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#hcsm - March 30, 2014

6:00

[HealthSocMed | #hcsm@HealthSocMed](#)

Welcome to ([#hcsm](#)) healthcare communications & social media. If you're joining tonight, please introduce yourself! ([@danamlewis](#) moderating)

6:00

[AnnMarie Walsh@padschicago](#)

Mine too :) RT [@Katiissick](#) My tweets for the next hour are part of the [#hcsm](#) tweetchat.

6:01

[Andrew Lopez, RN@nursefriendly](#)

[@nursefriendly](#) Hello Everyone, Andrew Lopez, RN from [#NewJersey](#), [#Healthcare](#) [#Tweetchat](#) [#Enthusiast](#) [#hcsm](#) [#nurseup](#)

6:01

[Robert Mahoney@mahoneyr](#)

Stay tuned for the busiest hour in medical social media...hello and good evening, [#hcsm](#)

6:01

[Gnosis Media Group@GnosisArts](#)

[#hcsm](#): marcomm practices in healthcare. Mod: [@HealthSocMed](#) When: Sun 8:00pm CST. [#tweetchatshappeningnow](#)

6:01

[Kati Debelic@Katiissick](#)

hi everyone, Kati here, a 24/7 patient. Glad to be here. [#hcsn](#)

6:02

[CancerGeek@CancerGeek](#)

Good evening to all. Andy in WI. [#hcsn](#)

6:02

[Dr. Jason Malinowski@drmalinowski](#)

Hi Dana and fellow [#hcsn](#) crew. Jason in from Barry's Bay ON. Tweets for the next hour are for the tweetchat. Join us!

6:02

[HealthComU@HealthComU](#)

[@HealthSocMed](#) Hi! We're a new blog about health communications established by students and alum of BU. Hope you'll check us out! [#hcsn](#)

6:02

[HealthSocMed | #hcsn@HealthSocMed](#)

We will assume all tweets within [#hcsn](#) during following hour are your own & not those of your employers (unless specifically declared).

6:02

[Andrew Lopez, RN@nursefriendly](#)

[@mahoneyr](#) [@jchevinsky](#) Here we go again :) [#hcsn](#)

6:02

[Mark Salke@marksalke](#)

[@nursefriendly](#) Hey Andrew. We've missed you the last few weeks! [#hcsn](#)

6:02

[Jess ME CFS@Jess\\_ME\\_CFS](#)

[@HealthSocMed](#) [@danamlewis](#) \*waves\* Hi, I'm Jess, a student on medical leave from Uni due to ME/CFS, I live in the uk :) [#hcsn](#)

6:02

[Andrew Lopez, RN@nursefriendly](#)

[@giasison](#) [@ASCO](#) Hello Gia :) [#hcsn](#)

6:02

[CancerGeek@CancerGeek](#)

[@ASCO](#) I am hoping next year to make the list. [#hcsn](#)

6:03

[Timothy Aungst@TDAungst](#)

Timothy Aungst, pharmacy, listening in tonight [#hcsn](#)

6:03

[Alan Brewington@abrewi3010](#)

Hello everyone. Alan here from Boise Idaho [#hcsn](#)

6:03

[Mark Salke@marksalke](mailto:Mark.Salke@marksalke)

Hi everybody [#hcsM](#) I'm Mark from Ann Arbor MI. Social media and healthcare curious.

6:03

[T2D Research@T2DRemission](mailto:T2D_Research@T2DRemission)

Michael Massing, research editor and writer. Hi, Andrew! B^)  
[#hcsM](#)

6:03

[Andrew Lopez, RN@nursefriendly](mailto:Andrew.Lopez_RN@nursefriendly)

[@HealthComU](#) [@HealthSocMed](#) Cool, register with  
[@healthhashtags](#) yet? [#hcsM](#)

6:03

[PANDORA Org.@pandoraorg](mailto:PANDORA_Org.@pandoraorg)

[@pandoraorg](#) listening in. First tweet chat [#hcsM](#)

6:03

[CancerGeek@CancerGeek](mailto:CancerGeek@CancerGeek)

Andy in WI. Builder of cancer ctrs, create patient experiences.  
Healthcare challenger, global marketer. Pt advocate. [#hcsM](#)

6:03

[Laurel Ann Whitlock@twirlandswirl](mailto:LaurelAnnWhitlock@twirlandswirl)

Hi, all! Laurel, photographer in Orlando. Stuck on the couch  
with back problems all week, bit stir crazy, looking forward to  
chatting! [#hcsM](#)

6:04

[Charles Platt@ACharlesPlatt](#)

Hello [#hcs](#)m - newbie here

6:04

[AnnMarie Walsh@padschicago](#)

Hi and welcome! RT [@ACharlesPlatt](#) Hello [#hcs](#)m - newbie here

6:04

[Andrew Lopez, RN@nursefriendly](#)

[@marksalke](#) Thanks Mark, like to stop by when I can :) Nice to be missed. [#hcs](#)m

6:04

[Annette McKinnon@anetto](#)

Annette here from Toronto. Blogger and patient. [#MedX](#) delegate for 2014 [#hcs](#)m

6:04

[Laurel Ann Whitlock@twirlandswirl](#)

[@mahoneyr](#) And if we DON'T enjoy your tweets... that your fault, too? :P [#hcs](#)m

6:05

[DrJonathan DO,MS,NCC@DrJonathan](#)

I'm finding any excuse I can not to study for Family Medicine boards. But, I'm still lurking. [#hcs](#)m

6:05

[AnnMarie Walsh@padschicago](#)

Only a few minutes in and already I'm going ADHD. Love the fast pace! LOL [#hcs](#)

6:05

[Kati Debelic@Katiissick](#)

[@pandoraorg](#) well done!!! [#hcs](#)

6:05

[Laurel Ann Whitlock@twirlandswirl](#)

[@jchevinsky](#) [@BioethxChat](#) You know, I have so much to say on that and I'm annoyed I'll miss it. Maybe I'll blog. [#hcs](#)

6:05

[Dr. Jason Malinowski@drmalinowski](#)

All my fave [#hcs](#) tweeps are here

6:05

[Dana Lewis | #hcs@danamlewis](#)

Welcome to [#hcs](#), all <-- Dana Lewis, [#hcs](#) moderator & creator, thinker | doer | teacher of health & digital; Chief Data Producer [#DIYPS](#)

6:05

[Robert Mahoney@mahoneyr](#)

Tweets you don't enjoy are someone else's. [@twirlandswirl](#)  
[#hcs](#)

6:05

[HealthSocMed | #hcsM@HealthSocMed](#)

Welcome, everyone, to [#hcsM](#)! Special hi to any first-timers joining tonight :), and of course our friendly lurkers. Tweet in anytime!

6:06

[Lawrence Sherman@meducate](#)

Tsk tsk RT [@DrJonathan](#): I'm finding any excuse I can not to study for Family Medicine boards. But, I'm still lurking. [#hcsM](#)

6:06

[Andrew Lopez, RN@nursefriendly](#)

[@CancerGeek](#) [@anetto](#) [@padschicago](#) Hello :) Here we go again :) [#hcsM](#)

6:06

[Robert Mahoney@mahoneyr](#)

Reading the [#hcsM](#) chat is not unlike studying for boards. [@DrJonathan](#)

6:06

[AnnMarie Walsh@padschicago](#)

RT [@danamlewis](#) Welcome 2 [#hcsM](#)<-- Dana Lewis, [#hcsM](#) moderator, creator, thinker|doer|teacher of health & digital; Chief Data Producer [#DIYPS](#)

6:06

[April Foreman@DocForeman](#)

[@nursefriendly](#) [@CancerGeek](#) [@anetto](#) [@padschicago](#) Hi, all!  
[#hcs](#)

6:07

[Andrew Lopez, RN@nursefriendly](#)

[@mahoneyr](#) [@DrJonathan](#) Lots of great information shared,  
lots to learn from :) [#hcs](#)

6:07

[Lauren@laurencstill](#)

Hey all, Lauren here from SF thinking a bunch about patient  
health data security. What else is new? [#hcs](#)

6:07

[CancerGeek@CancerGeek](#)

[@ACharlesPlatt](#) It can, but more importantly, can it drive  
healthcare to get consumerism? [#hcs](#)

6:07

[Dan Goldman@danielg280](#)

Hi everyone. Dan Goldman: lawyer at Mayo Clinic. Will  
probably be mostly lurking tonight [#hcs](#)

6:07

[HealthSocMed | #hcs@HealthSocMed](#)

We'll get started with topic 1 (T1) in just a few minutes.  
Remember if you jump in to [#hcs](#) later to introduce yourself!

6:08

[P. F. Anderson@pfanderson](mailto:P.F.Anderson@pfanderson)

Patricia here from Michigan for [#hcsn](#) back late from a workout at the gym, trying to eat fast. Medical librarian, patient advocate, celiac.

6:08

[Andrew Lopez, RN@nursefriendly](mailto:Andrew.Lopez,RN@nursefriendly)

[@DocForeman](#) [@CancerGeek](#) [@anetto](#) [@padschicago](#) Hello April, been missing [#spsm](#) :) Hoping to make it tonight. [#hcsn](#)

6:08

[Marie Ennis-O'Connor@JBBC](mailto:Marie.Ennis-O'Connor@JBBC)

[@CancerGeek](#) hi Andy - good to see you as always [#hcsn](#)

6:08

[georgemargelis@georgemargelis](mailto:georgemargelis@georgemargelis)

George Margelis geek doctor from down under [#hcsn](#)

6:08

[David Chou@dchou1107](mailto:David.Chou@dchou1107)

[#social](#) should increase in patient satisfaction. Any metrics and data proving that [#hcsn](#)

6:08

[Mike Sevilla, MD@drmikesevilla](mailto:Mike.Sevilla,MD@drmikesevilla)

RT [@HealthSocMed](#): We'll get started with topic 1 (T1) in just a few minutes. Remember if you jump in to [#hcsn](#) later to introduce yourself!

6:08

[CancerGeek@CancerGeek](#)

[@JBBC](#) You as well. [#hcs](#)

6:08

[Andrew Lopez, RN@nursefriendly](#)

[@padschicago](#) [@CancerGeek](#) [@anetto](#) Have my "hard lemonade" at the ready :) [#hcs](#)

6:08

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

Laura here after a long cold rainy weekend. Using [#hcs](#) to engage teens abt [#TeenHealth](#) on Twitter, Tumblr, Blogger and Pheed

6:08

[Robert Mahoney@mahoneyr](#)

If you didn't enjoy that tweet, [@twirlandswirl](#), you need to calibrate your expectations. [#hcs](#)

6:09

[Marie Ennis-O'Connor@JBBC](#)

[@pfanderson](#) you sure know how to fit a lot into a tweet Patricia :-)  
[#hcs](#)

6:09

[Jennifer Chevinsky@jchevinsky](mailto:Jennifer.Chevinsky@jchevinsky)

[@twirlandswirl](#) If you do blog, please let us know when it's up!  
Would love if you would address the chat topics in your blog!  
[#hcs](#)

6:09

[Amanda Ball@MsAmandaBall](mailto:Amanda.Ball@MsAmandaBall)

Good evening, [#hcs](#) friends! Amanda from Ohio here. Social media coordinator, EMT, and podcast host. I like to lurk this convo.

6:09

[Andrew Lopez, RN@nursefriendly](mailto:Andrew.Lopez,RN@nursefriendly)

[@danielg280](#) Hello Dan, we'll take you lurking just the same, glad to have you around :) [#hcs](#)

6:09

[Dr. Jason Malinowski@drmalinowski](mailto:Dr.Jason.Malinowski@drmalinowski)

[@georgemargelis](#) I wanted to be a geek doctor but I matched to family med instead. [#hcs](#) :)

6:09

[HealthSocMed | #hcs@HealthSocMed](#)

TOPIC 1 - Pt & HCP priorities usually different. What happens when each is attempting to address dif. problem? How can we change this? [#hcs](#)

6:10

[Andrew Lopez, RN@nursefriendly](#)

[@pfanderson](#) Lol, going to need your strength for [#hcsn](#) ? ;)

6:10

[April Foreman@DocForeman](#)

[@nursefriendly](#) [@CancerGeek](#) [@anetto](#) [@padschicago](#)  
Missing you too, Andrew! Having to go easy on tweets so I  
don't get tweet jailed. [#hcsn](#)

6:10

[Impact80 Summit@Impact80summit](#)

Goldie here, caregiver, pharmacist from [@carenmag](#)  
[@Impact80summit](#) all based Houston senior & patient care  
advocate [#hcsn](#)

6:10

[Mike Sevilla, MD@drmikesevilla](#)

RT [@HealthSocMed](#): TOPIC 1 - Pt & HCP priorities usually  
different. What happens when each is attempting to address  
dif. problem? [#hcsn](#)

6:10

[P. F. Anderson@pfanderson](#)

[@JBBC](#) LOL! Practice makes perfect? [#hcsn](#)

6:10

[Erin Moore@ekeeley Moore](#)

Hi all, Erin here a few min late [#hcsn](#)

6:10

[Dan Goldman@danielg280](#)

[@nursefriendly](#) Thanks Andrew. Good to see you as well.  
[#hcsn](#)

6:10

[Sarah Durham@sdurham1979](#)

Hi everyone! I'm Sarah from TX. I'm pretty new to the chats.  
Long time rare disease patient w/intentions of advocating for  
others. [#hcsn](#)

6:10

[AnnMarie Walsh@padschicago](#)

RT [@HealthSocMed](#) TOPIC 1 - Pt & HCP priorities usually  
different. What happens when each is attempting to address  
dif. problem? .. [#hcsn](#)

6:10

[Andrew Lopez, RN@nursefriendly](#)

[@JBBC](#) [@pfanderson](#) Yes, Patricia is one of the most skilled  
tweeters I know, and one of the most relevant. [#hcsn](#)

6:10

[Laurel Ann Whitlock@twirlandswirl](#)

[@mahoneyr](#) I can't help it if I hold your tweets to a higher  
standard, now can I? :P [#hcsn](#)

6:10

[Marina Bastawrous@mbastaw](#)

Hi all! Marina joining from the university of toronto. [#hcs](#)

6:10

[Dana Lewis | #hcs@danamlewis](#)

T1 live at [#hcs](#) - what happens when pts & HCPs addressing different priorities or problems, usually at same time? How to change this?

6:11

[Laurel Ann Whitlock@twirlandswirl](#)

[@jchevinsky](#) Will do! I'll get to it tonight, if my back holds up after two hours of tweet-chatting. [#hcs](#)

6:11

[CancerGeek@CancerGeek](#)

T1: When needs of end user are not defined, people spend time working to fix the wrong problems, jump to solutions, waste time. [#hcs](#)

6:11

[Robert Mahoney@mahoneyr](#)

T1 [@HealthSocMed](#) this question goes at the heart of "my doctor doesn't listen to me". [#hcs](#)

6:11

[David Chou@dchou1107](#)

priorities should be to provide the best care. overall goal in to improve healthcare [#hcs](#)

6:11

[AnnMarie Walsh@padschicago](#)

RT [@DocForeman](#) [@nursefriendly](#) [@CancerGeek](#) [@anetto](#) [@padschicago](#) Miss you, Andrew! Having go easy on tweets so I don't get tweet jailed. [#hcsn](#)

6:11

[Amol Utrankar@AmolUtrankar](#)

Aligning pt & provider priorities requires listening to the pt, which comes down to (1) lack of time and (2) culture of doctoring [#hcsn](#)

6:11

[Timothy Aungst@TDAungst](#)

T1: Orient goals at beginning of session b/n HCP and PT. Time is valuable, find ways to get key points addressed b/n both for care [#hcsn](#)

6:11

[Laurel Ann Whitlock@twirlandswir](#)

T1 - Battle to the death in a ring of jello? [#badideas](#) [#hcsn](#)

6:12

[Kati Debelic@Katiissick](#)

T1 pts want health care. HCP want... what? i am not sure I understand, is there a problem? [#hcsn](#)

6:12

[Mark Salke@marksalke](mailto:Mark.Salke@marksalke)

[@sdurham1979](https://twitter.com/sdurham1979) Welcome to [#hcsm](https://twitter.com/hcsm), Sarah! We like Texans. :)

6:12

[Goldi Erowele PharmD@carenovatemag](mailto:Goldi.Erowele.PharmD@carenovatemag)

Goldie here, caregiver, pharmacist from [@carenmag](https://twitter.com/carenmag)  
[@Impact80summit](https://twitter.com/Impact80summit) all based Houston senior & patient care  
advocate [#hcsm](https://twitter.com/hcsm)

6:12

[Annette McKinnon@anetto](mailto:Annette.McKinnon@anetto)

T1 It can take time to achieve collaboration. Patient needs to  
prove they do understand issues. Drs have higher ground,  
credentials [#hcsm](https://twitter.com/hcsm)

6:12

[Mike Sevilla, MD@drmikesevilla](mailto:Mike.Sevilla,MD@drmikesevilla)

[#hcsm](https://twitter.com/hcsm) T1 I think the real fun of pt care is to try to work  
together w 2way communication to reach the same patient/  
provider goals

6:12

[Andrew Lopez, RN@nursefriendly](mailto:Andrew.Lopez,RN@nursefriendly)

[@HealthSocMed](https://twitter.com/HealthSocMed) T1 [#Patients](https://twitter.com/Patients) want to be kept in the loop on  
[#treatments](https://twitter.com/treatments), [#changes](https://twitter.com/changes), [#Tests](https://twitter.com/Tests), [#Medications](https://twitter.com/Medications). [#hcsm](https://twitter.com/hcsm)

6:12

[Marina Bastawrous@mbastaw](#)

T1: Movement towards patient-centered care would help HCPs partner with patients for goals important to them [#hcs](#)

6:12

[CancerGeek@CancerGeek](#)

T1: Time outs to define root problem. Foster open & honest dialogue. Story sharing. 90% time to define problem. Solutions are easy. [#hcs](#)

6:12

[Jess ME CFS@Jess ME CFS](#)

I think priorities of both need to be addressed. Need open, relaxed communication. Need shared understanding to move forward together. [#hcs](#)

6:13

[AnnMarie Walsh@padschicago](#)

RT [@mbastaw](#) T1: Movement towards patient-centered care would help HCPs partner with patients for goals important to them [#hcs](#)

6:13

[Robert Mahoney@mahoneyr](#)

T1 HCP's often have different priorities. Either (1) can't fix your problem until we fix mine or (2) you'll die of mine sooner. [#hcs](#)

6:13

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T1 One of the biggest gripes I hear at the [#bedside](#) is "No one tells me anything!" [#hcs](#)m All to common.

6:13

[P. F. Anderson@pfanderson](#)

[@nursefriendly](#) I'm still pumped and energized from the workout. Nice feeling. Been a long time coming [#hcs](#)m

6:13

[Jennifer Chevinsky@jchevinsky](#)

T1 There are values that HCP & pt share, and others that they may not. Rather than getting angry, get educated by listening! [#hcs](#)m

6:13

[AnnMarie Walsh@padschicago](#)

True RT [@nursefriendly](#) [@HealthSocMed](#) T1 One of the biggest gripes I hear at the [#bedside](#) is "No one tells me anything!" [#hcs](#)m All to common.

6:13

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T1 [#Patients](#) need a constant flow of communication, updates, need to know how situations are evolving. [#hcs](#)m

6:13

[Alan Brewington@abrewi3010](mailto:Alan.Brewington@abrewi3010)

T1 patient should make a mission stmt or goal for the visit with HCP. Pat needs to fight for their right to be heard [#hcsn](#)

6:13

[P. F. Anderson@pfanderson](mailto:P.F.Anderson@pfanderson)

[@nursefriendly](#) [@JBBC](#) Thank you for the kudos. Being relevant and useful is one of my greatest pleasures. [#hcsn](#)

6:14

[Dr. Jason Malinowski@drmalinowski](mailto:Dr.Jason.Malinowski@drmalinowski)

T1 [#hcsn](#) I was hoping the core values would be the same. Maybe the route or the prioritization of the values differs.

6:14

[CancerGeek@CancerGeek](mailto:CancerGeek@CancerGeek)

T1: 90% time focus to define right problem. Foster an open/honest dialogue w common language. Share stories. [#hcsn](#)

6:14

[Brad Zehring, DO@DrZehringDO](mailto:Brad.Zehring,DO@DrZehringDO)

[@nursefriendly](#) [@HealthSocMed](#) and docs should want them to have these results. Means patients more engaged. [#hcsn](#)

6:14

[Jennifer Chevinsky@jchevinsky](mailto:Jennifer.Chevinsky@jchevinsky)

T1 This topic hits close to home. Wrote a curriculum for students on 'Values-based practice' [www2.warwick.ac.uk/fac/med/study/...](http://www2.warwick.ac.uk/fac/med/study/...) [#meded](#) [#bioethx](#) [#hcsn](#)

6:14

[Annette McKinnon@anetto](#)

T1 An example is dr aiming for low disease activity. Patient may want more - better quality of life/less fatigue also [#hcs](#)

6:14

[Mike Sevilla, MD@drmikesevilla](#)

[#hcs](#) T1 The challenge of course is when there is disagreement. This can't be adversarial on either side. Hopefully can find common ground

6:14

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T1 When issues being addressed are clearly explained to the [#patient](#), they'll complain less about the journey. [#hcs](#)

6:14

[Amol Utrankar@AmolUtrankar](#)

Do doctors' priorities have a place in the pt-provider relationship? Isn't SDM about clinical evidence and patient values? [#hcs](#) [#sdm](#)

6:15

[Robert Mahoney@mahoneyr](#)

(T1 is going to be good...) [#hcs](#)

6:15

[Mark Salke@marksalke](mailto:Mark.Salke@marksalke)

A1: Every professional must balance their impression of priority with that of their 'customer/patient.' [#hcs](#)

6:15

[Jim Rattray@jimrattray](mailto:Jim.Rattray@jimrattray)

T1: "Priorities" are simple — it's defined by the patient! Start there & seek alignment. [#hcs](#)

6:15

[Marie Ennis-O'Connor@JBBC](mailto:Marie.Ennis-O'Connor@JBBC)

T1 one solution - patient completes questionnaire prior to consultation which identifies his/her priorities [#hcs](#)

6:15

[Real Talk Dr. Offutt@RTwithDrOffutt](mailto:RealTalkDr.Offutt@RTwithDrOffutt)

[#HCSM](#) T1: key to share priorities - why HCP prioritizes some goals, and why pts prioritize others; then agree on order for tackling them.

6:15

[Kati Debelic@Katiisick](mailto:Kati.Debelic@Katiisick)

RT [@jimrattray](mailto:@jimrattray) T1: "Priorities" are simple — it's defined by the patient! Start there & seek alignment. [#hcs](#) [#hcs](#)

6:15

[Brad Zehring, DO@DrZehringDO](mailto:Brad.Zehring,DO@DrZehringDO)

[@nursefriendly](mailto:@nursefriendly) [@HealthSocMed](mailto:@HealthSocMed) IM residents spend 300% more time on EMR than pt bedside. [#hcs](#)

6:15

[Andrew Lopez, RN@nursefriendly](#)

[@DocForeman](#) [@CancerGeek](#) [@anetto](#) [@padschicago](#)  
Occupational Hazard, have my second twitter account on  
standby :) [#hcsn](#)

6:15

[P. F. Anderson@pfanderson](#)

[@danamlewis](#) Sounds like a profound need for improved  
communication [#hcsn](#)

6:15

[Kati Debelic@Katiissick](#)

RT [@marksalke](#) A1: Every professional must balance their  
impression of priority with that of their 'customer/patient.'  
[#hcsn](#) [#hcsn](#)

6:15

[Liz Marsh@Lornadoone56](#)

Hello, my name is Liz. I've had [#ME](#) 25plus yrs. I'm new to this  
and not sure how it works, sorry. [#hcsn](#)

6:15

[Erin Moore@ekeeley Moore](#)

[@T2DRemission](#) [@anetto](#) I think dispute can often lead to  
understanding because it often generates conversation [#hcsn](#)

6:15

[CancerGeek@CancerGeek](#)

T1: Open & honest dialogue needs to be fostered. Common language established. 90% of time to define the right prob before solution [#hcsn](#)

6:16

[Laurel Ann Whitlock@twirlandswirl](#)

[@AmolUtrankar](#) Well, it depends on the priority. Is it the advancement or medicine... or making their tee time? [#hcsn](#)

6:16

[Jim Rattray@jimrattray](#)

T1: Once you understand the patient's priorities, then "education" can begin! [#hcsn](#)

6:16

[Mark Salke@marksalke](#)

A1: Exception is imminent danger/injury. [#hcsn](#)

6:16

[Alan Brewington@abrewi3010](#)

A1 both parties should ask "do I get it?". Great HCP will ask this of patient without being prompted [#hcsn](#)

6:16

[Laurel Ann Whitlock@twirlandswirl](#)

[@AmolUtrankar](#) HCPs are people, too (usually, I think). Their priorities matter, but can't be selfish ones re: patient care. [#hcsn](#)

6:16

[Kati Debelic@Katiissick](#)

[@jimrattray](#) welcome Liz, just relax and follow along.  
Welcome! [#hcs](#)

6:16

[Andrew Lopez, RN@nursefriendly](#)

[@DrZehringDO](#) [@HealthSocMed](#) For all the [#Lipservice](#) we give "patient empowerment" few [#doctors](#) practically are ready for it. [#hcs](#)

6:16

[Jennifer Chevinsky@jchevinsky](#)

[@mbastaw](#) YES..! Just bc values happen to align in one case, doesn't mean 'values' don't exist in that case. [#hcs](#)

6:17

[M Auron MD@medpedshosp](#)

[@HealthSocMed](#) T1- This is [@medpedshosp](#) (Med-Peds Hospitalist at Cleveland Clinic). We need to prioritize the patient's agenda first [#hcs](#)

6:17

[Marina Bastawrous@mbastaw](#)

RT [@jchevinsky](#) [@mbastaw](#) YES..! Just bc values happen to align in one case, doesn't mean 'values' don't exist in that case. [#hcs](#) [#hcs](#)

6:17

[P. F. Anderson@pfanderson](#)

[@jchevinsky](#) Conflicting values, and a need to prioritize values. Is patient's choice & informed consent > optimal care via guidelines? [#hcs](#)

6:17

[Andrew Lopez, RN@nursefriendly](#)

[@DrZehringDO](#) [@HealthSocMed](#) T1 The "party line" is that [#patients](#) need to learn, take responsibility, engage with [#doctors](#). [#hcs](#)

6:17

[Goldi Erowele PharmD@carenovatemag](#)

T1 Pt needs comes first, HCPs there to help, guide patient, arrive at common goal, accessing literacy, barriers comes w territory [#hcs](#)

6:17

[AnnMarie Walsh@padschicago](#)

Don't just understand patient's priorities but situation too. Reality maybe less than ideal. Lack of income, healthy food, etc. [#hcs](#)

6:17

[CancerGeek@CancerGeek](#)

T1: PT & HCP need to define language, terms, acronyms to level playing field. [#SoMe](#) allows us to be at same watering hole. [#hcs](#)

6:18

[Andrew Lopez, RN@nursefriendly](#)

[@DrZehringDO](#) [@HealthSocMed](#) T1 The reality of the situation is that empowered, engaged [#patients](#) intimidate [#doctors](#) [#nurses](#) [#hcps](#). [#hcs](#)m

6:18

[Robert Mahoney@mahoneyr](#)

T1 I have many patients for whom relief from DM neuropathy is a priority. Mine is controlling their BG. Can't have 1 w/o the other. [#hcs](#)m

6:18

[Erin Moore@ekeeley Moore](#)

There's value to being misaligned, learning where the other is coming from, understanding the pros and cons of your position [#hcs](#)m

6:18

[Laurel Ann Whitlock@twirlandswirl](#)

My opinion MATTERS, but I have to cave to what my customer wants if THEY want to purchase the photo. [#hcs](#)m

6:18

[Jim Rattray@jimrattray](#)

[@AmolUtrankar](#) Objective v. subjective is good observation. Same argument as "perception" is "reality." Start w/where the patient is. [#hcs](#)m

6:18

[Annette McKinnon@anetto](mailto:Annette.McKinnon@anetto)

T1 It takes a while to convince doctors to change course.  
Maybe patient top priority is not medical result [#hcsn](#)

6:18

[Laurel Ann Whitlock@twirlandswirl](mailto:LaurelAnnWhitlock@twirlandswirl)

Obviously, the stakes are higher in medicine, but the principle remains. [#hcsn](#)

6:18

[Jennifer Chevinsky@jchevinsky](mailto:Jennifer.Chevinsky@jchevinsky)

University of Warwick Medical School has big focus on addressing values in medicine in [#meded](#)  
[www2.warwick.ac.uk/fac/med/study/...](http://www2.warwick.ac.uk/fac/med/study/...) [#bioethx](#) [#hcldr](#) [#hcsn](#)

6:18

[Andrew Lopez, RN@nursefriendly](mailto:Andrew.Lopez,RN@nursefriendly)

[@DrZehringDO](https://twitter.com/DrZehringDO) [@HealthSocMed](https://twitter.com/HealthSocMed) T1 More nurses too nowadays, and [#patients](#) are complaining of lack of contact, facetime. [#hcsn](#)

6:18

[Brad Zehring, DO@DrZehringDO](mailto:Brad.Zehring,DO@DrZehringDO)

[@nursefriendly](https://twitter.com/nursefriendly) [@HealthSocMed](https://twitter.com/HealthSocMed) T1 the party line needs to be both sides move to the center. at the same time pts payin for our services [#hcsn](#)

6:18

[P. F. Anderson@pfanderson](#)

[@AmolUtrankar](#) As someone who works heavily in evidence-based systematic review methodologives, IMHO Clin Evidence is not objective [#hcs](#)

6:18

[CancerGeek@CancerGeek](#)

T1: Needs to be an equal partnership & effort w bidirectional understanding/best practice sharing. Can gain insights everywhere. [#hcs](#)

6:19

[Amol Utrankar@AmolUtrankar](#)

[.@twirlandswirl](#) When patient-provider values conflict, shouldn't recipient's take precedence? (That's 'pt-centered,' right?) [#sdm](#) [#hcs](#)

6:19

[Goldi Erowele PharmD@carenovatemag](#)

[@drmikesevilla](#) [@danamlewis](#) easier said when you have a patient with low literacy, hearing [#medical](#) jargon [#hcs](#)

6:19

[Marina Bastawrous@mbastaw](#)

[@twirlandswirl](#) Great analogy, Laurel! The end-user should always be heard. [#hcs](#)

6:19

[Kati Debelic@Katiissick](#)

RT [@nursefriendly](#) [@DrZehringDO](#) [@HealthSocMed](#) T1 reality of situation is that empowered, engaged pts intimidate drs RNs hcps. [#hcs](#) [#hcs](#)

6:19

[Jim Rattray@jimrattray](#)

[@marcusrolph](#) True, but you have to deal with their perceptions first! Then you can educate them and transfer knowledge. [#hcs](#)

6:19

[Lauren@laurencstill](#)

Ah, depends on what we disagree on. Sucks having to compromise [#PHI](#) security for decent medical insight. [#hcs](#)

6:19

[Laurel Ann Whitlock@twirlandswirl](#)

[@AmolUtrankar](#) In direct conflict? Probably (though there's plenty of grey area). But they don't have to be mutually exclusive. [#hcs](#)

6:19

[Kati Debelic@Katiissick](#)

RT [@CancerGeek](#) T1: Needs to be an equal partnership & effort w bidirectional understanding/best practice sharing. [#hcs](#) [#hcs](#)

6:19

[Brad Zehring, DO@DrZehringDO](#)

[@nursefriendly](#) [@HealthSocMed](#) T1 I disagree with that. Confident, competent physicians are not afraid of pt engagement. [#hcs](#)

6:19

[Robert Mahoney@mahoneyr](#)

T1: So if your HCP's priorities aren't yours, then whose are they? [#hcs](#)

6:20

[Marina Bastawrous@mbastaw](#)

RT [@laurencstill](#) Ah, depends on what we disagree on. Sucks having to compromise [#PHI](#) security for decent medical insight. [#hcs](#) [#hcs](#)

6:20

[Dr. Jason Malinowski@drmalinowski](#)

T1 I try to encourage pt to prioritize their needs; can't deal with 26 c/o's in 15 minutes. I can help deciding which are pressing. [#hcs](#)

6:20

[P. F. Anderson@pfanderson](#)

[@AmolUtrankar](#) At least, not as objective as people wish, and not consistently. But it's USUALLY more objective than patient views [#hcs](#)

6:20

[Laurel Ann Whitlock@twirlandswirl](#)

[@mbastaw](#) Thanks! Sometimes my analogies only make sense to me, I'm glad this one worked. [#hcsn](#)

6:20

[CancerGeek@CancerGeek](#)

T1: Perceptions occur when people assume rather than having dialogues. Stop to talk & relate to person in front of us. (HCP & PT) [#hcsn](#)

6:20

[David Chou@dchou1107](#)

provider expectation has changed and they have to be more [#social](#) and provide service [#hcsn](#)

6:20

[Alan Brewington@abrewi3010](#)

A1 patients can't be afraid to tell their patient story. [#hcsn](#)

6:20

[Goldi Erowele PharmD@carenovatemag](#)

[@nursefriendly](#) [@DrZehringDO](#) [@HealthSocMed](#) same for [#pharmacists](#) who gets referrals to address polypharmacy, adherence issue [#hcsn](#)

6:20

[Kati Debelic@Katiissick](#)

I am a great example of failed health care interaction, where HCP's agenda differed from mine. It was very traumatic. not recovered yet [#hcsn](#)

6:21

[Jennifer Chevinsky@jchevinsky](#)

[@pfanderson](#) Leaders of 'values-based' movement talk about 'balanced decision making' as a way to optimize HCP-pt decision process [#hcsn](#)

6:21

[Erin Moore@ekeeley Moore](#)

AMEN! RT [@abrewi3010](#): A1 patients can't be afraid to tell their patient story. [#hcsn](#)

6:21

[Andrew Lopez, RN@nursefriendly](#)

[@DrZehringDO](#) [@HealthSocMed](#) T1 Agree, however in [#AssemblyLine](#) [#healthcare](#), courtesy of [#ForProfit](#) [#healthcare](#), time isn't allotted. [#hcsn](#)

6:21

[P. F. Anderson@pfanderson](#)

[@CancerGeek](#) Yes! Build the habits of good communication before the need becomes critical [#hcsn](#)

6:21

[Lauren@laurencstill](#)

Also, ever try to get your record fixed? Admin != doc's priority, very hard to accomplish if goals are misaligned. [#hcsn](#)

6:21

[Sarah Durham@sdurham1979](#)

[@HealthSocMed](#) Communication, honesty, and comfort is key. Maybe start with a care plan that includes the patient. [#hcsn](#)

6:21

[AnnMarie Walsh@padschicago](#)

Physician vs. Medical Social Worker RT [@dchou1107](#) provider expectation has changed & they have to be more [#social](#) and provide service [#hcsn](#)

6:21

[Laurel Ann Whitlock@twirlandswirl](#)

T1 Even speaking from a non-professional side, HCP priorities can have value, too. They are the ones in the field. [#hcsn](#)

6:21

[Jim Rattray@jimrattray](#)

[@mbastaw](#) [@laurencstill](#) Care shouldn't be a compromise — it should be a collaboration. Both "sides" need to arrive at the same place. [#hcsn](#)

6:21

[Michael Katz@MGKatz036](#)

[#hcs](#) i donno... I think it's sorta confrontational to assume that pts and doctors "usually" have different priorities.

6:22

[Kati Debelic@Katiissick](#)

RT [@sdurham1979](#) [@HealthSocMed](#) Communication, honesty, and comfort is key. Maybe start with a care plan that includes the pt. [#hcs](#) [#hcs](#)

6:22

[April Foreman@DocForeman](#)

[@DrZehringDO](#) [@nursefriendly](#) [@HealthSocMed](#) Would love for [#HIT](#) tech to solve that problem. [#hcs](#)

6:22

[Laurel Ann Whitlock@twirlandswirl](#)

Not saying they are infallible but I also know pts have wanted things that aren't good decisions, HCP's responsibility to address that [#hcs](#)

6:22

[Marina Bastawrous@mbastaw](#)

[@jimrattray](#) [@laurencstill](#) YES. I want to hear the word "collaboration" in this context more often. [#hcs](#)

6:22

[Goldi Erowele PharmD@carenovatemag](#)

[@jimrattray](#) [@AmoUtrankar](#) absolutely start where patient is...If sign of low [#healthliteracy](#), use [#plainlanguage](#) [#hcs](#)

6:22

[Michael Katz@MGKatz036](#)

[#hcs](#) both probably consider "wellness" as the ultimate destination... maybe ideas on the journey sometimes differ.

6:22

[Annette McKinnon@anetto](#)

T1 I think priorities are most often the same with doctors and patients, at least at first [#hcs](#)

6:23

[Mark Salke@marksalke](#)

Great point! RT [@mahoneyr](#): T1: So if your HCP's priorities aren't yours, then whose are they? [#hcs](#)

6:23

[Kati Debelic@Katiissick](#)

RT [@mbastaw](#) [@jimrattray](#) [@laurencstill](#) YES. I want to hear the word "collaboration" in this context more often. [#hcs](#)  
[#hcs](#)

6:23

[CancerGeek@CancerGeek](#)

Will read rest of transcripts. I have to jump to a call with Japan now. Love the dialogue. [#hcs](#)

6:23

[Brad Zehring, DO@DrZehringDO](#)

We can't get lost in rhetoric. I see a lot of pts that are not engaged. Some docs don't want to engage. This is a 2 way problem [#hcsn](#)

6:23

[Robert Mahoney@mahoneyr](#)

Agree. MT [@drmalinowski](#) I try to encourage pt to prioritize needs; can't deal w/26 c/o's in 15 mins. [#hcsn](#)

6:23

[Jim Rattray@jimrattray](#)

[@mbastaw](#) [@laurencstill](#) We love to say "collaboration" and "interdisciplinary" teams — but that team MUST start with the patient! [#hcsn](#)

6:23

[Kati Debelic@Katiissick](#)

RT [@marksalke](#) Great point! RT [@mahoneyr](#): T1: So if your HCP's priorities aren't yours, then whose are they? [#hcsn](#)  
[#hcsn](#)

6:23

[Lauren@laurencstill](#)

[@DocForeman](#) [@DrZehringDO](#) [@nursefriendly](#)  
[@HealthSocMed](#) Funny, was told \*too much\* information too soon the other day. Balance is key. [#hcsn](#)

6:23

[Brad Zehring, DO@DrZehringDO](#)

[@DocForeman](#) [@nursefriendly](#) [@HealthSocMed](#) unfortunately I think EMRs have made it worse [#hcs](#)

6:23

[HealthSocMed | #hcs@HealthSocMed](#)

Moving on to topic 2 (T2) in a few! [#hcs](#)

6:24

[Andrew Lopez, RN@nursefriendly](#)

[@DrZehringDO](#) [@HealthSocMed](#) T1 Have seen it happen over and over again, with [#doctors](#), [#nurses](#), [#hcps](#). [#hcs](#)

6:24

[Brad Zehring, DO@DrZehringDO](#)

[@DocForeman](#) [@nursefriendly](#) [@HealthSocMed](#) will now have comp on wheels to take into the pts room [#hcs](#)

6:24

[Lauren@laurencstill](#)

[@CancerGeek](#) Don't be a stranger! Be well, Andy! [#hcs](#)

6:24

[Mike Sevilla, MD@drmikesevilla](#)

RT [@HealthSocMed](#): Moving on to topic 2 (T2) in a few! [#hcs](#)

6:24

[Kati Debelic@Katiissick](#)

RT [@jchevinsky](#) T1 Dont start with 'the correct answer I want patient to choose' & work backward. [#bioethx](#) [#hclr](#) [#hcsn](#) [#hcsn](#)

6:24

[Goldi Erowele PharmD@carenovatemag](#)

[@DrZehringDO](#) [@nursefriendly](#) [@HealthSocMed](#) agree, empowered patients makes any visit easy, engaging, some might want to school, lol. [#hcsn](#)

6:24

[Laurel Ann Whitlock@twirlandswirl](#)

[@nursefriendly](#) [@DrZehringDO](#) [@HealthSocMed](#) I've had it happen to me. I had a HCP laugh at me once. (Nope, didn't go back, go figure.) [#hcsn](#)

6:25

[April Foreman@DocForeman](#)

[@DrZehringDO](#) [@nursefriendly](#) [@HealthSocMed](#) I've had good docs, not so good docs, and 1 really bad one. Teaching docs <3 me. [#hcsn](#)

6:25

[Robert Mahoney@mahoneyr](#)

HCP's almost never agree w/bookkeepers. We just have to accomodate them. Tell them to stuff it occasionally. [@laurencstill](#) [#hcsn](#)

6:25

[P. F. Anderson@pfanderson](#)

[@ekeeley Moore](#) [@abrewi3010](#) Good luck with that. Takes a lot of trust, and system has often broken that. [#hcs m](#)

6:25

[Andrew Lopez, RN@nursefriendly](#)

[@carenovatemag](#) [@DrZehringDO](#) [@HealthSocMed](#) T1 There simply is not time factored into our workloads for long [#patient](#) interactions [#hcs m](#)

6:25

[Jim Rattray@jimrattray](#)

[@Adaptamed](#) [@MGKatz036](#) Optimal health is probably a more reasonable destination. Everyone starts at different places. [#hcs m](#)

6:25

[April Foreman@DocForeman](#)

[@nursefriendly](#) [@DrZehringDO](#) [@HealthSocMed](#) Then again, docs w/ teaching experience want to answer Qs, engage/ explain. [#hcs m](#)

6:25

[Brad Zehring, DO@DrZehringDO](#)

[@nursefriendly](#) [@HealthSocMed](#) anecdotal. I have plenty I stories about pts. This shouldn't be about who is wrong. Focus on solutions. [#hcs m](#)

6:25

[Andrew Lopez, RN@nursefriendly](#)

[@carenovatemag](#) [@DrZehringDO](#) [@HealthSocMed](#) T1 Much as we would like to spend the time with [#patients](#), [#families](#), we have others to see [#hcs](#)

6:25

[Liam Farrell@drifarell](#)

RT [@nursefriendly](#) [@carenovatemag](#) [@DrZehringDO](#) There simply is not time factored into our workloads for long [#patient](#) interactions [#hcs](#)

6:26

[Jennifer Chevinsky@jchevinsky](#)

[@drmalinowski](#) Another mnemonic- ICE StAR (ideas, concerns, expectations, strengths, aspirations, resources)! [#bioethx](#) [#hclr](#) [#hcs](#)

6:26

[Lauren@laurencstill](#)

Real PT -> MT [@robsleezy](#) can't even get docs to listen to what's wrong, let alone get right meds, fuck getting info out or response [#hcs](#)

6:26

[Marina Bastawrous@mbastaw](#)

RT [@jchevinsky](#) T1 Dont start with 'the correct answer I want patient to choose' & work backward. [#bioethx](#) [#hclr](#) [#hcs](#) [#hcs](#) [#hcs](#)

6:26

[HealthSocMed | #hcs@HealthSocMed](#)

TOPIC 2 - SM for HC orgs often done by communication teams. Who else can/should be contributing to SM presences & how to best do so? [#hcs](#)

6:26

[Marie Ennis-O'Connor@JBBC](#)

[@ekeeley Moore](#) agree. can uncover so much underlying and the outcome can be ultimately better [#hcs](#)

6:26

[P. F. Anderson@pfanderson](#)

[@ekeeley Moore](#) Thank you. That is an incredibly important and overlooked perspective - the VALUE of taking time to listen to both sides [#hcs](#)

6:26

[Alan Brewington@abrewi3010](#)

[@pfanderson](#) [@ekeeley Moore](#) I don't think it takes trust, more courage and willingness to advocate for oneself. It's difficult for sure [#hcs](#)

6:26

[Andrew Lopez, RN@nursefriendly](#)

[@laurencstill](#) [@DocForeman](#) [@DrZehringDO](#)  
[@HealthSocMed](#) It is a judgement call, all we can do is play it by ear. [#hcs](#) [#HitorMiss](#)

6:26

[Jim Rattray@jimrattray](mailto:Jim.Rattray@jimrattray)

[@nursefriendly](#) [@carenovatemag](#) [@DrZehringDO](#)  
[@HealthSocMed](#) Good argument for care teams with  
physician extenders, case mgrs & CHWs. [#hcs](#)

6:26

[AnnMarie Walsh@padschicago](mailto:AnnMarie.Walsh@padschicago)

RT [@HealthSocMed](#) SM for HC orgs often done by comm  
teams. Who else can/should be contributing to SM presences  
& how to best do so? [#hcs](#)

6:27

[Dr. Jason Malinowski@drmalinowski](mailto:Dr.Jason.Malinowski@drmalinowski)

[@jchevinsky](#) like it. [#hcs](#)

6:27

[Dana Lewis | #hcs@danamlewis](mailto:Dana.Lewis|#hcs@danamlewis)

T2 at [#hcs](#) - how can others in addition to marketing/comm  
teams, support SM for HC orbs?

6:27

[Mike Sevilla, MD@drmikesevilla](mailto:Mike.Sevilla,MD@drmikesevilla)

MT [@HealthSocMed](#): TOPIC 2 - SM for HC orgs often done  
by comm teams. Who else can/should be contributing to SM  
presences? [#hcs](#)

6:27

[Brad Zehring, DO@DrZehringDO](#)

[@twirlandswirl](#) [@nursefriendly](#) [@HealthSocMed](#) electronic medical record [#hcs](#)

6:27

[Lauren@laurencstill](#)

This. RT [@haroldsmith3rd](#) [@ReginaHolliday](#) [#mHealth](#) Apps could "self certify" that they don't sell your [#PHI](#) to marketers, pharma, etc. [#hcs](#)

6:27

[Andrew Lopez, RN@nursefriendly](#)

[@DrZehringDO](#) [@DocForeman](#) [@HealthSocMed](#) T1 EMRs have made it much, much worse. Great for billing, documentation - not good for patients. [#hcs](#)

6:27

[AnnMarie Walsh@padschicago](#)

YES! RT [@Katiissick](#) [@HealthSocMed](#) ideally in my world, physicians, RN and researchers should show up too :- ) [#hcs](#)

6:28

[Jennifer Chevinsky@jchevinsky](#)

T2 Another gr8 Q! Communication team prob important to boost SoMe presence, get ball rolling- but shld reach out to HCPs to join in! [#hcs](#)

6:28

[PANDORA Org\\_@pandoraorg](#)

RT [@padschicago](#) YES! RT [@Katiissick](#) [@HealthSocMed](#)  
ideally in my world, physicians, RN and researchers should  
show up too :- ) [#hcsn](#)

6:28

[David Chou@dchou1107](#)

HC executives should be engaged and contribute to the  
[#social](#) scene [#hcsn](#)

6:28

[M Auron MD@medpedshosp](#)

We need to be humble. Understand fst patient's agenda. Help  
thm prioritize most relevant issues. Explain them trmnt goals  
[#hcsn](#)

6:28

[Annette McKinnon@anetto](#)

T1 Educated patients need less time in many cases. If they  
have too many Q's you can say "Pick the top three" [#hcsn](#)

6:28

[Erin Moore@ekeeley Moore](#)

[@abrewi3010](#) [@pfanderson](#) No doubt its tough. Finding ways  
to meet pts where they r instead of where u want them 2 b  
leads t empwrmnt. [#hcsn](#)

6:28

[Robert Mahoney@mahoneyr](#)

T2 [@HealthSocMed](#) "SM Presence" is such a loaded concept. Do you really know who is running that Twitter feed? [#hcsn](#)

6:28

[Andrew Lopez, RN@nursefriendly](#)

[@carenovatemag](#) [@DrZehringDO](#) [@HealthSocMed](#) T1 In Theory. In practice, [#patients](#) that know what questions to ask, are high maintenance. [#hcsn](#)

6:28

[Goldi Erowe PharmD@carenovatemag](#)

[@nursefriendly](#) [@HealthSocMed](#) To without being on one accord, no goal, achieved for hcp and or patient [#hcsn](#)

6:29

[Marina Bastawrous@mbastaw](#)

[@padschicago](#) As a researcher, I couldn't agree more. Best way to know your audience is to engage with them. [#hcsn](#)

6:29

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[@HealthSocMed](#) [#hcsn](#) I think so much of this is b/c of legal concerns / liability exposure - orgs want legal review before hcsn communication

6:29

[AnnMarie Walsh@padschicago](#)

RT [@mbastaw](#) [@padschicago](#) As a researcher, I couldn't agree more. Best way to know your audience is to engage with them. [#hcs](#)

6:29

[Dana Lewis | #hcs@danamlewis](#)

[@mahoneyr](#) if they're doing it right, you should ;) [#hcs](#)

6:29

[Mark Salke@marksalke](#)

A2: Everyone should be encouraged to participate. Need clear guidelines. Collection of personal brands makes 'corp' brand strong. [#hcs](#)

6:29

[Liz Salmi@TheLizArmy](#)

[@HealthSocMed](#) A2: From time to time, cities/gov allow citizens to act as guest tweeter. Maybe HC org could engage a patient/advocate [#hcs](#)

6:29

[Erin Moore@ekeeley Moore](#)

Patients helping to run social media efforts can help to engage other patients. [#hcs](#)

6:29

[Kati Debelic@Katiissick](#)

[@mahoneyr](#) [@HealthSocMed](#) agreed. Usually they do not interact, just push info. [#hcsn](#)

6:29

[April Foreman@DocForeman](#)

[@HealthSocMed](#) Admins, HCPs, nurses, pts., caregivers, etc etc...depends on your mssg/goals [#hcsn](#)

6:29

[Lauren@laurencstill](#)

[@nursefriendly](#) [@DocForeman](#) [@DrZehringDO](#)  
[@HealthSocMed](#) Trying to keep that in mind, things blew up big time with [#pancan](#) dx 'slip' [#hcsn](#)

6:29

[AnnMarie Walsh@padschicago](#)

RT [@ekeeelymoore](#) Patients helping to run social media efforts can help to engage other patients. [#hcsn](#)

6:29

[Charles Platt@ACharlesPlatt](#)

T1 Agree - too much time on the EMR results in less time with the patient -- The EMRs must get a lot better [#hcsn](#)

6:29

[Laurel Ann Whitlock@twirlandswirl](#)

[@mahoneyr](#) [@HealthSocMed](#) That's why you take everything on the internet with a grain of salt. Technically, you don't know who anyone is [#hcs](#)

6:29

[Andrew Lopez, RN@nursefriendly](#)

[@twirlandswirl](#) [@DrZehringDO](#) [@HealthSocMed](#) Not every [#doctor](#), [#nurse](#), [#hcp](#) is receptive to [#engaged](#), [#empowered](#) [#patients](#). A Majority [#hcs](#)

6:30

[M Auron MD@medpedshosp](#)

[@HealthSocMed](#) - T2 - We need to demistify SM and help our colleagues to be communicate also [#hcs](#)

6:30

[Jess ME CFS@Jess\\_ME\\_CFS](#)

T2: Presence of actual HCPs on social media would be valuable. Open access to docs, nurses, researchers& shared info would be great! [#hcs](#)

6:30

[Aaron Blank@AaronBlank](#)

Just engage in a convo, online. Wishing my MDs were online. Wishing my insurance company responded to me on twitter this week. [#hcs](#) T2.

6:30

[AnnMarie Walsh@padschicago](#)

RT [@marksalke](#) Every1 shld b encouraged to participate. Need clear guidelines. Collection of personal brands makes 'corp' brand strong. [#hcs](#)

6:30

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[@sdurham1979](#) exactly! I would love to get questions and then answer them across all my SoMe platforms to the broader audience. [#hcs](#)

6:30

[P. F. Anderson@pfanderson](#)

MT [@jchevinsky](#) Another pneumonic- ICE StAR (ideas, concerns, expectations, strengths, aspirations, resources)! [#hcs](#)

6:30

[Amol Utrankar@AmolUtrankar](#)

[@jchevinsky](#) Love it; [#EMS](#) teaches (1) Check ABCs, (2) Make treatment decision. What's missing is (1.5) Figure what pt wants. [#hcs](#) [#sdm](#)

6:30

[Kelly / Diabetes@KellyRawlings](#)

T1 Talk about what (each of us) is talking about. Share priorities & whys; see if they align. If so, gr8.. If not, acknowledge that. [#hcs](#)

6:30

[Jennifer Chevinsky@jchevinsky](mailto:jchevinsky)

T2 Prob if communication team is too disconnected from HCPs and patients... not getting 'true story' & missing the point IMO [#hcsn](#)

6:30

[Dr. Jason Malinowski@drmalinowski](mailto:drmalinowski)

T2 gr8 Q. I do my own for tw/FB but our hospice is starting one up. How can we insure the messaging is true to values? [#hcsn](#)

6:30

[Dan Goldman@danielg280](mailto:danielg280)

I think everyone at all levels can participate (and probably are already), but guidelines and education are key to avoid missteps [#hcsn](#)

6:30

[Marina Bastawrous@mbastaw](mailto:mbastaw)

MT [@Jess\\_ME\\_CFS](mailto:Jess_ME_CFS) Presence of HCPs on SoMe wld be valuable. Open access to docs, nurses, researchers& shared info would be great! [#hcsn](#)

6:31

[Robert Mahoney@mahoneyr](mailto:mahoneyr)

And this is why organizational Twitter feeds are often so annoying. Thankfully, many are becoming two-way. [@Katiissick](mailto:katiissick) [#hcsn](#)

6:31

[CancerGeek@CancerGeek](#)

[@JBBC](#) Thanks! That was my one nuggets for the week.  
[#hcs](#)

6:31

[Goldi Erowele PharmD@carenovatemag](#)

Great tip [@anetto](#): T1 Educated patients need less time in many cases. If they have too many Q's you can say "Pick the top three" [#hcs](#)

6:31

[Alan Brewington@abrewi3010](#)

A2 residents, PA, nurses should be on SoMe. Also med students & HC management students should be involved.  
[#hcs](#)

6:31

[Andrew Lopez, RN@nursefriendly](#)

[@DocForeman](#) [@DrZehringDO](#) [@HealthSocMed](#) T1 It is a combo of being knocked off your high horse, being questioned vs blindly accepted [#hcs](#)

6:31

[David Chou@dchou1107](#)

we must change the culture to include HCP in the [#social](#) scene [#hcs](#)

6:32

[Amol Utrankar@AmolUtrankar](#)

Worst thing an org can do is restrict employee [#SoMe](#) use. Your employees' organic content can personify your brand, if you let it. [#hcsn](#)

6:32

[April Foreman@DocForeman](#)

[@pfanderson](#) [@jchevinsky](#) So, on a scale of 1-10, how well did I understand you? How confident are you about our decision X? [#hcsn](#)

6:32

[Kati Debelic@Katiissick](#)

[@jchevinsky](#) agreed [#hcsn](#)

6:32

[Mark Salke@marksalke](#)

[@drmalinowski](#) Through social policy/guidelines. Don't have to be complicated. [#hcsn](#)

6:32

[Jim Rattray@jimrattray](#)

[@jchevinsky](#) Maybe, but com teams are experienced storytellers — and the story is what's important here! People engage with stories! [#hcsn](#)

6:32

[Dan Goldman@danielg280](#)

Social media education and guidelines should identify both appropriate and off-limit topics, and explain privacy and professionalism [#hcsn](#)

6:32

[CancerGeek@CancerGeek](#)

[@HawkeyeMissO](#) It's the simple things we tend to forget.  
[#hcsn](#)

6:32

[Marina Bastawrous@mbastaw](#)

T2: If HCPs & researchers get involved in SoMe, it will be important for audience to know who exactly is tweeting (or posting, etc) [#hcsn](#)

6:33

[Andrew Lopez, RN@nursefriendly](#)

[@DrZehringDO](#) [@HealthSocMed](#) T1 Yes, and the anecdotes, the literature bears out that [#modernmedicine](#) isn't fond of empowered patients. [#hcsn](#)

6:33

[April Foreman@DocForeman](#)

[@drmalinowski](#) Include pts. and families. :) Hospice is wonderful! [#hcsn](#)

6:33

[Jim Rattray@jimrattray](#)

MT [@KD4E\\_73](#) [@jimrattray](#) You may find one of the best models for collaboration in a well-run non-profit hospice facility. [#hcsn](#)

6:33

[David Chou@dchou1107](#)

use common sense for [#social](#) media policy. Not that hard [#hcsn](#)

6:33

[Goldi Erowele PharmD@carenovatemag](#)

[@nursefriendly](#) [@DrZehringDO](#) [@HealthSocMed](#) that's true, some will "school" you. As HCPs, control apt, visit, address immediate issues [#hcsn](#)

6:33

[Timothy Aungst@TDAungst](#)

T2: Should there be a way to identify COI on Tweets or Person? [#hcsn](#)

6:33

[Mark Salke@marksalke](#)

[@mahoneyr](#) [@Katiissick](#) It's a conversation. And a level playing field. [#hcsn](#)

6:33

[Lauren@laurencstill](#)

Honestly, I'd rather see vendors exit from [#SoMe](#) and [#HC](#).  
Too much conflict of interest. Like engaging in patient forums.  
[#HCsm](#)

6:33

[CancerGeek@CancerGeek](#)

[@JBBC](#) You too!! Look fwd to chatting w you later on! [#hcsn](#)

6:33

[Laurel Ann Whitlock@twirlandswirl](#)

I just got distracted from [#hcsn](#) by looking at a stream of pictures of cats with yogurt cups stuck on their faces. Oh, dear.

6:34

[Jennifer Chevinsky@jchevinsky](#)

[@DocForeman](#) [@pfanderson](#) Motivational interviewing big push for the 1-10 scales.. IMO many patients put off by it. Opinions? [#hcsn](#)

6:34

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T2 They need to get their [#doctors](#) [#nurses](#) [#hcps](#) involved. Get the faces [#patients](#) know out there.  
[#hcsn](#)

6:34

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[@abrewi3010](#) [#hcs](#)m 1of2 : In casual conversation with med eds, I hear SoMe focus for these groups is abt managing inappropriate public

6:34

[Chris Sebastian@csebastian](#)

A2: A standards and style guide would improve communication through social media. [#hcs](#)m

6:34

[Robert Mahoney@mahoneyr](#)

I'm surprised how many HCP's complain about Facebook but won't even consider Twitter. [@Lornadoone56](#) [@Katiissick](#) [@HealthSocMed](#) [#hcs](#)m

6:34

[Kati Debelic@Katiissick](#)

[@nursefriendly](#) [@DrZehringDO](#) [@HealthSocMed](#) nor are health care system or insurance companies for that matter [#hcs](#)m

6:34

[Amol Utrankar@AmolUtrankar](#)

Will we see AMCs include social engagement among the professional roles of HCPs? (ex., along pt care, research, teaching, etc.?) [#hcs](#)m

6:34

[Goldi Erowele PharmD@carenovatemag](#)

[@padschicago](#) [@mbastaw](#) engage, access [#healthliteracy](#)  
[#understanding](#) assures better outcomes [#hcs](#)

6:34

[P. F. Anderson@pfanderson](#)

[@DocForeman](#) [@jchevinsky](#) Basic active listening. Yes, good  
start, good habit to form. [#hcs](#)

6:34

[AnnMarie Walsh@padschicago](#)

RT [@carenovatemag](#) [@padschicago](#) [@mbastaw](#) engage,  
access [#healthliteracy](#) [#understanding](#) assures better  
outcomes [#hcs](#)

6:34

[Jim Rattray@jimrattray](#)

[@marksalke](#) [@mahoneyr](#) [@Katiissick](#) And respect needs to  
go both ways! [#hcs](#)

6:34

[Dr. Jason Malinowski@drmalinowski](#)

[@DocForeman](#) [@marksalke](#) this is brand new 4 our group.  
Great thoughts. [#hcs](#) thanks

6:34

[Alan Brewington@abrewi3010](#)

A2 positive HC experiences should be shared by patients more on SoMe. SoMe to often turns into complaint central, need balance. [#hcsn](#)

6:34

[Erin Moore@ekeeleymoore](#)

[@pfanderson](#) [@abrewi3010](#) On the flip side... [#hcsn](#)

6:35

[Timothy Aungst@TDAungst](#)

[@jchevinsky](#) [@DocForeman](#) [@pfanderson](#) Seems to be hit or miss depending on setting and organization style. [#hcsn](#)

6:35

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[@abrewi3010](#) 2of2: [#hcsn](#) online identity rather than using hcsn as a tool and learning how to do that effectively. Disappointing and lagging

6:35

[AnnMarie Walsh@padschicago](#)

RT [@pfanderson](#) [@DocForeman](#) [@jchevinsky](#) Basic active listening. Yes, good start, good habit to form. [#hcsn](#)

6:35

[April Foreman@DocForeman](#)

[@jchevinsky](#), [@pfanderson](#) I use it ALL of the time. 7 or less is BIG trouble. May not come back, change course. I have high retention. [#hcs](#)

6:35

[Robert Mahoney@mahoneyr](#)

I think a lot of healthcare Twitter feeds are one-way because institutions are worried about liability [@UCD\\_ChestHealth](#) [@Katiissick](#) [#hcs](#)

6:35

[Goldi Erowele PharmD@carenovatemag](#)

So true [@ekeeley Moore](#): Patients helping to run social media efforts can help to engage other patients. [#hcs](#)

6:35

[David Chou@dchou1107](#)

[@AmolUtrankar](#) slowly. i am trying just to get my team involved [#hcs](#)

6:35

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T1 Every [#Hospital](#), [#Nursinghome](#), [#Doctors](#) Group, should have a presence, public outreach on [#SocialMedia](#). IMHO [#hcs](#)

6:35

[Laurel Ann Whitlock@twirlandswirl](#)

[@mahoneyr](#) [@Lornadoone56](#) [@Katiissick](#) [@HealthSocMed](#)  
Twitter is such a different cultural dynamic. [#hcs](#)

6:35

[M Auron MD@medpedshosp](#)

Most importantly is teaching [#MedStudent](#) and [#Residents](#) to be professional when using [#SoMe](#) [#hcs](#)

6:35

[P. F. Anderson@pfanderson](#)

[@jchevinsky](#) [@DocForeman](#) In active listening wd frame it:  
"what I understood you to say was X. Is that right? What did I get wrong" [#hcs](#)

6:36

[Jim Rattray@jimrattray](#)

[@jchevinsky](#) You bet! It can't happen any other way. [#hcs](#)

6:36

[Marina Bastawrous@mbastaw](#)

RT [@carenovatemag](#) So true [@ekeeley Moore](#): Patients helping to run social media efforts can help to engage other patients. [#hcs](#) [#hcs](#)

6:36

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T2 During [#Flu](#) Season, give regular updates on [#vaccinations](#), what is going around, educate your community. [#hcs](#)

6:36

[Kati Debelic@Katiissick](#)

RT [@pfanderson](#) [@DocForeman](#) [@jchevinsky](#) Basic active listening. Yes, good start, good habit to form. [#hcs](#) [#hcs](#)

6:36

[Lauren@laurencstill](#)

[@alizardx](#) [@haroldsmith3rd](#) [@ReginaHolliday](#) ToS notoriously convoluted. I know exactly what CC, MIT, GPL mean. Need that for [#mhealth](#) [#hcs](#)

6:36

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T2 It should be an [#Interdisciplinary](#) approach, with each member of the [#healthcare](#) team offering their expertise. [#hcs](#)

6:37

[Charles Platt@ACharlesPlatt](#)

For the newbies (like me) SoMe = Social Media [#hcs](#)

6:37

[Kati Debelic@Katiissick](#)

RT [@ACharlesPlatt](#) For the newbies (like me) SoMe = Social Media [#hcsn](#) [#hcsn](#)

6:37

[P. F. Anderson@pfanderson](#)

[@sdurham1979](#) [@AmolUtrankar](#) Often HC disregards the n=1 when it doesn't match larger body of evidence. We need to understand the diffs [#hcsn](#)

6:37

[M Auron MD@medpedshosp](#)

[@jchevinsky](#) [@jimratray](#) - Agree. The story is about the patients and they should be part of the team. [#hcsn](#)

6:37

[Jennifer Chevinsky@jchevinsky](#)

[@pfanderson](#) [@DocForeman](#) Yes! And the 'what did I get wrong' is so key! Let's patient know it is really ok to point out mistakes [#hcsn](#)

6:37

[April Foreman@DocForeman](#)

[@drmalinowski](#) [@marksalke](#) Hospice has given several of my family members a compassionate death with dignity. ((HUGS)) [#hcsn](#)

6:37

[Robert Mahoney@mahoneyr](#)

Look away from [#hscsm](#) for a minute and all is lost. Next time, maybe choose something more substantial? [@twirlandswirl](#) [#hscsm](#)

6:38

[Marc Rolph@marcusrolph](#)

[@dchou1107](#) We did.. and it wasn't. :) [#HCSM](#)

6:38

[Amol Utrankar@AmolUtrankar](#)

[.@mbastaw](#) [@medpedshosp](#) In med., [#SoMe](#) policies focus on "How not," but rarely "How to." Need to shift dialogue. [#hscsm](#) [#meded](#)

6:38

[P. F. Anderson@pfanderson](#)

[@sdurham1979](#) [@AmolUtrankar](#) Saying evidence does not support X doesn't show clusters of patients for whom X does work. WHY? [#hscsm](#)

6:38

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T2 Take the most "Frequently Asked Questions" and put together public outreach seminars to address. [#hscsm](#)

6:38

[Alan Brewington@abrewi3010](#)

[@RTwithDrOffutt](#) we need to keep talking & yelling for students to use SoMe for positive good. [#hcsn](#)

6:38

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

[@mbastaw](#) [@medpedshosp](#) Also need to include in Med Ed how to use [#hcsn](#) to advance health education amongst pts!

6:38

[AnnMarie Walsh@padschicago](#)

RT [@RTwithDrOffutt](#) [@mbastaw](#) [@medpedshosp](#) Also need to include in Med Ed how to use [#hcsn](#) to advance health education amongst pts!

6:38

[Laurel Ann Whitlock@twirlandswirl](#)

[@ACharlesPlatt](#) SoMe always makes me think of those Sobe drinks. But, SM has different, uh, connotations, too.... =/  
[#hcsn](#)

6:39

[April Foreman@DocForeman](#)

[@UCD\\_ChestHealth](#) [@abrewi3010](#) It's only complaint central when complaints don't get addressed in a better place. [#hcsn](#)

6:39

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T2 Start a [#Youtube](#) channel, or [#blogtalk](#) radio show for your [#hospital](#), [#nursinghome](#), [#practice](#) discuss current events. [#hcsn](#)

6:39

[Marina Bastawrous@mbastaw](#)

Totally agree. Students need to know when SoMe use can be beneficial & how to professionally maximize use  
[@AmolUtrankar](#) [@medpedshosp](#) [#hcsn](#)

6:39

[Jim Rattray@jimrattray](#)

[@UCD\\_ChestHealth](#) [@abrewi3010](#) There are other better & more appropriate channels for complaints. [#hcsn](#)

6:39

[Kati Debelic@Katiissick](#)

Yes! RT [@RTwithDrOffutt](#) [@mbastaw](#) [@medpedshosp](#) Also need to include in Med Ed how to use [#hcsn](#) to advance health education amongst pts! [#hcsn](#)

6:39

[Laurel Ann Whitlock@twirlandswirl](#)

[@mahoneyr](#) But... cats! Yogurt cups! [buzzfeed.com/rachelysanders...](#) [#hcsn](#)

6:40

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T2 When [#patients](#) come in, let them know you are accessible on [#socialmedia](#), where they can find you, follow. [#hcs](#)

6:40

[Dr. Jason Malinowski@drmalinowski](#)

MT@twirlandswirl: [@DocForeman](#) [@pfanderson](#) [@jchevinsky](#)  
Oh, god. I hate being asked to scale things. [#hcs](#) how much? mild-mod-severe?

6:40

[April Foreman@DocForeman](#)

[@twirlandswirl](#) [@pfanderson](#) [@jchevinsky](#) Sorry, man...:) I use it for feedback. I also put direct quotes in chart, pt. helps w/ notes. [#hcs](#)

6:40

[HealthSocMed | #hcs@HealthSocMed](#)

Moving on to T3 next! [#hcs](#)

6:40

[Goldi Erowele PharmD@carenovatmag](#)

[@pfanderson](#) [@DocForeman](#) [@jchevinsky](#) My training at VA as a pharmacy resident epitomized this ...complete active listening, patient #1 [#hcs](#)

6:40

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T2 Survey [#patients](#), ask their preferences, information they want/need to know more about. Model programs on feedback. [#hcsn](#)

6:40

[Laurel Ann Whitlock@twirlandswirl](#)

[@drmalinowski](#) [@DocForeman](#) [@pfanderson](#) [@jchevinsky](#)  
You can't see it, but I'm glaring at you right now. :P [#hcsn](#)

6:40

[AnnMarie Walsh@padschicago](#)

Please do! RT [@nursefriendly](#) [@HealthSocMed](#) T2 When [#patients](#) come in, let them know you are accessible on [#socialmedia](#) [#hcsn](#)

6:40

[April Foreman@DocForeman](#)

[@jchevinsky](#) [@pfanderson](#) Yes. "I need to GET it right, not to BE right." [#hcsn](#)

6:41

[Kati Debelic@Katiissick](#)

RT [@nursefriendly](#) [@HealthSocMed](#) T2 When [#pts](#) come in, let them know u are accessible on SM, where they can find u, follow. [#hcsn](#) [#hcsn](#)

6:41

[Robert Mahoney@mahoneyr](#)

Liability argument bothers me. If you do it right to begin with, you worry less abt liability. [@marksalke](#) [@UCD\\_ChestHealth](#) [@Katiissick](#) [#hcs](#)

6:41

[April Foreman@DocForeman](#)

[@twirlandswir](#) [@drmalinowski](#) [@pfanderson](#) [@jchevinsky](#) You can't see it, but I'm giving you duck lips. [#hcs](#)

6:41

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T2 Always keep your pulse on the needs of your [#patients](#), and respond to they questions they pose. Can't Go Wrong. [#hcs](#)

6:41

[HealthSocMed | #hcs@HealthSocMed](#)

TOPIC 3 - HCPs get trained to be HCPs - patients don't get trained to be patients. But if they could, who should do the training? How? [#hcs](#)

6:41

[Goldi Erowele PharmD@carenovatemag](#)

RE [@nursefriendly](#): [@HealthSocMed](#) T2 It should be [#Interdisciplinary](#) approach, with each member of [#healthcare](#) team offering expertise. [#hcs](#)

6:41

[Jennifer Chevinsky@jchevinsky](#)

[@twirlandswirl](#) [@DocForeman](#) [@pfanderson](#) Scaling rly wrks  
4 some ppl, rly doesnt 4 others. Another lesson in being  
flexible 4 HCPs [#hcsn](#)

6:42

[Kati Debelic@Katiissick](#)

RT [@mahoneyr](#) Liability argument bothers me. If you do it  
right to begin with, you worry less abt liability [#hcsn](#) [#hcsn](#)

6:42

[P. F. Anderson@pfanderson](#)

[@AmolUtrankar](#) [@sdurham1979](#) Exactly. Tracking MTHFR  
research see often clustering not accounted for. Don't know  
why X helps/doesn't [#hcsn](#)

6:42

[Dana Lewis | #hcsn@danamlewis](#)

T3 at [#hcsn](#) - HCPs get trained to be HCPs - patients don't  
get trained to be patients. But if they could, who should do the  
training? How?

6:42

[Mike Sevilla, MD@drmikesevilla](#)

RT [@HealthSocMed](#): TOPIC 3 - HCPs get trained to be HCPs  
- patients don't get trained to be pts. If they could, who should  
do training? [#hcsn](#)

6:42

[Laurel Ann Whitlock@twirlandswirl](#)

[@DocForeman](#) [@pfanderson](#) [@jchevinsky](#) "So your pain's a 4? It was a 5 before" "Then it's a 6! It's worse! THESE NUMBERS MEAN NOTHING!" [#hcs](#)

6:42

[Jennifer Chevinsky@jchevinsky](#)

[@drmalinowski](#) [@DocForeman](#) [@pfanderson](#) oh my gosh... total LOL at that one [#hcs](#)

6:42

[Andrew Lopez, RN@nursefriendly](#)

[@DrZehringDO](#) [@HealthSocMed](#) Unfortunately, little changes quickly in [#medicine](#) Brad :( [ncbi.nlm.nih.gov/pmc/articles/P...](http://ncbi.nlm.nih.gov/pmc/articles/P...) [#hcs](#)

6:43

[April Foreman@DocForeman](#)

[@danamlewis](#) Experienced peer support. [#hcs](#)

6:43

[Kati Debelic@Katiisick](#)

RT [@nursefriendly](#) [@HealthSocMed](#) T2 Always keep ur pulse on the needs of your [#pts](#), respond 2 they Q they pose. Can't Go Wrong. [#hcs](#) [#hcs](#)

6:43

[Twice Diabetes@TwiceDiabetes](#)

t3, to clarify, pts get trained by their experiences, usually not in a good way but it is training none the less. [#hcsn](#)

6:43

[AnnMarie Walsh@padschicago](#)

All members of healthcare team shld teach patients how to be good patients, what to expect, how to help in their care. [#hcsn](#)

6:43

[Charles Platt@ACharlesPlatt](#)

T3: Not much "health" education in schools these days [#hcsn](#)

6:43

[Erin Moore@ekeeley Moore](#)

T3 - The whole team! Other patients! Other caregivers! Docs to pallative care & every stakeholder whose been on or will be on journey [#hcsn](#)

6:43

[Annette McKinnon@anetto](#)

T3 Learned a lot listening to other patients, reading links to studies and reading/doing CMEs. Led to some pharma influence [#hcsn](#)

6:43

[Amol Utrankar@AmolUtrankar](#)

[@pfanderson](#) [@sdurham1979](#) Qualitative research often a valuable lens into outliers; sadly, not respected enough in health circles. [#hcs](#)

6:43

[Marc Rolph@marcusrolph](#)

[@HealthSocMed](#) [#hcs](#) The PR teams make sense to drive [#SoMe](#) because of broad scope. Providers and admin should be taught how to add value.

6:43

[Dr. David Tom Cooke@UCD\\_ChestHealth](#)

T3 Peer navigator programs: [ucdmc.ucdavis.edu/CANCER/Educati...](http://ucdmc.ucdavis.edu/CANCER/Educati...) [#hcs](#)

6:44

[Lauren@laurencstill](#)

T3: I'm a big fan of [#MOOC](#) and [#stats](#), critical thinking edu, for everyone. Good place to start, and it's accessible, non biased. [#hcs](#)

6:44

[Laurel Ann Whitlock@twirlandswirl](#)

[@mahoneyr](#) ...Twitter is one of them. :P [#hcs](#)

6:44

[Jess ME CFS@Jess\\_ME\\_CFS](#)

[@HealthSocMed](#) T3: Experienced patients. After over 4.5 years of illness there's a lot I have learned that would have helped early on. [#hcsn](#)

6:44

[Mark Salke@marksalke](#)

A3: Every patient's experience is nuanced. I'd take the simple approach of explaining as you go along. That way, it's personalized, [#hcsn](#)

6:44

[P. F. Anderson@pfanderson](#)

[@DocForeman](#) [@twirlandswirl](#) [@drmalinowski](#) [@jchevinsky](#) I saw a [#hospitalselfie](#) yesterday with duck lips [#hcsn](#)

6:44

[PANDORA Org.@pandoraorg](#)

[@anetto](#) T2 RT learned a lot listening to other patients. Yes! [#hcsn](#)

6:44

[Mike Sevilla, MD@drmikesevilla](#)

[#hcsn](#) T3 When patients connect with other patients, esp w same diagnosis, this is where "training" starts. SoMe is perfect way to connect

6:44

[Monica | FC&L@freelollipops](#)

[@danamlewis](#) [#hcs](#) Social support/civic leaders. Individuals they trust, with cultural relevance and influence. Community health workers.

6:44

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T3 It is fairly straightforward for a [#physician](#), [#nurse](#) [#hcp](#) to find [#curated](#) resources, [#blogs](#) [#healthcare](#) tweetchats [#hcs](#)

6:44

[Goldi Erowele PharmD@carenovatemag](#)

[@abrewi3010](#) [@RTwithDrOffutt](#) key is explaining consequences of using [#some](#) + or - ..If you ink, you own it principle, good or bad [#hcs](#)

6:45

[Liz Marsh@Lornadoone56](#)

[@HealthSocMed](#) Listening to the Patient is a start. Dr will learn so much instead of writing out script after script ! [#hcs](#)

6:45

[Erin Moore@ekeeley Moore](#)

RT [@drmikesevilla](#): [#hcs](#) T3 When pts connect with other pts, esp w same dx, this is where "training" starts. SoMe is perfect way to connect

6:45

[Jess ME CFS@Jess ME CFS](#)

[@HealthSocMed](#) T3: If doctors advised us how to be good patients in terms of our interactions with them, that would be helpful too [#hcsn](#)

6:45

[Mark Salke@marksalke](#)

A3: A patient advocate would be a great role for providing the communication. [#hcsn](#)

6:45

[P. F. Anderson@pfanderson](#)

[@jchevinsky](#) [@twirlandswirl](#) [@DocForeman](#) Not one size fits all [#hcsn](#)

6:45

[Laurel Ann Whitlock@twirlandswirl](#)

[@pfanderson](#) [@DocForeman](#) [@drmalinowski](#) [@jchevinsky](#)  
[#hcsn](#)selfie? [#hcsn](#)

6:45

[Kati Debelic@Katiisick](#)

T3 there is no better teacher than someone who has the same condition to learn the basics. Especially for [#mecfs](#) [#hcsn](#)

6:45

[Mike Sevilla, MD@drmikesevilla](#)

[#hcs](#)m T3 In addition to SoMe, many community groups & hospitals have great in person support groups for patients & families

6:45

[AnnMarie Walsh@padschicago](#)

RT [@Jess\\_ME\\_CFS](#) T3: If doctors advised us how to be good patients in terms of our interactions w/them, that would be helpful [#hcs](#)m

6:45

[PANDORA Org.\\_@pandoraorg](#)

T3, good support groups can be an extension of learning about illness and how to be a pt [#hcs](#)m

6:45

[Marina Bastawrous@mbastaw](#)

T3- Love when I can put in a plug for [#PeerSupport](#)! Pts have infinite potential & opportunity to educate each other. [#hcs](#)m

6:45

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T3 [#patients](#) will tend to trust other [#patients](#) much more readily than their [#doctors](#), [#nurses](#) [#hcps](#). [#hcs](#)m

6:46

[Amol Utrankar@AmolUtrankar](#)

I'm curious to know if anyone's working on an '#epatient toolkit,' or a 'how-to' for Drs to 'create' e-patients. [#hcs](#)[m](#) [#MedX](#)

6:46

[Dr. Jason Malinowski@drmalinowski](#)

T3 Did a little series on my FB page 2013 "how to get the best out of your doctors appointment" quite well received, if I must say [#hcs](#)[m](#)

6:46

[Jennifer Chevinsky@jchevinsky](#)

[@TDAungst](#) Im medical student, involved in some curriculum development, but not full-time med educator- sure many others on [#hcs](#)[m](#) chat r tho

6:46

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) T3 Having "been there" other [#patients](#) can quickly identify with support groups, symptoms, conditions, difficulties. [#hcs](#)[m](#)

6:46

[Marina Bastawrous@mbastaw](#)

YES! [#PeerSupport!](#) RT [@pandoraorg](#) T3, good support groups can be an extension of learning about illness and how to be a pt [#hcs](#)[m](#) [#hcs](#)[m](#)

6:46

[Jim Rattray@jimrattray](#)

[@pfanderson](#) [@jchevinsky](#) [@twirlandswirl](#) [@DocForeman](#)  
Right on! The only size for any patient is the right size for  
THAT patient! [#hcsn](#)

6:46

[Kati Debelic@Katiissick](#)

T3 and pts have a lot to teach to HCP and researchers as  
well. Pts are experts of their own bodies and experiences of  
the disease. [#hcsn](#)

6:46

[P. F. Anderson@pfanderson](#)

[@AmolUtrankar](#) [@sdurham1979](#) I wonder if it is because of a  
lack of competency with n=1 methodologies [#hcsn](#)

6:46

[Erin Moore@ekeeley Moore](#)

[@AmolUtrankar](#) I am! Check out [@C3NProject](#) - thats the  
toolkit [#hcsn](#)

6:47

[PANDORA Org.@pandoraorg](#)

[@AmolUtrankar](#) in our support group I had pts make a care  
plan, tool kit [#hcsn](#)

6:47

[Marina Bastawrous@mbastaw](#)

MT [@Katiissick](#) pts have a lot to teach to HCP & researchers as well. Pts are experts of their own bodies & experiences of the disease [#hcs](#)

6:47

[Goldi Erowele PharmD@carenovatemag](#)

Yes [@TwiceDiabetes](#): t3, to clarify, pts get trained by their experiences, usually not in a good way but it is training none the less. [#hcs](#)

6:47

[M Auron MD@medpedshosp](#)

[@ACharlesPlatt](#) - Indeed - it is important to enhance health literacy. An example we are seeing is the disinformation about vaccines [#hcs](#)

6:47

[Jim Rattray@jimrattray](#)

[@TwiceDiabetes](#) Without a doubt, but that happens after they have first been diagnosed. And again, each patient is unique! [#hcs](#)

6:47

[P. F. Anderson@pfanderson](#)

[@twirlandswirl](#) [@DocForeman](#) [@drmalinowski](#) [@jchevinsky](#)  
That'll be the night! Could see an entire [#hcs](#) devoted to selfies? Ouch!

6:47

[Jennifer Chevinsky@jchevinsky](#)

T3 ...Other patients should help do the training! [#hcsn](#)

6:47

[AnnMarie Walsh@padschicago](#)

LOL! RT [@pfanderson](#) [@twirlandswirl](#) [@DocForeman](#) [@drmalinowski](#) [@jchevinsky](#) That'll be the night! Could see an entire [#hcsn](#) devoted to selfies?

6:48

[Andrew Lopez, RN@nursefriendly](#)

[@mbastaw](#) T3 I've seen some amazing support offered via [#healthcare](#) [#tweetchats](#), [#facebookforums](#), and other venues. [#hcsn](#)

6:48

[P. F. Anderson@pfanderson](#)

[@jimratray](#) [@jchevinsky](#) [@twirlandswirl](#) [@DocForeman](#)  
Nicely put! [#hcsn](#)

6:48

[Lauren@laurencstill](#)

Ok, guess I'm the only one who thinks constructive analytics is appropriate for patients, lol. [#hcsn](#)

6:48

[Faisal Qureshi@fqure](#)

[@HealthSocMed](#) T3 to “train” a patient is view them as off track, when it’s their own individual perspective that is of immense value [#hcs](#)

6:48

[Alan Brewington@abrewi3010](#)

A3 [#epatients](#) can & should be better utilized as teachers/trainers for other patients. Some communities help and provide support [#hcs](#)

6:48

[Marina Bastawrous@mbastaw](#)

[@nursefriendly](#) Social media is really facilitating this! It's so exciting. [#hcs](#)

6:48

[AnnMarie Walsh@padschicago](#)

Patients and HCP's have a lot to learn and share with each other! [#hcs](#)

6:48

[MedicalAbacus@MedicalAbacus](#)

3D printed skull replacement implanted for the first time ever [independent.co.uk/life-style/gad...](#) [#medical](#) [#medicine](#) [#3Dprint](#) [#healthcare](#) [#hcs](#) [#health](#)

6:48

[Jim Rattray@jimrattray](#)

[@mahoneyr](#) Unless you KNOW you are avout to have an issue, NO patient is ever prepared. That happens post diagnosis. [#hcs](#)

6:48

[Laurel Ann Whitlock@twirlandswirl](#)

[@padschicago](#) [@pfanderson](#) [@DocForeman](#) [@drmalinowski](#) [@jchevinsky](#) I was gonna post one as a joke, but then I remembered I'm in pajamas. [#hcs](#)

6:49

[Natalia Shche, Ph.D.@creativepharma](#)

[@Jess\\_ME\\_CFS](#) [@carenovatemaq](#) [@mbastaw](#) the prof assoc are helpful to address the fears with guidelines 4SM, eg: [rpharms.com/support-pdfs/t...](#) [#hcs](#)

6:49

[Andrew Lopez, RN@nursefriendly](#)

[@mahoneyr](#) [@jimrattray](#) Ask [#patients](#) who've had procedures, conditions, treatment "what would have been helpful for you" to know. [#hcs](#)

6:49

[Erin Moore@ekeeley Moore](#)

[@abrewi3010](#) It's really about getting HCPs to appreciate the value of a good [#ePatient](#) [#hcs](#)

6:49

[Mark Salke@marksalke](#)

This. MT [@fqure](#): [@HealthSocMed](#) T3 to "train" a pt is view them as off track, when their individual perspective is of immense value [#hcsn](#)

6:49

[Kati Debelic@Katiissick](#)

RT [@abrewi3010](#) A3 [#epatients](#) can & should be better utilized as trainers for other pts. SoMe communities help & provide support [#hcsn](#) [#hcsn](#)

6:49

[Annette McKinnon@anetto](#)

T3 True. Other patients taught me a lot. Great support groups and many "expert patients". We all realize that Drs. can't do it all [#hcsn](#)

6:49

[M Auron MD@medpedshosp](#)

[@jchevinsky](#) - Agree, meanwhile there is no misinformation in the middle. [#hcsn](#)

6:49

[Andrew Lopez, RN@nursefriendly](#)

[@mahoneyr](#) [@jimrattray](#) T3 There is always "Monday Morning Quarterbacking" - Patients saying "If only I'd Known." [#hcsn](#)

6:50

[Laurel Ann Whitlock@twirlandswirl](#)

[@drmalinowski](#) [@pfanderson](#) [@DocForeman](#) [@jchevinsky](#)  
Yeah, me, too. Oh, wait. [#hcsn](#)

6:50

[Charles Platt@ACharlesPlatt](#)

T3: Why do less men participate in support groups? [#hcsn](#)

6:50

[Kati Debelic@Katiissick](#)

RT [@jchevinsky](#) T3 in reality, pts shouldn't have to be  
'trained'.system should be flexible to accommodate all kinds of  
patients! [#hcsn](#) [#hcsn](#)

6:50

[Mark Salke@marksalke](#)

Agree. MT [@jchevinsky](#): T3 patient shouldn't have to be  
'trained' ..system should be flexible to accommodate all kinds  
of patients! [#hcsn](#)

6:50

[Robert Mahoney@mahoneyr](#)

Many patients with chronic problems know what their issue is.  
Agree, though: no way to be prepared for acute problem.  
[@jimrattray](#) [#hcsn](#)

6:50

[Kati Debelic@Katiissick](#)

[@jchevinsky](#) agreed! [#hcsn](#)

6:50

[Marina Bastawrous@mbastaw](#)

MT [@anetto](#) True. Other patients taught me a lot. Great support groups & many "expert patients". Drs. can't do it all [#hcs](#)

6:50

[David Tumbarello@DaveTumbarello](#)

[@ekeeley](#) [@drmikesevilla](#) I'm lurking & a PM in HC. I agree. The expert is the pt. Now for an IT budget to enable this to happen. [#hcs](#)

6:50

[Amanda Ball@MsAmandaBall](#)

[#hcs](#) Be trained in SM so you can train the patient. Find training like an [#NDPTC](#) course to attend.

6:50

[Jim Rattray@jimrattray](#)

[@nursefriendly](#) [@mahoneyr](#) It's our job to teach them — before, during & after! [#hcs](#)

6:50

[P. F. Anderson@pfanderson](#)

[@marksalke](#) I like how you expressed that, Mark. There's a lot to think about in those few phrases [#hcs](#)

6:50

[Laurel Ann Whitlock@twirlandswirl](#)

[@mahoneyr](#) [@jimrattray](#) Not to mention, people who come in with emergencies are often way off their game due to the unexpected, anyway. [#hcsn](#)

6:50

[Andrew Lopez, RN@nursefriendly](#)

[@mbastaw](#) T3 Yes it is, I'm hell bent on getting people over their [#anxieties](#) over [#socialmedia](#) by demonstrating positives. [#hcsn](#)

6:51

[Erin Moore@ekeeley Moore](#)

[@mahoneyr](#) [@jimrattray](#) I was hardly prepared 2 be parent of a healthy baby, & then I had one w CF. I don't think prepared is right word [#hcsn](#)

6:51

[Amol Utrankar@AmolUtrankar](#)

[@jimrattray](#) [@nursefriendly](#) [@mahoneyr](#) Is there a billing code for '[#epatient](#) activation?' [#hcsn](#)

6:51

[Laurel Ann Whitlock@twirlandswirl](#)

[@mahoneyr](#) [@jimrattray](#) No one plans to be hit by a car and comes in prepared to ask informed questions about their treatment and care. [#hcsn](#)

6:51

[Annette McKinnon@anetto](#)

T3 Agree. Even when you know about your issues sudden exacerbation can leave you unprepared and uncertain [#hcs](#)

6:51

[Andrew Lopez, RN@nursefriendly](#)

[@mbastaw](#) T3 Every day I find more [#positive](#) [#examples](#) of tweets, forums, resources to turn [#doctors](#) [#nurses](#) [#patients](#) onto ;) [#hcs](#)

6:51

[Mark Salke@marksalke](#)

Thanks! RT [@pfanderson](#): I like how you expressed that, Mark. There's a lot to think about in those few phrases [#hcs](#)

6:51

[Lauren@laurencstill](#)

Wouldn't buy a car not knowing mpg, or ownership costs, why do we expect patients to operate on touchy-feely metrics, and not numbers? [#hcs](#)

6:51

[Kati Debelic@Katiisick](#)

:-) RT [@AmolUtrankar](#) [@jimrattray](#) [@nursefriendly](#) [@mahoneyr](#) Is there a billing code for '[#epatient](#) activation?' [#hcs](#) [#hcs](#)

6:52

[Dr. Jason Malinowski@drmalinowski](#)

[@jchevinsky](#) yes! But when I'm talking to the IT guy, how do I know I'm asking the right questions? [#hcsn](#) T3 (imperfect parallel)

6:52

[David Tumbarello@DaveTumbarello](#)

[@ekeeley Moore](#) [@drmikesevilla](#) Expert in terms of how he/she is affected. Empathy. [#hcsn](#)

6:52

[PANDORA Org.@pandoraorg](#)

RT [@anetto](#) T3 Agree. Even when you know about your issues sudden exacerbation can leave you unprepared and uncertain [#hcsn](#)

6:52

[Marina Bastawrous@mbastaw](#)

[@MsAmandaBall](#) Great advice. many HCPs & HC org's intimidated by SoMe. Not knowledgeable enough to recommend it as a support for pts [#hcsn](#)

6:52

[Laurel Ann Whitlock@twirlandswirl](#)

[@ekeeley Moore](#) [@mahoneyr](#) [@jimrattray](#) My best friend's got CF. His mom was talking about just that recently. [#hcsn](#)

6:52

[Erin Moore@ekeeley Moore](#)

[@Katiissick](#) [@AmolUtrankar](#) [@jimrattray](#) [@nursefriendly](#)  
[@mahoneyr](#) I was hired as "Family Partner" & it's working out  
great for everyone! [#hcs m](#)

6:52

[Goldi Erowele PharmD@carenovatemag](#)

[@MsAmandaBall](#) [@danamlewis](#) [#hcs m](#) so true, hcps must be  
in a position to serve pts, caregivers with accurate, timely info  
[@Impact80summit](#)

6:52

[Andrew Lopez, RN@nursefriendly](#)

[@jimrattray](#) [@mahoneyr](#) T3 It is a duty and obligation for us to  
provide [#patienteducation](#), and I think we do a lousy job  
overall. [#hcs m](#)

6:52

[Brad Zehring, DO@DrZehringDO](#)

[@nursefriendly](#) [@HealthSocMed](#) the conc. of your article at  
heart of matter. Pts don't embrace empowerment. Has to  
come from both sides [#hcs m](#)

6:53

[Kati Debelic@Katiissick](#)

RT [@jimrattray](#) [@ekeeley Moore](#) [@mahoneyr](#) Nobody is ever  
prepared for something like that. We all learn on the  
fly....[#hcs m](#) [#hcs m](#)

6:53

[Robert Mahoney@mahoneyr](#)

So maybe that's the distinction: chronic issues benefit from training; acute issues can't. [@twirlandswirl](#) [@jimrattray](#) [#hcs](#)

6:53

[P. F. Anderson@pfanderson](#)

[@nursefriendly](#) [@mahoneyr](#) [@jimrattray](#) YES!!!! Then put the top ten into a "tip sheet from the real experts" [#hcs](#)

6:53

[AnnMarie Walsh@padschicago](#)

RT [@pfanderson](#) [@nursefriendly](#) [@mahoneyr](#) [@jimrattray](#) YES!!!! Then put the top ten into a "tip sheet from the real experts" [#hcs](#)

6:53

[Brad Zehring, DO@DrZehringDO](#)

[@nursefriendly](#) [@HealthSocMed](#) too many want to throw stones and no focus on solutions and understanding both sides [#hcs](#)

6:53

[Jim Rattray@jimrattray](#)

[@Lornadoone56](#) [@mahoneyr](#) Carry that torch, Liz! [#hcs](#)

6:53

[Real Talk Dr. Offutt@RTwithDrOffutt](#)

Have 2 hop off a bit early. Here's to another week of using [#hcs](#) to reach [#Teens](#) abt [#Teen](#) Health! Have a good week all!

6:53

[Jim Rattray@jimrattray](#)

[@ekeeley](#) [@Katiissick](#) [@AmolUtrankar](#) [@nursefriendly](#) [@mahoneyr](#) I LOVE "family partner" — that's progressive! [#hcs](#)

6:53

[P. F. Anderson@pfanderson](#)

[@nursefriendly](#) [@mahoneyr](#) [@jimrattray](#) I actually asked that of pt e-list before my last surgery. The surgeon told me they were wrong [#hcs](#)

6:54

[Jim Rattray@jimrattray](#)

[@nursefriendly](#) [@mahoneyr](#) And we can do better! [#hcs](#)

6:54

[Robert Mahoney@mahoneyr](#)

Being prepared for illness is very different from being prepared for HCP. [@twirlandswirl](#) [@ekeeley](#) [@jimrattray](#) [#hcs](#)

6:54

[Faisal Qureshi@fqure](#)

[#hscsm](#) [#T3](#) Chipotle doesn't 'train' customers to be better customers. They just make better burritos for them

6:54

[Erin Moore@ekeeley Moore](#)

[@Katiissick](#) [@jimratray](#) [@mahoneyr](#) Would still be helpful to have a coach - helping to explain landscape, giving diff options of plays [#hscsm](#)

6:54

[Andrew Lopez, RN@nursefriendly](#)

[@TwiceDiabetes](#) [@DocForeman](#) [@DrZehringDO](#)  
[@HealthSocMed](#) Agree, [#Doctors](#), [#Nurses](#), [#HCPs](#) don't like saying "I Don't Know." [#hscsm](#)

6:54

[Laurel Ann Whitlock@twirlandswirl](#)

[@DocForeman](#) [@jchevinsky](#) [@pfanderson](#) -of any illness/injury and my general outlook for the future. Can change by the minute. [#hscsm](#)

6:54

[M Auron MD@medpedshosp](#)

[@abrewi3010](#) - Agree- however, efforts should be held to enhance health literacy at all times. In a patient centered approach. [#hscsm](#)

6:54

[April Foreman@DocForeman](#)

[@twirlandswirl](#) [@jchevinsky](#) [@pfanderson](#) Sure. Completely normal for that. That's why I have pts. document their own narrative. [#hcsn](#)

6:54

[P. F. Anderson@pfanderson](#)

[@nursefriendly](#) [@mahoneyr](#) [@jimrattray](#) That undermined my trust in him. Frankly, the patients were a LOT more right abt aftercare [#hcsn](#)

6:54

[Robert Mahoney@mahoneyr](#)

I love concept of "patient advocate". Brings different perspective [@ekeeley Moore](#) [@Katiissick](#) [@AmolUtrankar](#) [@jimrattray](#) [@nursefriendly](#) [#hcsn](#)

6:55

[Amanda Ball@MsAmandaBall](#)

[#hcsn](#) T3 Interact during those non-emergent times when they are not a patient. Subliminal training, they'll be ready when they need to be.

6:55

[Charles Platt@ACharlesPlatt](#)

T3: Men less likely to participate in support groups  
[ncbi.nlm.nih.gov/pubmed/10352066](http://ncbi.nlm.nih.gov/pubmed/10352066) [#hcsn](#)

6:55

[Jennifer Chevinsky@jchevinsky](#)

[@drmalinowski](#) Ah, I agree that unfortunately that might be case w HC- 'key terms' & 'short cuts' in order to get proper care. [#hcs](#)

6:55

[Ben Miller@miller7](#)

[@fqure](#) Though I think patients (or customers) should demand more from their experience (burrito). e.g. Quality > quantity [#hcs](#)

6:55

[Twice Diabetes@TwiceDiabetes](#)

[@DrZehringDO](#) [@nursefriendly](#) [@HealthSocMed](#) It is so very hard though for pts to engage institutions & health system [#hcs](#)

6:55

[Dana Lewis | #hcs@danamlewis](#)

. [@fqure](#) ...but customers choose to be there. They have a specific menu. Patients don't choose to be there. & our decisions are endless. [#hcs](#)

6:55

[Laurel Ann Whitlock@twirlandswirl](#)

[@DocForeman](#) [@jchevinsky](#) [@pfanderson](#) And pain feels worse when my anxiety flares up. Probably why I hate the darn scale. It's too flat. [#hcs](#)

6:55

[HealthSocMed | #hcsM@HealthSocMed](#)

Time to wrap up this week's [#hcsM](#) chat! Last thoughts for the week ahead?

6:55

[Goldi Erowele PharmD@carenovatemag](#)

[@nursefriendly](#) [@jimrattray](#) [@mahoneyr](#) poor [#patienteducation](#) due to high pt vol, limited face time, area of [#hc](#) that needs disruption [#hcsM](#)

6:56

[Jim Rattray@jimrattray](#)

[@mahoneyr](#) [@twirlandswirl](#) [@ekeeley Moore](#) Yes, great point. We can make great strides teaching people how to prepare for HC encounters. [#hcsM](#)

6:56

[Amanda Ball@MsAmandaBall](#)

Good experience at restaurant, share w/ 1 friend. Bad experience, share w/ 7. Same with healthcare. Be there for them. [#hcsM](#) T3

6:56

[Robert Mahoney@mahoneyr](#)

I try to teach pt's how to use HC system but we need to establish trust first (otherwise we seem biased)

[@nursefriendly](#) [@jimrattray](#) [#hcsM](#)

6:56

[Kati Debelic@Katiissick](#)

[@ekeeley Moore](#) [@jimratray](#) [@mahoneyr](#) absolutely but I believe dr needs to take on role of headcoach at first. [#hcs m](#)

6:56

[Aaron Blank@AaronBlank](#)

[#HCSM](#) T3 people who are extroverts, who know how to engage.

6:56

[Andrew Lopez, RN@nursefriendly](#)

[@HealthSocMed](#) Closing: [#SocialMedia](#) has so much to offer in terms of [#patienteducation](#), community support. Embrace it! [#hcs m](#)

6:56

[Brad Zehring, DO@DrZehringDO](#)

[@TwiceDiabetes](#) [@nursefriendly](#) [@HealthSocMed](#) that's not wha I'm hearing here. I'm hearing docs don't want to have these type of pts [#hcs m](#)

6:56

[Mark Salke@marksalke](#)

Last thought: Spring is creeping up on us! Enjoy it! [#hcs m](#)

6:56

[Marina Bastawrous@mbastaw](#)

Common trend. Gender diff's an important consideration MT  
[@ACharlesPlatt](#) T3: Men less likely to participate in support  
groups [#hcsn](#)

6:57

[Nico Hemsley@nahems](#)

[@HealthSocMed](#) T3: I think it should be an administrative task  
-- handouts, emails, posters around the office. [#hcsn](#)

6:57

[P. F. Anderson@pfanderson](#)

[@ekeeley Moore](#) [@Katiissick](#) [@jimrattray](#) [@mahoneyr](#) Friend  
w/ cancer has a "cancer experience navigator" & it is SOOOO  
helpful! [#hcsn](#)

6:57

[Liz Marsh@Lornadoone56](#)

[@jimrattray](#) [@mahoneyr](#) It's been a long 25yrs, I'm 58 now,  
Battery is getting low. So at times I really give up [#hcsn](#)

6:57

[Laurel Ann Whitlock@twirlandswirl](#)

[@marksalke](#) Pfft, creeping? Highs in the 80s here. I've already  
had one sunburn. [#hcsn](#)

6:57

[Kati Debelic@Katiissick](#)

RT [@MsAmandaBall](#) Good experience at restaurant, share w/ 1 friend. Bad experience, share w/ 7. Same with healthcare..  
[#hcsmt3](#) [#hcsmt3](#)

6:57

[Goldi Erowele PharmD@carenovatemag](#)

Amen [@MsAmandaBall](#): Good experience at restaurant, share w/ 1 friend. Bad exp, share w/ 7. Same with healthcare. Be there for them. [#hcsmt3](#)

6:57

[Mike Sevilla, MD@drmikesevilla](#)

Thanks [#hcsmt3](#) for another great chat. Shout out to [@danamlewis](#) for moderating. Have a great week everyone! Hopefully spring is coming right?

6:57

[Twice Diabetes@TwiceDiabetes](#)

[@DrZehringDO](#) [@nursefriendly](#) [@HealthSocMed](#) Engaged pts? I agree many (not all) feel v. threatened by engaged knowledgeable pts [#hcsmt3](#)

6:57

[Andrew Lopez, RN@nursefriendly](#)

Closing: [#Doctors](#), [#Nurses](#), [#HCPS](#), [#patients](#) are already on [#SocialMedia](#). Are you going to let someone educate them on [#healthcare](#)? [#hcsmt3](#)

6:57

[Jim Rattray@jimrattray](mailto:Jim.Rattray@jimrattray)

[@pfanderson](#) [@ekeeley Moore](#) [@Katiissick](#) [@mahoneyr](#)

Navigators are essential. They started with cancer, but need to be spread across HC. [#hcs m](#)

6:58

[April Foreman@DocForeman](mailto:April.Foreman@DocForeman)

[@HealthSocMed](#) [#SocialMedia](#) is great for becoming an empowered, educated pt...but that's not always easy for my doc. :) [#hcs m](#)

6:58

[Jennifer Chevinsky@jchevinsky](mailto:Jennifer.Chevinsky@jchevinsky)

CT Recognize & address values. Involve patients w communication team. Patients should not need 'training' - we need to do better. [#hcs m](#)

6:58

[Lauren@laurencstill](mailto:Lauren@laurencstill)

We can do a better job, and vendors can be more transparent, in helping patients and providers collaborate on care. [#hcs m](#)

6:58

[Marina Bastawrous@mbastaw](mailto:Marina.Bastawrous@mbastaw)

Last thoughts: HCPs and org's need guidelines that facilitate embracing SoMe. Also need to keep pt at the center of everything. [#hcs m](#)

6:58

[Jim Rattray@jimrattray](#)

[@Lornadoone56](#) [@mahoneyr](#) Never give up — your patients depend on you! [#hcs](#)

6:58

[Erin Moore@ekeeley Moore](#)

Even letting new patients know that they are encouraged to ask questions and speak up is incredibly empowering [#hcs](#)

6:58

[Dana Lewis | #hcs@danam Lewis](#)

[@fquire](#) agreed. Q was about giving pts tools to navigate, b'c HC system isn't there yet. [@miller7](#) [#hcs](#)

6:58

[Annette McKinnon@anetto](#)

It was a fast hour and an interesting chat. Thanks to all. [#hcs](#)

6:58

[Andrew Lopez, RN@nursefriendly](#)

Closing: As [#Healthcare Professionals](#), [#EarlyAdopters](#), [#Trailblazers](#), We are in the best position to lead the way to wide acceptance. [#hcs](#)

6:58

[Jim Rattray@jimrattray](#)

[@pfanderson](#) [@ekeeley Moore](#) [@Katiissick](#) [@mahoneyr](#) We can play that role, but most people tune out until they have a REAL issue! [#hcs](#)

6:58

[Marina Bastawrous@mbastaw](#)

RT [@ekeeley Moore](#) Patients helping to run social media efforts can help to engage other patients. [#hcs m](#) [#hcs m](#)

6:58

[David Tumbarello@DaveTumbarello](#)

[#hcs m](#) I mostly lurked tonight so my introduction is quite late. PM in Family Medicine. New to field. Great conv.

6:59

[Laurel Ann Whitlock@twirlandswirl](#)

[@dr mikesevilla](#) [@danamlewis](#) I refer you to my previous 80s-and-sunburn post. I'm ready for fall already! [#floridaproblems](#) [#hcs m](#)

6:59

[AnnMarie Walsh@padschicago](#)

RT [@dr malinowski](#) RT [@dr mikesevilla](#): Thanks [#hcs m](#) for another great chat. Shout out to [@danamlewis](#) for moderating. Have a great week every...

6:59

[Jim Rattray@jimrattray](#)

[@mbastaw](#) [@ekeeley Moore](#) Any good examples of this? [#hcs m](#)

6:59

[Andrew Lopez, RN@nursefriendly](#)

Close: Keep in your back pocket, the positive examples of [#socialmedia](#) in [#healthcare](#) that you've encountered. Share them. [#hcsn](#)

6:59

[Erin Moore@ekeeley Moore](#)

[@jimratray](#) [@Lornadoone56](#) [@mahoneyr](#) I think the opp is true as well. As Family Partner I think abt how clinicians are depending on me [#hcsn](#)

6:59

[Kati Debelic@Katiissick](#)

[@jimratray](#) [@pfanderson](#) [@ekeeley Moore](#) [@mahoneyr](#) it would really help if first, pts with [#mecfs](#) had health care. [#hcsn](#)

6:59

[P. F. Anderson@pfanderson](#)

[@twirlandswirl](#) [@padschicago](#) [@DocForeman](#) [@drmalinowski](#) [@jchevinsky](#) I'm wearing my Obey Cthulhu tshirt, which is DEFINITELY a joke! [#hcsn](#)

7:00

[Goldi Erowele PharmD@carenovatemag](#)

[@jimratray](#) [@pfanderson](#) [@ekeeley Moore](#) [@Katiissick](#) [@mahoneyr](#) a role many family [#caregivers](#) are assuming. Training v [@Impact80summit](#) [#hcsn](#)

7:00

[PANDORA Org\\_@pandoraorg](#)

RT [@Katiissick](#) [@jimratray](#) [@pfanderson](#) [@ekeeley Moore](#) [@mahoneyr](#) it would really help if first, pts with [#mecfs](#) had health care. [#hcs m](#)

7:00

[HealthSocMed | #hcs m@HealthSocMed](#)

That's a wrap on another awesome [#hcs m](#) chat! Thanks, all!  
See you again next Sunday at 8pm CT - and remember to DM or [@HealthSocMed](#) topics!