

## **Doctors embrace social networking**

November 12 2009, By Nirvi Shah

In the waiting room, the patient's family members circled a Blackberry. About every 15 minutes, Dr. Carlos Wolf of Miami Plastic Surgery gave them a few keystrokes of information about how the patient was doing.

"M is asleep," one of Wolf's nurses typed at 9:13 a.m. on June 3. "We will start surgery soon."

Less than an hour later, the nose job was complete.

"Beautiful," the nurse typed. "She's going to love it."

Twitter, Facebook and <u>YouTube</u> aren't just for entertainment anymore. Wolf and <u>doctors</u> around the country are using the social networking tools to bring patients' families and the general public into operating rooms, sometimes sharing step-by-step medical procedures. They favor the real-time updates and videos as a way to reduce the fear factor of surgeries and educate people about the realities of certain procedures, especially new ones.

Earlier this year, surgeons at a Detroit hospital used Twitter to report the blow-by-blow steps of an operation to remove a <u>kidney tumor</u>. In any given month at JFK Medical Center in Atlantis, Dr. Beth-Ann Lesnikoski likes to use Twitter as an educational tool during surgeries to treat breast cancer. Last month, anyone with Internet access could watch live as Dr. Harlan Selesnick repaired a knee ligament at Doctors Hospital in Coral Gables, courtesy of the Baptist Health South Florida website, which posts webcasts of surgeries on a regular basis.



Some physicians, such as Dr. Camil Sader, a South Florida surgeon, have gone so far as to create their own <u>iPhone</u> apps.

Wolf says he masks patients' identities by using just one of their initials, and the posts are vague enough that strangers may have trouble figuring out what kind of operation is being performed.

"At this point, it's really to make those <u>patients</u>, family and friends feel comfortable," says Wolf, who has been practicing for more than 20 years. "We don't have a two-way conversation. The most important thing is for me to concentrate on what I'm doing."

And if something were to go wrong in surgery? Wolf says he or a nurse would step out to speak with the family \_ just like in the past.

"People think of social media as being cold," says a South Florida mother whose teenage daughter lay on the table when Wolf performed his first surgical tweeting session. "Although I couldn't see it, I felt like I was close to my daughter. It's modern-day bedside manner."

But not everyone is comfortable with physicians posting updates from the operating room -- especially when tweets and webcasts are available for public consumption.

"If it doesn't serve the patient, using it is unacceptable," says Dr. Erika Schwartz, an internist and medical director of the South Florida-based health insurance agency Cinergy Health. "Sometimes, we all get carried away with the novelty of something."

Still, Schwartz has a Facebook page and encourages patients to communicate with her via e-mail. She says she has cut some of her patients' healthcare costs by answering questions electronically instead of requiring office visits.



"The Internet is a great opportunity to create a better connection between doctors and patients," Schwartz says. "I'm a big fan of <u>social networking</u>. It reaches people. There's a lot of information that can be shared. But it's got to be done with respect to the doctor-patient relationship."

When a patient sent her a medical question using <u>Facebook</u>, Schwartz says, she made a point not to answer it there.

At JFK Medical Center in Palm Beach County, Lesnikoski's inaugural tweets were designed to contrast the effect of breast cancer on a woman in her 40s and a woman in her 90s; she was operating on one of each that July day. The only information she revealed about the patients was their age.

Before the surgery, Lesnikoski prepared a series of facts about breast cancer that could be tweeted to her 70-plus followers, along with basic information about the surgery, from her account, drbethjfk.

Lesnikoski, who has a background as a medical educator, says every surgery is a highly prescribed process, so there are traditional stopping points that can be used to tweet without interrupting the operating team's concentration. She says the <a href="hospital">hospital</a> is now looking into tweeting during surgery as a way to keep families informed about a patient's progress.

"Surgeries can last from 45 minutes to 2 { hours," Lesnikoski says.
"These families will get updates every 20 minutes. The patients we've done our focus groups with have loved this concept."

Dr. Donna Bilu Martin of South Beach Dermatology has been sharing skin facts and product information this year with her Twitter account followers. It's a compressed version of information she might send out in an e-mail -- but tweets don't clog up someone's inbox or get stuck in a spam filter.



"We can do this without being annoying," says the dermatologist, who tweets under the user name drbilumartin.

"The risk of melanoma -- the most deadly form of skin cancer -- increased by 75 percent in people who started using sunbeds regularly before age 30," she tweeted last month.

In another post, she shared information about a drug recently approved to hide wrinkles.

While Twitter identities are the latest tool in some doctors' medical bags, Dr. Camil Sader now considers his iPhone a medical necessity.

Sader, who specializes in laparoscopic surgery in Broward and Palm Beach counties, sometimes visits 180 patients at four hospitals in a single week. Tracking which patients he saw, their prognosis and other details about their care had become a paperwork nightmare.

When Sader couldn't find a simple and secure database program, he created one. It's an iPhone app called "Dr. Rounds" and it debuted in July. The information now stored in it can be formatted into an e-mail and be sent to his office manager for billing. Or it can be sent to other physicians watching over Sader's patients.

"It makes all the difference. At the end of the week, I press a few buttons and I get a report of what I did rather than shuffle through seven to 12 pieces of paper to see 'How many times did I see Mr. Smith?'" Sader says.

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