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#hcsm - July 13, 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

[Susan Tatum Porter@suziblu725](#)

[@HealthSocMed](#) so what's the topic tonight? [#hcsm](#)  
[#sundayfunday](#)

6:00

[Gnosis Media Group@GnosisArts](#)

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

6:01

[HealthSocMed | #hcsm@HealthSocMed](#)

. [@suziblu725](#) first [#hcsm](#) topic for tonight will be announced a few minutes after everyone has a chance to introduce themselves!

6:01

[HealthSocMed | #hcsml@HealthSocMed](#)

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

6:01

[Dr. Gia Sison@giasison](#)

Joining in from Manila! Hi to all Gia here [#hcsml](#)

6:01

[Andrew Lopez, RN@nursefriendly](#)

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

6:01

[Susan Tatum Porter@suziblue725](#)

[@HealthSocMed](#) [@danamlewis](#) hey there, an informatics nurse w a background in communications down in charleston, sc. [#HCSM](#)

6:02

[Andrew Lopez, RN@nursefriendly](#)

[@suziblue725](#) [@HealthSocMed](#) Hello Susan :) [#hcsml](#)

6:02

[Dr. Daniel Flanders@drflanders](#)

Hey. Dan Flanders here [#hcs](#)

6:02

[Alan Brewington@abrewi3010](#)

Hello everyone. Alan here. [#hcs](#)

6:02

[My Knee Guide@mykneeguide](#)

[@HealthSocMed](#) [@danamlewis](#) Dr. Hatten - [#hcs](#)

6:03

[Laurel Ann Whitlock@twirlandswirl](#)

Hi, all! Laurel, photographer in Orlando. Getting over a cold, been on a Netflix binge all day. Guess I'll talk to real people now? [#hcs](#)

6:03

[Steven Barley@StevenBarley](#)

Hi [@danamlewis](#). Hope you've been doing well ([#hcs](#)) Steven Barley, Director, Internet Services for [@riverside](#)

6:03

[Dana Lewis | #hcsmdanamlewis](#)

Welcome to #hcsmd, all! <--Dana Lewis, #hcsmd moderator; thinker doer teacher of health & digital; #DIYPS data producer; GF cupcake eater.

6:04

[Dana Lewis | #hcsmdanamlewis](#)

[@StevenBarley](#) yup, same to you! #hcsmd

6:04

[Claire Crossley@ClaireSMBB](#)

Good evening #hcsmd friends!

6:04

[HealthSocMed | #hcsmdHealthSocMed](#)

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

6:04

[Andrew Lopez, RN@nursefriendly](#)

Hello Everyone :) [@twirlandswirl](#) [@mykneeguide](#) [@abrewi3010](#) [@drflanders](#) [@giasison](#) [@suziblue725](#) [@HealthSocMed](#) #hcsmd

6:04

[Dr. Gia Sison@giasison](#)

[@nursefriendly](#) Hello Andrew and all! [@twirlandswirl](#)  
[@mykneeguide](#) [@abrewi3010](#) [@drflanders](#) [@suziblue725](#)  
[@HealthSocMed](#) [#hcsn](#)

6:04

[Dr. Jason Malinowski@drmalinowski](#)

Hi Jason's in from Canada for the [#hcsn](#) tweetchat

6:04

[Laurel Ann Whitlock@twirlandswirl](#)

[@OneGrenouille](#) Hello, Tweet-Buddy. :) [#hcsn](#)

6:05

[Andrew Lopez, RN@nursefriendly](#)

Come on in everyone, the water is fine :) [@ClaireSMBB](#)  
[@StevenBarley](#) [@danamlewis](#) [@riverside](#) [#hcsn](#)

6:05

[Laurel Ann Whitlock@twirlandswirl](#)

[@nursefriendly](#) [@mykneeguide](#) [@abrewi3010](#) [@drflanders](#)  
[@giasison](#) [@suziblue725](#) [@HealthSocMed](#) Aloha! [#hcsn](#)

6:05

[HealthComU@HealthComU](#)

Hi #hcsml We're a blog all about health communication. Always looking for guest bloggers & love to engage in our industry. Nice to meet you!

6:06

[Dr. Gia Sison@giasison](#)

Great to see the community gathering [#hcsml](#)

6:06

[Colin Hung@Colin\\_Hung](#)

Hello #hcsml. It's been a while. Dropping in for a little bit tonight. Great to see so many friends. Colin [#healthIT](#) guy from Toronto here

6:06

[Steven Barley@StevenBarley](#)

[@nursefriendly](#) Indeed it is. Time for a swim, eh? [#hcsml](#)

6:06

[Lismi Kallan@LismiKallan](#)

Hi Lismi from Toronto [#hcsml](#)

6:06

[Laurel Ann Whitlock@twirlandswirl](#)

[@StevenBarley](#) [@nursefriendly](#) Well, now I want to swim! This is untimely. :P [#islanderproblems](#) [#hcsn](#)

6:07

[HealthSocMed | #hcsn@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!

6:07

[Claire Crossley@ClaireSMBB](#)

A fellow Canadian here, good evening! "[@drmalinowski](#): Hi Jason's in from Canada for the [#hcsn](#) tweetchat"

6:07

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

Hello [#hcsn](#) tweeps Marie here logging in from down under in South Australia

6:07

[Andrew Lopez, RN@nursefriendly](#)

Crowd is gathering :) [@LismiKallan](#) [@Colin\\_Hung](#) [@HealthComU](#) [@drmalinowski](#) [@OneGrenouille](#) [#hcsn](#)

6:08

[Colin Hung@Colin\\_Hung](#)

[@ClaireSMBB](#) [@drmalinowski](#) Canada well represented tonight on [#hcsn](#) :) cc: [@LismiKallan](#)

6:08

[Janet M. Kennedy@GetSocialHealth](#)

Good evening everyone. Janet Kennedy with the Get Social Health podcast here from Raleigh, NC. Looking forward to the [#hcsn](#) chat

6:08

[Twice Diabetes@TwiceDiabetes](#)

Hello [#hcsn](#), Mel from Sydney, t1 diabetes activist signing in

6:09

[Dr. Jason Malinowski@drmalinowski](#)

[@ClaireSMBB](#) Hi Claire! [#hcsn](#)

6:09

[Christoph Trappe@CTrappe](#)

Christoph here from the United States. I work with hospitals on content marketing and storytelling. [#hcsn](#)

6:09

[Laurel Ann Whitlock@twirlandswirl](#)

[@Colin\\_Hung](#) [@ClaireSMBB](#) [@drmalinowski](#) [@LismiKallan](#) My parents just got back from a trip there - they loved it! [#hcs](#)

6:09

[HealthSocMed | #hcs@HealthSocMed](#)

TOPIC 1 - Is usage of SM adding to or subtracting to burnout in patients? How? Discuss. [#hcs](#)

6:09

[Janet M. Kennedy@GetSocialHealth](#)

RT [@JBBC](#): Hello [#hcs](#) tweeps Marie here logging in from down under in South Australia <I thought you were from Ireland? Visiting OZ?>

6:09

[Claire Crossley@ClaireSMBB](#)

!! "[@Colin\\_Hung](#): [@ClaireSMBB](#) [@drmalinowski](#) Canada well represented tonight on [#hcs](#) :) cc: [@LismiKallan](#)"

6:09

[brett johnson@granitehead](#)

Hello from Boston [#hcs](#) been away for a bit, missed ya Brett.

6:09

[Dana Lewis | #hcsmdanamlewis](#)

T1 live at #hcsmd: Is usage of SM adding to or subtracting from burnout in patients? How? Discuss. [#hcsmd](#)

6:10

[Christoph Trappe@CTrappe](#)

Not sure I understand the question. [#hcsmd](#)

6:10

[Steven Barley@StevenBarley](#)

[@ClaireSMBB](#) Nice to see you as well [#hcsmd](#)

6:10

[Dana Lewis | #hcsmdanamlewis](#)

[@isuruayw](#) remember to add the hashtag (#hcsmd) to your tweets so others will see them!

6:10

[Laurel Ann Whitlock@twirlandswirl](#)

T1 I think "anything in moderation" is the key concept here - 24/7 anything, even useful things, will overwhelm anyone. [#hcsmd](#)

6:10

[Carolyn Thomas@HeartSisters](#)

[@danamlewis](#) Hi Dana and friends - Carolyn here from Canada's beautiful west coast, heart blogger, now in World Cup withdrawal [#hcs](#)

6:10

[Andrew Lopez, RN@nursefriendly](#)

Welcome :) [@CTrappe](#) [@isuruayw](#) [@HealthSocMed](#) [@TwiceDiabetes](#) [@GetSocialHealth](#) [@JBBC](#) [#hcs](#)

6:10

[Twice Diabetes@TwiceDiabetes](#)

t1 Cld be either, depends on pt mental state & how they use SM [#hcs](#)

6:10

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

[@GetSocialHealth](#) yes to both questions :-) From ireland but i've been here for the past year on a research sabbatical [#hcs](#)

6:10

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

[@HeartSisters](#) evening! [#hcs](#)

6:10

[Jewels@She\\_Sugar](#)

Jewels - Nurse/ patient, checking in from AZ. [#hcs](#)

6:10

[Dr. Gia Sison@giasison](#)

T1 IMHO it subtracts in patients' burnout. Social media is a source of support and great networking, learning tool too [#hcs](#)

6:11

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

[@nursefriendly](#) hello there Andrew - great to see you as always [#hcs](#)

6:11

[Twice Diabetes @TwiceDiabetes](#)

Does Sm defn include the info websites aimed at disseminating info? [#hcs](#)

6:11

[BrownEDHI @BrownEDHI](#)

Hello, the [@BrownMedicine](#) and [@RIHospital](#) emergency medicine digital health innovation group here. Happy to join the chat! [#hcs](#)

6:11

[Christoph Trappe @CTrappe](#)

Social media can be a great tool to share information. Our plan on how to share our new daughter's arrival: [kidsandtech.net](#) [#hcs](#)

6:12

[Susan Tatum Porter @suziblue725](#)

[@TwiceDiabetes](#) I agree and I guess I don't really understand how social media would burn out pts? Seems like it would be empowering? [#hcs](#)

6:12

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

[@HealthSocMed](#) T1 social media can both add to information overload while at the same help empower patients [#hcs](#)

6:12

[My Knee Guide @mykneeguide](#)

[#hcs](#) no. I think patients need to be engaged even more in medical social media.

6:12

[Alan Brewington @abrewi3010](#)

A1 I think SoMed is a system of a HC that has forgotten patients. I think SoMe both helps & hurts patient burnout rates. [#hcs](#)

6:12

[Colin Hung @Colin\\_Hung](#)

T1: Certainly [#SoMe](#) can be supportive (ex: [#rarediseases](#)) - sharing stories is powerful on social media [#hcs](#)

6:12

[Esther Choo MD MPH @choo\\_ek](#)

Joining a little late- Esther from Rhode Island; emergency doc, researcher, [#DigitalHealth](#) [#hscsm](#)

6:12

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

T1 the key is to learn to manage social media to prevent burnout [#hscsm](#)

6:12

[BrownEDHI @BrownEDHI](#)

[@giasison](#) yes love use of social media. Great ideas for caring for our patients and ourselves too! [#hscsm](#) [#brownedhi](#)

6:12

[Duke ☕ @DukesLounge](#)

Hi everyone! Duke from Sydney AUS, here to learn a few things :) and to [@HealthSocMed](#): I'm one of the friendly lurkers hehe, cheers! [#hscsm](#)

6:12

[Dr. Gia Sison @giasison](#)

T1 A global exchange of ideas create an open environment for learning and having fun at the same time [#hscsm](#)

6:13

[Laurel Ann Whitlock @twirlandswirl](#)

[@gjasison](#) does is become inundation? I don't think you want to define every aspect of your online presence by your healthcare. [#hcs](#)

6:13

[Twice Diabetes @TwiceDiabetes](#)

Sm freed me from the expectation I needed or cld achieve perfect bsls totally eased my burnout [#hcs](#)

6:13

[Jewels @She\\_Sugar](#)

T1- SM creates incredible connects to others living w/ similar chronic diseases serving to educate, support + decrease burnout. [#hcs](#)

6:13

[Carolyn Thomas @HeartSisters](#)

[@danamlewis](#) T1 Many patients find that online support helps prevent burnout/isolation/despair [#hcs](#)

6:13

[Liam Farrell @drifarrell](#)

Hi from Ireland;columnist, ex-family doc; 2 am here, "the night, the light and the half-light..." [#hcs](#)

6:13

[Colin Hung @Colin\\_Hung](#)

T1: Burnout for pts can happen - so many voices, so many layers, some may find it overwhelming [#hscsm](#)

6:13

[Andrew Lopez, RN @nursefriendly](#)

T1 Think that having that support, access to resources, availability of peers would head off [#burnout](#) among patients. [#hscsm](#)

6:13

[Jewels @She\\_Sugar](#)

[@abrewi3010](#) Forgotten - surely not? [#hscsm](#)

6:13

[Dr. Gia Sison @giasison](#)

[@twirlandswirl](#) Great point Laurel-wanted to add the "use it wisely" though [#hscsm](#)

6:14

[Janet M. Kennedy @GetSocialHealth](#)

RT [@nursefriendly](#): Welcome :) [@CTrappe](#) [@isuruayw](#) [@HealthSocMed](#) [@TwiceDiabetes](#) [@GetSocialHealth](#) [@JBBC](#) [#hscsm](#) <Thanks! Should be good a chat>

6:14

[Twice Diabetes](#) [@TwiceDiabetes](#)

[@twirlandswirl](#) Only if you let it. Wld we ask if parenting SM sites led to burnout of parents? Inundation etc? [#hcsn](#)

6:14

[OneGrenouille](#) [@OneGrenouille](#)

T1 I can also get burned out by consistently reading about the "horrific" portions of a dx and only hearing worry. [#hcsn](#)

6:14

[Steven Barley](#) [@StevenBarley](#)

T1 Don't have any direct evidence and looking forward to others responses ... [#hcsn](#)

6:14

[Alan Brewington](#) [@abrewi3010](#)

A1 SoMe is a great source of support and friendship for patients. Burnout is always going to be a problem [#hcsn](#)

6:14

[Andrew Lopez, RN](#) [@nursefriendly](#)

T1 Think that [#patients](#) who are NOT able to find [#curated](#), [#trusted](#) resources may get discouraged, frustated, at higher [#burnout](#) risk. [#hcsn](#)

6:14

[HealthComU @HealthComU](#)

With so much info readily available via #socialmedia, patient burnout is inevitable. Everything in moderation. [#hscsm](#)

6:14

[BrownEDHI @BrownEDHI](#)

[@mykneeguide](#) some of our work shows that the soc media component of care after pts leave the emergency dept is impt [#hscsm @meganranney](#)

6:14

[Isuru Withanage @isuruayw](#)

T1: In my opinion I think it can counter it... Helps people connect with support communities who are experiencing the same issues [#hscsm](#)

6:14

[Colin Hung @Colin\\_Hung](#)

T1: If you are the one OFFERING support thru [#SoMe](#) (as a patient) can totally see someone becoming burnt out [#hscsm](#)

6:14

[Laurel Ann Whitlock @twirlandswirl](#)

T1 She left them all quickly because she felt like she was surrounded by too much loss and it was making her think she's never succeed [#hscsm](#)

6:14

[Annette McKinnon @anetto](#)

T1 Annette here in Toronto social media gives patients more power so prevents burnout [#hscsm](#)

6:14

[Jewels @She\\_Sugar](#)

[@Colin\\_Hung](#) Very true, that's why connecting to a group is important. [#hscsm](#)

6:14

[Laurel Ann Whitlock @twirlandswirl](#)

T1 Now, I've also had friend who lost their children find great comfort in these groups, I don't mean to imply in any way they are bad [#hscsm](#)

6:14

[Andrew Lopez, RN @nursefriendly](#)

T1 Finding what you need is 1/2 the battle, not always easy on [#hscsm](#), can be frustrating, contribute to [#burnout](#). [#hscsm](#)

6:15

[Laurel Ann Whitlock @twirlandswirl](#)

T1 Just that easy access to support can make it seem like the problem is everywhere and you can't get away from it. [#hscsm](#)

6:15

[Liam Farrell @drifarrell](#)

T1 important that the SOME they use is validated + reliable; so much misleading/confusing junk out there [#hcsn](#)

6:15

[Dr. Gia Sison @giasison](#)

[@twirlandswirl](#) It can be an inundation if you embrace all, here's where you decide what will help you or not [#hcsn](#)

6:15

[Andrew Lopez, RN @nursefriendly](#)

T1 Depending on how easy [#SoMe](#) makes it to find resources, peers online, can make or break the [#burnout](#) potential. [#hcsn](#)

6:15

[OneGrenouille @OneGrenouille](#)

T1 - Some groups are VERY saddening to me, others can be empowering. Also whether I am supporting others & how much support I give [#hcsn](#)

6:16

[Dr. Gia Sison @giasison](#)

[@drifarrell](#) Choose wisely Liam [#hcsn](#)

6:16

[Anne Polta @AnnePolta](#)

T1 Like w. anything, some curation suggested. SoMe communities can range from insightful & supportive to angry, cynical & uninformed. [#hcsn](#)

6:16

[Jewels @She\\_Sugar](#)

[@nursefriendly](#) But finding someone who understands - really - may be all a person needs. [#hcsn](#)

6:16

[Alan Brewington @abrewi3010](#)

[@She\\_Sugar](#) I think the HC system places more emphasis on profits and shareholder happiness. It's resistant to change [#hcsn](#)

6:16

[Claire Crossley @ClaireSMBB](#)

T1 social media can help patients; however would cause burnout if info not accessible, comprehensible & of course, reliable [#hcsn](#)

6:16

[Carolyn Thomas @HeartSisters](#)

[@nursefriendly](#) Ah that's a new topic altogether: "trusted" by whose definition? Dr Oz is "trusted" by millions even tho he's a quack [#hcsn](#)

6:16

[Isuru Withanage @isuruayw](#)

T1: It's absolutely amazing how supportive some of the [#hcs](#) support communities are online. Some of the most positive comments on the web.

6:16

[Colin Hung @Colin\\_Hung](#)

T1 [@nursefriendly](#) Agree. There are so many options it can be a bit much at the beginning. Have to learn how to be choosy [#hcs](#)

6:16

[Janet M. Kennedy @GetSocialHealth](#)

RT [@suziblue725](#): [@TwiceDiabetes](#) I don't really understand how social media would burn out pts? Seems like it would be empowering? [#hcs](#)

6:16

[My Knee Guide @mykneeguide](#)

If the SOURCE is trusted and reliable then access to an expert through social media is empowering. Does not lead to burnout. [#hcs](#)

6:16

[Andrew Lopez, RN @nursefriendly](#)

[@drifarrell](#) T1 Yes, what happens if they find a commercial website, trying to sell them #SnakeOil? [#hcs](#)

6:16

[Dr. Gia Sison @giasison](#)

[@HealthComU](#) Definitely in moderation. One defines what's enough though. [#hcsn](#)

6:16

[OneGrenouille @OneGrenouille](#)

[@She\\_Sugar](#) but do patients put too much reliance on other patients -burning those latter pts out? [#hcsn](#)

6:17

[Jewels @She\\_Sugar](#)

[@abrewi3010](#) it does but patient satisfaction is always a key driver [#hcsn](#)

6:17

[Laurel Ann Whitlock @twirlandswirl](#)

[@nursefriendly](#) Very true - I can imagine it being exponentially more frustrating to search for resources and fail to find them. [#hcsn](#)

6:17

[Dr. Gia Sison @giasison](#)

+1/RT [@drmalinowski](#): T1 depends I think on a pt's coping style, baseline anxiety level, tendency toward catastrophizing etc. [#hcsn](#)

6:17

[Laurel Ann Whitlock @twirlandswirl](#)

[@drifarrell](#) Morning! ;) [#hcs](#)

6:17

[Jewels @She\\_Sugar](#)

[@OneGrenouille](#) it's certainly not that way for me and I parent to chronic disease too. [#hcs](#)

6:17

[Janet M. Kennedy @GetSocialHealth](#)

T1: I don't think it's patient burnout that's an issue as much as patients getting conflicting & confusing info causing frustration. [#hcs](#)

6:18

[Andrew Lopez, RN @nursefriendly](#)

[@anetto](#) T1 That assumes that they can find helpful resources and not [#quacks](#) & [#scams](#) looking to take advantage. [#hcs](#)

6:18

[Carolyn Thomas @HeartSisters](#)

[@TwiceDiabetes](#) I agree; by now, I'm getting pretty good at smelling the rubbish within minutes of finding a poor resource online [#hcs](#)

6:18

[Dr. Gia Sison](#) [@giasison](#)

[@drifarrell](#) Agree Liam [#hcs](#)

6:18

[Damian Fogarty](#) [@DamianFog](#)

[@HealthSocMed](#) Hello I'm a kidney specialist in Belfast Northern Ireland. [#hcs](#)

6:18

[Ambry Genetics](#) [@AmbryGenetics](#)

Great point! [@ClaireSMBB](#) [#hcs](#)

6:18

[Laurel Ann Whitlock](#) [@twirlandswirl](#)

[@nursefriendly](#) [@drifarrell](#) Is it cheaper in bulk? I'll take 3000!  
[#hcs](#)

6:18

[Dr. Gia Sison](#) [@giasison](#)

[@Colin\\_Hung](#) Great to see you Colin! [@anetto](#) [@nursefriendly](#)  
[#hcs](#)

6:18

[Jewels](#) [@She\\_Sugar](#)

[@mykneeguide](#) There's a lot of health consulting and coaching in these areas too - new to patient education. [#hcs](#)

6:19

[Laurel Ann Whitlock @twirlandswirl](#)

[@HeartSisters](#) [@nursefriendly](#) "Oz" is ironic, isn't it? Pay no attention to the man behind the curtain.... [#hcsn](#)

6:19

[OneGrenouille @OneGrenouille](#)

[@choo\\_ek](#) issue of dxes w/ strong advocates of opposite approaches - can find data to support both. Can go crazy trying to figure out. [#hcsn](#)

6:19

[Twice Diabetes @TwiceDiabetes](#)

In common conditions burnout from offering support less likely as SM communities r large. [#hcsn](#)

6:19

[Andrew Lopez, RN @nursefriendly](#)

[@isuruayw](#) T1 It can help counter #burnout, IF [#patients](#) can find helpful resources. Not everything is helpful. [#hcsn](#)

6:19

[Colin Hung @Colin\\_Hung](#)

T1 [@ClaireSMBB](#) The key there is reliable. Hard to tell on [#SoMe](#) & Internet in general. Can become quickly frustrated if info is wrong [#hcsn](#)

6:19

[Alan Brewington @abrewi3010](#)

[@She\\_Sugar](#) I don't think it is anymore. Patient satisfaction is a happy accident I think the system believes. Profit, fame drivers  
[#hcs](#)

6:20

[Laurel Ann Whitlock @twirlandswirl](#)

[@nursefriendly](#) [@Colin\\_Hung](#) Speaking personally, I tend to push people away in crisis, too. "What can I do?!" "Leave me alone?" [#hcs](#)

6:20

[Dr. Gia Sison @giasison](#)

[@DamianFog](#) Jump in Damian! [@HealthSocMed](#) [#hcs](#)

6:20

[Dese'Rae L. Stage @deseraestage](#)

Want to bring Live Through This to your campus this fall? Email [monica@livethroughthis.org](mailto:monica@livethroughthis.org) for more information. [#sps](#)  
[#mhsm](#) [#hcs](#)

6:20

[Christoph Trappe @CTrappe](#)

The best use of social media is when a patient (or anyone) shares information that others can learn something from.  
[#hcs](#)

6:20

[Esther Choo MD MPH @choo\\_ek](#)

T1: Have to admit I've never really heard/thought of pt frustration, etc as "burnout" [#hcsn](#)

6:20

[Laurel Ann Whitlock @twirlanswirl](#)

[@DamianFog](#) Hiya! I think I bothered you over in [#irishmed](#) a bit ago. [#hcsn](#)

6:21

[Jewels @She\\_Sugar](#)

[@abrewi3010](#) It's a driver for reimbursement for hospitals [#hcsn](#)

6:21

[OneGrenouille @OneGrenouille](#)

[@drifarrell](#) how to define junk? If five docs say use approach X and published it, and rest say don't, yet pts choose X & are happy [#hcsn](#)

6:21

[Janet M. Kennedy @GetSocialHealth](#)

RT [@choo\\_ek](#): T1: [#SoMe](#) can overcome isolation of an illness; but firehouse of info & extreme views likely can lead to burnout [#hcsn](#) <True!

6:21

[Jewels @She\\_Sugar](#)

[@Colin\\_Hung](#) [@nursefriendly](#) and where to look. [#hcsn](#)

6:21

[Claire Crossley @ClaireSMBB](#)

[@Colin\\_Hung](#) I agree, HCPs and orgs can be helpful by providing mentoring/guidance to patients & reliable sources. [#hcsn](#)

6:21

[Peter Chai @PeterRchai](#)

Joining late, hello. Peter from umass. Ed doc and Tox fellow [#hcsn](#)

6:21

[Lismi Kallan @LismiKallan](#)

T1 if patients are on the other end, it could become burden and exp.burnout [#hcsn](#)

6:21

[Dr. Gia Sison @giasison](#)

[@CTrappe](#) After all we learn from each other [#hcsn](#)

6:21

[Andrew Lopez, RN @nursefriendly](#)

[@She\\_Sugar @drmalinowski](#) T1 Brings to mind [#dysautonomia](#) and other [#rarediseases](#) few understand, finding others can be a boon. [#hcsn](#)

6:22

[Twice Diabetes @TwiceDiabetes](#)

[@CTrappe](#) Depends on how you define learn, sharing narratives helps make meaning of experience, it doesn't have to be didactic [#hcsn](#)

6:22

[Laurel Ann Whitlock @twirlandswirl](#)

[@HeartSisters @choo\\_ek](#) Well, as someone who suffers from all the best anxiety has to offer, I'd say "burnout" sounds about right. [#hcsn](#)

6:22

[Andrew Lopez, RN @nursefriendly](#)

[@She\\_Sugar @drmalinowski](#) T1 [#Socialisolation](#) is a definite risk factor for [#burnout](#), that finding the right resources can help. [#hcsn](#)

6:22

[Jewels @She\\_Sugar](#)

[@TwiceDiabetes](#) Very specific to Type 1 diabetes as well - practical vs. logical info. [#hcsn](#)

6:22

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

Good T1 - moving on to our second topic (T2) shortly! [#hcs](#)[m](#)

6:22

[OneGrenouille](#) [@OneGrenouille](#)

[@choo\\_ek](#) It can definitely be burnout if you are supporting others and put in therapist mode [#hcs](#)[m](#)

6:22

[Dr. Gia Sison](#) [@giasison](#)

[@PeterRchai](#) Hello Peter! [#hcs](#)[m](#)

6:23

[Colin Hung](#) [@Colin\\_Hung](#)

[@pfanderson](#) Hello Patricia. Waving a big HELLO! [#hcs](#)[m](#)

6:23

[Laurel Ann Whitlock](#) [@twirlandswirl](#)

[@pfanderson](#) \*waves\* [#hcs](#)[m](#)

6:23

[Isuru Withanage](#) [@isuruayw](#)

[@nursefriendly](#) i agree! however, i think even if it's connecting on an empathetic lvl.. there is usually always a layer of positivism [#hcs](#)[m](#)

6:23

[Christoph Trappe @CTrappe](#)

It's so hard to know when social media burns you out. There's one more thing to check. [#hcsn](#)

6:23

[Dr. Gia Sison @giasison](#)

[@pfanderson](#) Jump in Patricia! [#hcsn](#)

6:23

[Andrew Lopez, RN @nursefriendly](#)

[@choo\\_ek](#) T1 Agree, information overload is always a peril/pitfall to researching a [#disease](#) online. [#hcsn](#)

6:23

[Wakata Inc. @TheWakataInc](#)

Great example of useful [#mentalhealth](#) platform = [@walkalong](#); peer support, tools, tracking [@nursefriendly](#) [@isuruayw](#) [#burnout](#) [#patients](#) [#hcsn](#)

6:23

[Andrew Lopez, RN @nursefriendly](#)

[@choo\\_ek](#) T1 Not everything they read will apply to them, but they may not realize that and go into a panic. [#hcsn](#)

6:24

[Peter Chai @PeterRchai](#)

[@CTrappe](#) so true. I feel like I learned so much via social media aka twitter from [#emconf](#) during my last few months of residency [#hcs](#)

6:24

[Damian Fogarty @DamianFog](#)

[@twirlandswirl](#) no bother. Asking good questions and challenging the docs & dogma like a rising tide lifts all boats! [#hcs](#) [#some](#)

6:24

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

TOPIC 2 - What about burnout of caregivers - or loved ones who can observe/learn more when pts are using SM? How does SM impact them? [#hcs](#)

6:24

[Robert Mahoney @mahoneyr](#)

(Joining [#hcs](#) late...evening, everyone)

6:24

[OneGrenouille @OneGrenouille](#)

[@nursefriendly](#) Indeed, a friend of mine is very worried about death and needs support, yet I do not think what she reads is correct [#hcs](#)

6:24

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

T2 live at [#hcs](#) - how does pt usage of SM impact caregivers (or loved ones who can observe/learn/see more as a result)? Discuss.

6:24

[Peter Chai](#) [@PeterRchai](#)

[@CTrappe](#) haha, when real life media (someone yelling for me to get off the computer) is more imp than soc media [#hcs](#)

6:25

[Andrew Lopez, RN](#) [@nursefriendly](#)

[@isuruayw](#) T1 Depends on where you are. Have seen the knife edge cut both ways. [#hcs](#)

6:25

[Laurel Ann Whitlock](#) [@twirlandswirl](#)

[@DamianFog](#) What I gather from that is "being difficult is good!" You should tell my husband that. He disagrees. ;) [#hcs](#)

6:25

[Dr. Jason Malinowski](#) [@drmalinowski](#)

[@mahoneyr](#) hi doc [#hcs](#)

6:25

[Laurel Ann Whitlock @twirlandswirl](#)

[@DamianFog](#) (But seriously, I love being there!) [#hcs](#)

6:25

[Colin Hung @Colin\\_Hung](#)

T2: Burnout could be prevented if more caregivers willing to go online to get support from others going thru same [#hcs](#)

6:25

[Rasu Shrestha MD MBA @RasuShrestha](#)

Agreed. We need to go to where our patients are... And right now, they're on social media! [#HCSM](#) [@DamianFog](#)

6:25

[Laurel Ann Whitlock @twirlandswirl](#)

[@mahoneyr](#) Well hi there. I was starting to think I hadn't annoyed... er... chatted with you in awhile! [#hcs](#)

6:26

[BrownEDHI @BrownEDHI](#)

T2: social media might help prevent burnout in caregivers, ways to link w similar people in similar situations? [#hcs](#)

6:26

[Susan Tatum Porter @suziblue725](#)

[@HealthSocMed](#) T2 I think if the caregiver isn't engaged in [#somed](#) as a resource too - that's where I'd see the biggest problems [#hscsm](#)

6:26

[Carolyn Thomas @HeartSisters](#)

[@HealthSocMed](#) Burnout in caregivers likely happens whether or not patient is using [#SoMe](#), but connecting w. other caregivers can help [#hscsm](#)

6:26

[Dr. Gia Sison @giasison](#)

T2 Largely impacts caregivers as a source of learning too from co-caregivers thus getting support for them & vice versa [#hscsm](#)

6:26

[Charles Platt @ACharlesPlatt](#)

Joining [#hscsm](#) late ...

6:26

[Christoph Trappe @CTrappe](#)

Patients can be impacted when family members share something on social media they didn't want shared. [#hscsm](#)

6:26

[BrownEDHI](#) [@BrownEDHI](#)

T2: imagine caregivers and their docs able to interact via social media. A more rich primary care relationship when done in right way? [#hcs](#)

6:26

[Andrew Lopez, RN](#) [@nursefriendly](#)

T2 Can be extremely beneficial for information gathering, support, IF they can find what they need from trusted resources. [#hcs](#)

6:26

[Colin Hung](#) [@Colin\\_Hung](#)

T2: But you can't expect family to only rely on [#SoMe](#) for updates on a loved one. F2F has value! [#hcs](#)

6:26

[Dr. Gia Sison](#) [@giasison](#)

[@mahoneyr](#) Jump in Robert [#hcs](#)

6:27

[Twice Diabetes](#) [@TwiceDiabetes](#)

I have felt burnout from parents/carers on SM sites designed for pts, very difficult! [#hcs](#)

6:27

[Susan Tatum Porter @suziblu725](#)

[@ACharlesPlatt](#) welcome [#hcsM](#)

6:27

[Esther Choo MD MPH @choo\\_ek](#)

T2 I look forward to seeing the data on this - anecdotally, SoMe has been transformative for caregivers; so many common issues [#hcsM](#)

6:27

[Damian Fogarty @DamianFog](#)

[@nursefriendly @choo\\_ek](#) There is a role for grading websites akin to standards/kite marks so one can tell wheat from the chaff [#hcsM](#)

6:27

[Andrew Lopez, RN @nursefriendly](#)

T2 [#caregivers #family](#) members face same challenges, finding [#trusted #credible #curated](#) resources. [#hcsM](#)

6:27

[Anne Polta @AnnePolta](#)

[@nursefriendly @choo\\_ek](#) agree. Also, it's very upsetting in online cancer communities when someone dies. [#hcsM](#)

6:27

[Jewels @She\\_Sugar](#)

[@danamlewis](#) education = patient family empowerment be it from the health providers office or a social media chat. [#hcs](#)

6:27

[Colin Hung @Colin\\_Hung](#)

T2 [@CTrappe](#) That's true of anyone posting onto #SoMe. Have to remember that it's public. Ask would you want the world to read this? [#hcs](#)

6:27

[Andrew Lopez, RN @nursefriendly](#)

T2 When they find the right websites, support groups, it can lift a huge burden, or make their [#burden](#) heavier. [#hcs](#)

6:28

[Rasu Shrestha MD MBA @RasuShrestha](#)

To share... Is indeed to care. [#healthCARE](#) [#hcs](#) [@CTrappe](#)

6:28

[Claire Crossley @ClaireSMBB](#)

T2 Similar burnout of caregivers; using sm for info is great if reliable & accessible. HCPs should provide guidance. [#hcs](#)

6:28

[nurseVersity @nurseversity](#)

“[@nursefriendly](#): Hello Everyone, Andrew Lopez, RN from #NewJersey, [#Healthcare](#) [#Tweetchat](#) [#Enthusiast](#) [#hcs](#)  
[#nurseup](#)” what’s up?

6:28

[Jewels @She\\_Sugar](#)

[@Colin\\_Hung](#) Agree - plus there's a line to sharing person info online all of time. [#hcs](#)

6:28

[Robert Mahoney @mahoneyr](#)

T2 at the risk of being overly semantic, have we defined burnout? May mean different things to different people. [#hcs](#)

6:28

[Andrew Lopez, RN @nursefriendly](#)

T2 Biggest benefit is finding others for support, to compare notes with, to vent with someone who "has been there". [#hcs](#)

6:28

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

(For T2, was really thinking about loved ones who are not day-to-day caregivers, but support pts in other ways, emotionally etc. [#hcs](#))

6:28

[Alan Brewington @abrewi3010](#)

A2 ideally SoMe raises med lit rate for patients which makes caregivers job easier. The power of pat stories educates too [#hcsn](#)

6:28

[Peter Chai @PeterRchai](#)

[@HealthComU](#) wonder how many hospitals have a strict no photography or video from patients or fam members policy? [#brownedhi](#) [#hcsn](#)

6:29

[Andrew Lopez, RN @nursefriendly](#)

T2 Nothing like talking to someone who has "been there" and knows exactly what you are going through. [#hcsn](#) can facilitate this.

6:29

[Carolyn Thomas @HeartSisters](#)

[@AnnePolta](#) Or in online heart communities too: "Upsetting in online communities when someone dies" [@nursefriendly](#) [@choo\\_ek](#) [#hcsn](#)

6:29

[Charles Platt @ACharlesPlatt](#)

Agree with [@nursefriendly](#) Trusted resources / sources is key! [#hcsn](#)

6:29

[Andrew Lopez, RN @nursefriendly](#)

T2 [#hcsn](#) can also expose you to scammers, quacks & frauds preying on vulnerable, trusting individuals. [#hcsn](#)

6:29

[Laurel Ann Whitlock @twirlandswirl](#)

[@mahoneyr #hcsn pic.twitter.com/39BnQA3rOv](#)

6:29

[Dr. Gia Sison @giasison](#)

Great share! RT [@Colin Hung](#): T2: Good article abt social media supporting caregivers here [agingcare.com/Articles/social...](http://agingcare.com/Articles/social...) [#hcsn](#)

6:29

[Damian Fogarty @DamianFog](#)

[@RasuShrestha](#) Many of the younger informed patients are. Majority of older > 60 are not. Guess less again in deprived areas too [#hcsn](#)

6:30

[Jewels @She\\_Sugar](#)

[@abrewi3010](#) Other patient stories are relatable - period. [#hcsn](#)

6:30

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

[@nursefriendly](#) I've heard this. Sometimes what they hear is helpful, hopeful, sometimes heart breaking, or plain hurtful.  
[#hcs](#)

6:30

[Andrew Lopez, RN](#) [@nursefriendly](#)

T2 This makes it all the more important that [#doctors](#) [#nurses](#) [#hcps](#) take a proactive role in [#curating](#) online resources.  
[#hcs](#)

6:30

[Janelle Logan](#) [@JanelleLogan](#)

Joining the chat midterm! [#hcs](#)

6:30

[Laurel Ann Whitlock](#) [@twirlandswirl](#)

[@nursefriendly](#) I always think of that here - I generally assume you are all who you say you are, but really, I have no way of knowing! [#hcs](#)

6:30

[Susan Tatum Porter](#) [@suziblue725](#)

[@HeartSisters](#) [@AnnePolta](#) [@nursefriendly](#) [@choo\\_ek](#) this has been killing me lately. my friend who passed sends me updates all the time. [#hcs](#)

6:30

[BrownEDHI @BrownEDHI](#)

[@nursefriendly](#) yes! Would be great to have a vetted center for caregivers and patients to access. Curated by patients and docs [#hcs](#)

6:30

[Colin Hung @Colin\\_Hung](#)

[@giasison](#) I'm channeling my inner [@pfanderson](#) and sharing some resources via Twitter :) [#hcs](#)

6:30

[Dr. Holly Peek @PsychGumbo](#)

My column in [@PsychTimes](#), [#socialmedia](#) as an opportunity for psychiatrists & why we should embrace it! [tinyurl.com/ptunv9n](http://tinyurl.com/ptunv9n) [#hcs](#)

6:30

[Andrew Lopez, RN @nursefriendly](#)

T2 [#doctors](#) [#nurses](#) [#hcps](#) are in the best position to look at a site, forum, suggested resource and decide relevance. [#hcs](#)

6:30

[Laurel Ann Whitlock @twirlandswirl](#)

[@mahoneyr](#) Always here to help. :) [#hcs](#)

6:31

[BrownEDHI @BrownEDHI](#)

RT [@Colin\\_Hung](#): T2: Good article abt social media supporting caregivers here [agingcare.com/Articles/socia...](http://agingcare.com/Articles/socia...) [#hcs](#)

6:31

[Janet M. Kennedy @GetSocialHealth](#)

T2: Problems will arise when there is a wide variance of [#SoMe](#) usage between Pts, Caregivers, docs, etc. Need to be on same page. [#hcs](#)

6:31

[Jewels @She\\_Sugar](#)

If you were starting on a new med wouldn't you want to hear other patient experiences with it? SM makes sense. [#hcs](#)

6:31

[Dr. Jason Malinowski @drmalinowski](#)

[@nursefriendly #hcs](#) true, feel most grounded to be with people who are behind, with, and ahead of me in the trajectory of illness / life T2

6:31

[Colin Hung @Colin\\_Hung](#)

[@RasuShrestha](#) And caregivers too! [#SoMe](#) can bring them together as well. [#hcs](#) [@She\\_Sugar](#) [@drmalinowski](#)

6:31

[Dr. Daniel Flanders @drflanders](#)

T2 when it comes 2 coping w/ stress/burnout, key is 'network of support' & 'helpful resources'. [#SoMe](#) can B gr8 4 those on both fronts [#hcsn](#)

6:31

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

[@Colin Hung @giasion](#) Doing a great job, too! [#hcsn](#)

6:31

[Alan Brewington @abrewi3010](#)

[@She Sugar](#) does that mean you don't think much of patient stories? [#hcsn](#)

6:31

[OneGrenouille @OneGrenouille](#)

[@She Sugar](#) No because if I hear only of patients who failed on med, I wont try. Better to try it, then ask. [#hcsn](#)

6:31

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

[.@HeartSisters](#) Pt may be adult w/chronic illness that doesn't need caregiver to manage, but still gets support from family, friends [#hcsn](#)

6:31

[Dr. Gia Sison @giasison](#)

[@Colin Hung](#) Will channel one too soon :) [@pfanderson](#)  
[#hcsn](#)

6:32

[Andrew Lopez, RN @nursefriendly](#)

[@pfanderson](#) T2 Depends on the person Patricia, if connecting with others is going to dash your hopes of recovery, is it helpful? [#hcsn](#)

6:32

[OneGrenouille @OneGrenouille](#)

[@She\\_Sugar](#) at same time would ask pts / do websearch for new meds to suggest to my docs. [#hcsn](#)

6:32

[Janet M. Kennedy @GetSocialHealth](#)

RT [@PsychGumbo](#): My column: [@PsychTimes #socialmedia](#)  
an opportunity for psychiatrists & why we should embrace it  
[tinyurl.com/ptunv9n](http://tinyurl.com/ptunv9n) [#hcsn](#)

6:32

[Jewels @She\\_Sugar](#)

[@abrewi3010](#) Total opposite! [#hcsn](#)

6:32

[Robert Mahoney @mahoneyr](#)

T2 there is an "always on" aspect to [#hcsn](#) that can be a real challenge. Even HPCs get their days off.

6:33

[Dr. Gia Sison @giasison](#)

[@drflanders](#) Agree Dan [#hcsn](#)

6:33

[Alan Brewington @abrewi3010](#)

A2 loved ones who are not 1st line of caregivers still need support & education just like everyone else. SoMe can provide this [#hcsn](#)

6:33

[Stephen Outten @stephenoutten](#)

Healthcare Reform Update: Hobby Lobby bills fuel Dems stance that GOP wars against women [kloou.tt/mrxblddhhc7l](https://kloou.tt/mrxblddhhc7l)  
[#HITsm](#) [#hcsn](#)

6:33

[Andrew Lopez, RN @nursefriendly](#)

[@TwiceDiabetes](#) T2 The internet is the wild west, you're welcome to take your chances. Most would prefer guidance from someone trusted [#hcsn](#)

6:33

[Anne Polta @AnnePolta](#)

[@TwiceDiabetes](#) Exactly what I was going to say, only you said it first! [#hcsn](#)

6:33

[Carolyn Thomas @HeartSisters](#)

[@nursefriendly](#) 1 credible resource for curating online health info: look for Health On The Net code logo; European-based certification [#hcsn](#)

6:33

[OneGrenouille @OneGrenouille](#)

+1 [@TwiceDiabetes](#) MT HCPS moderating sites is patronizing - add on pts may know a lot more than HCPS and who says HCP reliable [#hcsn](#)

6:34

[Claire Crossley @ClaireSMBB](#)

Agreed! "[@mahoneyr](#): T2 there is an "always on" aspect to [#hcsn](#) that can be a real challenge. Even HPCs get their days off."

6:34

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

[@OneGrenouille @She\\_Sugar](#) Sample size can skew / slant info received. But there are also side effects that don't make the pkg insert [#hcsn](#)

6:34

[Damian Fogarty @DamianFog](#)

[@mykneeguide](#) [@nursefriendly](#) [@choo\\_ek](#) We do informally so if a registered charity/hosp/MD/nurse tweets link it's taken more seriously [#hcsn](#)

6:34

[Susan Tatum Porter @suziblue725](#)

[@mahoneyr](#) yes! Very true. Hasn't happened yet but I'm a twittering everyday/anytime now, so what's next? [#hcsn](#)

6:34

[Janet M. Kennedy @GetSocialHealth](#)

RT [@nursefriendly](#) T2 [#doctors](#) [#nurses](#) [#hcps](#) are in the best position to look at a site/forum/resource & decide relevance [#hcsn](#) <Lots of work

6:34

[Andrew Lopez, RN @nursefriendly](#)

[@drmalinowski](#) T2 They can offer helpful perspectives, yet you must take everything with a grain of salt. [#hcsn](#)

6:35

[Jewels @She\\_Sugar](#)

[@pfanderson](#) [@OneGrenouille](#) with new rheum meds- patient insight is invaluable- helps guide decisions. [#hcsn](#)

6:35

[Rusty Hoe @RustyHoe](#)

[@OneGrenouille](#) [@pfanderson](#) [@She\\_Sugar](#) I see it as part of being informed, pt exp + doc info + own research = go in eyes open [#hcs](#)

6:35

[Laurel Ann Whitlock @twirlandswirl](#)

[@OneGrenouille](#) [@TwiceDiabetes](#) It depends what you're looking for - medical indications, or lived experience? HCPs may lack the latter. [#hcs](#)

6:35

[Carolyn Thomas @HeartSisters](#)

[@mahoneyr](#) For patients, that's the best part. Even at 2am I can find others online sharing info/support. No waiting for appointment! [#hcs](#)

6:35

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

[@TwiceDiabetes](#) It's really not their job (although they can support it), and often they lack time to do it well. [#hcs](#)

6:35

[OneGrenouille @OneGrenouille](#)

If you want curated sites, who is qualified to curate for rare illness, controversial issues, etc... [#hcs](#)

6:35

[Andrew Lopez, RN @nursefriendly](#)

[@GetSocialHealth](#) T2 Yes, it is a daunting task that also brings a level of liability that scares many of us away. [#hcsn](#)

6:36

[Twice Diabetes @TwiceDiabetes](#)

[@She\\_Sugar](#) I still disagree. I defn will ask MY hcps to contextualise info from SM but don't want them interfering in SM generally [#hcsn](#)

6:36

[Rusty Hoe @RustyHoe](#)

[@TwiceDiabetes @pfanderson](#) Couldn't agree more. [#hcsn](#)

6:36

[Claire Crossley @ClaireSMBB](#)

[@choo\\_ek @TwiceDiabetes](#) A very interesting point of view and I do agree some HCPs can be but surely not all :-)  
[#hcsn](#)

6:36

[Damian Fogarty @DamianFog](#)

[@mykneeguide @nursefriendly @choo\\_ek](#) Longer term could use academic grading in terms of use of agreed guidelines, reference use etc [#hcsn](#)

6:36

[Dr. Daniel Flanders @drflanders](#)

[@She\\_Sugar @TwiceDiabetes](#) plenty of Patient sites where MD's (or HCP's) appropriately and intentionally left out. It's not about us. [#hcsn](#)

6:36

[Anne Polta @AnnePolta](#)

[@RasuShrestha](#) Yup. [#hcsn](#)

6:37

[Andrew Lopez, RN @nursefriendly](#)

[@DamianFog @mykneeguide @choo\\_ek](#) T2 Given that [#nurses](#) are the most trusted professional for a decade running, we have credibility. [#hcsn](#)

6:37

[Dr. Gia Sison @giasison](#)

Yes not all MT [@ClaireSMBB: @choo\\_ek @TwiceDiabetes](#) A very interesting pt of view, I do agree some HCPs can be but surely not all :- ) [#hcsn](#)

6:37

[Andrew Lopez, RN @nursefriendly](#)

[@DamianFog @mykneeguide @choo\\_ek](#) T2 Makes it more critical that we are careful, selective in how we curate, recommend. [#hcsn](#)

6:37

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

[@RustyHoe @OneGrenouille @She\\_Sugar](#) I love this equation! [#hcsn](#)

6:37

[Rusty Hoe @RustyHoe](#)

[@pfanderson @OneGrenouille @She\\_Sugar](#) Also even common side-effects aren't always mentioned by doc. Seen this too often [#hcsn](#)

6:37

[Twice Diabetes @TwiceDiabetes](#)

[@drflanders](#) I know that but that seems to distress some commenters [#hcsn](#)

6:37

[Duke ☕ @DukesLounge](#)

[#SoMe](#) allowed me to understand all levels of T1D, from all perspectives (medical, psychological, technological etc.) & I'm a 'type 0' [#hcsn](#)

6:37

[Jewels @She\\_Sugar](#)

[@drflanders @TwiceDiabetes](#) I'm all for both - I'm a nurse and appreciate input from all. [#hcsn](#)

6:38

[Susan Tatum Porter @suziblu725](#)

[@nursefriendly](#) nice [#nursingrocks](#) [#hcs](#)

6:38

[Rasu Shrestha MD MBA @RasuShrestha](#)

[@choo\\_ek](#) [@DamianFog](#) [@nursefriendly](#) Agreed! That's a 10 star suggestion. :) [#hcs](#)

6:38

[OneGrenouille @OneGrenouille](#)

[@RustyHoe](#) thats why I read the package insert and look up med before, also check for interactions myself. I dont trust HCPs [#hcs](#)

6:38

[Carolyn Thomas @HeartSisters](#)

[@nursefriendly](#) [@drmalinowski](#) Docs should give list of credible sites 2 patients. Be pro-active, anticipate your pts are already online [#hcs](#)

6:38

[Andrew Lopez, RN @nursefriendly](#)

[@mahoneyr](#) [@HeartSisters](#) T2 You do need to set limits, there is enough out there to keep you engaged 24/7. [#hcs](#)

6:39

[Damian Fogarty @DamianFog](#)

[@mykneeguide](#) [@RasuShrestha](#) indeed that's why flexibility imp: face2face, letters, phone, email, text, skype, tweet/dm all have roles [#hcs](#)

6:39

[My Knee Guide @mykneeguide](#)

[@nursefriendly](#) [@DamianFog](#) [@choo\\_ek](#) [#hcs](#) Very true. My highest priority on my website/app is giving high quality, medically proven info.

6:39

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

Moving on to T3, our final topic for tonight, in a minute! [#hcs](#)

6:39

[Dr. Gia Sison @giasison](#)

Remember healthcare is all about teamwork and should be inclusive. No one should be left out. [#hcs](#)

6:39

[Twice Diabetes @TwiceDiabetes](#)

There is assumption that HCPs KNOW, in t1 D I'd take advice from another longterm pt than a GP any day of the week. [#hcs](#)

6:39

[Rusty Hoe @RustyHoe](#)

[@giasison](#) [@ClaireSMBB](#) [@choo\\_ek](#) [@TwiceDiabetes](#) No. But a patient site should be patient run with med input not the other way around [#hcsn](#)

6:39

[Steven Barley @StevenBarley](#)

RT [@giasison](#) Remember healthcare is all about teamwork and should be inclusive. No one should be left out. [#hcsn](#)

6:40

[Chandler Chicco Co @CCC\\_Health](#)

Facebook pushes for more video content [on.mash.to/1znfe3M](https://on.mash.to/1znfe3M)  
[#contentmktg](#) [#hcsn](#) via [@mashable](#)

6:40

[Claire Crossley @ClaireSMBB](#)

[@choo\\_ek](#) Certainly, as patients ourselves, we have all experienced this at least once. [@TwiceDiabetes](#) [#hcsn](#)

6:40

[Janet M. Kennedy @GetSocialHealth](#)

RT [@HeartSisters](#): Docs should give list of credible sites 2 patients. Be pro-active, anticipate your pts are already online  
[#hcsn](#)

6:40

[Andrew Lopez, RN @nursefriendly](#)

[@ClaireSMBB](#) [@choo\\_ek](#) [@TwiceDiabetes](#) T2 You need the dedicated, early adopters, willing to take risks. [#hcs](#)  
[#TrailBlazers](#)

6:40

[OneGrenouille @OneGrenouille](#)

[@StevenBarley](#) I leave out my docs all the time :) [#hcs](#)

6:40

[brett johnson @granitehead](#)

[@nursefriendly](#) [#hcs](#) T2: shouldn't we be able to describe indicators and metrics on the two varied "outcomes"?

6:40

[HealthSocMed | #hcs @HealthSocMed](#)

TOPIC 3 - Are social media skills taught or learned? Or is it common sense? How do you teach someone to protect their privacy online? [#hcs](#)

6:40

[Carolyn Thomas @HeartSisters](#)

[@nursefriendly](#) [@mahoneyr](#) True, lots out there - which is why a short list of credible resources is so important! [#hcs](#)

6:40

[Twice Diabetes @TwiceDiabetes](#)

[@RustyHoe](#) Yes & often pt sites aren't about healthcare but about the lived exp. it's quite different. [#hcsn](#)

6:40

[Janelle Logan @JanelleLogan](#)

HCSM is more about shared experiences than technical information. [#hcsn](#)

6:41

[Isuru Withanage @isuruayw](#)

T2: i agree it can add to burnout of caregivers/loved ones.. but also gives them another channel to learn about the pts. [#hcsn](#)

6:41

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

T3 at [#hcsn](#) - discussing social media skills - taught or learned? Does it differ when we're talking about SM skills for patients?

6:41

[Sherry Reynolds @Cascadia](#)

T2 [#HCSM](#) One way for care team to use social media is to identify great resources for newly diagnosed & share them with patients

6:41

[Twice Diabetes](#) [@TwiceDiabetes](#)

Think we shouldn't conflate use of SM in acute and chronic self-care conditions. [#hcsn](#)

6:41

[BrownEDHI](#) [@BrownEDHI](#)

[@GetSocialHealth](#) [@HeartSisters](#) would also be a great way to track and involve patients in their own care! [#hcsn](#)

6:41

[Jewels](#) [@She\\_Sugar](#)

[@HeartSisters](#) [@nursefriendly](#) [@drmalinowski](#) Many don't have functional websites - no email, etc. [#hcsn](#)

6:41

[Andrew Lopez, RN](#) [@nursefriendly](#)

[@HeartSisters](#) [@drmalinowski](#) T2 Considering how little time we have for [#patienteducation](#) in the office, hospital, need more. [#hcsn](#)

6:41

[Laurel Ann Whitlock](#) [@twirlanswirl](#)

T3 I once applied for something once by saying I was "good at Twitter." ;) [#hcsn](#)

6:41

[Yinka Vidal @YinkaVidal](#)

[@giasison #hcs](#) Gia Excellent point! Team work should be inclusive.

6:41

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

.RT [@HeartSisters](#) Docs should give list of credible sites 2 patients. Be pro-active, anticipate your pts are already online [#hcs](#)

6:42

[Peter Chai @PeterRchai](#)

T3: soc media skills are definitely taught. Glad I had experts [@BrownEMRes](#) aka [@choo\\_ek](#) and [@meganranney #hcs](#)

6:42

[Isuru Withanage @isuruayw](#)

T3: can be bit of both.. for younger generation it comes more easily. For older generation, [#education](#) is usually needed [#hcs](#)

6:42

[Damian Fogarty @DamianFog](#)

[@nursefriendly @mykneeguide @choo\\_ek](#) All fallible. We have to keep abreast of our areas & remain willing to learn. Trust evaporates [#hcs](#)

6:42

[Dr. Gia Sison @giasison](#)

[@YinkaVidal](#) Thanks Yinka! [#hcsn](#)

6:42

[Rasu Shrestha MD MBA @RasuShrestha](#)

Credibility is king. [@mykneeguide](#) [@nursefriendly](#)  
[@DamianFog](#) [@choo\\_ek](#) [#HCSM](#)

6:42

[HealthComU @HealthComU](#)

[#hcsn](#) T3 Social media skills have to be taught in the beginning, one has to want to continue to learn to keep on top of trends.

6:42

[Robert Mahoney @mahoneyr](#)

T3 [#hcsn](#) skills are learned. Often the hard way.

6:42

[Peter Chai @PeterRchai](#)

T3: Actually, to be honest, a keynote at regional saem by [@debhoury](#) inspired me to join twitter [#hcsn](#)

6:43

[Liam Farrell](#) [@drfarrell](#)

[@pfanderson](#) [@TwiceDiabetes](#) I've seen it from both sides, +  
i'd always take advice from my HCP [#hcsn](#)

6:43

[Andrew Lopez, RN](#) [@nursefriendly](#)

[@granitehead](#) T2 That is the role, burden of the #curator,  
coming up with criteria, no? [#hcsn](#)

6:43

[OneGrenouille](#) [@OneGrenouille](#)

[@Cascadia](#) I've been trying to get SoMe community to ask for  
that for a long time... most MDs seem to balk at idea of doing  
so [#hcsn](#)

6:43

[Anne Polta](#) [@AnnePolta](#)

Guidance from HCPs is OK but pts also need a place where  
they can talk frankly w/out fear of judgment or repercussion.  
[#hcsn](#)

6:43

[Peter Chai](#) [@PeterRchai](#)

[@CTrappe](#) it's the right thing for the right problems. We just  
completed a study using it in the er [@RIHospital](#) more to come!  
[#hcsn](#)

6:43

[Liam Farrell @drfarrell](#)

RT [@AnnePolta](#) Guidance from HCPs is OK but pts also need a place where they can talk frankly w/out fear of judgment or repercussion. [#hcsn](#)

6:43

[Carolyn Thomas @HeartSisters](#)

[@nursefriendly](#) [@drmalinowski](#) Docs can rec. good sites now or they can wait until their patients bring in crap from Dr. Oz et al later [#hcsn](#)

6:43

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

[@TwiceDiabetes](#) docs are experts in disease, but patients are experts in lived experience of disease [#hcsn](#)

6:43

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

[@GetSocialHealth](#) Medical librarians are great at this, especially if not painted into a corner by micromanagers or corporate fears [#hcsn](#)

6:43

[#LupusChat @TiffanyAndLupus](#)

Poppin into [#hcsn](#) late! T3: Social Media skills can be learned on own's own, others need to be taught. Chronic illness motivated me 2 learn!

6:43

[My Knee Guide @mykneeguide](#)

Social media and medicine is learned by trial and error. Each medium has different "rules" and sometimes errors are made. [#hcsn](#)

6:43

[Rusty Hoe @RustyHoe](#)

[@TwiceDiabetes](#) Very different. Who knows pt needs better than pts? Med info important but it is part, not all, of the equation [#hcsn](#)

6:43

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

T3 taught and learned. Offering a series of workshops [@UCDavisHealth](#) for our staff. I learned by lurking & trial & error. [#hcsn](#)

6:44

[Andrew Lopez, RN @nursefriendly](#)

[@DamianFog @mykneeguide @choo\\_ek](#) Ha ha, not over the past 13 years Damian, and there is good reason for it. [#hcsn](#)

6:44

[Jewels @She\\_Sugar](#)

[@AnnePolta](#) and with unbiased understanding from a place of witness. [#hcsn](#)

6:44

[Peter Chai @PeterRchai](#)

[@CTrappe](#) check me and [@RWuMD](#) out! We are giving a talk on [@googleglass](#) via hangouts Tuesday for [@glassinmedicine](#) [#hcsn](#)

6:44

[Liam Farrell @drifarrell](#)

Not a zero-sum, can have both RT [@JBBC](#) [@TwiceDiabetes](#) docs are experts in disease, but pts are experts in lived experience of disease [#hcsn](#)

6:44

[Clay Chappell, MD @CChappellMD](#)

A3: Combo of common sense and learned skills. Some of us have to learn more than others. If you have any hesitation, don't post. [#hcsn](#)

6:44

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

T3 ans, can be taught but also can be self taught...like me. Key us passion for topic and openness to learn and collaborate [#hcsn](#)

6:45

[Damian Fogarty @DamianFog](#)

[@RasuShrestha](#) [@choo\\_ek](#) [@nursefriendly](#) Tks. Maybe we adopt on twitter akin to current opinion journals 1, 2, 3 star for importance [#hcsn](#) \*\*\*

6:45

[Dr. Daniel Flanders @drflanders](#)

T3 my [#SoMe](#) skills are almost exclusively self-taught. Assuming same for most of us? [#hcsn](#)

6:45

[Steven Barley @StevenBarley](#)

[@OneGrenouille](#) I guess it depends on the situation :) [#hcsn](#)

6:45

[#LupusChat @TiffanyAndLupus](#)

T3: Protecting one's privacy online is tricky. I say don't enable location on your tweets! Never share address/mobile info. [#hcsn](#)

6:45

[Susan Tatum Porter @suziblue725](#)

T3 twitter was learned, but it can be taught - the rest of some wasnt as helpful to me beyond looking at friend's babies [#hcsn](#)

6:45

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

[@drfarrell @TwiceDiabetes](#) BOTH! Extremely valuable expertise on both sides. My docs frankly don't know much about MTHFR [#hcsn](#)

6:45

[Claire Crossley @ClaireSMBB](#)

T3 Similar to any type of learning, sm best learned through combination of taught & self-learning, by doing, imho. [#hcsn](#)

6:45

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

[@TiffanyAndLupus](#) agree with you. Motivation is a great teacher! [#hcsn](#)

6:45

[Alan Brewington @abrewi3010](#)

A3 I think 140 characters forces all of us to learn skills on SoMe. Younger Users have a easier time adjusting to tech [#hcsn](#) .

6:46

[Twice Diabetes @TwiceDiabetes](#)

Why is SM any different from the blatant misinformation published in trad. media, rarely c HCPs in a lather about that. [#hcsn](#)

6:46

[Rusty Hoe @RustyHoe](#)

[@JBBC @HeartSisters](#) I go further and teach how to identify good info from bad rather than prescribe specific sites. [#hcsn](#)

6:46

[Stukie, MD, MBA @DocStukie](#)

Well said. RT [@JBBC](#): [@TwiceDiabetes](#) docs are experts in disease, but patients are experts in lived experience of disease [#hcsn](#)

6:46

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

Subject of next [#LCSM](#) chat how to find good info MT [@RustyHoe](#): Teach pt how to identify dodgy science vs credible...good from bad [#hcsn](#)

6:46

[OneGrenouille @OneGrenouille](#)

I think in reality you will ultimately post something you regret, can delete, and ppl do know mistakes occur [#hcsn](#)

6:46

[Liam Farrell @drifarrell](#)

RT [@choo\\_ek](#) RT [@PeterRchai](#): [@CTrappe](#) check me + [@RWuMD](#) out! We are giving talk on [@googleglass](#) via hangouts Tues for [@glassinmedicine](#) [#hcsn](#)

6:46

[Andrew Lopez, RN @nursefriendly](#)

T3 There is a learning curve involved, whether you tackle it yourself or have help, it is there. [#hcsn](#)

6:47

[Peter Chai @PeterRchai](#)

[@TiffanyAndLupus](#) like it! And not a combination of identifiers, easier for people to steal your identity [#hcs](#)

6:47

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

I will say that when a doc directly contradicts patient advice in area of patient experience, I question the doc's credibility [#hcs](#)

6:47

[Christoph Trappe @CTrappe](#)

Social media skills - like any skills - are learned. [#hcs](#) The potentially negative: We are learning in public.

6:47

[Susan Tatum Porter @suziblue725](#)

[@abrewi3010](#) stupid 140 characters! [#hcs](#)

6:47

[Alan Brewington @abrewi3010](#)

A3 I think SoMe forces us to relearn honest comm again. Easy to tell bad content from good cause of space. Honest content is needed [#hcs](#)

6:47

[Robert Mahoney @mahoneyr](#)

T3 [#hcsn](#) can be taught, but it's often hard to explain. Easier if using it solves a problem/achieves a goal. Then learning happens.

6:47

[OneGrenouille @OneGrenouille](#)

Right now I am finding major misinfo in fb groups for my dxes - it was not there two years ago. Why...? [#hcsn](#)

6:47

[Janet M. Kennedy @GetSocialHealth](#)

RT [@pfanderson @GetSocialHealth](#) Medical librarians are great at this esp if not painted in2 a corner by micromgrs/corp fears [#hcsn](#) <Bazinga!

6:47

[Twice Diabetes @TwiceDiabetes](#)

Trust me, GPs & ER docs r not experts in t1 diabetes, they r positively dangerous [#hcsn](#)

6:47

[Carolyn Thomas @HeartSisters](#)

[@drflanders](#) T3 I like Mayo's 12 Word Social Media Rule: Don't Lie. Don't Pry. Don't Cheat. Can't Delete. Don't Steal, Don't Reveal. [#hcsn](#)

6:48

[Andrew Lopez, RN @nursefriendly](#)

T3 It is not so overwhelming when you take it in small bites, much depends on the person. [#hscsm](#)

6:48

[Amandaa @pelodecachorro](#)

How Choosing Wisely Got the Carotid's Wrong. Did not check original refs [#USPSTF](#) [#PtSafety](#) [#hscsm](#) [#FOAMed](#) [#MedX](#)  
[pic.twitter.com/T7zDxUPCKi](http://pic.twitter.com/T7zDxUPCKi)

6:48

[Damian Fogarty @DamianFog](#)

[@nursefriendly](#) [@mykneeguide](#) [@choo\\_ek](#) By our presence we have self selected health staff happy to keep open minds & good comms-others? [#hscsm](#)

6:48

[Rusty Hoe @RustyHoe](#)

[@She\\_Sugar](#) [@TwiceDiabetes](#) Depends on the needs talking about. What med think pts need and what pts think pts need can b very diff [#hscsm](#)

6:48

[Susan Tatum Porter @suziblue725](#)

[@CTrappe](#) baha. So true! Ask [@nursefriendly](#) live tweets were super exciting to me at first [#HCSM](#)

6:48

[Laurel Ann Whitlock @twirlandswirl](#)

[@mahoneyr](#) My general (and fairly effective) method is just to jump in and watch and figure it out. Worked for me so far. I think! [#hcs](#)

6:48

[Steven Barley @StevenBarley](#)

T3 Like speaking a language and having conversation, either taught or learned [#hcs](#)

6:48

[Liam Farrell @drifarrell](#)

[@TwiceDiabetes](#) so why go to HCPs at all? [#hcs](#)

6:48

[Twice Diabetes @TwiceDiabetes](#)

[@harriseve](#) I so disagree, most Drs r not experts in t1 diabetes, much more misinfo from GPs than ppl w d on SM [#hcs](#)

6:49

[Christoph Trappe @CTrappe](#)

One way to participate: Live authentically. Share authentically. (Remember applicable regulations, though) [#hcs](#)

6:49

[Andrew Lopez, RN @nursefriendly](#)

T3 Teaching [#privacy](#) is best done by first giving examples of perils, pitfalls, actual cases where it has been an issue. [#hcsn](#)

6:49

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

[@mahoneyr](#) agree. You can teach ppl how to use tools but skill comes with motivation to lead, connect and collaborate [#hcsn](#)

6:49

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

FB and Twitter < 10 years old. Pt engagement not new > MT [@BrownEDHI](#): T3 Do you think it depends on when we grew up? [#hcsn](#)

6:49

[Alan Brewington @abrewi3010](#)

[@suziblue725](#) I like the limit. Forces honest & direct communication. Must get rid of fluff. [#hcsn](#)

6:49

[Andrew Lopez, RN @nursefriendly](#)

T3 Once they've seen the risks, and you have their attention, can move into how to avoid the same situations. [#hcsn](#)

6:49

[#LupusChat](#) [@TiffanyAndLupus](#)

[@PeterRchai](#) Exactly! I shudder when I see tweeps logging into their own houses on Foursquare! That's a big social media NO!  
[#hcsn](#)

6:49

[Sherry Reynolds](#) [@Cascadia](#)

Provider vacuum in [#HCSM](#) is why we end up with Media doc's ([@DrOz](#) example) or actors who position themselves as health experts

6:50

[Rusty Hoe](#) [@RustyHoe](#)

[@OneGrenouille](#) Plethora information out there, no one can discern good from bad, lack of trust in med/pharm etc all contributing. [#hcsn](#)

6:50

[Christoph Trappe](#) [@CTrappe](#)

[@BrownEDHI](#) we will see. [#hcsn](#)

6:50

[Janet M. Kennedy](#) [@GetSocialHealth](#)

RT [@abrewi3010](#): A3 140 characters forces all of us to learn skills on SoMe. Younger Users have a easier time [#hcsn](#) <I lik wrds spelled out>

6:50

[My Knee Guide @mykneeguide](#)

[@nursefriendly](#) Well said, Andrew. [#hcs](#)

6:50

[Esther Choo MD MPH @choo\\_ek](#)

T3: Personally speaking, I've made every blunder in the book. Still learning the hard way [#hcs](#)

6:50

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

T3 difference between learning how to use social media tools and skill in using them which comes with time [#hcs](#)

6:50

[Lismi Kallan @LismiKallan](#)

[@nursefriendly](#) [@HeartSisters](#) [@drmalinowski](#) can't agree more and soc media is definitely a good option [#hcs](#)

6:50

[Susan Tatum Porter @suziblue725](#)

[@abrewi3010](#) agreed. I've adjusted. [#hcs](#)

6:50

[BrownEDHI @BrownEDHI](#)

[@abrewi3010](#) [@suziblue725](#) right! A super short abstract! [#hcs](#) [#brownedhi](#)

6:50

[Clay Chappell, MD @CChappellMD](#)

[@BrownEDH](#) that definitely plays into it. Some of my colleagues barely use email. [#hcs](#)

6:51

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

& short attention spans > MT [@GetSocialHealth](#): A3 140 characters forces all of us to learn skills on SoMe. [#hcs](#)

6:51

[Carolyn Thomas @HeartSisters](#)

[@drmalinowski](#) T3 Love this idea, seniors & teens! but SoMe in health care also carries additional level of caution, IMO [#hcs](#)

6:51

[Janet M. Kennedy @GetSocialHealth](#)

T3: You cannot rely on "common sense" - It's just not "common" enough. [#hcs](#)

6:51

[Steven Barley @StevenBarley](#)

Friendly reminder, Twitter is not the only SM channel (w/140 char limit) and FB more widely used by older adults (> HC use/need) [#hcs](#)

6:51

[Laurel Ann Whitlock](#) [@twirlandswirl](#)

[@GetSocialHealth](#) I think "common sense" may be purely mythical. [#hcs](#)

6:51

[Andrew Lopez, RN](#) [@nursefriendly](#)

[@LismiKallan](#) [@HeartSisters](#) [@drmalinowski](#) T2 Many don't realize how think [#healthcareprofessionals](#), [#doctors](#) [#nurses](#) are. :( [#hcs](#)

6:51

[OneGrenouille](#) [@OneGrenouille](#)

[@drfarrell](#) filling in for my primary did a good deal of damage, as did urgent care. Never should have seen them in hindsight. [#hcs](#)

6:52

[Dr. Daniel Flanders](#) [@drflanders](#)

[@TwiceDiabetes](#) [@drfarrell](#) a good gp shld be quarterbacking all of that & providing i w/ good primary & general health care. [#teamwork](#) [#hcs](#)

6:52

[Andrew Lopez, RN](#) [@nursefriendly](#)

[@LismiKallan](#) [@HeartSisters](#) [@drmalinowski](#) T2 It is frustrating when you can tell a [#patient](#) "doesn't get it" will be returning : ([#hcs](#)

6:52

[Peter Chai @PeterRchai](#)

[@choo\\_ek](#) so am I not supposed to tweet from the bathroom while brushing my teeth? [#hcs](#)

6:52

[Brian T. Black @deliverforacure](#)

The Doc follows me on SM. [@diabevita](#) Very good thing for both of us. Very refreshing on the care of the t1d. [#hcs](#)

6:52

[Esther Choo MD MPH @choo\\_ek](#)

T3: People's emotional intelligence shows in SoMe, just as in real life. [#hcs](#)

6:52

[Laurel Ann Whitlock @twirlandswirl](#)

[@PeterRchai @choo\\_ek](#) Sure you can - just don't SAY that's what you're doing! [#hcs](#)

6:53

[Peter Chai @PeterRchai](#)

[@StevenBarley](#) Facebook/twitter use varies by country and region. Some regions more into fb vs twitter [#hcs](#)

6:53

[OneGrenouille](#) [@OneGrenouille](#)

[@twirlandswirl](#) I am in the bathroom right now... [#hcsn](#)

6:53

[Jewels](#) [@She\\_Sugar](#)

[@CChappellMD](#) [@BrownEDHI](#) There's still a fear with email - it's a time sucker not being charged for. [#hcsn](#)

6:53

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

Can be difficult to detect EQ, like email > RT [@choo\\_ek](#): T3: People's emotional intelligence shows in SoMe, just as in real life. [#hcsn](#)

6:53

[Alan Brewington](#) [@abrewi3010](#)

[@BrownEDHI](#) [@suziblue725](#) I think it gives a super short honest abstract. Great content has power [#hcsn](#)

6:53

[Liam Farrell](#) [@drifarrell](#)

RT [@choo\\_ek](#) T3: People's emotional intelligence shows in SoMe, just as in real life. [#hcsn](#)

6:53

[Laurel Ann Whitlock @twirlandswirl](#)

[@OneGrenouille](#) ...hope everything comes out alright. [#hcs](#)

6:53

[Andrew Lopez, RN @nursefriendly](#)

T3 Between #IdentifyTheft, #Scams, #Quacks, #Frauds, there is much for people to be on the lookout for. [#hcs](#)

6:53

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

[@StevenBarley](#) For sure [@WhisperApp](#) I think is probably even shorter! [#hcs](#)

6:53

[Sherry Reynolds @Cascadia](#)

[@PeterRchai](#): [@choo\\_ek](#) I will admit a few years ago i once took a bath and tweeted during [#hcs](#) ^fully dressed tonight

6:54

[Laurel Ann Whitlock @twirlandswirl](#)

T3 Sometimes I still tweet pictures of my drinks.  
[#trueconfessions](#) [#hcs](#)

6:54

[Andrew Lopez, RN @nursefriendly](#)

T3 Especially with #PersonalHealthInformation, if that gets stolen, can be catastrophic, go undetected for years. [#hcsn](#)

6:54

[Peter Chai @PeterRchai](#)

[@twirlanswirl @choo\\_ek](#) yikes. Another blunder [#hcsn](#)

6:54

[Jewels @She\\_Sugar](#)

[@RustyHoe @TwiceDiabetes](#) that's where a good relationship comes into play with your provider - it's a long term relationship. [#hcsn](#)

6:54

[Laurel Ann Whitlock @twirlanswirl](#)

[@Cascadia @PeterRchai @choo\\_ek](#) Wait, isn't this chat clothing-optional...? [#hcsn](#)

6:54

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

Thank you > MT [@Cascadia](#): I will admit a few years ago i once took a bath and tweeted during [#hcsn](#) ^fully dressed tonight

6:54

[Damian Fogarty @DamianFog](#)

[@DocStukie](#) [@JBBC](#) [@TwiceDiabetes](#) Yes & best docs listen & empathise with lived exp; patients can be so empowered to assist others [#hcsn](#)

6:54

[Susan Tatum Porter @suziblue725](#)

Interesting chat tonight [@HealthSocMed](#) [@danamlewis](#) TY!  
[#hcsn](#)

6:54

[Steven Barley @StevenBarley](#)

[@PeterRchai](#) Fair point. I was referring to US demographics, SM research. [#hcsn](#)

6:54

[Peter Chai @PeterRchai](#)

[@Cascadia](#) [@choo\\_ek](#) such personal info! And I barely know you outside of your twitter handle... [#hcsn](#)

6:54

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

[@StevenBarley](#) and another friendly reminder :-) not all social media channels should be treated the same..diff audience for each [#hcsn](#)

6:54

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

Time flies on Sunday nights - time to wrap up tonight's [#hcs](#)[m](#) chat! Last thoughts for the week ahead, everyone?

6:55

[Liam Farrell](#) [@drifarrell](#)

Trueconfessions, I'm drinking a mug of tea + eating a pop-tart  
[#slightlyashamed](#) [#hcs](#)[m](#)

6:55

[Janet M. Kennedy](#) [@GetSocialHealth](#)

RT [@twirlanswir!](#): [@GetSocialHealth](#) I think "common sense" may be purely mythical. [#hcs](#)[m](#) <It's the "unicorn" of good manners.>

6:55

[Steve Sisko](#) [@ShimCode](#)

"unapologetically provides opinions on [#hits](#)[m](#), ICD-10 and payer/provider healthcare information processes" [ow.ly/z4agv](#)  
[#hcs](#)[m](#)

6:55

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

Wrapping up tonight's [#hcs](#)[m](#) chat - last thoughts for the week ahead?

6:55

[Stukie, MD, MBA @DocStukie](#)

T3. Social media is for the most part self-taught. You learn the ropes along the way until you yield optimal results. [#hcsn](#)

6:55

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

[@DamianFog @DocStukie @TwiceDiabetes](#) for sure! [#hcsn](#)

6:55

[Andrew Lopez, RN @nursefriendly](#)

[@OneGrenouille](#) The best authorities available acting as [#patientadvocates](#). [#hcsn](#)

6:55

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

Agree! > MT [@JBBC](#): not all social media channels should be treated the same..diff audience for each [#hcsn](#)

6:55

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

[@StevenBarley @TiffanyAndLupus](#) Me, too. After enough years with no diagnosis, lots of meds, but none that WORKED, no answers, ... [#hcsn](#)

6:56

[Isuru Withanage @isuruayw](#)

[@nursefriendly](#) [#education](#) is key for individual users for [#hcs](#) in that regard. For HC systems empowering their physicians, tools are there.

6:56

[Rusty Hoe @RustyHoe](#)

[@She\\_Sugar](#) [@TwiceDiabetes](#) Having recently moved and left a great GP I am acutely aware how hard it is to begin that process once more [#hcs](#)

6:56

[Carolyn Thomas @HeartSisters](#)

[@JBBC](#) [@BrownEDHI](#) Also, young people "born into SoMe" get used to disclosing every thought; inappropriate when young docs do it later [#hcs](#)

6:56

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

[@UCD\\_ChestHealth](#) [@Cascadia](#) I often do twitter chats from the gym while on cardio machine [#hcs](#)

6:56

[harriseve @harriseve](#)

And we need SoMe literacy, too| MT [@choo\\_ek](#): T3: People's emotional intelligence shows in SoMe, just as in real life. [#hcs](#)

6:56

[brett johnson @granitehead](#)

[@Cascadia @DrOz](#) this is one we should be able 2 fix with something like an [#hcsn](#) consumers guide/reference and providers guide to SoMe stnds

6:56

[Christoph Trappe @CTrappe](#)

Make it a great week. Share something of value. Something that helps somebody solve a problem. Could be a small one. [#hcsn](#)

6:56

[Andrew Lopez, RN @nursefriendly](#)

[@LismiKallan](#) T3 Much better for them to go in with their eyes open, knowing what is "out there" no? [#hcsn](#)

6:57

[Claire Crossley @ClaireSMBB](#)

Thank you for a fantastic [#hcsn](#) chat this evening. Wishing everyone a wonderful week!

6:57

[Rusty Hoe @RustyHoe](#)

[@pfanderson @StevenBarley @TiffanyAndLupus](#) YES. If no SoMe I'd be lost living with an obscure and rare diagnosis [#hcsn](#)

6:57

[Twice Diabetes](#) [@TwiceDiabetes](#)

My intent is not 2 diss GPs but 2 have it acknowledged they r not experts in field of t1D & they know far less of its med tx than pts [#hcs](#)

6:57

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

[@RustyHoe](#) [@She\\_Sugar](#) [@TwiceDiabetes](#) I was with doc I trusted for about ten years, then he moved. Went through 3-4 in 2 years. [#hcs](#)

6:57

[OneGrenouille](#) [@OneGrenouille](#)

[@PeterRchai](#) how can you tweet and shower at the same time? waterproof phone? [#hcs](#)

6:57

[#LupusChat](#) [@TiffanyAndLupus](#)

FT: Engagement is key some HCPs/Drs are social media shy or won't admit to not knowing how! Ask, offer to help, doors will open! [#hcs](#)

6:57

[Andrew Lopez, RN](#) [@nursefriendly](#)

[@LismiKallan](#) T3 "With great power comes great responsibility" (Spiderman's Dad), [#Some](#) has tremendous power/potential. [#hcs](#)

6:57

[Sherry Reynolds @Cascadia](#)

Final Thoughts - it is time to move from chatting about [#HCSM](#) recognizing those providers who engage via social media

6:58

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

[@HeartSisters @BrownEDHI](#) I teach older docs not to be afraid of social media, and younger docs to be a little more afraid [#hcsn](#)

6:58

[Sherry Reynolds @Cascadia](#)

Final Thoughts - it is time to move from chatting about [#HCSM](#) to recognizing those providers who engage via social media

6:58

[karina @knzuri](#)

[@HealthSocMed](#) many think it's common sense but it's not. When hiring a social media assoc., make sure they are trained, orgs. forget! [#hcsn](#)

6:58

[Laurel Ann Whitlock @twirlandswirl](#)

Final Thoughts: With great tweets come great responsibility. Social media is powerful - use and wield it wisely. [#hcsn](#)

6:58

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

[@RustyHoe](#) [@StevenBarley](#) [@TiffanyAndLupus](#) Without SoMe and personal genomics, I might not even HAVE diagnoses [#hcsn](#)

6:58

[OneGrenouille @OneGrenouille](#)

Final thoughts - need to provide more and higher quality pt resources via SoMe, but methods TBD [#hcsn](#)

6:58

[David R. Van Houten @DavidrVH](#)

A late note to the [#hcsn](#) chat: The [#PubMed](#) Abstract display now has [#socialmedia](#) icons [nlm.nih.gov/pubs/techbull/...](http://nlm.nih.gov/pubs/techbull/...) [#biomed](#)

6:58

[Isuru Withanage @isuruayw](#)

[@HealthSocMed](#) thanks for letting me join in on the conversation tonight! just discovered the [#hcsn](#) hashtag... will be back next week!

6:58

[Steven Barley @StevenBarley](#)

Great chat this evening. Keep advancing the cause. Fight the good fight. Believe. Make a difference. (You're here & you care) [#hcsn](#)

6:58

[Jewels @She\\_Sugar](#)

[@RustyHoe](#) [@TwiceDiabetes](#) also true when pediatric patients age out of their docs. [#hcsn](#)

6:59

[OneGrenouille @OneGrenouille](#)

[@pfanderson](#) yes, I mostly self-diagnosed as a result of SoMe then got checked. [#hcsn](#)

6:59

[Dr. Jason Malinowski @drmalinowski](#)

[@pfanderson](#) [@UCD\\_ChestHealth](#) [@Cascadia](#) thought I heard heavy breathing - [#hcsn](#)

6:59

[Peter Chai @PeterRchai](#)

[@OneGrenouille](#) it doesn't work well, i'll say that. [#hcsn](#)

6:59

[Jewels @She\\_Sugar](#)

[@TwiceDiabetes](#) [@drflanders](#) [@drfarrell](#) my GP has Type 1 diabetes and he serves as both - I'm lucky. [#hcsn](#)

6:59

[Rusty Hoe](#) [@RustyHoe](#)

[@pfanderson](#) [@She\\_Sugar](#) [@TwiceDiabetes](#) The stress and fatigue that comes from trying to find 'the one' again cannot be underestimated [#hcsn](#)

6:59

[Carolyn Thomas](#) [@HeartSisters](#)

[@JBBC](#) [@BrownEDHI](#) Love this, Marie: "I teach older docs NOT to be afraid of social media, younger docs to be a little MORE afraid" [#hcsn](#)

6:59

[HealthSocMed](#) | [#hcsn](#) [@HealthSocMed](#)

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