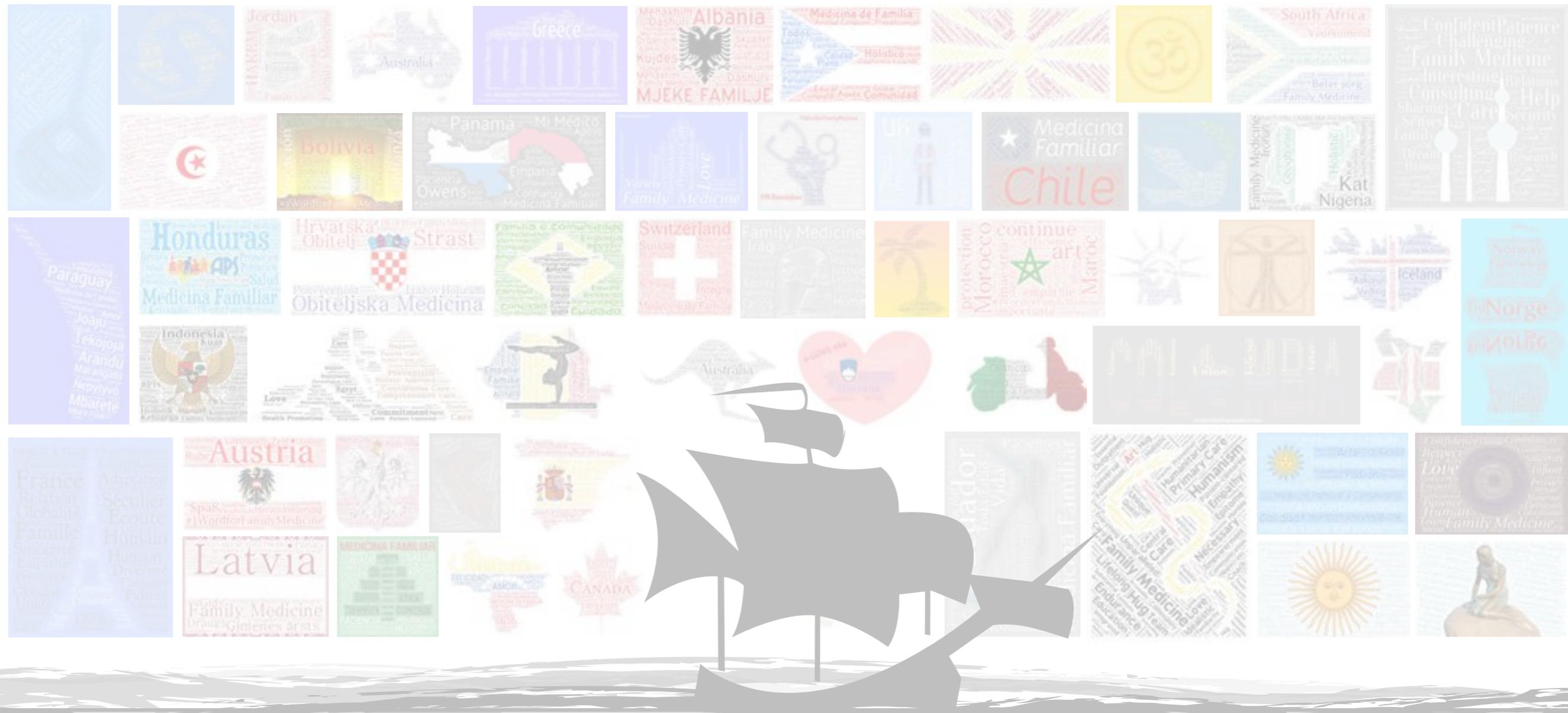




The Vasco da Gama Movement Compass: Navigating the Sea of Soci@l Media





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Preface

by Dr Peter A Sloane, GP & Chair of
Vasco da Gama Movement, Ireland

In the last five years we have become very familiar with the term “social media”. While many of us may find it difficult to remember a time before Facebook, Twitter, LinkedIn or WhatsApp, not all family doctors are engaged in social media. Despite widespread use of this new paradigm of interpersonal communication, “social media” remains in its infancy and many of us have a lot to learn.

What is also true is that social media is here to stay, is almost certain to become increasingly ubiquitous including amongst our patients, and like it or loathe it, we cannot afford to ignore it!

In delivering social media workshops over the last few years, it became patently obvious to VdGM that there are very few robust resources for family doctors that provide an overview of social media, how it should and can be used, the etiquette, the pros and cons, and the dos and don'ts.

Whilst various national associations including a number of European medical organisations have published social media guidelines for healthcare professionals, we are aware of few comprehensive family medicine resources that empower users with the necessary tools and understanding to become proficient and effective professional users of social media.

In 2013, the scenario of a VdGM social media workshop delivered at the 2013 WONCA Prague conference led a small group of enthusiastic VdGM social media users to have the idea of creating a social media resource for fellow Vasco da Gamiens.

Over the following 12 months, through various workshops and presentations in areas such as online medical professionalism, this idea grew. Driven by the enthusiasm and passion of Ulrik Bak Kirk and Luís Pinho-Costa, with support from Harris Lygidakis, Raluca Zoitanu, Raquel Gomez-Bravo and others, the concept has now finally become a reality in the form of our VdGM ePDF Social Media Guide.

Our aims in creating this ePDF, through using actual case studies in peer-to-peer social media usage, were to empower family doctors, GP trainees and medical students, enabling them to make good use of social media, and to develop professional social media strategies that support the maintenance of a healthy work / life balance.

Areas which are covered in the guide include social media myths, professional use of social media, social media trends and codes of conduct.

During the process of putting together what we believe to be a comprehensive resource, we had wonderful contributions from many individuals, both from inside and outside of VdGM. These strategic and experienced users of social media told us their stories; stories which we hope will inspire and motivate readers to experience social media for themselves, whilst in a very practical and tangible sense, highlight the nature and functionality of social media.

Around these stories we have built information and knowledge that will empower the reader with the necessary tools to enable skilful, proficient and effective usage of social media.

It is not just the reader who will gain from this guide. We in VdGM have gained immeasurably during the process of putting it together. Our knowledge and understanding of social media has grown during a process which for those involved was a labour of love.

Their journey has resulted in the creation of what we believe to be a very special ePDF guide, the process itself having been the actual product.

Finally, huge thanks are due to all authors of the chapters and all those who contributed their stories, to the multi-media designer Peter Lübben (visual & layout artist), who generously provided his expertise and time to craft the graphic content and layout, to Harris Lygidakis, Raluca Zoitanu, and Raquel Gomez-Bravo, and particularly to the main protagonists in this endeavour, Ulrik Bak Kirk (editor & vision/concept) and Luís Pinho-Costa.

Peter A Sloane
President VdGM



Social Media in Healthcare

Take two Aspirin and Tweet me in the Morning

This is how Dr Jay Parkinson and many other techno savvy physicians' use social media for interacting with their patients.

Dr. Jay Parkinson, the Brooklyn-based primary care physician who has been referred as the “The Doctor of the Future” and one of the “Top Ten Most Creative People in Healthcare” formed “Hello Health” – the paperless, concierge practice that deploys web-based secure social media network and electronic medical record enabling doctors to communicate, document, and transact with their patients in person and online via email, IM, and video chat, twitter, facebook etc.

Welcome to the world of SOCIAL HEALTHCARE!

The rise of e-Patients has created many opportunities for engagement for healthcare providers. (E-Patients are defined as those “who are equipped, enabled, empowered and engaged in their health and health care decisions). By integrating e-patients into the healthcare marketing mix, organizations can engage patients, develop their brands or build health care communities and much more, a trend that's virtually certain to grow.

What is Social Networking?

Social networking is the grouping of individuals into specific groups... people with shared interests, communities etc.

Although it is possible to network socially in person (the way it was always done traditionally!) nowadays it is most popular and best known as being an online activity. Social networking websites are a virtual online community of internet users.

Social networking on the internet are empowering, engaging, and educating health care consumers and providers. While consumers use social networks like personal blogging, wikis, video-sharing, and other formats — for emotional support, they also heavily rely on them to manage health conditions.

Social networks represent a brave new world for healthcare. It offers a platform to individuals to communicate quickly, easily, broadly and inexpensively.



What is Social Media?

Social media are media for social interaction, using highly accessible and scalable communication techniques. It's a blending of technology and social interaction for the co-creation of value and enriching communication. Think of regular media as a one Way Street where you can read a newspaper or listen to a report on television, but you have very limited ability to give thoughts on the matter.

Social media, on the other hand, is a two –way street that gives patients a voice and not only can patients look behind the curtain and see what a physicians think but they can also respond to it. And it turn it helps healthcare organizations making in-depth health and medical news content available directly to patients in order to encourage feedback, dialog and sharing of information and thus creating excitement and raise public awareness for the company

Other than popular social networking sites which are also very active in healthcare arena like Face book, Twitter, LinkedIn, You tube, Flickr etc, here are some of the exclusive Healthcare Social Media sites:- Sermo, iMedExchange, Ozmosis, Medscape, Physician Connect, QuantiaMD, Relax Doc, Social MD, Patients Like Me, The Center for Connected Health, PeerClip, MDJunction, RateMDs, WEGO Health.

Healthcare and Social Media

Social media have revolutionized the healthcare industry and is quickly becoming the preferred resource for individuals seeking healthcare information.

Patients turn to social networking groups to find others who are battling the same diseases (for patients preparing for the same type of surgery, following the tweets helps demystify the process and ideally reduces anxiety about upcoming operations.), share advice, recommend doctors, even sending other members a virtual hug, while clinicians connect to share information and learn from each other.

Some healthcare organizations are beginning to recognize the potential impact of leveraging social media channels to complement recruitment and training efforts. Weaving social media into healthcare training initiatives can provide multiple benefits, including:

- Giving trainees a forum to ask questions and quickly receive answers
- Providing presenters with immediate feedback from trainees
- Enabling organizations to complement healthcare marketing efforts by sharing slideshows, video or pictures from training sessions on social sites like [YouTube](#) or [Flickr](#).



Social Media in Modern Medicine

Source: Dr Edwin Kruijs at Doctor's Bag

Is social media a help or a hindrance in modern medicine? Dr Edwin Kruijs, a GP from Queensland's Sunshine Coast, provides a personal perspective on the subject.

Should medical professionals engage with social media?

Social media is here to stay. A lot of registrars and young doctors have one or more social media accounts, and I have yet to meet a medical student who is not on Facebook. Patients are already sharing online (health) information via Facebook, Twitter and other social media accounts – so sooner or later health professionals will need to decide whether or not to participate.

What are the potential benefits of using social media in the medical profession?

Social media is increasingly used for medical education, and sharing knowledge and information such as tips, resources, literature and links. It's also useful to build an online community. Clinics can share health information and other practical information.

Social media is more interactive than a website and you can reach a wider audience in real-time. Another benefit is the value of health promotion and lifting the profile of a medical practice or organisation.

I'd like to mention the use of blogs, pictures and videos. I find they are a great way to communicate a message, and I use my social media accounts to let my followers know when I've posted something new.

How can doctors make the most of social media?

Practices/clinics need to be prepared to put aside time to manage their online presence, and there is no easy way out here. It takes time to post useful material and interact with others.

Social media is a two-way street and not just another promotional channel. If you use social media for branding or promotional purposes only, you may lose followers.

Your online presence should have a consistent approach. Too many practices/clinics set up a Facebook account without first developing a clearly defined strategy. It is recommended to take some time to plan and figure out the purpose of the social media campaign, which medium to focus on, and how to keep it sustainable and current. This usually requires a motivated person within the practice/clinic.

Read the [Medical Board of Australia's Social Media Policy](#) (from 17 March 2014).

Preparation is key, and implementing a social media policy should be part of the preparation. Some things to include in the policy are, for example, how to respond to negative feedback and/or complaints received via social media; and how to comply with AHPRA regulations.

Read the [Medical Board of Australia's Codes, Guidelines and Policies](#).

The Australian Medical Association has produced a guide to online professionalism for medical practitioners and medical students. [Read the guide](#) that explores various risks posed by online social media.

Is social media for you?

Due to the time commitment, and the effort it takes to set up and maintain social media accounts, it may not be ideal for everyone.

For those who want to contribute to online health promotion or interact and share health information with their patients or other health professionals, social media is not without risks, but it can be an effective tool if used wisely.





Social Media in Family Medicine

Source: Liam Cowling, *First Practice Management*

Social media channels enable anyone with access to the Internet to disseminate news, information, or opinions, making everyone a publisher in a sense.

Content shared via social media may reach one person or may reach millions of people, depending on the social media platform, the message, and the audience.

But now, with more than 90 percent of online adults using social media regularly, these media can be extremely influential.

5 Types of Doctors on Social Media

[Dr Leslie Greenberg's Family Medicine Blog](#)

[Kevin MD](#), Social Media's Leading Physician Voice



Why social media for physicians?

Social media channels benefit physicians both as sources of content and as platforms for the dissemination of content:

- Many physicians have turned to social media to help them keep up with new information they need to know to provide quality care. Social media can help physicians stay up to date on news that may affect their patients or prompt patient questions.
- Social media can enhance professional networking efforts.
- Social media tools such as blogs, social network sites (Twitter, Facebook, LinkedIn, etc), and video sites (Youtube, Vimeo and Vine) give physicians a platform to express their views on health care-related topics, share general clinical or practice information (e.g., flu shot availability), and educate their patients and their community at large.

While the American Academy of Family Physicians (AAFP) recommends that physicians explore the use of social media, you must decide whether you want to go beyond exploration, basing your decision on your own circumstances and the value you find in social media for yourself, your patients, and your community.

If you decide to become active in social media— especially if you are interested in disseminating information and opinions— these guidelines are for you.

[Read the AAFP Guidelines here](#)

Which social media platform: How will my practice use it?

With all the different social media platforms out there it's difficult to decide which one is best for your practice. Here's a quick run through of the top 3:

Twitter is probably the easiest social media network to set up. Unlike Facebook you don't require an existing account to set one up. You can be up and running within an hour. Twitter is mainly about status updates called Tweets. You can re-tweet updates from people / organisations you follow and that you as a practice find. You make friends through following people and organisations and they can follow you back. Twitter is a great source of news.

Facebook is arguably one of the most popular social media channels. To setup a page for your practice you already have to be a pre-existing Facebook member as you will log into the Practice Facebook page via your personal account. Instead of friends and followers you are chasing the allusive "likes". It's likely that a good proportion of your patient list is on Facebook so it's probably your best bet for rapid growth.

LinkedIn is the largest Business Networking social media platform in the world. LinkedIn is a great way to stay in contact professional people. Probably not the best platform to speak to patients but definitely something to keep in mind.

Pro tips for social media in a GP Practice

- Have a social networking policy in place.
- Pick a social media platform that suits your practice best.
- Only be active during practice hours.
- Commit to it. Doing it half heartedly is as worse as not doing it all.
- Don't post anything that you wouldn't say to someone's face.
- Clearly outline a code of conduct on your website.
- Have a complaints procedure in place.
- Make it clear that patients cannot make/cancel appointments via social media.
- Make staff aware of privacy setting available on their social network.

During this interactive guidebook, we will run through all topics from how to choose and set up a social media via code of conduct and privacy settings to moderation of conflicts.





Social Media in Family Medicine:

The Positives and Negatives

Source: Liam Cowling, First Practice Management

Social Media for a GP practice: The Positives

Social media allows you to interact with your patients; you can react to things in the news, share health advice and communicate practice information and events such as closures or even an inspection.

Social media can be a great platform to raise awareness of specialised medical conditions. With social media platforms such as Facebook, it allows you to create sub groups. So whether your practice has a high number of diabetics, obese patients or one of the GP's has special interest, your Practice can set up sub groups that allow patients access to a virtual support group where they can get access to knowledge and advice.

A good idea for a sub group would be Child Health. If your practice has a high proportion of young parents you could set up a sub group that provides additional support through the first few months. The practice could utilise the subgroup to organise young parent events at your practice or even a pushchair walk round the local park.

This will allow young parents to get together and share advice, tips and gain additional support from the practice. Another possible group could be help in tackling obesity and weight issues amongst your patient list. In hindsight steer clear of online support for more personal matters such as alcoholism and mental health.

Another key positive to come from social media is feedback. As part of your patient participation group you can set up a private group and invite patients who are already on Facebook to join and leave feedback on the practices performance.

Social Media for a GP practice: The Negatives

As with anything there are cons. Two of the biggest negatives I consider for a GP practice publishing themselves on social media channels are:

- 1) Complaints and aggressive patients, and
- 2) staff and vulnerable patient privacy.

Dealing with complaints via social media platforms can be time consuming, demanding and often a cat and mouse game. Complainers are often more difficult and very insistent and are quick to resolve the issue on their terms or they will report you to an authority.

Many people respect their privacy and chose to opt out of social media, because they don't want people to know that their child has finally been potty trained or that they have taken a funny picture of their cat.

When setting up your practice on a social media site, for this example let's say Facebook, what you don't want is patients gossiping in the waiting room on a Monday morning about the drunken state of your receptionist on Saturday night or that your locum GP is dating the Practice Nurse.

Privacy is as important as ever. Many GP practices are key elements to the local community and everyone will know someone who knows someone works at the practice. Are you washing your laundry in public?

Don't let the negative points put you off. They can be easily managed and the odd complaint can be easily resolved and removed. Social media is a great platform to stay in contact with your patients, invite feedback and become a stronger member of the local community.



Case:

2015 Minnesota Academy of Family Physicians Spring Refresher - Why do you love family medicine? #MAFP15



American Academy of Family Physicians (AAFP) President Robert Wergin, MD, says:
"Family medicine is comprehensive, caring, coordinated, and about relationships. I love family medicine."



Ken Olson, MD, loves the relationships. He likes knowing patients for a long time.



MAFP President M. Tariq Fareed, MD, loves family medicine. He believes **Health is Primary**.
Learn more at [#MakeHealthPrimary](#)



Linda Bergum, MD, loves being able to work and care for people all over the world.



Andrea Westby, MD, responded: *"Innovation and connections."*



Andrew Slattengren, DO, loves the relationship-building family medicine provides.
He enjoys caring for patients from birth to death.



Case:

World Family Doctor Day 2015 - Why did you choose General Practice?

World Family Doctor Day
19 May 2015



#IchoseGP

May 19 is World Family Doctor Day. To celebrate and share the incredible work of GPs, the Royal Australian College of General Practitioners (RACGP) has launched a social media campaign that asks GPs to state why they chose general practice as a career, using the dedicated hashtag #IchoseGP.

"#IchoseGP and have been blessed with 30 year-relationships with people from all walks of life who have over time put their faith in me"

Christian Lehmann, @LehmannDrC, May 19

"People go to their GP first, I want to be such a person in the community #IchoseGP"

Matt Rush, @preztaroonarufc, May 19

"#IchoseGP for same reason I chose medicine - I want to help people. Added bonus it's fascinating, rewarding & flexible"

Emilie Staehr, @EmilieStaehr, May 19



The RACGP has developed posters for GPs to display in practice waiting rooms and graphics to share online, including Facebook and Twitter cover photos, which can be viewed [here](#).

The RACGP wants GPs to download and print the poster on May 19, write their reason for choosing general practice in the space provided and post a photo of themselves holding the sign on social media with the hashtag #IchoseGP.

"But really #IchoseGP because listening is one of most therapeutic tools in our arsenal, & GP gives me the space to do it"

Jacqui Murdoch, @JacquiMurdoch, 19 May

"Since #IchoseGP I have been humbled by the chance to share important moments in peoples lives, at all stages from birth to death"

David Corbet, @corbetron, May 19

GPs are the first point of call for anyone experiencing illness or seeking health advice and the person-centered, continuous healthcare they deliver is the driving force behind a healthy Australia.

This World Family Doctor Day, tell the world why you chose general practice and together, let's raise the profile of the profession.

World Family Doctor Day is an initiative of the World Organization of Family Doctors (WONCA), a not-for-profit organisation that represents 126 member organisations – including the RACGP – in 102 countries.

"General practice is all about relationship. It's built with trust, tested with difficulty and forged over time. #IchoseGP"

Jonathan Rama, @thehealthyGP, June 26



Social Media: Myths

Here are four common reasons for why you can't or won't join social media:

1. Social media is just for young people

Although social media may have started as something for youngsters, today users of all ages are getting involved. Why aren't you?

The fastest growing age group on [Facebook](#) is over 50.

73% of business people visit every day.

[LinkedIn's](#) largest age segment: 45-54 (36%).

[Twitter's](#) largest age segment: 45-54 (35%).

2. I don't have time for social media

Follow these four simple rules to be able to run the social media for your benefit:

- Start small, just follow, don't be afraid to lurk until you learn the ropes.
- Start on one social network.
- Your mobile is your friend, install an app and use it when you have a bit of free time.
- Find a tame teenager or medical student to help you!

3. I'm going to get sued

Don't be afraid to engage, but always be cautious: Treat it like the media.

Ask for advice and/or read Social Media Guidelines and Codes:

- The RCGP (UK) has published a very good '[Social Media Highway Code](#)' for doctors, which deals with the most common pros and cons of social media.
- The Pennsylvania Academy of Family Physicians (PAFP) have released an initial guide is for what Facebook, LinkedIn and Twitter. [Read the Physician Social Media Guide.](#)

4. I'm afraid of the unknown (or change)

Don't be afraid, it won't hurt: Social media is fun.

Find a young person or medical student to help you get set up.

You have to be involved to see the rewards.

Start following and learn from others.

Dip your toe in then take the leap

Why blocking social media is not the answer

"We don't want our staff to be distracted". "They shouldn't waste their time on social media". The decision to block staff access to e.g. LinkedIn or YouTube is often ill-advised, and it's not beneficial to organisations in the long run.

Read the blog post from Doctor's Bag [here](#).

Sending out the wrong message

Any organisation that blocks social media sites may send out one or more of the following messages:

- We don't really understand what social media is all about.
- We don't trust our staff.
- Even though consumers are using social media for health purposes, we're not interested.

Admittedly, this is probably unintentional. In most cases decision makers are probably unfamiliar with social media and may see it as a threat.

Why staff should have access

Here are five reasons why health care staff should have access to social media:

- Social networks are powerful learning tools for staff.
- Social media are increasingly used as health promotion tools (e.g. YouTube videos).
- Shared knowledge accessible via social media will assist staff in finding answers and making better decisions.
- Interactions with peers and thought leaders increases work satisfaction.
- Participating in social media and other technologies will raise the profile of an organisation.

The benefits outweigh the risks

The benefits clearly outweigh the risks, such as increased data usage.

When it comes to cyber security, I believe there are alternatives that are more effective than blocking social media access, such as upgrading outdated operating systems, updating antivirus software, improving backup procedures, clever password management and online safety training for staff.

And finally, a simple social media staff policy goes a long way.



Social Media:

The Basics

By a doctor, For a doctor

Many doctors already use social media to stay connected with friends and family. But what about using social media for our medical practices?

In the past few years, more doctors have started using social media as a practice management tool.

[Read more here](#)

Facebook

Facebook is a great way to provide materials for educating your patients since many of your patients likely use it. Most businesses have a facebook page and so should your practice! Post information on the latest advancements in your field and how your practice may be implementing them. Let the public know what you are up to, such as a new certification you received at a medical symposium, or the recent volunteer or pro bono work you are involved in. You can “share” interesting articles with your connections and get their feedback.

Make sure you let your patients know that they can follow or like your practice page on Facebook. You can even create separate personal and practice pages using one account.

[The Beginner's Guide](#)

[American Academy of Family Physicians](#)

Twitter

Twitter is an extremely helpful way to grow and get the word out about your practice. You can use Twitter to follow other doctors and the media. You can also encourage your patients to find and follow you. The down side? Unlike Facebook, Twitter limits you to 140 characters per post. The good part is that Twitter gives you a really quick and easy way to connect with other like-minded professionals – especially since you can do everything on your phone with the Twitter app.

So what should you be tweeting about? I use twitter to quickly send my followers links to my latest blog posts. It's a great way for me to connect with people fast when I'm having a busy day. When I am unable to post original material I “retweet” articles that pertain to my specialty and interests.

Try following other professionals, doctors, news sources, and brands you trust and then retweet interested articles, facts or news from those sources. Your patients and followers will appreciate that you're sharing helpful information. Also, try to tweet something interesting daily. Having a daily goal will keep you engaged and will help you build a following – people tend to stop following you or paying attention if you are lax in your tweets. (The same goes for facebook posts and blog postings – be consistent with your posts).

[The Beginner's Guide](#)

[American Academy of Family Physicians](#)

[Michael Hyatt's Guide to Twitter](#)

LinkedIn

LinkedIn is an amazing networking tool for doctors. At the very least, you need to start using LinkedIn as a way to share your resume online. Patients, doctors, or really anyone searching for you or your practice can find your profile on LinkedIn, see your background, education, training and the aim of your practice, and connect with you. It's a great way for potential patients to learn more about your background.

You can also use LinkedIn to connect with other physicians and medical professionals. LinkedIn is a great relationship builder, and as we all know, the key to a thriving practice is building lasting relationships with other doctors in and around your community.

I have been able to use LinkedIn to build mutually beneficial relationships with primary care physicians, physical therapists and other doctors. These medical professionals have been a great resource and referral base for me and my practice.

One word of caution with LinkedIn and other networking websites when you're just starting out; don't accept connection requests from everyone. You will get many salespeople and marketers selling their services which can get extremely tiresome and a waste of time. Focus on connecting with others who you can actually build meaningful relationships with.

[The Beginner's Guide](#)

[American Academy of Family Physicians](#)

Instagram

Instagram is a network for sharing photos with others. Instagram is a less common social media channel for doctors, but can still be a really useful way to build your brand. Many of your patients are likely on Instagram.

To use Instagram, you can take a photo of something important to your practice and tag yourself or one of your connections. Tagging or using a hashtag (#) is a way to add information to your photo that will help lead people back to your page or website. For example if you want patients to come see you because you treat foot pain you could use #foot #pain or #footpain when you post a photo. This will go into a bank of words that people can search for when they have this problem.

There you have it. A very brief overview of social media for doctors. If you're just getting started on social media, pick one of these channels and start testing the waters. I personally recommend building a practice page on Facebook as the natural place to start, especially since most doctors already have personal experience with Facebook.

Once you're feeling more comfortable on that first social media network and seeing a positive response, try expanding and creating accounts on others.

[The Beginner's Guide](#)





My Social Media Story:

Dr John Wynn-Jones, Chair Wonca Working Party on Rural Practice & Immediate Past President EURIPA (European Rural and Isolated Practitioners Association)

What social media channels do you use in your work and for what purposes?

Twitter

- Personal address for my own opinions, views and education (@johnwynnjones).
- RuralWonca for a more corporate view and networking (@RuralWonca).
- @TheBluesRoad for my interest in the blues and promoting local acts and putting music events on.

I use all the above mentioned for gathering information, keeping up to date with world events, research, networking etc.

Facebook

I only dip into this to keep up with various medical/health pages that I follow. No social contact.

Google Groups

I run some Google Groups, including the WWPRP, which is useful to keep people informed, especially the non-social media folks.

How do you keep yourself up-to-date and connected?

This is a real problem. I can barely keep up with Twitter, which takes up (more than) 30 mins a day. Its difficult to do too many Social Media Channels at the same time.

What do your patients think about social media? Do they use it?

Some of my patients do, but I don't use it with my patients. Mine are all academic uses.

What social media sites do you think point towards the future of healthcare?

I occasionally look at discussion groups for information and the experiences that individual patients have. Mums Net has been a very successful site and sites of this sort will become unceasingly more important.

Sites where you can upload personal data from such things as wearable devices will also become important.





My Social Media Story:

Dr Peter A Sloane, GP & Chair of Vasco da Gama Movement, Ireland



What social media channels do you use in your work and for what purposes? How do you keep yourself up-to-date and connected?

As a family doctor I use [Twitter](#), [Facebook](#), [LinkedIn](#), [WhatsApp](#), [Google Hangouts](#), [Google Hangouts Live on Air](#), [Skype](#), [GoToMeeting](#) and [GoToWebinar](#). They each serve different purposes, and contrary to a commonly held perception, can be used with great efficiency and effect.

[Twitter](#) keeps me informed about what is happening in the global community of general practice. I follow GPs all over the world, but particularly in Australia, Canada and the UK which are very similar in structure to Ireland. Often, there are developments which take place in these countries before the conversation actually starts in Ireland and it is extremely useful to be informed of these matters.

Perhaps more importantly, because I work as a single handed rural GP, it helps me feel professionally connected and less isolated. It really does help me feel that 'I am not alone'. GPs all over the world and in Ireland face exactly the same challenges and problems that I have, and seeing this regularly on [Twitter](#) provides great reassurance that my challenges are not unique.

By following GPs who have a research interest, I also find that I have quicker access to high quality current research than if I were to search online. I am also more aware of local and national CPD opportunities and events which are of relevance and interest to general practice.

And finally, I gain an appreciation for what is happening at national level with our politicians and health service administrators.

[WhatsApp](#) is an extremely valuable tool for instant communications which I principally use when organising and planning meetings and events in Ireland. I have also participated in [WhatsApp](#) discussion groups amongst GPs who are interested in trying to bring about systems change at national level. This has again proved important in making me feel that 'I am not alone', and appreciate that I am part of a community of GPs in Ireland share deep concerns, worries and frustrations. Within VdGM, [WhatsApp](#) is also used by the Executive and Special Interest Groups to stay in touch.

I use [Facebook](#) and [LinkedIn](#) much less than [Twitter](#), however both also serve important purposes. Particularly in a European and global context, [Facebook](#) allows me to keep connected and disseminate information to those following the Vasco da Gama Movement and to stay in touch with what is happening amongst the WONCA Young Doctor Movements all over the world.

In contrast, [LinkedIn](#) has helped me to build a network of professional medical and non-medical contacts. Particularly at a national level, this network has been invaluable in creating opportunities and solving problems.

Finally, it should be relatively self-explanatory why I use [Google Hangouts](#), [Google Hangouts Live on Air](#), [Skype](#), [GoToMeeting](#), and [GoToWebinar](#). We first piloted Webinars for establishing GPs in Ireland in 2013, and they have proved both popular and successful.

Webinars are very efficient, cost saving and enjoyable ways in which to deliver education to large numbers of geographically dispersed family doctors, particularly those who live far from centres of education or with young children who would find it difficult to attend physical location meetings. We further expanded this concept using [Google Hangouts Live on Air](#) which allowed us to run a global journal club with participants from all over the world joining in to discuss a paper on the management of chronic lower back pain.

What do your patients think about social media? Do they use it?

I work in a very rural area in the West of Ireland with a high proportion of elderly patients and children under the age of 10. Few of my patients are social media users. Many of my patients are not connected to the internet and even when they are, the quality of internet connection is poor. 'Fast broadband' is not readily available.

As a consequence, our practice does not have a website or [Facebook](#) page and social media activity is not a topic of discussion amongst our practice population. I am hoping this situation will change in the near future.

What social media sites do you think point towards the future of healthcare?

Predicting the future is never easy, however, I think that the future of social media in medicine will revolve around face-to-face social media video interaction such as we already have to a limited extent with [Skype](#) and [Google Hangouts](#).

However, this will be for larger numbers of participants and increasingly move to mobile devices. For this to succeed will depend on faster and more reliable broadband speeds, higher bandwidth availability, and hand-held devices which are increasingly user friendly and better facilitate this type of interaction.



GPs Using Social Media

Source: [Don't Shoot...](#)

- a June 9, 2015 blog post by Jo Scott-Jones, GP

First Time on Twitter – Just Remember 12 Words

Medical online enthusiasts suggest we need more GPs to be online and engaged in social media to help increase access to good-quality health information, to meet the clear need people are expressing for online medical support, to help to stay up to date with medical information, news and medical literature, and to share ideas and information with peers. But there are risks online.

The Mayo Clinic puts it into [12 words](#):

Don't lie, don't pry, don't cheat, can't delete, don't steal, don't reveal.

I would add: First, you save yourself. It is easy to remember and to apply.

Don't Lie – Not lying is good policy anyway, but particularly online. Where a fleeting mistruth in conversation can be hopefully forgotten, online it is searchable forever.

Don't Pry – Looking for and sharing personal data online is to be avoided in general, but particularly in health where trust in confidentiality is fundamental to the doctor-patient relationship.

Don't Cheat – We are all vulnerable to inflating our own self-worth, and plagiarising other people's ideas without reference is very easy to do online (and in New Zealand Doctor articles).

Can't Delete – Once a reputation has been gained for being loose-tongued (or keyboarded), for stealing or cheating, it is very hard to overcome.

Don't Steal – Don't take other people's ideas and present them as your own, link back to the sources if you think they are worth sharing and avoid cheating or trying to "game" a system online.

Think before you post a message online, as once it is sent it cannot be deleted – the Mayo clinic suggests asking yourself three questions:

- Who is the audience?
- Is this post appropriate for people of all ages?
- Does this post add value to the on-going conversation?

But first save yourself! Be proactive with social media, but be slow to be reactive. Clearly, we all like to think before we speak; thinking before we post is even more important.

Having said this, the greatest risk in social media is not being part of the conversation – it may not be the place for you personally, but accredited, responsible, qualified medical professionals need to be increasingly involved.

Our patients are looking to use this way of communicating and accessing information; if we are not there to inform people, quacks, snake-oil salesmen and pharmaceutical companies are only too keen to fill the gap.

We need to drive the conversation online, and be open to new ways of connecting with our patients and getting high-quality health messages across.





Facebook: Pros & Cons

Source: Social Media GP, Australia

What is Facebook?

Facebook is the original Social Network, which is why there's a movie about it by that exact name.

It's what started the whole social media craze, and while Twitter is a pretty big beast, Facebook is still number one for most people.

Essentially it started as a way for people to have a personal homepage, which is commonly called a profile. Facebook profiles started amongst university students and had a bit of a dating focus, but have since evolved to be used much more broadly.

For most people using the Internet regularly, their Facebook profile is their most comprehensive online presence.

There are many layers to using Facebook, but at its simplest, you 'add' friends and family so that you can see their profile, and they can see yours.

On your profile, you can:

- Add personal info, like birthday, age, sex, sexual, religious or political preference, etc.
- Add photos and videos
- Post updates about whatever you like, ranging from big news to the inane (I'm pregnant, I just had Eggs Benedict for breakfast)
- 'Like' things – both the comments and pictures of your friends, but also the broader online presence of companies or organisations. What it's for?

What it's for?

For doctors, there are a couple of ways you can consider using Facebook, and it's important to be clear about the distinction.

1. As a [personal Facebook profile](#) for interacting online with family and friends:

- Sharing pictures with family and friends, perhaps of your new grandchild (or carbon fibre road bike!)
- Letting your wider circle of friends and family know of what's going on in your life (quick updates from your overseas holiday – quicker than group emails!)
- Sharing interesting articles or websites with friends that you may not want to broadcast in a public sphere like Twitter. Examples would include a video or article which might betray your political leanings, or a humorous but risqué joke or video.

2. As a [business page](#) to help with promotion of your practice or business. It can be a really cheap way to have some degree of online presence without having an entire website. Even if you have a website, it may be a way to engage a different part of your patient base:

- Doctors and their special interests
- Opening hours
- Fee schedule
- Useful health related articles
- Really, whatever you like! (We will discuss this idea more in another post)

What's it NOT for?

1. [Personal pages](#):

- Adding anyone you don't know, or aren't friends with.
- Adding patients (or anyone you have a professional relationship with) as a friend.
- This can get a little more complicated if you're a doctor working in a very small town where you have no choice but to treat your friends, but this is the exception rather than the rule.
- Adding any kind of personal information which you wouldn't want to escape into the public sphere. Whilst you can manage your security settings quite a lot of Facebook, generally you shouldn't put ANYTHING up that you'd be horrified for the world to see. High profile faux pas in the past have included people saying 'I'm chucking a sickie' and getting themselves fired, and other similar gaffes.

2. [Business pages](#)

- Adding any kind of identifying data or private information. No matter how well you think you've managed your privacy and security settings, this is NOT the place!
- Giving any kind of specific health advice to individuals. Whilst it is a great idea to post interesting things about the benefits of influenza immunisation and associated myths, you definitely shouldn't be replying to Mrs. Jenkins when she asks whether she should have the flu vaccine or not.

How is Facebook different?

The question here could almost be: 'How is everything else different to Facebook?'. Facebook is different because of its sheer size and breadth:

- Number of users
- The amount of content and its organised structure
- The mix of different types of content
- Personal accounts of individuals (your personal Facebook page)
- Groups of friends or associates (a shared page for your social soccer team)

It's different than Twitter, because posts can be larger, users have a traditional home page rather than a simple stream of posts, and because there are a number of different security settings and privacy functions.

It's different to LinkedIn, because LinkedIn is all about people interacting on a business to business level playing field. LinkedIn users are either businesses, or people representing their professional selves online, looking to interact in a way that pertains to work.

Why should you use Facebook?

Use it according to either of the two paradigms above. Just don't try and mix them.

1. The best place to share photos, thoughts and other interesting bits and pieces online with friends and family OR
2. The online platform where the largest proportion of your patients will have a presence, and a great place to reach out to patients and clientele.



Twitter: Pros & Cons

Source: Dr Edwin Kruids at [Doctor's Bag](#)

Practice Accountant and Business Advisor on Social Media

David, our practice accountant and business advisor looked concerned when I told him our practice had joined Facebook and I had started tweeting. He rightly said that even de-identified patient data had the potential to create a medico legal nightmare.

But I wanted him to join social media, because he has a wealth of knowledge about general practice and health care, and I thought it would be great for doctors to follow him.

In the months after our little chat I kept feeding him articles and blog posts about the benefits of Twitter and social media in health care and business. He read all the articles and did some thorough background research. Finally he made the jump.

He revamped his website, opened social media accounts, and started tweeting and posting on Facebook. He even started sharing recorded YouTube videos. Now, a few years later, his LinkedIn account has over 500 connections.

David really got it. He understands the power of social media like no other and is using it to share his ideas and dreams about a sustainable and socially responsible health care system. He interacts with clients and reaches a larger audience than ever before.

Tweeting has also changed my life

Everyday I'm learning new things – from the awesome people I've met online, including patients. Tweeting forces me to think things over. I firmly believe Twitter makes me a better person and a better doctor.

Publisher and social media coach Michael Hyatt has written a blog post everybody should read: [12 reasons to start twittering](#). His reasons range from staying up to date, to enriching his life, and sharing friendships.

And yes there are some risks. I already mentioned sharing patient data on Twitter which is a big no-go, like it would be anywhere else outside the health care setting.

When promoting services, keep the AHPRA [guidelines for advertising of regulated health services](#) in mind.



30 Minutes Per Day on Social Media

The time I spend on social media is usually down-time, when I'm waiting, or taking a break. I spend about 30 minutes per day on Twitter and other social media, mostly reading posts and articles – like the one shared by GP registrar Gerry Considine ([@ruralflyingdoc](#)) about the use of social media by doctors.

The conclusion of the article: *"the use of social media applications may be seen as an efficient and effective method for physicians to keep up-to-date and to share newly acquired medical knowledge with other physicians within the medical community and to improve the quality of patient care"*.

[Read the article here](#)

[Recommended General Practice Hashtags.](#)

[20 Doctors You Should Be Following](#)

Lists

A list is a curated group of Twitter users. Ideal for cutting the clutter in the newsfeed and finding great content to share, so you can easily engage, and for getting new ideas for creating your own content.

You can create your own lists or subscribe to lists created by others. Viewing a list timeline will show you a stream of Tweets from only the users on that list.

Bottom line: [Lists](#) are one of the most valuable tools Twitter has to offer.

But what if you don't know how to make a list on Twitter? Where do you get started? Check out this [step-by-step guide](#) on how to make a list on Twitter and how to save time by subscribing to other people's lists.

Pro tip

Add yourself to your lists. When others subscribe to your lists, your own Tweets will show up in their List feed.

(Un)protecting your Tweets

When you sign up for Twitter, you can choose to keep your Tweets public or protect your Tweets. If you want to control who sees your updates, you may choose to protect your Tweets.

Read more about how to [protect and unprotect](#) your Tweets.

When you protect your Tweets, the following restrictions are put in place:

- People will have to request to follow you; each follow request will need approval.
- Your Tweets will only be visible to users you've approved.
- Others will not be able to retweet or quote your Tweets.
- Protected Tweets will not appear in Google search; protected Tweets will only be searchable on Twitter by the account holder and approved followers.
- @Replies you send to people who aren't following you will not be seen by those users (because you have not given them permission to see your Tweets).
- You cannot share permanent links to your Tweets with anyone other than your approved followers.

You can always change your mind and make your Tweets public later.





YouTube: Pros & Cons

Source: [GP Practice Social Media Toolkit, March 23, 2015](#)
- March 23, 2015

Whilst many people see [YouTube](#) as a fun site where you can see videos of dancing dogs and singing babies, there is a seriously useful side to it. YouTube bridges both literacy and language barriers and for many people is the 'go to' channel for any information they need.

People will use [YouTube](#) to search for health information so having it readily available on a site that they can trust is a real asset. When you view [YouTube](#) in this context you can see the potential [YouTube](#) has for promoting important health messages.

[YouTube](#) could be sued to show videos on important health messages such as the correct use of asthma inhalers or to promote your practice.

1. Get your branding right

You need to ensure that your [YouTube](#) page is branded according to your practice. It is very easy to set up a [YouTube](#) account – just create a Google Mail email address and away you go. You need to link your [YouTube](#) account with other social media accounts you have such as [Facebook](#) and [Twitter](#) as well as your website. Your brand will show viewers that the page is genuine.

2. Give viewers something they want

Don't make the mistake of thinking [YouTube](#) is about you recording yourself speaking to camera like a news reader or even worse recording a meeting.

You need to capture your audience's attention. For example, you might wish to demonstrate the amount of sugar or salt in certain food products. Make it stick in their minds by introducing some 'killer' facts.

3. Pay attention to detail

You don't need to spend your budget on some slick company to come and create your videos for you. A simple camera, microphone and tripod is all you need. Even simpler: Use your smartphone or tablet.

Better still, see if your local college can offer your project as part of one of their courses. Perhaps the local job centre has some unemployed digitally skilled people on their work experience programmes waiting for someone to give them a project to add to their CV.

You won't know if you don't ask.

If you do it yourself make sure someone else is working the equipment so you don't disappear from camera to turn it off.

4. Maximise your SEO

Social Media will improve your website's SEO which means when people search on sites like Google you will appear higher on the results list.

However, when you have uploaded your video to [YouTube](#) make sure you use keywords in your title and tags. For example, if your video is showing how much salt there is in common household foods use the tags 'salt in food', 'salty food', 'health', 'food', 'unhealthy food' or 'healthy tips'. Put yourself in the mindset of your target audience.

5. Keep an eye on your site

To maximize the potential of [YouTube](#) you need to allow comments on your video.

These can be disabled but if you are really serious about engaging with people via Social Media you should simply ensure that you moderate your site regularly to keep a look out for any negative or positive comments that you may wish to respond to.

[The Beginner's Guide](#)





Blab: Pros & Cons

Source: [Loren Bartley](#), *Social Media Strategist*,
- August 27, 2015

So have you blabbed yet? Or do you have no idea what I am on about? If you have no idea, that's probably because I am talking about one of the latest tools that is taking the social media world by storm: [Blab.im](#)

You have probably heard of [Meerkat](#) or [Periscope](#) by now. These are two of the video broadcasting platforms that have been growing in popularity over the past few of months. Well, there's a new kid on the block.

What is Blab?

[Blab.im](#) combines the features of [Google Hangouts](#) with [Periscope](#)-like functions. It is both a desktop and a [Blab mobile \(iPhone\) app](#), allowing up to four simultaneous video streams at once that are displayed in four quadrants on the one screen.

Why Is Blab Better?

For sake of an example, let's just compare it with [Periscope](#), which is my preferred platform over [Meerkat](#). [Periscope](#) allows you to broadcast yourself to the world and interact with those watching via comments, as well as gain feedback in the form of social proof through hearts.

Those comments and hearts can be delayed and distracting, often detracting from the experience for viewers when the broadcaster is focusing on these interactions rather than the content they intended to deliver.

As a viewer, your ability to interact is also limited to your comments and the hope that the broadcaster sees what you write and then engages with it. If there a lot of people watching and engaging, it is often hard for the broadcaster to keep up and engage with all. This can be frustrating for the person that is being overlooked.

[Blab](#) by default has four seats available in a broadcast. The person who hosts the [Blab](#) takes one seat and anyone else on the [Blab](#) can jump into the other seats if vacant. Those seats can be filled and vacated at anytime, resulting in a change of presenters throughout the broadcast.

So this is where the big difference is and the main reason why I prefer [Blab](#).

Why Blab Is Better

- You have the ability to collaborate and co-host with other people that might not be in the same location.
- You can engage in proper conversations with your audience, increasing the value significantly for the members of your audience, as well as potentially adding another dimension to your presentation, which if done well can improve the quality of your broadcast.
- Blab's provide the opportunity for "everyday people" to share the screen with their idols or influencers, which has previously never been so easily possible in this video broadcasting format.
- [Blab](#) gives you the ability to mute any or all of the four video video window, which is a great way to be able to moderate and control the flow of conversation if required.
- You can set up and schedule Blabs in advance, so you can communicate them in advance to your audience to get more people on the broadcast.
- You can easily record and save the videos from within the application.
- You log into [Blab](#) using [Twitter](#) and you automatically start following those people that you already follow on [Twitter](#) that are also on [Blab](#), so it's very easy to build an audience and connect on [Blab](#) with those people that you are already connected with on [Twitter](#).

- [Blab](#) makes it really easy to Tweet out your Blab and who you are sharing the broadcast with.
- There is a Chrome desktop extension, as well as app alerts, that allows you to be alerted when a Blab is in progress, allowing you to jump into those Blabs that seem of interest to you.
- The video quality is quite good and it doesn't seem to suffer from connectivity issues like what [Facebook Live Broadcasting](#) is currently struggling with. The comments are not intrusive on the desktop, as they sit to the right of the video, rather than overlapping the video stream itself.
- You can like someone's video with what [Blab](#) calls "feels," which are represented by two hands raised in the air, otherwise know as the "praise" emoji. This can give new viewers social proof when they enter a Blab. Feels are broadcast specific, so they are lost after the chat and revert back to zero when you enter a new Blab video chat. I am not a fan of how people are always asking for "hearts" on [Periscope](#), so [Blab](#) specific "feels" should hopefully result in broadcasters stressing less over seeking the social proof and focusing more on the quality of the content being delivered.





Social Media Etiquette for Practice Staff

Source: [GP Practice Social Media Toolkit](#), March 23, 2015

Practice Staff Use of Social Media: Do

- Always consider your practice's reputation in anything you say online.
- Make sure you schedule your posts for times when your patients are most likely going to see them. Otherwise your hard work is wasted.
- Explore different ways of using sites such as Facebook. This might be pages, closed groups etc.
- Feel comfortable in using social media to find out answers to problems and challenges but beware of how much information you reveal – use generic circumstances.
- Ensure you build your social media use into your day to day practice business. Don't look at it in isolation but as part of your customer service.

- Adapt the tone you use to the social media channel you are using.
- Ensure you are fully aware of information governance restrictions and advice in this area.
- Don't ever publish confidential material on social media channels.
- Do ensure you have thought about the objectives you want to achieve before deciding the channels to use.
- Market the fact you are there. People rarely stumble upon Facebook or Twitter feeds – tell your patients you are using them.
- Know when to get involved and when to back away.
- Some people simply cannot be reasoned with. Take the discussion offline.

Practice Staff Use of Social Media: Do NOT

- Upload confidential information of any kind to any social network. Even if it's private.
- Get into public arguments or political discussions.
- Make any claims about things unless you are sure they are true. Libel laws apply on social media as any other channel so be careful about what you say.
- Take things personally.
- Call into question the validity or experience of other people either in public or in private.
- Think that deleting something makes it go away. Google 'remembers' old content for a period of time.
- Set up a social media presence without giving evaluation, safety, safe guarding or practice reputation good consideration.
- Bury your head in the sand if you're struggling to keep up. Ask for help.
- Allow your comments to be taken out of context.
- Give an official opinion on behalf of your practice unless you have been authorised to do so.
- Mix your personal social media accounts with practice ones. Keep them entirely separate.
- Post health information from dubious websites.





Staff Engagement & Social Media

Source: [NHS Employers](#), November 2013

Engaged staff act in a positive way about the work they do, the people they work with and the practice they work in. Could social media be used to increase staff engagement?

Broadly speaking, there are two routes to follow:

- Bringing the outside in.
- Taking the inside out.

Both are based on the principle that human beings like to be told they have done a good job. To know if someone is doing a good job, views, opinions and comments are needed.

Social media platforms offer staff an opportunity to hear and see who's doing a good job and what is being said about them and their services.

Social media is a great way for staff to listen to what is being said about their practice, to understand and empathise with patients' views. It is less detailed than traditional written complaints, but more dynamic and just as important.

Bringing the Outside In

By using existing content, you don't have to worry about being active on a social media platform yourself. This is the easiest way to integrate social media content into your staff engagement strategy – it can be as simple as copy and paste!

Google Alerts are a simple and effective way of keeping up to date on what is written online about certain key words.

Positive feedback from the social media world should be given to the team or individual concerned. This will help them understand that their role counts and therefore help increase their engagement with their job.

A summary of the positive feedback the teams and individuals have received in the last week or month should be shared with colleagues via staff briefings, meetings or newsletters.

Negative feedback is not bad. It can in fact be far more valuable than positive feedback. Without negative feedback we would never know where to improve. Being open and transparent and asking for feedback, including negative, helps develop better public and private services.

For example, imagine you have found negative comments on Twitter about the practice you work in. You bring that feedback into work and show the GP, who dismisses it as *"just the way it is."* In that moment an opportunity is lost. If the GP had said, *"I've never really thought about it like that. OK, we'll bring it up in the team meeting and see if we can find a solution to the problem"*, an opportunity is created. In the team meeting a solution is found by the team, not imposed by the GP, and you are asked to implement it. The next week you see some positive feedback on Twitter saying how well informed the patient felt.

This scenario has examples of great management and leadership, personal development and involvement in decision making. Staff engagement in the clinic improves, patients enter the practice feeling informed, and subsequently engage better with their treatment.

Considerations:

- Which social media platforms could you monitor?
- Whose job is it to bring the outside in for your team/practice?
- Should staff be encouraged to reply to the comments online?
- When might a reply be useful? When might a reply be damaging?

Taking the Inside Out

Having looked at how you can use the social media content that is already out there without having to be a contributor yourself, we will now discuss how producing your own social media content can also help improve staff engagement.

Staff feedback meetings are commonplace in most practices. They are used to give staff a way of feeding back, but often lack a sense of purpose. What do you feed back on if you're asked for feedback on everything to do with your job?

Just as receiving positive feedback from patients can help engage staff, receiving it from your peers is equally, if not more, powerful. If you take the time to consider what 'normal' successes happen around you every day in work, you'll soon see there is a lot to celebrate.

By making these successes public via social media platforms such as the practice's Twitter account, Facebook page or blog by GPs, the great work of staff can receive recognition from peers and the public. Imagine how good you'd feel if people 'liked' a Facebook update about your latest qualification or you completing 20 years of service.

Celebrating success can feel very corporate. It can slide into being all about 'staying on message' and suffer from a lack of personality. If done well, however, it can give the practice a personality and help improve not just staff engagement but the practice's social media brand as well.

Considerations:

- Whose job is it to take the inside out for the team/practice?
- How could your team/practice resource this approach?
- Can you feed into an existing practice-wide process?
- What successes would you like to be praised for?
- What makes you feel proud about your work?





Social Media:

A Strategy in Two Hours

Source: [A social media toolkit for the NHS](#), March 23, 2015

Your social media strategy could follow a six stage process and be developed in under two hours.

You need to:

- Decide if using social media is right for you and your practice.
- Develop a selection of social media template policies and processes.
- Showcase initial thoughts on key areas of social media practice.

To ease and catalyze this process, worksheets will help you write a tailored and effective strategy. The worksheets can help you:

- Identify your drivers to use social media.
- Align your social media objectives to your practice's objectives.
- Map your online stakeholders.
- Plan your resources and content.

[Download Worksheets for Stages](#)

Where to start? By embedding social media in your organisation. Policies can get you started, and these sample social media processes include:

- A social media policy to use with your external service users.
- Internal policies for your organisation covering HR, IT and crisis situations.
- Sample social media process flow charts on how to handle media enquiries, complaints and crisis situations.
- Questions to consider when responding to complaints, media enquiries and organising a crisis response.

[Download Social Media Toolkit Appendices](#)

The Six Stage Process Towards a Strategy

The process to help you formulate your social media strategy contains the following steps:

1. Identify your drivers to use social media and your aim when using it.
2. Align your social media objectives to your practice's objectives.
3. Map your online stakeholders.
4. Resources and possible reward.
5. What is your content and where is it going to come from?
6. Evaluating your work.

The six stage process outlined in this section will help you decide if using social media is right for your practice and its objectives.

Use the accompanying worksheets as you work through each stage.

Completing all six stages should take you about two hours.

If your practice is already using social media you may want to use the process to sharpen your work on the social media platforms you are using. The process is something you can use every six months to help keep your efforts on track.

Step 1A: Drivers to use social media

Here are some examples of drivers:

- Driven from the top – your chief executive or other board members want it to happen, because of staff feedback, an open and transparent agenda or because they have seen many of their peers using social media.
- Driven from a specific audience to engage with your organisation online or your organisation wants to engage with a particular audience online.

- Patient and public feedback – good or bad reviews shared on social media platforms are pressuring your organisation to engage with them online.
- Driven by peer pressure – everyone else is using social media.

Only the fourth one, peer pressure, is considered an unacceptable reason to be using or considering using social media. To use or not to use social media is a question that should be answered like any other: Does it help the practice achieve its objectives?

Step 1B: Aims by using social media

Write down what should be achieved if you were to use social media. This aim is the foundation upon which all subsequent social media plans and work are built.

Examples of potential social media aims:

- By using social media, our practice aims to build a community of patients online to collect their feedback and knowledge of our services.
- By using social media, our practice aims to help staff and the public engage.
- By using social media, our practice aims to engage online with local pressure groups to help discuss our practice's information on particular subjects and to correct misinformation.
- By linking all future work on social media back to this aim, you will help ensure that the time and effort you put into your social media work will not go to waste.

Step 2: Align your social media objectives to your practice's objectives

Work not aligned to the practice's overall strategy is often wasted. Using social media may be free monetarily but it is not free to resource – time and effort are needed to work on social media just as they are on drafting and issuing press releases.

As communications leads and teams have to do more for less, careful thought and planning is needed to ensure the time you spend on social media will help your practice achieve its objectives.

Social media work tends to benefit from narrow objectives. Online communities will rarely want to discuss everything going on at your practice, but will cluster around specific topics of interest. These communities of interest should be considered when forming your aims and objectives.

As each team has a finite resource, their work should be defensible when asked:

"How does this piece of work help the practice meet its objectives?"

If your social media aim doesn't align with your practice's objectives, then stop and revisit it. Remember, you don't have to use social media – only use it if it will help your practice achieve its objectives.

Can you produce a range of specific, measurable, achievable, realistic and time-bound (SMART) objectives? Think about when you will evaluate your work to see whether it has been a success, and what you can measure when you come to evaluate your work.





Social Media:

A Strategy in Two Hours

Step 3: Map Your Online Stakeholder

When you have worked out what you're aiming for when using social media, linked it to your practice's and team's objectives, and estimated the resource implications, it is time to work out who you want to engage with online.

By mapping where your stakeholders are active online, you reduce the likelihood of starting up a social media presence that misses its target audience. This stage should also help you focus on who your most important stakeholders are. Tight resources mean hard decisions.

Sources of information on who is and isn't online can come from a variety of places. It could be [Facebook Advert Creator](#) or [Facebook Graph Search](#), [Twitter Search](#) or [Google Alerts](#).

Step 4: Resources and Possible Rewards

Plan the number of work hours you are expecting to spend on social media as you set up your practice's presence and policies. Managing an existing social media presence or starting a new one can take up different amounts of time.

When you have set up your social media approach, put the work into source, create and publish the content you have planned to post on your chosen platforms. Find time to monitor, measure, evaluate and report on activity on your account(s).

Depending on the scale of your aim, this number might be consistent, have peaks and troughs or have a spike followed by stopping the activity, for example, in the case of an online element to a 12-week consultation). Think about what contingency you might need if your

social media accounts suddenly become busy, for example during a major incident. Plan what will help you deal with any spikes in activity.

What will you get in return for using your resources?

- Will spending those resources on social media instead of other work lead to better outcomes for the practice?
- What will success look like if you achieve your aim? Weigh up the risks and potential rewards.

If the resource required is greater than expected, what work that you are doing now could be stopped? Using social media is not just another way of sending out information; it can be another way of working entirely.

If your social media plans from stages one, two and three are proving to be resource intensive, perhaps you are beginning to form a proposal of changing the way you work.

Step 5: What is your content and where is it going to come from?

Content is the king of the online world. Without it, you have nothing. This might be an exaggeration, but without anything to publish what have you got?

Developing channel-specific content is important. What works for a board meeting most likely won't work on social media.

Every practice will have to work with their content producers and their own personalities to decide what is best for them.

- What are you going to send out to your stakeholders on social media?
- Can you write to a 140 character limit and still make it engaging?

Your content plans should be closely aligned to your overall aim when using social media. If you're aiming to inform the public and patients about a consultation, then how will you turn the complex 12-week process, and processes before and after it, into content that can be easily shared and understood online?

Content takes time to create. You may want to revisit your aim and narrow its parameters a little to make sure your plans remain within your resource limitations.

You can create masses of content for a small audience and receive great feedback, but leave a larger audience with poorer content.

Your practice will have to decide whether it wants to promote individual staff members' use of social media in a professional capacity, as well as have business profiles on social media platforms.

Step 6: Evaluating Your Work

Evaluating your work can be broken down into measuring:

- What outputs you have created and evaluated, fx 20 tweets sent to 500 followers.
- What those outputs have or haven't achieved, fx of the 20 tweets, five elicited a response.

You might measure the average number of tweets your account sends per week, or the number of tweets with multimedia attachments sent each week. You could measure the number of blog posts you publish each month, or the amount of time you spend writing content. These sorts of output measurement will help you when you come to evaluate your work.

They may be helpful statistics, but ask yourself the "so what" question, then set about evaluating.

When evaluating, put together your output measurements with engagement measurements and knowledge from outside of the platform, and make a judgement on whether your work has led to the desired outcome.

Whatever you evaluate, be it Twitter, Facebook, a blog, a website, an e-newsletter, forum or other forms of digital communication, be sure to measure engagement and not just pure outputs.

Example

You notice one week that you tweeted less than usual but received more retweets than usual. You find that a particular piece of content about the maternity consultation process led to the increased engagement.

Viewing the webpage analytics shows more people visited that page after the retweets and spent, on average, three minutes on the page. You would then consider whether this content and the engagement with it helps you achieve one of your social media objectives.





Case:

Social Media Tips for Doctors: Linda Girdis, MD



Source: [Social Media Tips for Doctors](#)

Twitter

Twitter is useful for growing your professional connections, healthcare information technology people, media, etc. Patients can follow you on Twitter, but it generally is not a useful method of providing patient information because tweets are limited to 140 characters.

Choose your followers carefully. Block those who spam or troll you (“trolls” are people who negatively post with the deliberate intent of provoking a reaction). Many people will try to sell you things.

Grow your network. Have a group that you regularly tweet your important messages to so they can share and spread it around, or “retweet” it.

Watch your words. It is OK to send out personal tweets sometimes. I find this helpful because it encourages more people to interact with me. I find Twitter feeds that are all business rather boring. People will be more interested if you mix it up.

Don't lose your temper. Many people are watching you. If trolled, answer calmly or ignore.

Retweet good articles from trusted sources, like the WHO, CDC, or other credible organizations. People will come to see you as a trusted expert and resource.

Don't be shy. Social media is meant to be social. Post favorite tweets, thank people for retweets (or “RTs”).

LinkedIn

LinkedIn is an amazing networking tool for doctors. At the very least, you need to start using LinkedIn as a way to share your resume online. Patients, doctors, or really anyone searching for you or your practice can find your profile on LinkedIn, see your background, education, training and the aim of your practice, and connect with you. It's a great way for potential patients to learn more about your background.

You can also use LinkedIn to connect with other physicians and medical professionals. LinkedIn is a great relationship builder, and as we all know, the key to a thriving practice is building lasting relationships with other doctors in and around your community.

I have been able to use LinkedIn to build mutually beneficial relationships with primary care physicians, physical therapists and other doctors. These medical professionals have been a great resource and referral base for me and my practice.

One word of caution with LinkedIn and other networking websites when you're just starting out; don't accept connection requests from everyone. You will get many salespeople and marketers selling their services which can get extremely tiresome and a waste of time.

Focus on connecting with others who you can actually build meaningful relationships with.

Instagram

Instagram is a network for sharing photos with others. Instagram is a less common social media channel for doctors, but can still be a really useful way to build your brand. Many of your patients are likely on Instagram.

To use Instagram, you can take a photo of something important to your practice and tag yourself or one of your connections. Tagging or using a hashtag (#) is a way to add information to your photo that will help lead people back to your page or website. For example if you want patients to come see you because you treat foot pain you could use #foot #pain or #footpain when you post a photo. This will go into a bank of words that people can search for when they have this problem.

There you have it. A very brief overview of social media for doctors. If you're just getting started on social media, pick one of these channels and start testing the waters. I personally recommend building a practice page on Facebook as the natural place to start, especially since most doctors already have personal experience with Facebook.

Once you're feeling more comfortable on that first social media network and seeing a positive response, try expanding and creating accounts on others.



Case:

#hellomynameis campaign

hello my name is...

Background

The 'Hello, my name is...' campaign was spearheaded by Dr Kate Granger, a young hospital consultant from Yorkshire who works in elderly care, to improve the patient experience not only in the UK, but across the world.

Kate became frustrated with the number of staff who failed to introduce themselves to her when she was in hospital. Her campaign on Twitter is inspiring nurses, doctors, therapists, receptionists, porters, domestics and staff in all roles.

Dr Granger (33) has terminal cancer and has made it her mission to get as many members of NHS staff as possible pledging to introduce themselves to their patients.

Background

The campaign is simple – reminding staff to go back to basics and introduce themselves to patients properly. Kate describes the campaign as “the first rung on the ladder to providing compassionate care” and sees it as the start of making a vital human connection, beginning a therapeutic relationship and building trust between patients and healthcare staff.

“Hello, my name is Kate Granger and I'm the founder of the #hellomynameis campaign”.

The Mid Yorkshire Hospitals, where Kate is now working, are part of this network and their own launch of 'Hello, my name is...' is central to this collective effort.

400.000+ Staff Potentially Involved

The Royal Free London have joined forces with more than 80 NHS organisations that have pledged to launch or boost their own 'Hello, my name is...' collectively on 2 February 2015. Deborah Sanders, director of nursing at the Royal Free London, said:

“We are delighted to support this campaign, which highlights what is important to us at the Royal Free London. The campaign reflects our trust values and how we feel we should interact with our patients and with each other. It shows how the smallest things can make the biggest difference to patients”.

“We are reminding staff to ask patients how they wish to be addressed and to tell their patient's their names, while ensuring their name badges are visible at all times.”

The Royal Free London alone has 10,000 staff working with around 1.6 million patients each year. That's how many lives can be impacted by this as it spreads. The collective launch will boost the national campaign around compassionate care considerably, with 400,000+ staff potentially involved.

Support Dr Granger's campaign

You can support Dr Granger's campaign on Twitter by tweeting the hashtag [#hellomynameis](#) followed by your name, job title and where you work.

To find about more about the campaign, visit www.hellomynameis.org.uk/home or follow Kate on Twitter at [@GrangerKate](#).

#hellomynameis has made over 800.000.000 impressions in the last two years on social media.



Case:

The Complete Guide to Facebook Privacy Settings - The Basic Privacy Options

Source: [Dan O'Halloran](#), March 11, 2015

Privacy concerns and privacy controls on Facebook are ever changing. When you post a picture of your kids at a family gathering, which one of your Facebook friends can share it? What private information are those Facebook game apps collecting on you for “third-party uses”? How can you limit who sees certain posts?

Every action you take on Facebook has privacy and sharing implications that need to be considered before you upload that next selfie.

Fortunately, thanks to vocal demands for transparency from both Facebook users and government regulators around the world, Facebook has been making the process of managing your privacy easier.

Below is our step-by-step guide to taking full control of your Facebook privacy settings.

The basic privacy options

Recently, Facebook introduced a more user-friendly guide through its vital privacy settings. By clicking the padlock symbol in the upper right of any Facebook page that you are logged into, you will get a dropdown window presenting you with walkthroughs of your current settings as they pertain to “Your Posts”, “Your Apps” and “Your Profile”.

Your posts

Starting with Your Posts, you can check your default sharing setting. We recommend the Friends setting over the Public one. When set to Public all your posts can be seen by anyone on or off Facebook. Unless you're a celebrity or running a page that is used to generate interest in a business you run, you will likely want to keep your activity restricted to those you have Friended.

The Friend setting has a few tweaks you should be aware of as well. By clicking on the sharing setting button, then the More Options button, you will see the Custom option. Click on that and you will see that you can include all your Friends, while excluding the names of certain Facebook friends you don't want seeing your updates. It is also important to note that the Friends of anyone tagged in your post or photos will be able to see that post unless you uncheck the option in this window.

If you have joined any Facebook groups or made lists of Facebook friends, you can restrict the posts that way or hide your posts from those groups and lists as well. You just want your college friends to see your late night party pictures? You want to make sure your work friends don't see your selfie at the beach when you called in sick? This is where these restrictions could come in handy both on a per post basis or as an overall option.

Finally, remember that you can change the sharing settings of any individual Facebook update by clicking on the sharing button to the left of the Post button. You can even go back to change settings of previous posts by clicking on the people icon at the top of the post, to the right of the date stamp.

Your apps

Remember the Candy Crush Facebook game you played too much last year? How about that Instagram Facebook app you forgot you installed? Each app on the site you agreed to install has permission to post to your Friends list unless you told it otherwise at the time you installed it. Can't remember? This part of the tool shows you each app attached to your account and what sharing permissions it has. These settings also control who can see that you have the app installed.

If you don't use the app anymore, just delete it by clicking on the x. While checking my own app list while writing this guide, I found many apps I no longer use that had sharing rights on my account. I deleted all that I'm not actively using and set the sharing permissions of the remaining ones to Only Me.

Your profile

Here you can see the privacy setting on your email addresses, birthday, hometown, relationship status and other personal details about your life. Under emails it will show the one you registered with when you first signed up for Facebook as well as one Facebook has assigned to you (which you likely will never use). I discovered that I left my Gmail account public, which I hadn't meant to.

For your birthday, the sharing settings are split between the day/month and the year. That way your Friends can wish you happy birthday on Facebook on your special day without necessarily knowing your exact age.

For hometown, this setting only affects what your Friends can see. Advertisers and others may still access this information, especially if you are using the Facebook app which tracks your location automatically.

Finally, if you have set a relationship with another Facebook user, it will be shared unless you set otherwise.

It's important to note that this is only a PARTIAL list of the information you're sharing. To see the full list, click the About Page button, which will take you to your profile page. On there, you can review the various sections—Work and Education, Places You've Lived, Contact and Basic Info, Family and Relationships, Details About You—and make changes accordingly using the icons in the top right corner.



Case:

The Complete Guide to Facebook Privacy Settings - The Advanced Privacy Options

Source: [Dan O'Halloran](#), March 11, 2015

A friend who isn't on Facebook uses your contact info to send you a message from the Messenger app. The Strict Filtering option will move Friends of Friends messages to the Other tab.

Here you can exert more control of what is being shared with whom. Which is never a bad idea. You've likely gone through this at least once in the past, but it's a great idea to review your settings at least once a year.

To get to the advanced privacy settings, click the drop down arrow in the top right on any Facebook page, click "Settings," and then "Privacy" in the left navigation column.

Who can see my stuff?

Who can see your future posts? This is the same as the Your Posts section above.

Review all your posts and things you're tagged in

Ever been tagged in an embarrassing photo uploaded by that distant college classmate? You can use the Activity Log page and select the Posts You've Been Tagged In (in the left column) and the Photos > Photos of You (also in the left column) to check out what you've been tagged in. You can then remove the tag (click the checkbox on the left of the post or photo and then click on the the Remove Tag button at the top of the page) or simply hide them from your Timeline (click on the cog wheel to the right of the post or photo.)

Limit the audience for your old posts for your Timeline

This will revert all your previous posts from "Public" or "Friends of Friends" to just "Friends". But if you've tagged a Friend in one of your posts, their Friends can see that since that is the default setting when tagging someone.

Who can contact me?

Who can send you friend requests? The default is Everybody, but the only other choice is Friends of Friends.

Whose messages do I want filtered into my inbox?

When you see the word inbox, you think email, but Facebook means messages from other Facebook users. Click on Messages under your profile picture in the upper left corner of the screen. You'll see an Inbox column with many of the messages you've received from your Friends and a second tab marked Others. Using the Basic Filtering option here, you'll see messages from Friends and Friends of Friends. The Others tab will have messages from other people which Facebook defines as:

A member of a group you're in messages you or includes you in a message.

A friend who isn't on Facebook uses your contact info to send you a message from the Messenger app

The Strict Filtering option will move Friends of Friends messages to the Other tab.

Who can look me up?

Who can you look you up with the email address you provided? If someone types in the email address you registered with, they can send you a message which will likely land in the Other tab on the Messages page. You can restrict it to Friends of Friends or just Friends (who can message you anyway), if you don't want to be bothered.

Who can look you up using the phone number you provided? Same as the email address.

Do you want other search engines to link to your timeline? Your first impulse may be to turn this off, but Facebook only allows information you've marked as Public to be shown to other search engines. They see it as a way for friends not on Facebook to find you. They do this with your basic information they always make public which is, according to Facebook, "...your name, gender, username and user ID (account number), profile picture, cover photo and networks."



Case:

The Complete Guide to Facebook Privacy Settings - Timeline and tagging options

Source: [Dan O'Halloran](#), March 11, 2015

Timeline and tagging options

Now that you've mastered the basics, go down to the next section, Timeline and Tagging. From there, you can control exactly who sees what on your timeline, who can post to your timeline, and who can tag you in photos and posts.

To customize your timeline settings, click on the down arrow in the far upper right corner to reveal a drop-down menu and select Settings.

Who can add things to my timeline?

Who can post on your timeline? It's set by default to Friends and the only other option is to allow only yourself to post on your timeline.

Review posts friends tag you in before they appear on your timeline? If you are concerned about getting tagged in a photo that you don't want all your friends on Facebook to see, this is the setting for you. Once enabled, you'll have to manually approve any photo or posts you are tagged in before they appear on your timeline. Note that this only affects your timeline; those updates will still appear in searches, the news feed and other places unless you un-tag yourself.

Who can see things on my timeline?

Review what other people see on your timeline?

This is a perfect way to check that your mother or boss won't see what you don't want them to.

Who can see posts you've been tagged in on your timeline?

These areas give you a great deal of flexibility, with options ranging from Everyone to Friends of Friends to custom lists. Using these two in conjunction with manually approving what photos and updates you've been tagged in goes a long way to keep prying eyes away from more sensitive Facebook updates.

Who can see what others post on your timeline? This area gives you a great deal of flexibility, with options ranging from Everyone to Friends of Friends to custom lists. Using this in conjunction with manually approving what photos and updates you've been tagged in goes a long way to keep prying eyes away from more sensitive Facebook updates.

How can I manage tags people add and tagging suggestions?

Review tags people add to your own posts before the tags appear on Facebook? This is an important option if you are concerned about a photo popping up on your timeline. This applies only to photo tagging by your Facebook friends. You'll always be notified if someone who's not your friend tags you in a photo.

When you're tagged in a post, who do you want to add to the audience if they aren't already in it? This one sounds more complicated than it is. Often a Facebook friend of yours will make a post and tag you in it. The option here allows all of your Facebook friends to see an update or photo you've been tagged in by someone they aren't friends with themselves (the Friends of Friends function). You can choose to remain tagged but have none of your other Facebook friends see that update, limit who sees that update to certain groups of friends, or you can outright block certain Facebook friends altogether by using the Custom option.

Who sees tag suggestions when photos that look like you are uploaded? Facebook uses face-matching technology to suggest who you should tag in photos. It will only suggest people that are on the user's friends list. If you don't want to show up as an option when your friends are tagging photos, set this to No One.

Manage blocking

If you want to take steps to keep people away from your profile, this is the section for you.

Restricted list

If you don't want to un-friend somebody but also don't want them to see all of your information, you can add them to the Restricted List. This means they can see your public information, but they have no way of knowing you've limited their view (unless they happen to see someone browsing your profile who isn't restricted).

Block users

You can also just straight up block somebody. This means this person cannot be your friend. This is an excellent setting if you have stalkers or other people consistently bothering you. Note that this does not stop them from interacting with you in apps, games or groups you're both a part of.

Block app invites

In addition to blocking and restricting people from your profile, you can also block app invitations on a user-by-user basis. So if your Aunt Jackie keeps bombarding you with FarmVille apps, you know what to do.

Block event invites

Tired of your nephew inviting you to his New York City raves every weekend? Typing the name of the Facebook user into this section will stop you from seeing any future event invites from that person.

Block apps

Some apps and Facebook games are great fun at first, but after a while, you want to drop them. You can remove the app or game (see the Apps you use section, below) or block the app, which means it can no longer contact you or get non-public information about you through Facebook. If you are getting emails from the app, you will have to use the unsubscribe link at the bottom of the email.

Block pages

This will remove all notifications and functionality with a Facebook Page (a public page for businesses and celebrities).

Customize app privacy

You handled a lot of this with the Privacy Checkup, but in the Settings section there is additional controls for the Facebook apps you use.

App settings

If you haven't already, you can click on each app and change who can see the updates they put on your timeline or disable them altogether.

Apps, websites and Platforms

Disabling this option means not only will all apps working with your account stop working, but you won't be able to log in to websites or other third-party sites with your Facebook account.

Apps others use

When your Facebook friends use certain apps, those apps access your public information and more. See a full list in the image to the right. There's quite a bit you may not be comfortable sharing without your knowledge. Most of it is enabled by default.

Be sure to go through the list and check off what you don't want shared.



My Social Media Story:

Dr Scott Krugman, Pediatrician

Source: KevinMD.com, April 6, 2015

The Measles Outbreak made me a Tweetiatrician

I have now been a “Tweetiatrician” for six weeks. Yes, I am a relatively late adopter of new social media technology but it’s been quite an education. I signed up for [Twitter](#) after the measles outbreak in Disneyland to join in on Wendy Swanson’s #MeaslesTruth twitterstorm to encourage families to vaccinate their children.

Since that time, I have joined followed conferences from afar (which is really useful) and tweeted primarily about child safety issues and vaccines. Though my teenage sons labeled me as “lame” and don’t follow me, the experience has overall been educational and less of a time suck than expected.

The Discourse of the Anti-Vaccine Community: An Eye Opener

What has been eye opening and disconcerting, however, has been the rabid discourse of the anti-vaccine community. I am amazed at how certain people who haven’t vaccinated their children are that vaccines are harmful to all children. As a paediatrician, I have spent my fair share of time with each patient educating them about misinformation on the internet and the true risks and benefits of vaccines. If a parent refuses to vaccinate their child, while I disagree and continue to persuade and educate, I can respect their decision.

But what I can’t respect and can’t fathom is why someone would spend hours sending thousands of tweets a day claiming that there is a vast conspiracy between the government, pharmaceutical companies, and paediatricians to harm children through harmful vaccines. The goal seems to be to flood the Internet with enough pseudoscience to convince everyone to stop vaccinating.

I don’t understand personally why we’d want to live in a world where children are regularly paralysed by polio, die from H. influenza meningitis, and have severe birth defects from congenital rubella, but if you do, you can have your opinion, you can share your opinion, but you should not be given any credibility to influence public health.

Unfortunately, many parents (even well-educated) rely on the Internet and social media for information and education. Having a vociferous minority with voluminous material can and does sway vaccine hesitant parents — and as we have seen with the latest measles outbreak, can lead to significant public health consequences.

How to Combat Misinformation? Strong Social Media Presence

I think the biggest challenge for the paediatric and public health community is how to combat the misinformation with equivalent vigor. We are already at a disadvantage because the vast majority of us actually care for patients for a living and don’t have endless hours to challenge and respond to each piece of misinformation. Additionally, getting into a Twitter battle with someone who has fixed false beliefs appears to be a fruitless exercise that is unlikely to change their opinion.

That being said, a strong and consistent presence on social media creating well crafted scientifically based messages that drive parents to reputable information is a starting place. Creating a more organised and strategic consortium of like-minded groups would probably help add weight to the messaging (not to mention a good PR firm). We also need to hold the media more accountable for not given credence to pseudoscience. There is not an equivalent message between disproven and false beliefs and scientific facts.

My First 6 weeks on Twitter: Stay in the Conversation

More importantly, it would be great if we could hear the voice of the millions of parents whose children have been vaccinated and weren’t harmed. It would be great to drown out the small minority of misinformers with the silent majority who protect their children. Even a positive hashtag of #IAMTHEHERD is overwhelmed by anti-vaccine rhetoric. This must change, and we need to make sure the opinions of the majority are part of the social discourse.

Until we get back to the general societal belief that the benefits of vaccines are equivalent to the benefits of car seats, we are going to struggle with recurrent emerging outbreaks of infections that previously had been eliminated. The health community needs to partner with and be an active participant in this discourse.

We need to partner with our patients and families, and have the fortitude to weather the vitriolic hate speech coming at us from the vocal minority. The past six weeks have convinced me to stay in the conversation, and I encourage other physicians to join me and all the other social media savvy physicians out there to stop the spread of misinformation.





My Social Media Story:

Dr Mike Sevilla, the social media guru of primary care

Source: Social Media in Primary Care: [Interview](#) by Dr Bertalan Meskó on March 29, 2012

What social media channels do you use in your work and for what purposes? How do you keep yourself up-to-date and connected?

For me, I use [Twitter](#) and [Facebook](#) the most (meaning daily) in my work. I use [Twitter](#) to find the hot topics of the day. I also use it to share links. I use [Facebook](#) to keep connected with friends and family (not for clinical work).

I don't blog or podcast much as I'd like, but I utilize blogs and podcasts to state opinions and to connect with my social media audience.

What do your patients think about social media? Do they use it?

My patients use social media a lot. I get asked every day about information that they learn on the internet. My patients share with me [Facebook](#) pages to like and sometimes I get links from [Twitter](#).

As I have said in blog posts and presentations in the past, I really believe that our patients will drive physicians to utilize social media.



What social media sites do you think point towards the future of healthcare?

In the past few months, I've been experimenting with [Google Hangouts](#), and in the past, I've used platforms like [ustream](#) and [livestream](#). I think that the next big thing is [Blab.im](#), which is a combination of [Periscope](#), [Hangouts](#), and [Twitter](#). People can video chat at the same time, there is a live chat room, a [Twitter](#) stream, and the ability to record these sessions with the ability to post on platforms like [YouTube](#) afterwards.

My mind then started racing about the potential implications for Medical Education and for Advocacy. First of all, it's mobile, and this expands the potential audience for this chat to worldwide. Secondly, the root of this is on [Twitter](#), where there are a lot more people on; and not [Google Hangouts](#), for which there are less people on. Finally, unlike [Periscope](#) and [Meerkat](#), the video and audio is on the [Blab.im](#) site indefinitely, and not for a limited time.

One thing that I look forward using this platform is at live events like medical conferences. How fun would it be to give live video updates from conferences, even with people at the conference. This was something challenging to do with [Hangouts](#), [Periscope](#), and [Meerkat](#). In addition, people can "call" in from off site and chat with us. The video stream is pretty solid and the audio stream really holds up well. I'll be curious about how the post audio and video files look like.



Social Media for Events

How to use social media to facilitate an online discussion as an extension of offline meetings?

Social media is here to stay and has drastically changed the media landscape in just few years. Facebook now has more than 1 billion monthly active users, Twitter has 500 million total users, LinkedIn has 200 million users, Google+ has 350 million users, and the social web keeps changing and growing in a fast pace.

The widespread use of social media has fundamentally changed how people communicate and share information. Social media provides new opportunities for personal and direct interaction with your audience, increased exposure and improved online search results. Instead of only sending one-way messages to our target audience we are expected to engage in two-way communication.

Social media form a natural extension for the meeting industry, as it facilitates an online extension of the offline discussion at a meeting.

Starting out with social media might seem a daunting task, and you might think that you've already missed the bandwagon. But don't worry, although social media is indeed skyrocketing and new social sites seem to be appearing every day, in the end this is actually good news for you!

Why, you might wonder?

Because now for the first time, you have the possibility to reach out to hundreds and thousands of (potential) attendees! With the right social media strategy in place you too can harness the power of social media and turn your next meeting into a success both offline and online.

This chapter will help you by defining the social media landscape and gives you practical tips for developing a strategy on how to start using social media for your upcoming meetings.

How have you used social media for your meetings? Do you have any suggestions for tools that you have used? We are very much looking forward to adding your case studies and any other relevant information.

So please share your feedback with us!





Social Media for Events

Should you use social media for your meeting?

Before you decide to use social media for your meeting, you should be able to answer all of these three questions with a positive answer to make your efforts worthwhile:

- Is at least 10 % of my (potential) target group active on social media?
- Will my meeting benefit from profiling itself to an audience that is far bigger than the number of delegates of my event?
- Do I sincerely believe that using social media will help to achieve the goals of my event?

If you can answer all three of these questions with “yes”, then we can start creating the social media strategy for your meeting.

Key objective: Raising awareness

The most important goals for social media activities are raising awareness for individual meetings, congresses and events as a whole.

The benefits of social media for meetings

Social media and meetings are made for each other. Social media form a natural extension for the meetings and events industry, as social media makes it possible to discover new content and new people before, during and after an event.

The benefits of social media for meetings and for meeting organisers and how they result in better event performance:

• More intense contact:

Communicating with your target group before, during and after your event allows you to find out the interests, needs and wants of your audience.

• Increased amount of feedback

Learn from and to tailor the content of future meetings too. Use feedback as quotes in your meeting reporting and PR.

• Improve satisfaction levels

Make sure your educational content meets the demands of your attendees and answer to the interests, needs and wants of your audience.

• Increased reach and exposure:

Attendees turn into active reviewers who can easily share their opinion on your meeting with the rest of the world. Every message on social media about your event has the potential to be spread by your target audience through online word of mouth, which can potentially have a huge snowball effect.

• Increased networking opportunities for your attendees:

Attendees can start networking before – and continue networking throughout and after your meeting.

• Meet expectations of your target group:

It has quickly become a standard expectation of attendees to be able to reach the organisers of a meeting via social media.

• Involvement and influence over what is said about you:

People will surely talk about your event on social media, so get involved and influence and respond to what they are saying about you.

• Search Engine Optimisation (SEO):

If your social media accounts are set up correctly and are linked to lots of social media activity, they will help to improve your Google search rankings.





Social Media for Events:

Strategy

Create a social media strategy for your meetings

To successfully implement a social media strategy for your meeting, it is important to incorporate the time and personnel into your business plans and to compose a social media plan that lays out what will be posted and when over a specific period of time. This ensures that new content is posted on a regular basis.

The plan should be oriented towards your other marketing activities and meeting planning, but nevertheless retain flexibility: If you discover a current, relevant blog article, you shouldn't wait too long before sharing through your social media channels.

A. Define your social media objectives

Define clear social media objectives: Which target audience are you seeking to address? How do you want to present your society? How do you react to criticism and other feedback?

Monitoring tools are recommended to measure the success of your efforts. Some are free (such as Socialmention, TweetDeck, Hootsuite and Sprout Social) and others are paid commercial products (such as Meltwater Buzz, Hootsuite Pro, Trackur).

Depending on your specific needs, it may be worthwhile to invest in a more full-featured tool with greater options for investigating the success of your social media strategy.

B. Post relevant, topical content

To keep the attention of your audience focused on your social media presence for the long run, it is crucial that you always have current, relevant content posted. This can be interesting blog posts, news from your society, heads-up about upcoming meetings, photos from past meetings, or even infographics – the key thing is that your target audience feels personally addressed.

It's essential that the content be kept up to date. Especially when it involves external content such as blog posts from the society, it's quite likely that other societies with an overlapping pool of fans will already have posted a link if you wait too long.

Be sure to post different types of content to stay interesting.

However, a happy medium should also be sought in terms of frequency of posting: Always keep the dialog moving, but do not overwhelm with information.

Give your society a face and show others how things look behind the scenes by posting photos from everyday life in the office. This will give your society character and bring a sense of an open door policy and make you more sympathetic.

Do not just promote your own meetings, but also those outside your society as well as related content so that your users find your page interesting and ultimately subscribe. Consider the 10-4-1 rule: You should link 10x to external content, such as interesting articles from bloggers, 4x to your own content and 1x to your own homepage.

C. Involve fans

Your social media strategy will be at its most effective when you involve as many people as possible with your entries through comments, "Likes" (on Facebook), "Re-tweets" (on Twitter) and "+1s" (on Google+).

You should thus animate your fans as often as possible to take part: Post questions, ask for feedback – have visitors to one of your meeting share their photos afterward, for example. This shows other fans not just the success of the most recent event, but also awakens interest in future meetings.



My Social Media Story:

Veronika Rasic (Croatia), MD, Family Medicine Resident & Member of the Vasco da Gama Movement for Young Doctors

What social media channels do you use in your work and for what purposes?

Facebook for interacting with friend and colleagues, also for collaboration and idea sharing as most people have an **Facebook** account.

Twitter for sharing information and keeping up to date with topics that interest me, the short format makes it time efficient.

Google+ for collaborating on projects when document need to be shared or written up, and recently I am looking into using **Google Hangouts** to facilitate discussions and share ideas.

Wordpress for blogging, still working on that.

LinkedIn is the one that I use the least, and I guess that I see it more as an extended business card.

How do you keep yourself up-to-date and connected?

I use **Facebook** (to manage projects and discuss ideas) and **Twitter** (to search for topics that interest me) on a daily basis, and I use **Google+**, **Wordpress** and **LinkedIn** depending on time and situations.

#FMChangeMakers Tweetchat Transcript
Theme: **Rural connectivity** (June 21, 2015)

#FMChangeMakers Tweetchat Transcript
Theme: **Rural GP and Rural Health** (June 7, 2015)

What do your patients think about social media? Do they use it?

I do not really engage with patients over social media as it is not yet popular in Croatia for healthcare purposes.

Most healthcare facilities are government run and they are not well informed about social media, however, some private practices have **Facebook** pages.

What social media sites do you think point towards the future of healthcare?

I do think that social media can be a way to enhance or build on existing telehealth.

I'm not sure if any one social media site at this time is equipped for healthcare needs, and I think that for mass application it would require parallel policy making.

Perhaps in the future there will be more local based (country or region) social media sites aimed specifically at healthcare, that would also address the language and cultural differences.

One of the ways I think it can be used most effectively right now, and hopefully more in the future, is in medical education.



©. Thanks to Daniela Hamulka.



My Social Media Story:

Kyle Hoedebecke, MD, Family Doctor, Assistant Professor & Founder of the WONCA Polaris Movement (North America)

What social media channels do you use in your work and for what purposes?

I use Facebook, LinkedIn, WhatsApp and Twitter. I mainly use these to communicate with colleagues, but also interact with the community and provide/receive new or up-to-date medical information pertinent to Family Medicine or Global Health.

I also collaborate with other YDM members around the world for scholarly activities and publications.

How do you keep yourself up-to-date and connected?

I follow #FMRevolution, #PrimaryCare #FMChangemakers hashtags, read traditional news, and blog with AAFP.

What do your patients think about social media? Do they use it?

The majority of my patients are on social media and they enjoy being connected with their friends and family. I get positive feedback and comments on my posts, which open/strengthen lines of communication.

What social media sites do you think point towards the future of healthcare?

YDM News is a blog that I have based on impact factor for our specialty. I see Facebook, WhatsApp and Twitter as the main social media platforms for the years to come. I can't wait to see what's next!





My Social Media Story:

Dr Ewen McPhee, Long term rural General Practitioner & International Advisory Committee at WONCA Rural GP

Source: [Social Media GP](#), 24 December 2013

Using Social Media for Conference Convenors: My Twitter Experience

Maintaining the cutting edge in innovation is something that conference convenors struggle with. The task of providing an excellent program that meets the needs or interests of potential registrants, stimulating challenging discussion, as well as promoting a positive image or profile for your organization is key to effective conference facilitation.

Social media has presented itself as another opportunity, used effectively, to meet these objectives. However it is not without risk and if not managed may have adverse effects on all aspects of the meeting.

This is my personal blog about my observations and experience of “Conferencing” by [Twitter](#).

My entry into using [Twitter](#) started at a conference. I was incoming President of the Rural Doctors Association in 2011, at a time when a state election was just over the horizon, and rural health was high on the political agenda.

Like most “oldies” I was instructed in the art of [Twitter](#) by medical students. Since then I have experienced many positive aspects of immersion in Social Media, some of which can be very useful to Organizations hosting meetings for their members or the broader community.

Key Benefits: International Interaction & Reaching a Broader Audience

For me [twitter](#) has created opportunities to interact with people internationally. An invitation by Dr Harris Lygidakis ([@lygidakis](#)) and Dr Raquel Gonzales Bravo ([@raqgb](#)), leaders of the Vasco Da Gama movement, to join them in presenting a workshop on Social Media at the WONCA Prague conference crossed intergenerational divides as we spoke of the strength of Social media in empowering communication.

The key benefits include:

- Extending the reach of your Brand
- Disseminating your message to a much broader international audience
- Promoting an opportunity to explain who you are, where you are and your philosophy on a world stage.

A significant media presence exists in Social Media and effective interactions can create follow up interests, positive news headlines and even political attention. Some such as Melissa Sweet, editor and author of Croakey a Health Blog hosted on independent news site Crikey, provide a forum for important issues and discussions to continue to be heard.

At a more [personal](#) level the opportunity exists to:

- Interact with your members informally through instant messaging
- To receive quick feedback on what worked and what didn't
- To understand the needs of individuals for future meetings.

Medical practitioners, especially Emergency Medicine clinicians have embraced Social Media as a means to draw together a worldwide brotherhood and sisterhood of like-minded doctors through [Twitter](#), Blogs and Webcasts. Cutting edge health community engagement is typified by the Social Media and Critical Care Conference (SMACC) featuring social media as a means to communicate and to innovate.

The reach of social media creates a second group of non-registrants who follow the conference Twitter stream, make contributions and carry on the themed conversation to a broader audience.

Analytics organizations, such as Symplur, provide feedback on conference hashtags can give a measure of the reach of your message to that broader audience.

[CheckUp](#), a primary care organization, in a recent conference reached over 92,000 [Twitter](#) accounts through 129 tweets by registrants. This change in dynamic from a conversation with 100 registrants to a potential audience of near 100,000 underpins the power of social media.

Downsides: Like the Wild West without Laws

I believe that the answer is a resounding yes. Conference convenors must understand the risks of Social Media. I liken it to the Wild West without laws, without restrictions and relying purely on the common sense of registrants and followers; something that unfortunately is not that common.

The risks include inappropriate messages appearing under the conference hash-tag, these may simply be off topic, potentially offensive, explicit or slanderous.

There is a risk to the Brand, and legal ramifications for both the participant and the organization as there is no clarity around whether an organization endorses comments made through the conference Hashtag or Social Media site. Just like the Wild West, the Lone Ranger is out there somewhere watching; breach of local law may be compounded by breach of international covenants as well.

Some Twitter participants simply like the sound of their own voice, or in the case of publicly broadcast tweets their own “humorous” comments. I have seen attempts to integrate Social Media into a conference debate detract from the Speaker as participants disparage, criticize or derail the conversation.

Copyright infringement and the ownership of intellectual property becomes an issue as participants tweet comments or photographs from the presentations. Invited guests may have an expectation that unpublished works, or personal opinion should remain confidential leaving the convenors in a difficult reputational and legal position.



Social Media for Events:

14 checklist steps

Technical stuff

1. Free WiFi

If you want your attendees to share your meeting, you have to give them access to the Internet.

Please don't make the free WiFi network password protected. If you have to use a password, use the meeting hashtag as the password so you only have to communicate one code.

2. TV screens

Visualising the Twitter messages and pictures of your attendees on large screens during the meeting has its advantages:

- It ties the online with the offline world, and these two will reinforce each other.
- It creates nice interactive objects at your meeting networking breaks.
- It provides a potential platform to give your sponsors extra exposure. It is wise to use a wired Internet connection for your Twitter wall, as this is currently still a more reliable Internet connection than WiFi.

3. Social media accounts

Although it is not always necessary to join the online conversation as the meeting organiser, it is highly recommended that you do, so you can immediately answer questions from your attendees relating to meeting logistics or educational content, for example. So set up your social media accounts!

4. Tools to visualize monitor and share

Twitter screen tools, social media monitor and share tools like Hootsuite or Bufferapp.

Social identity

5. Meeting hashtag

Just like you choose a physical location for your meeting, you have to tell your attendees where the online conversation takes place. For this reason you have to create and communicate a meeting hashtag.

A smart event hashtag is as short as possible, yet easily recognisable as representing your meeting title and is not already used by something or someone else.

6. Design and layout

Match your social media accounts and avatars with your visual identity for a professional impression.

7. Integration

Your social media is just an additional channel; your efforts will only be successful if you fully integrate it with all your other communication channels. In practice this means you should communicate your hashtag on invitations, banners, tickets, printed programmes, Power Point slides etc.

Also add why people should go to specific social media channels: To share pictures, to give feedback or to ask questions.

People

8. Social reporters

To stimulate the use of social media and to create interesting content, you could assign social media reporters to capture and share your meeting on social media in real-time.

Make sure these social reporters are very recognizable and always have access to the Internet (get a data subscription as a back-up if WiFi is not available).

9. Moderators

When you stimulate your attendees to ask questions, it is of course important to have someone available to answer them. This person should also make sure no unwanted messages are displayed on the TV screens.

10. Guidelines and procedures

Create guidelines and procedures on how your society should respond to certain messages, questions and situations. To what contacts within the society can certain questions be transferred?

11. Training & Coaching

It is easy to hire external social reporters and moderators, but you can also train and coach people within your own society. Often this is the better option, as your own staff is closer to the target audience and the subject.

Content

12. Shareable pictures, videos and links

Create and prepare content with a high share value before the meeting. Try and prepare as much as possible, like background stories on speakers and educational topics.

Create pictures and short videos of live events during the event itself.

13. Shareable occasions

Think about offline moments or places that are worthwhile sharing. It could be a picture with a celebrity, a special emotion or a special encounter. Make sure to remind your attendees at these moments to take their smartphones and tablets – and share!

14. Shareable stories

Think about angles and story ideas for your social reporters to cover during your meeting beforehand.

Topics can be related to the food at the event or the special outfits at the themed gala night, or to create more meaty topics the background stories of specific session topics.

If you have checked all the above items you are well on your way with creating successful social media activities around your meeting.





Social Media for Events:

An overview

Social Media	Planning Phase	During Event	After Event
Facebook	<ul style="list-style-type: none"> - Create Facebook page and locations with Facebook Places 	<ul style="list-style-type: none"> - Plan postings for exact timing - Post impressions during the event 	<ul style="list-style-type: none"> - Evaluate results and adjust social media strategy
Twitter	<ul style="list-style-type: none"> - Create Twitter account and hashtag for event - Communicate hashtag on all communication channels - Present event on TweetMyEvents 	<ul style="list-style-type: none"> - Set up Twitter wall - Twitter Topics: Lectures, topics, program changes, impressions 	<ul style="list-style-type: none"> - Provision of images and videos - Twitter grader
Google+	<ul style="list-style-type: none"> - Create Google+ Business Account - Video conferences with Google+ Hangouts 	<ul style="list-style-type: none"> - Creation Collections and uploaded videos 	<ul style="list-style-type: none"> - Measure success of the event
Pinterest	<ul style="list-style-type: none"> - Create Pinterest account and set up boards - Review own homepage for image and video quality 	<ul style="list-style-type: none"> - Publish relevant and meaningful images and videos - Link images with keyword texts 	<ul style="list-style-type: none"> - Publish relevant and meaningful images and videos - Link images with keyword texts
Foursquare	<ul style="list-style-type: none"> - Create event and location on Foursquare 	<ul style="list-style-type: none"> - Position posters and standees at event to inform about check-in possibilities 	<ul style="list-style-type: none"> - Delete event
YouTube	<ul style="list-style-type: none"> - Create YouTube channel 	<ul style="list-style-type: none"> - Stream videos live from event 	<ul style="list-style-type: none"> - Stream highlights in prepared video
Instagram	<ul style="list-style-type: none"> - Create Instagram account and hashtag for event - Communicate hashtag on all communication channels 	<ul style="list-style-type: none"> - Publish images with keyword texts and hashtag 	<ul style="list-style-type: none"> - Publish images with keyword texts and hashtag
LinkedIn	<ul style="list-style-type: none"> - Create LinkedIn group 	<ul style="list-style-type: none"> - Publish relevant slides, and (blog) articles 	<ul style="list-style-type: none"> - Publish relevant slides and articles





Case:

Twitter for Events

- 10 checklist steps

Your best social network friend for meetings

There is no more powerful social network tool for meetings, congresses and events than Twitter. This is because all Twitter messages are public and they are short. Using the Twitter search function, you can find all people who talk about you or your meeting in one go; both people you already know as well as unknown people that you might want to get in touch with.

Please find below 10 steps for effectively using Twitter at your next meeting:

1. Start!

It sounds logical, but for some it is still a step to take. So if necessary, open an account on www.twitter.com and choose a recognisable but short (!) username, so when people talk to or at you, the username does not take up a lot of the maximum 140 characters per Twitter message.

2. Make your account attractive and findable

Add a picture as quickly as possible. By default Twitter gives new accounts the picture of an egg, and accounts with an egg are not taken seriously.

If you choose a logo instead of a personal, recognisable picture, realise that it takes more effort to make a personal connection.

Also add an interesting bio of maximum 140 characters. Add the name of your meeting and consider using popular keywords. For a professional look, make sure the design of your profile matches your (event) design style (adjust colours, background image under "settings").

3. Create a content plan

When thinking about relevant topics for content keep the 4 Ls in mind:

- **Learn**

Share latest news, developments and insights related to the society you are in.

- **Love**

Send personal messages (through reply, direct message or public message) to congratulate, compliment, or send good luck wishes.

- **Laugh**

Link to videos (from 30 sec. to 2 min.) that are funny, moving or special in other ways, preferably relevant to your meeting in some way.

- **Localise**

Name, links, location and hashtag related to your meeting.

Add links to pictures, videos and websites to tell people more than what fits into 140 characters. Also create a 'rhythm' so your account becomes recognisable, predictable and familiar.

Think ahead and schedule your messages! Don't post 5 Twitter messages all at once when you have the time, as the chance that they will be read is smaller than when you spread them over time.

4. Search and 'list' to follow interesting accounts

Search for relevant keywords with Twitter search and follow people who talk about your subject or event. You can also use Twitter lists from other accounts for this. Keep an eye on the amount of 'following' and 'followers' though. If you are following way too many people compared to your amount of followers, you might be considered as a spam account, which could even result in a ban from Twitter.

5. Use 'love' to attract followers

When trying to attract followers always focus on quality: It is not about the numbers, it is about the quality of the relationships. Remember that it is called 'social' media for a reason. By behaving socially you make contact and more people want to follow you. If they are sharing your messages you will reach far more people that you can ever reach on your own.

Pro tip

When a new person starts following you, send them a nice personal welcome message.

6. Promote your hashtag

A hashtag is nothing but an agreement; a 'code' which starts with #. You can use your meeting hashtag to filter messages that are about your event from the huge flow of Twitter messages. Of course it only works if everyone involved is aware of the agreement.

Include the hashtag on all your communication channels: On your website, on your invitations, in your printed programme, in your emails and of course on Twitter itself.

Tell your target group about how they can use Twitter to find the latest news and information and to ask questions.

7. Visualise your Tweets at your event

Twitter happens online, while your event takes place in the real world. Combine the online discussion with your real life event by showing what happens on Twitter at your meeting.

Create some guidelines though: When are you displaying your Twitter feed and when not? It is probably a bad idea to display your Twitter feed during a session as this can lead to painful situations for the speaker. Also make sure your Twitter screens are readable from a distance.

8. Make it personal: Respond!

As stated before: Twitter is a social medium. Therefore you should appoint someone in your team as a 'community manager' or a 'visual host', who will actively listen and is open, honest, service minded and helpful (just like you would act offline).

9. Create shareable content

When people Tweet about your meeting, congress or event, it is profiled in their network. So you have to make it easy for them: Put pictures on Instagram or Flickr, videos on YouTube and share links in all your content.

Create a digital programme overview so people can easily share what sessions they will attend at your meeting.

Pro tip

People love pictures of themselves. If they can find pictures of themselves at your meeting online, there is a big chance they will share it with their social networks.

10. Reap the benefits!

Twitter is a big source of knowledge, inspiration, creativity and relationships: Listen and ask for help!

Let your attendees promote your meeting by talking about it online.

Get actively involved in the online discussion and involve them in the organisation of your event.

And stay in touch after the event has taken place.

Follow Social Media Consultant Marie Ennis-O'Connor's [15 tips](#) to learn the art of live-tweeting your next event.



Case:

WONCA Working Party on Rural Practice - The WWPRP and the use of social media

The WWPRP: Purpose and Social Media

Rural communities around the world need health providers that are able to meet their needs, it is clear that all over the world this means people who are able to undertake extended practice including practical, management and teaching skills.

The purpose of the WWPRP is to provide an identity and connection between rural family doctors, to provide communication and collegiality, disseminate information and provide education and pastoral care to our colleagues.

Members of the WWPRP act as a barometer of their communities – the health providers, teachers, researchers, governments and patients in rural places around the world. In high income and low income countries. East, West, North and South.

The WWPRP is chaired by Dr John Wynn-Jones of Wales and he and the WWPRP social media secretary, Dr Jo Scott-Jones of New Zealand, are not just enthusiastic about rural practice but their enthusiasm supports the high level of activity we see from the WWPRP. They are true leaders and advocates for WONCA and rural practice.

The WWPRP wants to be an effective vehicle for improving the health of all rural communities.

If you are interested it would be ideal if you could come along to working party meetings which happen at each WONCA world and WONCA rural health conference – we will meet in Brazil in 2016, and Australia in 2017.

In between meetings you can follow the conversations on twitter by following [@ruralwonca](#), searching [#woncarural](#) on social media and [on Facebook](#).

Engaging Students and Young Doctors with Rural Health

The WWPRP have recognised a need to involve students and young doctors in the discussion about rural health. But how to engage with this group of future rural practitioners?

An idea was to attempt to form an international rural group for students and young doctors. The group is in its initial stages and is looking for young rural enthusiasts to join (currently about 20 members). If you are the next member or know of one, please interact with us: [@YDMRural](#).

The ambition is to promote rural practice as a career option and to improve the opportunities for training and work conditions, with support from WWPRP and the wider WONCA family.

Veronika Rasic, a family medicine trainee from Croatia and member of the Vasco da Gama Movement for young doctors, have - in collaboration with the [#FMChangeMakers](#) - held two Tweet Chats on the topic of rural health: Rural general practice and rural connectivity.

Some of the projects we are interested in pursuing are establishing a mentorship program with WWPRP, facilitating training and exchange opportunities, gathering relevant information about a career in rural practice, and establishing a support network for rural practitioners.

With the guidance of WWPRP we hope to share the voice of future and current rural practitioners and rural communities with a wider audience and policy makers.

Case A: 13th Wonca World Rural Health Conference

You ought to know that the (social media) organisers of the 13th Wonca World Rural Health Conference in April 2015 in Dubrovnik, Croatia, have sly read this guide on how to make the best use of social media at an event.

The organisers created and communicated an official hashtag - [#WoncaRural2015](#) - and a specific one for Young Doctor Movement activities: [#YDMRural](#). They were launched a month before the event - and participants were motivated to engage and interact with each other.

More than 1.000 participants, world class [#ruralhealth](#) experts, 44 workshops, students and [#YDMRural](#) involvement. You did it just right. Congratulations!

Case B: The Rural Medical Education Guidebook

The success of the Rural Medical Education Guidebook has been phenomenal and we will continue to promote it as a great tool for educators at every level from individual teachers to deans of medical schools.

[The Guidebook](#) is the third most popular “hit” on the WONCA website which is a clear indication of the interest that it generates.

Case C: A new social media initiative: [Woncarural.org](#)

At the Dubrovnik conference a new initiative – [www.woncarural.org](#) – was launched. It is a website which provides links to all the work of the Wonca Working Party. This is an ideal way to share news, the work done and to link with each other.

The WWPRP thrives on the enthusiasm and involvement of its members and anyone who wants to get involved will be welcomed. Hopefully, you will be the next member.

Example

RuralGP using [#WoncaRural2015](#)

David Hogg, a GP on the Isle of Arran in Scotland, launched RuralGP in April 2009 as a resource for remote and rural GPs, GP trainees and nurses. It aims to provide up-to-date information about key events, discussions and initiatives for UK rural general practice.



The main aim for me is to learn as much as possible from how other groups and countries are tackling similar issues. It will also be great to meet individuals who are active on twitter, and normally confined to 140 characters to make their point!

David Hogg ([@davidrhogg](#)) was present at the Dubrovnik conference and produced a series of podcasts on participants' reflections, which were distributed using the official conference hashtag:

- Views from Jojo on [#WoncaRural2015](#): The importance of exposing [medical student to rural practice](#).
- Views from Australia.. [#WoncaRural2015](#): [An interview](#) with Gerry Considine ([@ruralflyingdoc](#)) that made the trip over to Dubrovnik with other Aussie twitter-celebs, including Dave Townsend ([@futuregp](#)) and Aaron Sparshott ([@MLine](#)). Their attendance seems to have been spurred on by gentle encouragement of Ewen McPhee ([@Fly_texan](#)).



Case:

Thriving and Surviving on the Social Media Highway - RCGP Annual Conference Social Media Session 2012

Source: [#RCGPsome Storify](#)

How Could the Social Media Platforms be Summarised?

chris_longstaff @c_longstaff
#rcgpsome Twitter and Facebook fulfill very different functions. Let's not oversimplify. Twitter has followers, not friends. More healthy.
1:10 PM - 5 Oct 2012

Sarah Maidment @mediconabike
"Twitter is like a bar. Facebook is like your living room."
#anyclearer #RCGPsome #RCGPAC
1:20 PM - 5 Oct 2012

Karen Price @brookmarkright
#RCGPsome
Twitter is like a professional live journal.
Facebook is like a big notice board
Linked in for CV. Longer Emails & some groups
1:22 PM - 5 Oct 2012

Jon Hilton @JonH-Hilton
Inherent difference between twitter and facebook is that twitter is primarily an open platform whereas fb is a closed platform
#RCGPsome
1:34 PM - 5 Oct 2012

richard ma @Richard_GP
Don't forget you can link your tweets to your Facebook account too!
#RCGPsome
1:56 PM - 5 Oct 2012

How does Social Media Change the Way You Work?

Jonathon Tomlinson @mellojonny
Public spotlight encourages me to think about & act like the kind of doctor I aspire to be (but often cannot be) #RCGPsome
1:56 PM - 5 Oct 2012

Pete Deveson @PeteDeveson
Contact with journalists and public figures is why Twitter is so much better than Facebook #rcgpsome
1:31 PM - 5 Oct 2012

Dominic Lund-Conlon @daddydom
@mediconabike Social Media means I can pick up on hot issues on the fly, regardless of industry #rcgpsome
1:16 PM - 5 Oct 2012

Jamie Green @jyamiegreen
me and the wife argued on Paracetamol Dosing for our daughter, and a Paediatrician Tweet back, which reassured my non medical wife #rcgpsome
1:49 PM - 5 Oct 2012 - Glasgow City, Scotland, United Kingdom

Stuart Sutton @Stu.Sutton
Twitter allows grassroots GPs & patients to interact with senior figures like never before #socialleveler #transparency #openness #RCGPsome
1:35 PM - 5 Oct 2012

Stuart Sutton @Stu.Sutton
Twitter allows grassroots GPs & patients to interact with senior figures like never before #socialleveler #transparency #openness #RCGPsome
1:35 PM - 5 Oct 2012

AnneMarie Cunningham @amcunningham
@mellojonny is main benefit of Twitter access to experts then? Comes up a lot! #RCGPsome
1:33 PM - 5 Oct 2012 - Ukraine, Ukraine

Trisha Greenhalgh @trishgreenhalgh
@rcgp #RCGPsome one advantage of Twitter is how quickly messages go viral if they catch people's imagination. => good for real-time activity
1:25 PM - 5 Oct 2012

Sarah Maidment @mediconabike
@ngtmcostrey Twitter is a way for docs to support each other, share what we're doing, encourage etc. Hear hear! #RCGPAC #RCGPsome
1:18 PM - 5 Oct 2012

Karen Price @brookmarkright
#RCGPsome. I read better quality journal articles now via Twitter links and get real time discussion. Saves me time.
1:20 PM - 5 Oct 2012

The Twitter Journal Club meets every other Sunday evening at 8 pm. Papers by @fidouglas and @silv24 can be found at #twitjc.



Social Media:

Online Medical Professionalism?

Although doctors and medical students are increasingly participating in online social media, evidence is emerging from studies, legal cases, and media reports that the use of these media can pose risks for medical professionals. Inappropriate online behaviour can potentially damage personal integrity, doctor-patient and doctor-colleague relationships, and future employment opportunities.

What is 'public' and 'private'?

Even though medical students and doctors are entitled to a private personal life, online social media have challenged the concepts of 'public' and 'private' and, in turn, changed the way in which online aspects of private lives are accessible to others.

Once information is online, it is almost impossible to remove and can quickly spread beyond a person's control. A moment of rashness now could have unintended and irreversible consequences in the future – inappropriate online activities can be detrimental to relationships with patients and colleagues, training and employment prospects, and personal integrity.

This is not to say that medical professionals should avoid using social media, because their use can be personally and professionally beneficial. But traditional expectations regarding the conduct of the medical profession still apply in this non-traditional context; medical students and doctors always have a duty to patients and the community to maintain professional standards, including when using online social media.

Troubleshooting: Have you ever...?

- Googled yourself?
Search for your full name in Google. Do you feel comfortable with the results that are shown?
- Posted information about a patient or person from your workplace on Facebook?
Have a look through your old online posts and blogs.
- Added patients as friends on Facebook?
- Added people from your workplace as friends?
- Made a public comment online that could be considered offensive?
- Become member of a group that might be considered racist, sexist, or otherwise derogatory?
Browse through all the groups that you have joined and consider whether these are an accurate reflection of the person you are, and the values that you hold.
- Put up photos or videos of yourself online that you would not want your patients, employers or people from your workplace to see?
- Checked your privacy settings on Facebook?
- Felt that a friend has posted information online that may result in negative consequences for them?
Did you let them know?





Social Media:

Online Medical Professionalism? - Confidentiality & Defamation

Source: AMA Social Media Guide.

Case: Confidentiality

You are working in a rural hospital and make a comment on a social networking site about an adverse outcome for one of your patients. You are careful not to name the patient or the hospital. However, you mentioned the name of the hospital you are working at in a post last week.

A cousin of the patient searches the internet for the hospital's name in order to find its contact phone number. In the search results, the patient's cousin is presented with your posting mentioning the hospital. The cousin then sees the subsequent posting regarding the adverse outcome involving the patient.

Doctors have an ethical and legal responsibility to maintain their patients' confidentiality. This still applies when using any form of online tool, regardless of whether the communication is with other doctors, a specific group of people (e.g. 'friends' on social networking sites), or the public (e.g. a blog).

The anonymity potentially afforded online is no excuse for unprofessional behaviour.

Before putting patient information online, think about why you are doing it. You should inform the patient and gain their express consent, and acknowledge that consent has been obtained in any online posts. If you feel it is appropriate to discuss a patient case – for example, to further that patient's care or the care of future patients who present with a similar condition – care must be taken to ensure that the patient is properly de-identified.

Using a pseudonym is not always enough; you might have to change case information or delay the discussion. The accessibility and indexability of online information means that although a single posting on a social networking website may be sufficiently de-identified in its own right, this may be compromised by other postings on the same website, which are just a mouse click away.

In maintaining confidentiality, you must ensure that any patient or situation cannot be identified by the sum of information available online. Breaching confidentiality can result in complaints to your medical registration authority (with potential disciplinary action, including loss of registration), involvement of the Privacy Commissioner, or even legal action (including civil claims for damages).

In Australia, Medical Boards have already investigated doctors for patient-identifying information posted on social networking sites. Moreover, breaching confidentiality erodes the public's trust in the medical profession, impairing our ability to treat patients effectively.

Case: Defamation

Based on an actual posting on a social networking site:

Dear Emergency Registrar,

Thanks a million for misdiagnosing my patient's perforated bowel as constipation and treating aggressively with laxatives. I'm sure she appreciated the subsequent cardiac arrest and multi-organ failure. Don't worry, she just needs a new set of kidneys and a liver and she'll be right. And with that kind of performance, I'm sure you can help her acquire them.

Kind regards,
Lowly intern

Another potential risk of inappropriate online comments is defamation. Defamatory statements:

- Are published to a third person or group of people
- Identify (or are about) a patient/colleague/person ('subject')
- Damage the reputation of the subject.

Professional codes of conduct specify that doctors should not engage in behaviours that can harm the reputation of colleagues or the profession.

Be mindful about comments made about colleagues (medical or otherwise), employers, and even health departments.

Defamation cases are civil claims, in which substantial monetary compensation can be awarded.





Social Media:

Online Medical Professionalism? - Boundaries

Source: AMA Social Media Guide.

Doctor-patient boundaries

You get a friend request on a social networking site from someone whose name sounds very familiar, but they have a photo of a dog as their profile picture. You accept the request. After looking through their profile page, you realise that it is actually one of your previous patients.

The patient sends you a message to let you know that they cannot make their next clinic appointment, but would like to know their histology results from a test ordered while the patient was in hospital. The patient also throws in a cheeky comment about some photos they saw of you wearing swimmers at the beach.

A power imbalance exists between doctors and patients, and the maintenance of clear professional boundaries protects patients from exploitation. Doctors who allow patients to access their entire 'profile' (or similar) introduce them to details about their personal lives well beyond what would normally occur as part of the usual doctor-patient relationship, which may be a violation of professional boundaries.

In general, it is wise to avoid online relationships with current or former patients.

Boundary violations can occur very easily online, and serious indiscretions may result in disciplinary action against the doctor.

If a patient does request you as a friend on a social networking site, a polite message informing them that it is your policy not to establish online friendships with patients is appropriate. Another mechanism used by some doctors, who often work privately, is to create an online profile that is maintained as their professional page only, or to join a professional social networking site.

Patients can become friends or fans of this professional page, which only provides information relevant to the professional practice of that doctor. It is also possible to pay companies to manage social networking profiles.

Other boundaries

*In September 2008, a Junior Medical Officer in the UK was suspended from work for six weeks after describing a senior colleague as a 'f***ing s***' on an online social networking forum.*

Another colleague, who happened to be friends with the JMO and the senior colleague, saw the posting and made a complaint about the comments to the JMO's employer. The complainant said she felt compelled to complain after seeing the 'scatological' language used in the posting. The JMO apologised for the comments and organised for their removal from the website.

Other professional relationships may also become problematic on social networking sites. Think very carefully before allowing others (including employers, other doctors, nurses, allied health professionals, clerks, ancillary staff, students, or tutors) to access personal information.

Colleagues' online conduct

Inevitably, many people choose to interact with colleagues via social media. While you need to be aware of what they see you doing, you may also notice colleagues posting information online or behaving inappropriately.

Looking after colleagues is an integral element of professional conduct, so if you feel that a friend or workmate has posted information online that could be damaging for them, consider letting them know in a discreet way (such as a personal email, text message, or phone call).



Social Media:

Online Medical Professionalism? - Data Destination

Source: AMA Social Media Guide.

Extent of access to your information

Many people are unaware of just how easily accessible and durable their online information is. Even if using the most stringent privacy settings, information on social networking sites may still be widely available, including to various companies and search engines. And deleting information is not sure-fire protection – it is almost certainly still stored somewhere in cyberspace, and theoretically permanently accessible.

If there is something that you really do not want some people to know about you, avoid putting it online at all. It is much harder to prevent other people posting information about you online (e.g. photos, videos). However, you can report inappropriate content to site administrators and request that it be removed.

Employee and college trainee background checks

Recruiters are increasingly screening potential employees online. Employer surveys have found that between one-fifth and two-thirds of employers conduct internet searches, including of social networking sites, and that some have turned down applicants as a result of their searches.

In another survey, 21 per cent of colleges and universities said they looked at the social networking of prospective students, usually for those applying for scholarships and other awards and programs.

Be conscious of your online image. While employers and colleges you are applying to may find information about you online that could actually prove to be advantageous (e.g. professional-looking photos, information on your extracurricular activities such as sports or volunteer work), material that portrays you in an unprofessional or controversial light can be detrimental.

Real life examples include an employer who turned down an applicant after discovering that he had used Facebook to criticise previous employers and disclosed company information, a doctor who missed out on a job because the doctor's online activities revealed an interest in witchcraft, and a female psychiatrist who failed to gain employment after a recruiting agency found explicit pictures online of her intoxicated.

Other issues with employment

Seven doctors and nurses were suspended from Swindon's Great Western Hospital, UK, after they posted photos of themselves on Facebook playing the 'lying down game' on the hospital premises.

The aim of the game is to take photos of yourself lying inert in ridiculous places such as on top of cars, bins, or tables. A hospital manager dobbed in the doctors and nurses after he saw pictures of them on a Facebook site posing on hospital trolleys and ward floors.

Hospital management said the staff faced disciplinary action because the hospital set 'high standards for staff behaviour at all times and therefore takes any such breaches extremely seriously'.

Employers and colleges may access online material and activities about their current medical staff or trainees, with potentially career-damaging outcomes. An insurance company employee was fired when she was caught on Facebook after calling in 'sick', having claimed she could not work in front of a bright computer, and a trainee was suspended for making insulting comments about a senior medical colleague on an online forum.

When using social networking sites, think before making offensive comments or jokes, sharing information about unprofessional activities (e.g. involving alcohol or drugs), or joining or creating groups that might be considered derogatory or prejudiced. Although online groups or webpages may seem innocuous, other people will not always treat the group with the same humour.



Social Media:

Friends with patients?

Source: [CNN article](#), August 25, 2015.

For patients, connecting with a physician's office or group practice on Facebook can be a simple way to keep up with basic health news. It's not unlike following a favorite sports team, your child's middle school or the local grocery store.

One Texas-based obstetrics and gynaecology practice, for instance, uses a public Facebook page to share tips about pregnancy and childcare, with posts ranging from suggestions on how to stay cool in the summer to new research on effective exercise for post-birth weight gain. Practices have also been known to share healthy recipes, medical research news, and scheduling details for the flu shot season.

"I have people come up to me and say, 'I follow you on Facebook -- thank you for posting this particular article. It helped me and my husband and my family,'"

Lisa Shaver, a primary care physician in Portland, Oregon.

Blurring professional boundaries

Historically, professional groups including the American College of Physicians and American Academy of Family Physicians have advised against communicating through personal Facebook pages. The American Medical Association notes social media can be a valuable way to spread health information, but urged doctors in its 2010 guidelines to separate their personal and professional online identities to "maintain professional boundaries."

The American College of Obstetricians and Gynecologists broke new ground in its latest social media guidelines (2015). It declined to advise members against becoming Facebook friends, instead leaving it to physicians to decide.

"If the physician or health care provider trusts the relationships enough ... we didn't feel like it was appropriate to really try to outlaw that,"

Nathaniel DeNicola, an ob-gyn and clinical associate at the University of Pennsylvania, who helped write the ACOG guidelines.

Patient-doctor relationships and social media

Finding ways to use Facebook and other forms of social media to connect with patients - even if it may just be through professional pages - fits a trend in which patients seek more equal footing with their doctors, said Zack Berger, an assistant professor of medicine at the Johns Hopkins School of Medicine who studies patient-doctor relationships and social media.

Email can be a particularly convenient method, though it isn't without concerns. Eva Schweber, 44, emails her doctor from a personal account and sends messages through an online portal -- a more digitally secure system that is being adopted by a growing number of practices. The portal, she said, is for discussing complex, specific information. She'll email her doctor from her personal email for less private concerns: Scheduling, filling prescriptions and asking if certain symptoms might warrant a check-up.

"The unsecure email is easier, in that I can do it from my phone, my tablet, whatever,"

Eva Schweber, a patient in Portland, Oregon.

In a recent study published in the *Journal of General Internal Medicine*, almost 20 percent of patient respondents reported trying to contact doctors through Facebook, and almost 40 percent through email.

"Patients want to communicate with doctors (in whatever way) is convenient,"

Joy Lee, a postdoctoral research fellow at the Johns Hopkins Bloomberg School of Public Health, and the study's lead author.

What about security?

Social networking platforms aren't usually digitally encrypted, increasing the odds they could get hacked or shared with third parties. The same worries hold true for other, casual forms of online communication such as email and text messaging.

That means doctors who discuss specific health concerns with patients through those could break the Health Insurance Portability and Accountability Act, the patient privacy law.

"How private is it when we share, when we talk to people? ... Once I've written it or once I've emailed it, it's gone, and I have no control."

David Fleming, past president of the American College of Physicians.

But because HIPAA was written before email and social media's ascent, it may not address patient preferences or behaviour. With more patients becoming comfortable using personal accounts for health needs, the law perhaps deserves another look.

Doctors could address that, several said, by using social media in other ways. These include maintaining active Twitter presences and professional Facebook pages for less-tailored health tips. That way, patients can get useful information and a sense of their doctors as people, but privacy stays intact and physicians maintain distance.





Social Media:

How to Moderate?

Your community are your guests, and you are the host. If your guests begin to misbehave, how exactly are you supposed to moderate this large, chaotic dinner party? How to promote respectful dialogue and conversation rather than uncivil rants and insults, and allow intelligent, thoughtful input to shine?

1. Publish guidelines for commenters

These should work to describe the kind of environment your social media wishes to create.

Clearly stating that no offensive language is to be used is a key example of the first basic step of great moderating.

Many social media platforms have a keyword filter system, which can be utilised to ban swear words, or even specific key words regarding topics which are banned from discussion.

Your page guidelines for commenters doesn't need to be complicated: "Our mission is to create an interactive, accessible hub for family doctors. To share tips, tricks, insights and updates for those who love family medicine. Please treat each other with the same respect you extend to your real-life friends. Freedom does not accept online bullying, harassment or trolls. Wall posts that are deemed as inappropriate or as spam will be removed."

2. Be or work with a Community Manager

Making sure someone is keeping an eye on your social media channels can be a massive boost to a business with a large online presence. This could be you or someone you choose to hire.

A community manager will ensure that the standard of conversation remains high, whilst encouraging comments which further your goals.

3. Encourage staff to participate in conversations

Staff participation is widely believed to improve the quality of discussion, and if their comments are both entertaining and intelligent, then it's more than likely to get readers coming back for more.

Your writers can respond to criticism and highlight the most interesting points of their pieces.

4. Find ways to surface most valuable comments

Letting readers like or dislike comments is a great way to start this, and whilst making the good comments more visible — this also rewards the commenters who have made contributions that are actually worth reading.

Social media consumption and time spent on mobile devices is growing exponentially, so it's well worth entailing your success by encouraging valuable comments and commenters.

5. Give feedback and educate your readers

Commenters who might not have intended to offend will probably be confused if you just delete their comment, so it's important to tell them why their comment was removed, rather than simply deleting unsuitable content with no information.

Pro tip

When you or your moderator remove a comment, prepare a fixed list of reasons to choose from, and then state why the comment has been removed.

6. Seek legal advice and share it with staff

Due to a lack of prior instance, there is very little information on the technical legalities of online commenting, it can become difficult to define defamation or even discrimination when anonymous commenters may just be attempting to express their opinions.

Nevertheless, any moderators, community managers and indeed writers should be kept up-to-date with knowledge of the situation.

Differences in opinion are what promote conversation and engaging discussion. Without it, social media would be a dull platform for promoting family medicine. Although it can become tempting to switch off comments altogether, it's important to remember that the more conversations people are having, the more popular family medicine is becoming.

Just keep those trolls away!



Social Media:

How to Moderate Conflicts?

Source: Katie Staab, social media specialist

If you are a social media community manager, your community is your dinner party and you're the host. The dream scenario is to lead glowingly positive, engaging conversations related to family medicine. Unless you manage a community with a goal of creating controversy, you probably recoil any time it pops up in your community and hurry to hush it. Such a strategy alone, however, lacks substance.

Like a dinner party that guests talk about afterward, controversy can result in richer, more significant conversation within your community. A party where you actually learn about people and how they see the world is infinitely more interesting than one where you only chat about the weather forecast — even with a few uncomfortable moments.

Likewise, a community that tackles real issues is far more valuable to its members than one that panders for likes, retweets and empty comments.

But how to moderate conflicts within your social media communities? The trick is learning how to embrace conflict, and how to recognize when it will ruin your party.

In real life and in social media, moderating conflict starts with knowing your guests and understanding why they're at your party (or in your community). When a disagreement starts, you can handle it in four ways:

1. Weigh the Pros & Cons

Process

The conflict has not come up on your community before and you can't predict how it will play out. At this point, weigh the pros and cons of the conversation continuing.

If you find that, at its best, this conversation does not further your brand's goals on social media, then it's time to diffuse it.

Action

Recognize the potential for a conflict to develop into a heated yet deep conversation.

Let it continue but monitor closely.

2. Identifying Important Issues

Process

The topic has come up in your community before and resulted in a rich, insightful and engaging conversation.

It takes time (as well as some trial and error) to discover what these topics are, and the best way to present them.

This doesn't mean creating conflict for the sake of it; it means identifying the issues that are deeply important to your community and get people talking about them.

Action

Encourage the difference of opinion

3. Diffuse the Conflict

Process

When the topic of discussion at hand is not related to your field of interest, does not contribute to the goals of your community or if the conflict rages on longer than is productive, it's time to step in and help your community refocus.

Action

Diffuse the conflict and steer the conversation in a different, less controversial direction.

4. Immediately End the Conversation

Process

The conflict involves personal attacks, threats, legal issues or anything that contradicts your community guidelines.

Action

Immediately end the conversation and, if necessary, remove the participants from your community.





My Social Media Story:

Harris Lygidakis, GP, Immediate Past VdGM Chair,
Entrepreneur & Honorary Secretary at WONCA Europe

What social media channels do you use in your work and for what purposes?

It's tough to answer, mostly because we are well into the 2.0 era and social networking has become a feature of many tools. Yes, there're [Facebook](#), [Twitter](#) and [LinkedIn](#), but then you have [Flickr](#) to share the photographs from the last conference, [ResearchGate](#) to connect and showcase your work, [Slideshare](#) for your presentations, [Evernote](#) for sharing your notes with different teams, [Office 365](#) to edit together with others documents, and [Trello](#) for managing your collaborative projects, on which you work while listening to your friend's latest playlist on [Spotify](#). And so on...

Moreover, podcasts, to which I often listen when I commute, are another fantastic resource (for instance, have a look at the brilliant [Therapeutic Education Collaboration podcast](#)). The United General Practitioners 2.0, which my colleague Sara Rigon and I ran for some years back in 2010, was our amateurish and casual attempt to podcasting on topics related to Family Medicine; yet that was a fantastic opportunity for us to connect and develop our professional networks.

Alongside Hangouts, I think there's a huge potential in them, especially for informal learning, continuous professional development (as part of MOOCs), community building and networking.

How do you keep yourself up-to-date and connected?

Internet is such an immense resource. From my viewpoint however, content curation and appraisal matter the most if one wishes to survive and navigate this ocean of information. Notwithstanding the plethora of the available tools, I think after all the bells and whistles, what I mainly use are the solutions that integrate easily and seamlessly with my everyday life, namely [Facebook](#), [Twitter](#) and [LinkedIn](#). If you invest some time in building a trustworthy network and finding the appropriate [Twitter](#) hashtags and user lists and the most relevant [LinkedIn](#) and [Facebook](#) groups, you can filter the noise and receive only the most significant information.

Further, [ResearchGate](#) is really outstanding when you seek published articles; most of the times a fellow colleague will be willing to help you in the spirit of community and fellowship. Finally, [Trello](#) is yet another brilliant tool. The concept is so simple; still it is very convenient for team cooperation, task coordination and project management.

What do your patients think about social media? Do they use it?

Absolutely and they use them broadly for health-related information. Nonetheless, I still think Family Doctors don't make efforts to implement them in their everyday practice in a meaningful way – at least in some countries where the mindset of our discipline is evolving very slowly.

As health professionals, we are ethically and legally obliged to stay up-to-date with the most recent evidence and advances. From the same standpoint, we also need to stay on guard for any changes that affect society, as ultimately they may influence our decisions; the Family Doctors who adopt the bio-psychosocial model in their practice should understand this. Hence, regardless of whether our patients use Social Media or whatever will be the next big thing in communication, we need to show an exploratory and diligent attitude and potentially (but not unconditionally) adopt them.

What social media sites do you think point towards the future of healthcare?

For patients, I believe that networks like [Patients-LikeMe.com](#) are here to stay. As health professionals, we have the extraordinary potential to partner with such communities and provide consultation and support, and alongside patients identify research and medical education opportunities.





My Social Media Story:

Zelal Akbayın, MD, Family Medicine Resident &
Member of the Vasco da Gama Movement for Young Doctors

What social media channels do you use in your work and for what purposes?

I use [Twitter](#), [LinkedIn](#), [WhatsApp](#), [Periscope](#), [Youtube](#) and [Facebook](#).

I use [Twitter](#) for accessing the new medical developments. I use [LinkedIn](#) and [Facebook](#) to communicate with colleagues and networking. I have [WhatsApp](#) Groups for discussing the topics regarding to patients issues. I use [Youtube](#) and [Periscope](#) for listening to experts.

How do you keep yourself up-to-date and connected?

I follow some specific medical websites. I read daily news. I'm a member of certain email groups. I follow some of my colleagues' podcasts and articles from [LinkedIn](#) and [Facebook](#).

What do your patients think about social media? Do they use it?

Most of my patients are using Social Media. They are not sure if they get the right professional medical information from Social Media.

They are worried about privacy concerns, so they choose to ask me in the clinic.

What social media sites do you think point towards the future of healthcare?

There is a global shift in how patients and the health-care connects. Social media is growing explosively. We are online and our patients are increasingly seeking health care information from professional healthcare providers.

Patients can benefit from the use of social media through education, receiving support from professionals, goal setting, and tracking personal progress. I think [Twitter](#) and [Facebook](#) point towards the future of healthcare and I'm very interested in new projects on eHealth, mHealth.





Case:

#FMChangeMakers

Origin

#FMChangeMakers is an initiative born out of a working group at the Vasco de Gama Movement Preconference of WONCA Europe Conference 2014, in Lisbon. Initially, known as #VdGMChangeMakers, the group was formed to develop tools and resources to aid young GPs interested in initiating changes in their local and national health systems and primary care training programs.

The primary objective is to collate and develop Primary Care orientated “Change Resources” in the fields of Communication & Patient Empowerment, Image and Influencing Health Policy, Interprofessional Networking & Collaboration and Primary Care Relevant Evidence and Guidelines.

The movement has naturally evolved since its inception to become a network for international communication and collaboration between young GPs interested in change management and innovation on a global level, with participants from Europe, the U.S., Asia and Africa.

Values

- Energy
- Creativity
- Personal
- Universal

Core topics

- Professional networking & collaboration
- Communication skills & patient empowerment
- Independent evidence & guidelines for primary care
- Improving image & policy engagement in primary care

The purpose of all #FMChangeMaker projects is to eventually develop a resource kit that can be accessed by Family Doctors and Primary Care Physicians from across the globe to enable them to make positive changes at local, national and international levels.

The evolution and development of Primary Care is essential to achieving universal coverage and improved access to healthcare for all. We hope that by supporting GPs to engage in change management processes we can contribute to the advancement of quality and innovation of health systems and primary care training programs around the world.

How to ChangeMake?

Each topic needs to be formulated into a research question This is the first stage of any change maker project. Find out what already exists.

Once you and your team have gathered all the resources, we must identify experts in the field and ask for their advice and support in determining the best and most effective resources to include/highlight in our resource packs

Once we have gathered resources and sought out advice from experts we must finally put this all together into a resource pack. Each pack should endeavour to cover the following areas:

- Rationale and introduction to the topic/problem
- Summarise the most effective solutions and strategies for approaching the topic
- Resource list of further sources of information, guidance and research
- Contact list of experts organisations and professionals in the area
- Template letters/promotional materials to advertise and advocate the work to others

Example

Communication Skills and Patient Empowerment

Question: “How can a GP enhance and develop communication and patient empowerment skills amongst their GP colleagues, GP trainees and medical students?”.

Rationale: Primary Care and Family Medicine is increasingly recognised to be the speciality of communication and patient empowerment. Yet in many places education of students, trainees and qualified professionals still lags behind in the quality and efficacy of training to aid development of such skills.

The Change Makers must strive to identify sources of best practice in educational methods and tools for enhancing communication skills and skills in facilitating patient empowerment. We must do this for three separate cohorts: Medical Students, Family Medicine Trainees and Qualified Family Doctors and their Continuing Professional Development. We should develop a summary of some of the best and most effective programmes in existence and gather the advice from those most experienced in this field so that any Family Doctor wishing to enhance education programmes locally can look to our resource pack for guidance and support.



Photo Credit: Andreas Eldh via Creative Commons.

#FMChangeMakers Tweet Chats

The primary communication platform for the #FMChangeMakers has been social media, most notably regular Tweet Chats.

[Access Tweet Chat Guide in Google Drive.](#)

The #FMChangeMakers group have utilised statistics generated by the Symplur healthcare hashtags project to analyse the reach and impact of the #FMChangeMakers hashtag. Cumulative data on impressions, participants and mentions has been evaluated over time and cross-referenced with the dates of tweetchats and other key events.

Each successive tweetchat has directly led to growth in impressions (1,575,485), mentions (1,647) and participants (113). Tweetchats have also contributed to the rapid expansion of our network beyond Europe. There is a variance in the impact of the tweetchats, which is related to the publicity and advertising of each chat. The majority of the tweetchats led to more growth than face-to-face events such as the VdGM Forum.

In our opinion, Tweet Chats can be an effective and innovative way to engage, develop and grow an international online community. Their impact is maximised through regular and consistent publicity and advertising and a robust facilitative process. Most notably they present opportunities for expanding dialogue and networks, both globally, interprofessionally and across the patient/professional divide.

Tweetchats are a potentially invaluable tool for advocacy, knowledge sharing and the future development of global family medicine.



Case:

FYAMs Online Journal Clubs - A Concept Campaign in Denmark

Background

In 2012, the Forum for Young General Practitioners (FYAM) in Denmark introduced its member-oriented campaigns, this one focusing on education and training. In 2013, FYAM introduced a research campaign with the aim to strengthen the knowledge of and interest in Primary Care Research as well as enhancing Evidence-based medicine (EBM).

Methods

Firstly, FYAM allied and merged with the Danish College of General Practitioners (DSAM) to stimulate dissemination and the sharing of knowledge across age, between clinics and personal research experience.

Secondly, FYAM approached the three Primary Care Research Units in Denmark in order to have them selecting the most significant articles in Primary Care Research. From this selection a canon of six fundamental articles for Primary Care Research was produced. The canon itself was introduced and launched at the Danish College of General Practitioners' Annual Meeting in 2012.

Thirdly, FYAM offered free download of the six articles together with the special designed article concept: A step-by-step guide on how to read a research article allowing everyone to participate in the interpretation of an article without any research experience.

Fourthly, FYAM made use of Social Media in the shape of Online Journal Clubs (OJC) in order to involve Young GPs regardless their geographical position and general availability. The six OJCs held in 2013/2014 were based on the articles accepted in the canon. FYAM published dedicated newsletters as reminders for an upcoming Journal Club.

Results

The OJCs were held on Sundays at 8 pm lasting 60 minutes every second month with up to 80 active participants – and many more inactive participants (lurkers). The numbers of participants were higher in the beginning of the Research Campaign, although decreasing during the year.

A positive side-effect was that the article concept was widely distributed amongst medical students and other medical specialties in Denmark, producing positive feedback and reputation in the Danish Medical Society as a whole.

Conclusions

The Research Campaign proved to be an effective and efficient strategy and method for enhancing focus on Research and EBM. The article concept had an unexpected effect lasting longer than the campaign year, producing a positive reputation inside as well as outside the Primary Care organisation.

The campaign would be easy to implement in other countries, which is why FYAM has translated the article concept followed by a guideline, which is available for free for other Young GP societies to use and develop further.





Case:

Balint 2.0 by Young Doctors Movements - An International Web-based Approach

During the past ten years WONCA has given birth to seven regional Young Doctors Movements (YDMs). Having set sail in Europe with Vasco da Gama, it wasn't until this year that the guiding star Polaris shone on the sky and opened the way for an age of cross-YDM projects, shifting attention from regionally focused activities within each YDM chapter.

After successfully putting Family Medicine on the world map (literally!), discussions emerged on Polaris' Facebook group regarding an online international Balint initiative. Within hours of the initial post, a dozen representatives from the majority of the regional YDMs signed up to participate - namely the Vasco da Gama Movement (Europe Region), Polaris Movement (North America Region), Waynakay Movement (Iberoamerican Region) and The Spice Route (South Asia Region).

More recently representatives from AfriWon (Africa region), the Al Razi Movement (East Mediterranean region) and The Rajakumar Movement (Asia Pacific Region) have joined in.

The group calls itself Balint 2.0 Ambassadors: '2.0' references the application of technology while 'ambassadors' touches on its international nature. Some participants had met in person through previous WONCA conferences and events while others have performed previous collaborations together via the internet. Still a handful are using this opportunity to participate in an international initiative for the first time. Of note, all share a bond in that each is active in their specific regional YDM.

The International Balint Federation

After an initial video conference, the group sought and found the support of the International Balint Federation (IBF). This venture aims to examine whether a Balint group can function in such a virtual manner. The partnership with the IBF also produced two Balint facilitators: Dr Don Nease (President of the IBF) and Dr Albert Lichtenstein (President of the American Balint Society).

On their inaugural meeting, they set the grounds for the Balint groupwork that should ensue. The group is working out some minor technical issues and refining the parameters which allow the group to function in such a virtual manner.

It surely feels like an excellent action to highlight the applicability and global extent of both the Balint initiative and the YDM community. A recent literature search did not produce any published results describing such similar international web-based projects. Therefore the group hopes to share this journey of collaboration, learning, and deeper understanding through a peer-reviewed publication later on.

In addition to the great learning experience, this collaboration proves to better unite all regional YDMs. Balint 2.0 Ambassadors are making a good example of a wider international view of breaking frontiers within the global world of Family Medicine, towards a new era for YDMs, young and future family doctors.

Authors:

Kyle Hoedebecke, MD, CKTP, RMT (Polaris, USA)
Luís de Pinho-Costa, MD (Vasco da Gama Movement, Portugal)

Balint group participation may improve coping

Some international evidence shows that face-to-face Balint group participation can ameliorate work-related stress and professional isolation. In short: Balint groups, which involve doctors meeting regularly to discuss challenging patients, may improve coping.

The Balint group conceived by Michael Balint used psychoanalysts as facilitators to run groups for practising GPs. In the intervening 60 years, considerable variation has developed in how Balint groups are run.

The common key principles of the Balint method are that they are designed to examine the emotional content of the doctor-patient relationship through a process of case presentation and facilitated group discussion that focuses on those emotional interactions.

Participants present emotionally challenging cases, and the trained group facilitator stimulates creative reflection on the doctor-patient relationship in a supportive environment.

The self-analysis and peer support may allow doctors to recognise personal reactions, understand the dynamics of interpersonal doctor-patient interactions and reduce stress by sharing experiences.

Unknown impact and feasibility of Balint 2.0 groups

Distance constraints may impact on (rural) doctors' ability to participate in face-to-face groups, but web 2.0 technologies like Skype, GoToMeeting or another video conferencing platform already delivers online 'face-to-face' support to remote locations. However, until April 2015 no published studies have examined the impact, feasibility and/or acceptability of online Balint groups.

The primary study aim was to trial an online Balint group, determine effect size to inform sample size calculations, determine the feasibility and acceptability of the intervention, and improve the study design prior to implementation of a full-scale study.

A secondary aim was to obtain preliminary data on whether an online Balint group increased GPs' and GP registrars' psychological medicine skills, improved work-related affect and reduced perceptions of professional isolation.

The null hypothesis was that the mean pre- to post-intervention change in scores of Balint group participants would not differ from those of the controls on the following outcome measures:

- Psychological Medicine Inventory (PMI).
- Warr's Work-Related Affect Scale (WWAS).
- Professional isolation scale (PIS).

Conclusions

Participants in this study similarly expressed the view that they felt supported, and that they learnt new skills in considering the viewpoint of others that helped them clarify what was occurring in a consultation:

- Participation in an online Balint group can improve Australian rural GPs' and GP registrars' work-related affect and psychological medicine skills.

The greatest obstacle in this study was difficulty with Internet connections:

- Current broadband speeds in Australian rural areas make online groups challenging.

Source: Koppe, H., Mortel, T. F., & Ahern, C. M. (2015). How effective and acceptable is Web 2.0 Balint group participation for general practitioners and general practitioner registrars in regional Australia? A pilot study. *Australian Journal of Rural Health*. [Read abstract here](#).



Case:

#SoMe Ambassadors Network

#SoMe Ambassadors Network of GP/FM

Welcome to the #SoMe Ambassadors Network of General Practice / Family Medicine! This is a project being conducted by members of the World Organization of Family Doctors (WONCA) regional movements for young and future family doctors.

The purpose of the project is to build a database/network of General Practitioners/Family Doctors and Trainees as well as Medical Students pursuing a career in General Practice/Family Medicine, interested in receiving information on Social Media initiatives run by members of WONCA Young Doctors' Movements and willing to promote such initiatives in the country where they work/study.

Participation in this project is voluntary. If you decide to participate, you may withdraw at any time. If you decide not to participate or if you withdraw from participating at any time, you will not be penalized.

If you agree to take part and want to volunteer to serve as an Ambassador, you will be asked to complete an [online questionnaire](#).

The questionnaire will take approximately 5 minutes and ask about your demographic information (name, birth year, gender), professional information (country and city where you work/study, and your position as a medical student, trainee, young family physician or senior family physician), and contact details (email and, if applicable, on social media).

Please be as thorough as possible, as you'll also be asked which data you want to share only with the Project's Team, and which data you wish to be released to the public on the [Map of Ambassadors](#).

Regarding the information shared solely with the Project's Team, we will do our best to keep such information confidential. It will be used for the above mentioned purpose only and won't be shared with other parties.

If you have questions about this project, [please email](#) the Project Managers.

Luís Pinho Costa
Project Manager and Webmaster

Kyle Hoedebecke
Project Manager and Tweetmaster





Testimonials

Great resource! *Dr Shabir Moosa,
WONCA Africa Secretary
(South Africa)*

Amazing job
Simple, easy to understand, practical.
*Dr Vasiliki Gkarmiri,
Vasco da Gama Movement (Greece)*

**Congratulations
Great Guidebook!**
Dr Maria Bakola, Vasco da Gama Movement (Greece)

**Elaborative
and helpful**
*Dr Madonna Bacorro,
Manila (Philippines)*

Brilliant...!!
*Dr Mohammed Idris Shariff,
Bangalore (India)*

Nice :)
Publication time!
*Dr Kyle Hoedebecke,
WONCA Polaris (USA)*

**Wow, this is
wonderful!
Amazing job!**
*Dr med Hannah Haumann
(Germany)*



Testimonials

**Great work!
I'd love to see
an additional
layout that
works on
ereaders/
small tablets**

Dr Christian Rechtenwald, (Germany)

**An amazing
piece of work,
comprehensive
and practical!**

Dr Ronen Brand (Israel)

**Thank you for
providing us
access to this
everexpanding
resource**

Dr & Associate Professor Per Kallestrup (Denmark)

**Thank you so
much - very
impressive
piece of work**

Dr Klaus Von Pressentin (South Africa)

**I am amazed -
this is superb
work and a very
impressive
document**

**Very very well
done to everyone
who contributed
and had the vision
to publish**

Dr Peter A Sloane, VdGM Chair (Ireland)