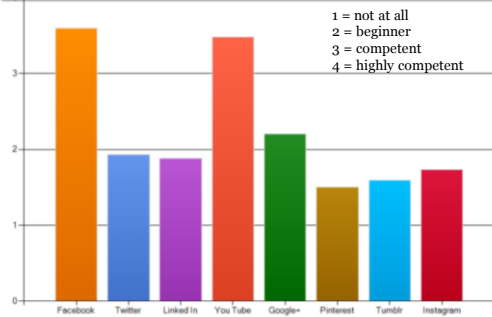
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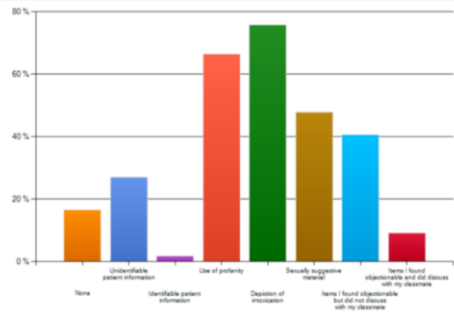
### How often do you use each of the following social media services?



### 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.

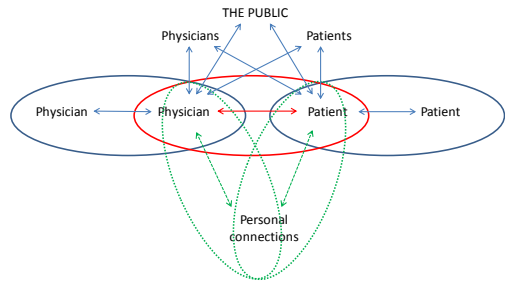


# Professionalism and social media



## Our IMPERATIVE

Physician ←→ Patient



**The New York Times Magazine**

WORLD U.S. N.Y. REGION BUSINESS TECHNOLOGY SCIENCE HEALTH SPORTS OPINION A

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LIVES

**Friend Request**

By DANIELA LARSEN  
Published March 01, 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-30s, he thought he was healthy.

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.

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.



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**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, 30 Irving St NW, Washington, DC.

See all of Dr. Chretien's practice locations

A Full Profile (FREE!) includes:

Vitals.com: "where doctors are examined"

## 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?



4800 Sand Point Way NE, Seattle, WA 98105 206-887-2000, 866-887-2000 (toll-free)

Seattle Children's  
HOSPITAL · RESEARCH · EDUCATION

Home > Seattle Mama Doc

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

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 Klodian 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. Klodian when he was a medical student and now he's an orthopedic. He's one of those bright, high-achieving, 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.

## Students using social media to galvanize a patient safety movement



RenalFellowNetwork  
National Kidney Foundation

eWeekend Club - Kidney Biopsies

This month's eWeekend Club concerns a paper (with an accompanying ePodcast) 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 fine 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 ESWL biopsies: the rate of serious complications was 0.9% (hematoma 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. Today there was no difference in bleeding complications when HCG needles were used as opposed to 18G needles although less hematuria were obtained with the smaller needles.

What's at STAKE?

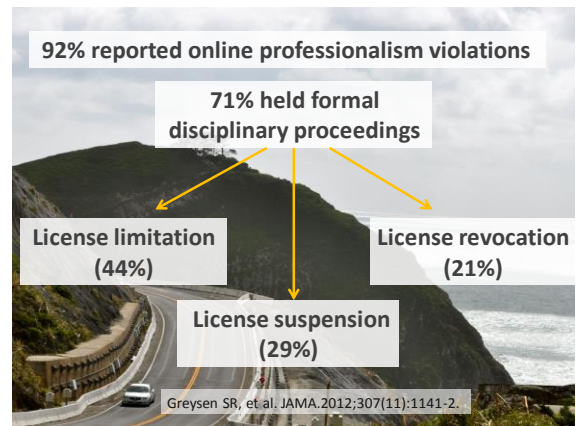
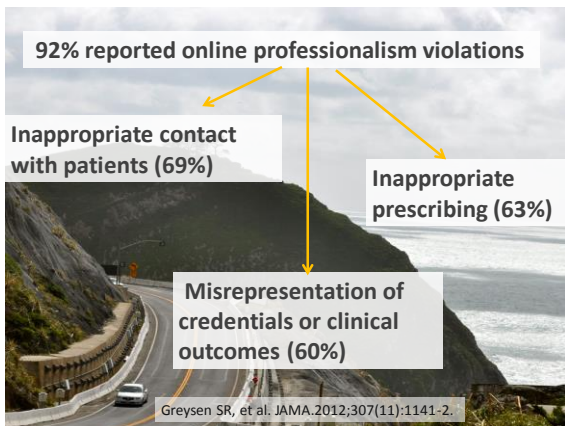


| Survey Questions   | Yes (%) |
|--|---------|
| Aware of incidents of students posting unprofessional content? | 60      |
| Pt privacy violations  | 13      |
| Conflicts of interest  | 4       |
| Profanity  | 52      |
| Discriminatory language  | 48      |
| Depicted intoxication  | 40      |
|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

Chretien K, et al. JAMA. 2009;302(12):1309-1315.

**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.





## What's COMPLICATING?

### AMA Guidelines: Proceed cautiously

**2010 Interim Meeting of the House of Delegates**

AMERICAN MEDICAL ASSOCIATION

OVERVIEW | HIGHLIGHTS & SPEECHES | AGENDA | VISITOR INFO | REPORTS & RESOLUTIONS

ADDITIONAL RESOURCES  
AMA PolicyFinder

**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 networking, 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:

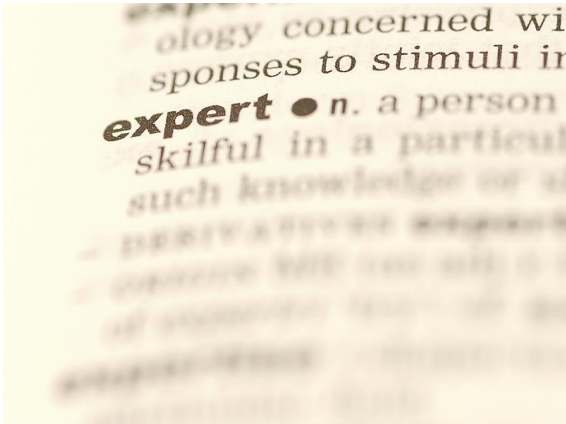
(a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.



| 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                           |

Chretien K, et al., Acad Med. 2011 Dec;86(12):1545-50.





## 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 21<sup>st</sup> 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>