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www.reachmd.com
info@reachmd.com
(866) 423-7849

Exploring Social Media's Influential Role in Vascular Access Care Paradigms

Dr. Caudle:

In today's world, social media can work as either a blessing or a curse, and its application in the healthcare space is no exception. And with no signs of its popularity slowing down, it's time that we take a look at the benefits and risks of channeling complex vascular access care through social media.

This is Vascular Viewpoints on ReachMD. I'm your host, Dr. Jennifer Caudle, and joining me to discuss social media's influence in vascular access care are Dr. Brett Nelson, Medical Director in Emergency Medicine at Mt. Sinai, and Matt Ostroff, an Advanced Nurse Practitioner and Vascular Access Coordinator at St. Joseph's Healthcare System. Dr. Nelson and Mr. Ostroff, it's wonderful to meet you, and we're so happy that you're here.

Dr. Nelson:

Thanks so much. Thanks for having me.

Mr. Ostroff:

Thank you.

Dr. Caudle:

Absolutely. Okay, so first, I'd like to start off with discussing what drew both of you to your field? You know, where has it been going, and how has it changed? Dr. Nelson, why don't we begin with you?

Dr. Nelson:

I think I was drawn to emergency medicine in general because I really enjoyed meeting patients for the first time and helping them work through what their issue was, and then bringing what resources I could bring to bear to help with them with that problem. So in terms of where we're going and where we've been, I think it's easier to think about where we're going, and there is not much change philosophically. We still look to bring the best resources we can to bear to patient care and, as those tools and viewpoints change, we need to adapt so we that we're doing the best we can for people at any moment.

Dr. Caudle:

Excellent. And how about you, Matt, what has your experience been like?

Mr. Ostroff:

You know, my experience has been a little bit more unique in the sense of, you know, Dr. Nelson coming in with the medical license, you know, has his course set; and coming from the nursing perspective, I got to kind of go up the ranks. So this question is the reason I'm doing this episode; is that I started my healthcare career as a paramedic, became an ER nurse, and then in the ER when Dr. Nelson was implementing point-of-care ultrasound for peripherals, he offered to train me on that, and that started my journey into access. Because what I realized was, our biggest challenge was not the diagnosis and not the treatment, but how to provide that treatment for the patient. And Dr. Nelson gave me a tool to make almost any situation solvable in order to make is diagnosis and treatment applicable to that patient. So it's just such an honor to be with the person that trained me to do this, and then to still be doing this at an advanced level today.

Dr. Caudle:

That's excellent, and it's nice to hear your story; that's really interesting. Matt, we're going to stick with you for a second. Where has social media fit into your medical experience? And do you see that role changing in the future?

Mr. Ostroff:

It's just been unbelievable. You know, social media, it's the key to innovation with patient care. And our challenge throughout history has been communication. And where things in Europe are done 30 years prior to things that are done in America, or you know, we're waiting for FDA approval on certain products. But with social media, I can do something today and communicate with the world tomorrow, rather than waiting for these publications to come out, and trials to be done. So it's only going to become bigger and greater and help more patients. The more we are able to collaborate and communicate with physicians and licensed practitioners across the country.

Dr. Caudle:

That makes a lot of sense. And I like how you said, you know, the idea of stimulating the thought process is something that social media helps us do. Going back to Dr. Nelson, can you elaborate on how social media has impacted your practice? Have there been any positive or negative impacts that you see?

Dr. Nelson:

Yeah, well, starting with the positives. I would like to echo what Matt said about this dissemination of information. So folks who are either savvy with the most current techniques or pioneering new techniques can broadcast their ideas, their experiences to a very large audience of people, and have a fairly instantaneous peer review because other people can voice their opinions, as well. One of the downsides, and one of the things that we are all challenged with in medicine is folks that haven't really vetted themselves, haven't really checked their own skill level, their own experiences, and can run into the realm of being more cowboys. The cowboy attitude in the older days was see one, do one, teach one, and we don't really appreciate that anymore. We'd really like to have people well more prepared if they're going to be taking care of patients, especially if they're performing procedures on people. But we've actually accelerated see one, do one, teach one to Google one, do one, Tweet one, and that can make this process much more rapid, and people really get ahead of themselves when they get ahead of their skill set.

Dr. Caudle:

Excellent. And just to piggyback off of that, Matt; do you have anything to add to that? Any experiences you've had with similar benefits or even risks? What are your thoughts?

Mr. Ostroff:

Echoing what Dr. Nelson said, there are rules and regulations for medicine. And we have to follow those. So, where we come up with great ideas and innovations, those all have to be vetted in the proper process. But one of the challenges is pictures. Any medical facility has a social media policy where you cannot display or share photographs. And that made it very challenging for me, because a lot of my case studies, and probably everybody, you know, a picture tells 1,000 words. So now you have to put 1,000 words into your blog. But what I discovered was that I could do sketches of my cases, and that was legal to post. So that is a way that I worked around the social media challenge of how do I show you what I'm doing without, you know, violating the rules and privacy of my patient.

For those of you who are just tuning in, you're listening to Vascular Viewpoints on ReachMD. I'm your host, Dr. Jennifer Caudle, and today I'm speaking with Dr. Brett Nelson, and Advanced Nurse Practitioner, Matt Ostroff, about social media's influential role in vascular access care paradigms.

Dr. Caudle:

So, now staying on the topic of how social media has affected your practices, it really should come as no surprise in this generation and, in reality, a lot of us rely heavily on social media for expert medical information and current advances. So what is the peer review process, and how does this affect your studies? Dr. Nelson, why don't you elaborate on this for us a little bit first?

Dr. Nelson:

Well, in regards to vascular access and our experiences with social media, the peer review process with social media is a bit ill-defined. Most people generally refer to peer review online, as comments, suggestions, a discussion that takes place online between people who are interested in the topic. So there's a big difference, for example, between posting a case for a challenging question, and just getting a lot of likes or re-Tweets versus having an actual in-depth discussion with other people and having their viewpoints. So without any

third-party independent arbiter of what good peer review is in most social media, we are left with the end-user, the consumer of the social media, to decide like, is this a good discussion that I'm seeing? Have I felt like there are experts weighing in? Or is it just one person's opinion and, since it was a cool picture, people like it. So that's challenging.

Dr. Caudle:

Right. And you know, just a follow-up question with that – and thank you for that – where do you feel that patients kind of come into this picture from a standard-of-care viewpoint?

Dr. Nelson:

The thing is, when you are together in person at a panel that's been put together specifically for the purposes of defining the standard of care or defining the guidelines, that's a big difference to people relatively unofficially making their comments. So we can move the needle on the standard of care by communicating with each other more rapidly. We can impact each other's thought processes and what type of research gets done next, and adjust our priorities. And I think that even if new guidelines and new standards of care don't come directly as a result of social media gathering, as they sometimes could from a personal gathering or a committee or a consensus conference guidelines gathering, we can adjust our priorities much more rapidly and, you know, again to put the patients first. But many patients have access to the internet, and they can see these discussions taking place. They can see blog posts, they can watch webinars if they're not behind a pay wall. And sometimes the patients are the ones driving these questions; 'Why are we not using ultrasound for vascular access? I'm a challenging case, and I heard we can use different types of techniques. Last time I was in the clinic, that wasn't used, and why is that?' So there's – while there's not a deliberate direct marketing to patients like there often is with the pharmaceutical industry, patients can sometimes drive these questions because of their access to information. And I see that as a positive thing.

Dr. Caudle:

You know, this is something that you both have mentioned about. We know it's an unfortunate reality that some facts and guidelines can be created by people without credentials on the web, right? We've talked about that, and you guys have talked about that. So, you know, when would you prefer a patient attend an in-person training versus relying on social media for information? Let's go back to you, Matt. What are your thoughts about this?

Mr. Ostroff:

You know, it's the social media that should lead the person or the professional to the training. So, let me just give you an example. So, back in 2015, I started posting on using the mid thigh femoral vein for femoral access so we can eliminate the femoral traditional central line insertion, which is associated with high risk of infection, and it's just a very poor area. It's the last choice we want to go to for vascular access. So I said how – instead of looking at this negatively, how can I make this a positive site? And the way to make it a positive site was to locate it distally in the leg, and then bring the catheter to a terminal tip position in the inferior vena cava. This is not done. So, I started blogging about this, and all the experts got on and told me, you know, there's going to be a risk of DVT, that I was the cowboy, and all of these other things. And, of course, I listed on my blog, you know, the process I went through with discussing it with our medical director and that we carefully selected patients. So that was a way that I introduced an idea. And this idea started floating around the internet to different cities, and it ended up –you know, that I ended up getting invited to the World Congress to present on this technique because it had floated around so much. But then from just the initiation of my idea to them bringing it to a publication; once the publication came out, all of the sudden the social media impact went exponentially high, and they're starting to use this now all over the country as a new standard of care for femoral access.

Dr. Caudle:

Very interesting. And your stories and examples I think are very, you know, illustrative of what you're talking about. Before we wrap up, I'd like to know if you guys have any takeaways for our audience? Dr. Nelson, why don't we start with you?

Dr. Nelson:

Well, you know, interestingly, we're seeing a convergence of two technologies that are radically changing the face of how we take care of our patients. One is social media, which democratizes communication across the world. It speeds up our communication. It allows individual experiences and anecdotes to become evidenced more rapidly by people disseminating information amongst each other, deciding on new priorities for research, and then, as Matt's been saying, vetting these techniques and creating new standards of care much more rapidly than we ever could. And ultrasound is another democratizing device, and using that for vascular access has also radically changed how we look at procedures. And it's basically a force multiplier, taking people who have whatever level of training that they previously had in vascular access, and multiplying their skills and making them the equivalent of someone who's had way more

experience, and making many procedures that were previously unthinkable, not only possible, but common. So by leveraging social media and new techniques for vascular access, including ultrasound together, we really changed the pace of how well we can take care of patients, and we've vastly multiplied the number of practitioners who can skillfully take care of patients at the highest level. So it's really an amazing time to be involved in these two processes and watching how they complement each other.

Dr. Caudle:

And finally, Matt, you get the final word. Any last thoughts?

Mr. Ostroff:

I do. I have a couple of last thoughts. And I'd like to just go off of what Dr. Nelson said about making what was not possible, possible. My drive for social media and for my profession and my specialty, is to share. Because I now – and other practitioners, as well, are able to do everything we used to have to do in interventional radiology. We're able to do that at the bedside now with vascular. Now there are only a few of us who are doing that because it is advanced, but there needs to be more people so that we can help more patients. But with the power of knowledge, I believe, as silly as it sounds, comes great responsibility. And it's realizing that social media's role is again an area to brainstorm and discuss. But you have to follow the strict and professional vetting process before it ever makes it to the bedside.

Dr. Caudle:

Well excellent. Thank you so much for that. And you know, with those takeaway points in mind, I'd really like to thank Dr. Brett Nelson and Advanced Nurse Practitioner, Matt Ostroff, for joining me to discuss social media's influential role in vascular access care. It was really great having you both on the program today. Thank you.

Dr. Nelson:

Thank you.

Mr. Ostroff:

Thank you.