

Do's And Don'ts on Social Media for Patients, Families, Residents, Child and Adolescent Fellows and Training Directors

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[http://www.pewresearch.org/quiz/
how-millennial-are-you/](http://www.pewresearch.org/quiz/how-millennial-are-you/)

Financial Conflicts of Interest/ Disclosures

- None

Goal & Objectives

- Goal: to supplement ACGME core and psychiatric residency training competencies on patient engagement, communication, professionalism and 'good' therapeutic practice:
 - To learn of common situations regarding social media in the care of children and adolescents and their families.
 - To learn suggestions for exploring, understanding, and working with social media in this population and adult patients, in general - 'do's and don'ts for trainees, clinicians and supervisors.
 - To 'take home' ideas related to program direction on how to teach, organize didactics (e.g., case conferences, seminars and supervision) and evaluate events related to social media.

Social Media Inventory

Team up with your neighbors, and discuss:

- What social media do you use personally?
- What social media do you use professionally?
- What do your trainees use to communicate with: the program, faculty, peers, patients?
- Examples: Blogs, Facebook, Twitter, Pinterest, Instagram, Tumblr, Snapchat, WhatsApp, YikYak

Large Group Discussion

- What came up in your small groups?

Search the Speaker

- What can you find out about Erica Shoemaker MD, on
 - Google
 - Facebook
 - Twitter
 - Pinterest
 - Instagram, Tumblr
 - etc

Social Media in the Context of Patient Care: Case 1

- Tobias is a 2nd year child psychiatry fellow who is working with a teenage girl with a history of depression and cutting. After several weeks, the girl is starting to show some good improvement, but with some remaining work to do in strengthening her distress tolerance skills. One day, while reviewing steps to take in an emotional crisis, the girl asks, “maybe I could send you a text?” How should Tobias respond?
- One week later, Tobias is relaxing at home, clicking through Facebook notifications, when he sees a friend request from this same patient. How should he respond now?

Social Media in the Context of Patient Care: Case 2

Zoe is first year child psychiatry fellow who entered your program with an impressive CV full of advocacy work for NAMI. She has a blog that she considers part of her advocacy work, in which she shares mental-health promoting ideas for youth with her readers. On this blog, she identifies herself as a trainee in your training program. One day, after being away from the site for a while, she sees a 3 day-old post on her wall from a current patient stating, “Dear Dr. Z: Thanks so much for all the crappy advice! You ruined my life! Well guess what? Nobody on this stupid planet will ever have to hear from me again.”

Social Media and Conflict Between Personal and Professional Roles

You are a training director for a program that uses Twitter to quickly distribute information about changes in the lecture schedule, interesting articles about psychiatry in public media, and communication around work events. One day, while looking through this “program” Twitter feed, you notice that Twitter keeps “recommending” other feeds from your “network,” ie trainees. Inadvertently, you have now seen a tweet in which your chief resident describes just how hot his fiancée looks in an itty bitty bikini.

Social Media and Conflict Between Personal and Profess. Roles, Case 2

A second year fellow comes to you in a panic on a Monday morning. She reports that she posted a dating profile on OK Cupid a month ago. The father of a new patient was “suggested” to her by OK Cupid’s algorithm. That father contacted her within the website, saying “You look even prettier here than you did in clinic. I’d love to go out for coffee some day after you get off work.”

Social Media and Professionalism

Issues: Case 1

Maghda, a 2nd year child psychiatry fellow, is friends with 1st year fellow Jordan on Facebook. After a stressful day in clinic, she sees that Jordan has posted as his status update: “No, I will not just refill your kid’s Risperdal and fill out your SSI form, Lady who hasn’t kept an appointment in 3 months. Maybe if you got of your Mexican butt and followed through once in a while, you wouldn’t have such a crappy kid!” Maghda is uncomfortable and brings this information to her program director. How should the program director respond?

Social Media and Professionalism

Issues: Case 2

6 months after having remediated, Jordan's program director (PD) again becomes concerned. In the past two month, Jordan has called in sick 5 times, all on Mondays. He has not come to any lectures for the last two weeks. The PD sent has sent him emails reminding him about requirements for attendance; he has not responded. The chief resident, who is furious with Jordan, bursts into your office with her smartphone out, showing you that there is a photo in her Facebook feed, in which Justin was tagged by a friend of his. The photo is of Jordan in front of an Electric Rave sign, with a pill on his tongue, saying "Ecstasy is ecstasy!"

Discussion of Don'ts: For All (Trainees, Faculty and Directors)

- Dismiss the impact of social media in terms on care and professionalism
- Assume folks will just 'get it'
- Forget to role model
- Try to keep up with all social media developments yourself
- Friend your patients and/or supervisees
- Overlook 'small' social media mistakes

Discussion of Do's I: Clinical Issues for All

- Boundary issues: regular, “social media,” and other (Texting? E-mail after hours?)
- Privacy/confidentiality of patient: key (including often overlooked* cell conversation liability and non-HIPAA adherent e-mail)
- Searches on patients: pros and cons
- Personal social media: assume it will or can be seen*

Discussion of Do's II:

Professionalism Issues for All

- Aim for personal and professional separation, but assume all material will be visible
- Self-assessment and improvement
 - What are my 'skeletons'?
 - Consider disclosure of them *before* it becomes public
 - Search oneself on the web ('everyone' else is)
 - Learn from others' mistakes
- Career transitions* (from UME to GME to faculty to administrators): update sites/info
- Create a positive culture about social media

Discussion of Do's III:

Teaching and Supervision by Faculty

- Attitudes/knowledge
- Teaching skills/supervising trainees
 - Regular
 - Create an env't where they tell you
 - Facilitate reflection
 - Be authentic
 - Social media
 - Listen and ask how patients are using text/e-mail
 - Guide and help them learn best practices and policies
 - Learn with the trainees/collaborate

Discussion of Do's IV:

Program Directors/Administrators

- Health system/school/department
 - Be aware of policies & learn from others
 - Grand rounds: 1 hr CME/year on social media
- Training program
 - Orientations: R1 and R3 (minimum)
 - Curricula: general (incremental, 2 hrs/year all Rs) and site-based applied (integrated with general, 2 hrs/year)
 - Create culture of professionalism and expectations
- Faculty
 - 1 additional hr CME/year; ann'ts at events/fac mtgs; prn*
- Trainees
 - Open discussion of social media issues/role model

Take Home Goodies

- Pew Survey: How Millennial Are You?
- Table of underlying assumptions in Psychiatrist Patient versus Social Media Relationships
- Common tenets of guidelines for physicians using social media
- Sample cases
- List of References

Conclusions

- Your patients and your supervisees are using social media...a lot
- It is not intuitive or 'common sense' to use social media in a way that avoids clinical problems and maintains professionalism
- Address social media
 - Participants: trainees - faculty – program levels
 - Learn over time together and create a positive culture