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MEDICO-LEGAL SOCIETY OF NSW INC.

SCIENTIFIC MEETING

WEDNESDAY, 11 MARCH 2015 AT 6.15 P.M.

THE TOPIC:

SOCIAL MEDIA

SPEAKERS: DR BENJAMIN VENESS
MR MICHAEL SWAN

DR MICHAEL DIAMOND: Good evening everybody and welcome to this evening's scientific meeting of the Medico Legal Society.

Tonight we have what I suspect will be one of a number of talks that will happen over the years that will raise issues one way or another to do with social media. The title of tonight's talk is very broad. It simply says social media and the idea is that we do not confine ourselves to any particular aspect but rather we allow our speakers to present to us and to provide for us an introduction into the topic.

Dr Veness was introduced to the Society at our committee meeting as an impressive young medical colleague with many other interests and activities in his curriculum vitae. He has done many things in his various careers such as working in corporate strategy and finance roles in the banking sector - his first degree having been a Bachelor of Accounting from the University of Technology, Sydney. When at the University of Sydney Dr Veness lived on campus at St Paul's College studying concurrently a medical degree and a Master of Public Health. He also produced the Medical School Revue which raised $43,000 for charity and was twice elected to the University Senate. In 2013 as President of the Australian Medical Students' Association he represented 17,000 of his peers across the country. Dr Veness is currently an intern at Royal Prince Alfred Hospital.

As you can see, Dr Veness is clearly not a candidate for Twitter. He would never limit himself to 80 (sic) characters but we will see that he will communicate with us on the topic this evening. I will not go on to list his other achievements but clearly here is somebody who is a doer and a thinker and we very much would like to hear from him on the topic of social media.

DR BEN VENESS: Thank you very much for the kind introduction and my apologies for running a couple of minutes late. Thank you also for the invitation to speak tonight. Social media is a topic which is of quite a lot of interest to me. However it is only of recent years, since starting medicine and becoming more engaged in political lobbying, that my entrée to Twitter started.

I had written my first op-ed for the *Sydney Morning Herald* about internships in New South Wales and the number of my colleagues who had come here as international students under the expectation that they

would get a job at the end of their training. They planned to stay on and serve Australian communities as a doctor, only to find that unfortunately there was a shortfall in positions by 2012. A friend of mine, who was an avid "Twitterer", decided this was a good opportunity for me to start learning how to Twitter and so I did. Unfortunately my first foray was not so positive, because I thought it would be a good idea to try and get my article "out there". Hence I tweeted it to a few different media people whom I thought might be interested in the topic and might therefore re-tweet it and raise awareness. To my chagrin, Twitter interpreted my sending the article to all these different people one after another, as me being somewhat of a "spambot" and blocked me from using Twitter for a period of weeks. So I had written this article and wanted to get it out there but no one could actually do anything with my tweets because I had been banned for a while. The moral is there are some downsides to these things which I probably should have known before I started.

To begin, it is probably worthwhile defining what is social media. Social media, or SoMe for short, is basically related to the concept of Web 2.0. You probably have an iPhone or something similar and have heard of the latest operating system, iOS 8.0 or an equivalent. The 2.0 bit means it is a significant change on the original internet 1.0, and that significant change is social media. It is really about opening up the internet to being more interactive, more of a two-way communication between people, enabling users to generate their own content and to be able to interact with other users doing the same.

There is a definition conveniently provided by the regulator of doctors - AHPRA. In 2014, AHPRA introduced a social media policy for medical practitioners which states: "'Social media' describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips and includes websites and applications used for social networking."

I thought to obtain a gauge of the audience's knowledge of social media I would start off with a quick quiz. I would like to ask, please, for someone to shout out what each of these different icons represent, that is what is the social media app to which it relates. If you are an active user of social media and you already know what all

of these icons are, please do not answer the questions, because clearly you are at the top of the curve.

The first one, the "F", is Facebook. Everyone knows about Facebook because it has been around a long time. In some respects its relevance, particularly among youth audiences, is declining. I will talk about that in a moment. The next one, the "little bird", is Twitter.

The next one, the "in" is LinkedIn, which is essentially a way of putting your CV up publicly while also sharing information about topics that are of interest to you. It also shows what skills your connections believe you possess, and can publish testimonials. It is interesting to note that for doctors, it means that your patients will be able to look up in advance of coming to see you what you have done. By using LinkedIn you have made it publicly available. In a lot of cases, people go back to what high school they attended, what they did at university, what extracurricular activities they might have been involved in, and you can see also what connections that person has.

The next one, the little "play" symbol is YouTube. There are doctors who are creating content for YouTube channels. There is a lot of education material on YouTube. It is particularly useful for medical students or doctors in training. However it is also useful for getting out public health messaging.

The next one, the "W", is WordPress, a Web 2.0 tool. It is a blogging site. Anyone in this room could very simply and easily load up WordPress, register an account and then start to publish their own articles. This is like writing an op-ed for the *Herald* but publishing it on your own site. The challenge is how do you get an audience to see that article? A lot of these different tools actually feed off each other. For example, if you have a WordPress blog, it is useful to then promote that blog and to have others promote it through Twitter and Facebook.

The next one, the "little ghost" sign, is Snapchat. Snapchat is not the type of social media tool that is likely to be particularly relevant or useful for doctors. The reason I include it is just to echo that point I made earlier about Facebook having a declining relevance among younger populations. Increasingly, young people now are using Snapchat instead. The use of Facebook has shifted to such an extent that Facebook is reported to have offered Snapchat $3 billion to acquire their organisation

and Snapchat turned them down because they thought that there was actually better value to be had elsewhere. How they have gone about trying to generate a business case with a significant income stream remains unknown. They have recently made some amendments to include additional content, almost like a series of YouTube channels. It is the case with a lot of these apps that they receive surprisingly little advertising revenue and yet their valuations are so high; this is the case for Twitter as well.

Then the last one, the "little camera" icon, is Instagram. Instagram is essentially a way of publishing photographs with captions and then communicating those to other people. This is something which could be easily used by the medical profession. For instance, if you are a dermatologist, there are a lot of pictures you could have available on Instagram, so long as you had obtained the appropriate permissions from the patients from whom you had sourced those photographs. You could easily have a medical following or interest from the wider community.

Just briefly, I would like to show you what a Twitter page look like. For those who already know this, please accept my apologies. What I am showing here is, for want of a better term, my Twitter "home page" as of last night. Each user has their name or you can use a pseudonym if you wish. A "handle" has the little @ sign and then "venessb" is what you would use if you wanted to direct a tweet to my attention. You can put a short 140 character description about yourself. Then you can see how many tweets someone has ever tweeted. You can see also how many people they follow: these are the people who make up my newsfeed - they are essentially my own personally-curated source of information - and the number of people who follow me. So when I send a tweet, these "followers" are the people who would potentially be able to see that; and then the number of times I have favoured a particular tweet from somebody else.

My tweet last night was related to an event I attended at the Centenary Institute where they were re-launching the Institute as part of a fund raising and rebranding program. You can see I have included "@CSHeartResearch". I will mention Chris Semsarian in my talk. He is a cardiologist and a professor at the Centenary Institute, where he is doing work particularly on sudden cardiac death, and also Sydney University. You can see that it is an organisation with its own Twitter account and that it is quite active on social media.

Who is using social media? Effectively there are very low barriers to entry, so anyone and everyone - doctors, patients, all of the major medical journals such as *The Lancet, New England Journal of Medicine, The Medical Journal of Australia*, journalists - who are particularly heavy users of Twitter - and then organisations. I have already mentioned the Centenary Institute and Sydney University as examples of organisations using social media.

Australia Post happened to follow me on Twitter today. I am not quite sure why. Perhaps it is one of these organisations using an automated algorithm because they follow about 35,000 people and have a similar number of followers. If you click through to see what it is they are tweeting about, you will find it is mainly a customer service portal where people have asked questions of Australia Post and then had a dialogue, publicly, with Australia Post in lieu of having to call them up on the telephone.

I will give you some examples about colleagues of mine with whom I enjoy interacting, particularly over Twitter. Fiona Lander was a combined medicine and law student from Melbourne whom I met over Twitter and then in person when I went down to Melbourne for Australian Medical Students' Association purposes in 2013. She is now on a scholarship at Harvard Medical School studying a master of public health and also lectures once a year in a summer school in Denmark.

Marie Bismark is a doctor, a lawyer and a mother, who works in Melbourne and with whom I have had interactions, again over Twitter, and whom I was due to meet in January this year but I was overseas at the time. I put this up as an example of both an esteemed professional who is using Twitter but also of what I have found in my experience where you can make very strong, good and useful personal professional connections by virtue of interactions that have been initiated over social media.

Chris Semsarian is the one I mentioned earlier, the sudden cardiac death researcher working at the Centenary Institute as well as Sydney University and Royal Prince Alfred Hospital.

Liz Wiley was my counterpart as the American Medical Student Association national president and she has been particularly involved in the World Medical Association's

Junior Doctors Network. She is currently doing her residency in family medicine in Baltimore. I will talk more about her later.

Mukesh Haikerwal, a former president of the AMA and current chairman of council of the World Medical Association, is a big Twitter user. Another friend is Gen Bois who is a medical school graduate in Montreal, Canada. She has taken a year off before starting her family medicine training to work in tobacco prevention and control. Gen has been particularly interested in the work Australia has done with plain packaging. She will share things such as a video interview she had recently on Montreal television where she presented the Australian plain packages and explained why it was important for that to be adopted in Canada.

Social media is a most useful tool, the use of which is expanding rapidly. I quote from the AHPRA social media policy which says, "The use of social media is expanding rapidly. Individuals and organisations are embracing user generated content such as social networking, personal websites, discussion forums and message boards, blogs and microblogs."

I am not sure how many people have been following the reports of sexual discrimination over the weekend, particularly with reference to surgeons. I had seen a tweet from a colleague of mine at RPAH, which re-tweeted a letter from the President of the Royal Australasian College of Surgeons talking about its response to that particular concern. It was a good way for that president to get out some information but then when the College saw that I had re-tweeted it, someone who manages their Twitter account replied to my tweet with, "Did you also see that there's a doctors in training committee which has also made a comment?" and gave me the link to it. I have subsequently re-tweeted it to followers, copying in other people who might be interested, such as the journalist, Melissa Sweet.

All around the world this use of social media is becoming an issue of concern. How do we help doctors navigate their way through potential minefields of social media in a positive manner? In my view there is a lot of positive application to social media. There is undoubtedly also risk, so the General Medical Council have a statement on doctors' use of social media. The AMA, in collaboration with the medical student associations, has put together a social media in the medical profession guide. The College

of General Practitioners in the UK has something similar with its social media highway code. In Australia, the Royal Australian College of General Practitioners even have case studies available on their website for doctors who are interested in utilising tools such as Facebook to best effect. For example, The Elms Family Medical Centre has used Facebook to engage in local community activities and raise public health awareness. If you consider around the time of the "flu jab", practices may advertise to people why it is important that they have it, that it is available and the cost involved.

The relevance of social media is demonstrated not just in terms of how many organisations are establishing policy and using Twitter themselves, but also its political effectiveness. I have talked about social media being useful for connecting us to colleagues. One of the things that was rather fun about preparing for this talk was reaching out to friends of mine who are using Twitter and asking them why they think it has been good and what advice they would have for other doctors. One of those friends was Mukesh Haikerwal, the former AMA president. He wrote back to me saying, "I find Twitter interesting to get information from, to put information into, the milieu, and it can have a very profound effect as the attached screenshots from our H20 Melbourne meeting in November show. It can get you aware, it can get you heard, it can help with collaboration and it can help on testing the waters, as well as in campaigns. 'Scrap the Cap' and 'AHPRA Action' are some good Aussie medical campaigns".

The first campaign Dr Haikerwal is referring to, "Scrap the Cap", was the campaign directed at the government to try and get them to reverse their decision to place a cap on the dollar value of self-education expenses in medicine. Many thousands of dollars a year, far in excess of the proposed cap, are spent by most junior doctors and so it was pleasing to see social media really swell up in support of that campaign. Eventually it was successful, along with direct political lobbying, in having the proposed cap scrapped.

The second campaign, "AHPRA Action", regarded testimonials from websites. There was an attempt by AHPRA to say to doctors that even if you did not solicit a testimonial and even if you have no control over that particular website, it is still your responsibility to try to have that testimonial removed. What this demonstrated was a profound misunderstanding of the way

the internet works. The campaign led by Jill Tomlinson, a plastic surgeon in Melbourne, was successful in making AHPRA change its approach. The result was AHPRA became more reasonable in trying to achieve the intent of not having testimonials on the web without also over-burdening doctors with an impossible task.

Other examples of political campaigns are the "#interncrisis" campaign in 2012 that got me involved in social media in a larger way, and "CoPay Stories". In the latter, social media was used to good effect to ask people right across the community - doctors, patients and allied health professionals - why a co-payment would be detrimental to either their or their patient's care. Again this campaign, at least in part, was responsible for our success in eradicating the co-payment.

In my opinion there is a lot to like about social media. It is good professionally, it is good personally and it is good for our patients. I will explain why it is all of these three things.

Just briefly I would like to introduce the CanMEDS framework. I first read about this when I was preparing for the medical interview at Sydney University. It describes the knowledge, skills and abilities that specialist physicians need for better patient outcomes and is based around seven roles that apparently all physicians need to have to be better doctors. These are: medical expert, communicator, collaborator, manager (to be renamed "leader" in the 2015 revision), health advocate, scholar and professional. It was introduced in 1996 and is the basis for all of the training recognised by the Royal College of Physicians and Surgeons of Canada. It has been adopted by many other people around the world. In Australia, for example, the competency framework for the Colleges of Psychiatrists and Radiologists amongst others have started to use CanMEDS. I like it in general, but I also believe it has a lot of relevance to a discussion about doctors' use of social media. That is because a doctor who is effectively using social media is probably demonstrating all of these competencies.

I said earlier social media was good professionally and how it has helped me with professional relationships. I would also like to share with you some thoughts from Tim Senior and from Elizabeth Wiley, both avid users of social media and whom I mentioned earlier.

Tim, a GP with a particular interest in indigenous health, writes: "The main and most wonderful things that keep me using social media are the connections I have formed. As a result I get to hear thoughts of other doctors across the country and from other countries. I've connected with people involved in medical education. Particularly useful have been connections with patients, academics and health economists. In my main field of practice, Aboriginal and Torres Strait Islander health, there is a very active indigenous community on social media who do not get voices in mainstream media. I've also formed some connections with journalists, which has been interesting. As a normal GP seeing patients it is unlikely that I would ever get to have conversations with people like Clare Gerada, the previous president of the RCGP in the UK or Trish Greenhalgh, probably the best GP academic and writer working today."

Liz Wiley, a friend of mine now doing her family medicine residency in Baltimore says, "The primary reasons I like social media are networking and maintaining networks, identifying opportunities to collaborate with others across the world. It is particularly good for maintaining networks internationally. It's led to a few unexpected opportunities, projects and then for existing contacts and networks, it provides a more efficient means to stay up to date on friends' personal and professional lives." Of course, some might argue this is an impersonal way, but I would say it is "better than nothing" which Liz says is the pragmatic alternative in residency. As Liz puts it: "Social media provides me with a 'query false' sense of connectiveness that I think has helped me cope with the isolation and stresses of residency."

It is important to note from what they both have said that social media helps to break down many different barriers. There is geographical distance that connects me with Tim in another part of Sydney, and me with Liz in Baltimore on the other side of the world. It also breaks down levels of seniority and enables me as an intern at RPAH to communicate very casually and informally with people like Chris Semsarian, a professor of cardiology at the same institution. Disciplinary silos are also broken down. You can interact with people from allied health and nursing professions in a way which sometimes medicine is not so good for, similarly it can dissolve patient/doctor divides and it opens up communication with journalists and politicians.

Furthermore, it is useful for engaging in conferences, both in person and when you are unable to attend, as Dr Haikerwal stated in his email with reference to the H20, a health conference he arranged prior to the G20 in Brisbane.

It is also useful for medical education. There is an excellent example from Chris Semsarian. He has developed something called "ECG tweetorials", which he runs several times throughout the year. He will see a particular patient at his regular clinic, take a photograph of the de-identified ECG and add a small clinical vignette such as "ECG tutorial, easy one to start 2015: 52 year old male with chest pain. Diagnosis? Treatment?" Then he tags a number of medical students and interested doctors like myself. He will put up a copy of the ECG and then a long conversation tends to ensue between a whole variety of medical students and doctors who are interested in talking about that particular ECG, both interpreting it and then deciding what would be an appropriate management strategy. Chris makes sure he moderates this and will reply giving very useful feedback. In this case he says: "Answer: inferior MI, reciprocal changes in anterior leads. Primary angio, RCA stent, nil left ventricular damage". This gives some clues as to appropriate ways in which to treat this patient and also further interpretation of the ECG itself. For me, if I am say, on a bus just checking Twitter for the fun of it this is a great way to do some incidental learning. It is a way of getting a lot of useful medical educational value from social media.

Karen Price is a GP in Melbourne who is doing a PhD on informal learning networks and peer related benefits. I asked her why she likes social media. She says: "It's free, it's open access, it's medical education. It allows for asynchronous learning and collaboration in a multi-disciplinary sense." She spoke about: "… a group of us at GP14, a conference held last year … we're nearly ready to release a plan we wrote for QI and CPD points relating to social media use and reflective learning via the RACGP." Thus there is a trend afoot to allow people to credit some of the learning that they have done through social media for the CPD required by their college for their continued registration.

QUESTIONER: Before you move on, what is the relevance of the tagging and why are only four being tagged?

DR BEN VENESS: In that one, because there is a 140

character limit on Twitter you would be trying to tag the people who are most likely to engage with your tweet. Also hopefully they are people who have a large number of followers so they can re-tweet it and their followers can then see it. For example if Chris is aware I like to engage on Twitter and I have 1,300-odd followers, including a lot of other medical students, he knows if he sends me a copy I will send it out on my network and this will increase engagement. This is the explanation why it is when you look down that list of people who are responding to the particular tweet, it is far more than just the three or four who were tagged in the initial tweet.

QUESTIONER: When you tag them, the criteria are they have a lot of followers and would be really interested in the first place?

DR BEN VENESS: Yes, although you can tag whoever you like. They could have no followers but you just wanted to ensure the message went to them.

When I was interacting with the Royal Australasian College of Surgeons on my way here tonight and I tagged in my response: "thanks very much for sending this to me", I included Melissa Sweet, a journalist who runs the Croakey blog. I did this because she had told me in one of her emails: "I think that the way the College has responded to this has been quite good; they've used social media to good effect" and so I thought she would be interested. Again, she has a large number of followers, making her useful as a person to then share their response more broadly, which was their whole intent of using Twitter and sending it to me in the first place. Deb Verran, a transplant surgeon at RPAH, has been very engaged on Twitter about this particular topic. Also the Australian Medical Students' Association and the Council of Doctors in Training that the AMA has, are useful groups to share this information with a relevant audience and have a large number of followers.

I want to mention that some of those blogs, that have the WordPress sign I spoke about, are being used for medical education purposes. This one, "On the Wards", was set up by James Edwards, an emergency physician at Royal Prince Alfred Hospital. He has engaged a number of junior staff in preparing content so we can learn about some of the useful things for junior doctors to know and be able to handle on the wards. Potentially these are things which could be referenced during a shift if you needed to.

Journal clubs have now moved onto Twitter. This is an example given to me by Henry Woo, a urologist at The Sydney Adventist Hospital. He has been engaged in a urology journal club where they have written up a paper describing their experience. The same is happening in other fields such as rheumatology.

Then there is another example of how Chris Semsarian is using Facebook to talk about sudden cardiac death. This was a video prepared with the assistance of the University of Sydney talking about why it would be beneficial if schools had cardiac defibrillators available and if people were trained in how to use them. Chris has also started a Change.org online petition and again on my way here tonight he tagged me in a tweet about that. I signed the petition and re-tweeted that to followers as well to try and help promote it. You will note down the bottom, 120 people have clicked "like", which helps to boost it in people's newsfeeds. There are 30 comments underneath it and 326 times people have shared it. This is the Facebook equivalent of re-tweeting something. It is putting it available for all of their friends to see as well. This is obviously an emotive topic; it affects young people; sudden cardiac death is hard for a lot of people to understand, making it a good issue for social media. So, I believe, Chris is using Facebook in a really effective way in this case.

To that end, journalists are engaging heavily with social media. I will not read out the emails in the interests of time but I spoke to the health editor at *The Sydney Morning Herald*, the editor of *Croakey*, Melissa Sweet, and the deputy editor of *Australian Doctor* who talked about how essential social media is in their job, both in sourcing information for stories and disseminating it as well. They also talked about why it is beneficial for society at large for doctors to be engaging in social media: it helps to get an accurate, on the ground portrayal of life in medicine available to the public.

In summary, social media is here to stay. Social media is growing. And you can start slow. Deb Verran spoke about a commonly cited statistic which is broadly correct, 90:9:1. Ninety per cent of people just read stuff; nine per cent of people interact a little bit; one per cent are active content creators. You do not have to be the one per cent to start with - you can start off in the 90 per cent. My encouragement to everyone would be to do things like get your own personal Twitter account and use

it to curate your own newsfeed, follow the journalists that you find interesting, follow the organisations, the medical journals and the legal professionals perhaps as well. You can then use those hashtags which are a way of tagging material so that you can follow a particular conference or a particular topic. #MedEd - medical education - is a useful one, I find, to find out more about ways in which medical education is advancing throughout the world.

Finally, perhaps it is time for the Medico Legal Society to embrace social media. I did search to see what exactly the NSW Medico Legal Society's current engagement was with Twitter and unfortunately, all I could find was this tweet from 3 August 2012. I am disappointed that there is not more on Twitter about all of the great happenings at this Society. So thank you very much.

DR MICHAEL DIAMOND: I am sure all of you are much more informed than you were 30 or 35 minutes ago. Thank you Dr Veness for a most informative talk and I will thank you formally at the end of the evening.