

# The Leadership Forum

## PERSPECTIVES IN LEADERSHIP

### Social Media: The Time is Now

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The time has come for academic General Internal Medicine leaders to take an active role in shaping the use of social media at their institutions. Online social media include websites such as Facebook, YouTube and Twitter that are built for sharing content among a user community. The use of these sites is having a tremendous impact on personal and professional communication habits. In addition, businesses and health care institutions have begun to use social media to connect to consumers. As of November 2010, 890 US hospitals had a social media presence, accounting for over 2,300 sites. We must dismiss the view of social media as a 'young person's thing' and accept it as an established communication medium.

As with most innovation, the spread of technology outpaces study and policy, and the adoption of social media is not different in this regard. Social media bring several considerations for physicians and medical units. One can make a permanent mark on the web with just one click, either for good or bad. Best practices for physicians have not uniformly been developed for social media. Although few institutions have created policies for employee use of social media, the American Medical Association recently published a policy for social media use by physicians.

We encourage everyone to have a conversation about use of social media at your home institution. Here is the "who, what, when, why, and how" for having that discussion.

**We must dismiss the view of social media as a 'young person's thing' and accept it as an established communication medium.**

**Who:** Your faculty, your residents, and your students. These conversations might be best in individual groups, but themes of professional identity and responses to patients are generalizable.

**What:** Discuss how people use social media (e.g. for professional, personal, or combined purposes) and how they maintain privacy, both for the physician and for patients. Leaders should use these discussions as a basis to create a framework for professional use of social media. For trainees, consider creating or adopting a curriculum that highlights professionalism when publicly blogging or posting online as a doctor.

**When:** Now. In a recent informal poll of our faculty, over half had a patient request to be their 'friend' on a social network. Several workshops at the 2011 SGIM meeting focused on social media.

**Why:** Social media can foster connections with distant colleagues, help shape ideas for projects, and publicize good work. (The workshop "From Twitter to Tenure" can show you more at SGIM 2011). A recent study also suggested that papers that are "tweeted" are more often cited. Social networking can also raise uncomfortable boundary issues regarding what is appropriate to post and share online, and how one should respond to patient requests.

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**How:** Include the discussion as part of an upcoming faculty meeting, and create a curriculum on online professionalism for your residency program. For an online bibliography, visit [www.digitalprofessionalism.org](http://www.digitalprofessionalism.org)

The expanded use of social media among physicians is inevitable. By proactively starting the discussion, GIM leaders can thoughtfully guide the use of these resources at their institution.

Research Group Blog:  
<http://www.themetrc.org>