

COVID-19

Social media and the practice of pediatric physical medicine and rehabilitation in the COVID-19 pandemic: A new era in patient-care

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Abstract. Social media represents a significant source of health information for the public, especially during the COVID-19 pandemic where gatherings are limited. It is important for pediatric physical medicine and rehabilitation physicians to understand how their patients use these platforms in order to educate the public and provide sound medical advice on social media. Given the lack of current guidelines on medical education through social media, the purpose of this paper is to provide an overview of various online social media platforms and describe how they can be utilized to enhance pediatric patient education. It is necessary to understand the different educational functions and limitations of the various social media platforms. This text provides a comprehensive overview of different social media platforms, their educational uses, limitations, and sample accounts. Relevant to the COVID-19 pandemic, social media can improve the efficiency of educational delivery and clinic workflow. Although social media is not meant to replace physician-patient relationships, it can be used as a surrogate for health information and improve—even start—physician-patient relationships. Despite the benefits of social media, pediatric physiatrists may be hesitant to utilize these platforms for several reasons. This text provides an overview of common barriers to social media usage by physicians and recommendations to overcome them. Given that the pandemic has led to increased social media usage, physicians should be aware of its implications on patient care and how they can be used to enhance the practice of pediatric physical medicine and rehabilitation. As social media usage by both patients and physicians grows, more research is needed to create recommendations on how pediatric physiatrists can best utilize social media to educate the public in an enjoyable manner while maintaining a professional image.

Keywords: Social media, physical medicine and rehabilitation, physiatry, YouTube

There are over 4.48 billion social media users internationally, representing approximately 57% of the global population [1]. Over ninety percent of the teenage population utilize social media [5]. Social

media represents a significant source of health information for the public, especially during the COVID-19 pandemic when gatherings are limited [4]. It is important for pediatric physical medicine and rehabilitation physicians to understand how their patients use these platforms in order to educate the public and provide sound medical advice on social media. Even amongst pediatric rehabilitation

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medicine trainees, e-learning has created a new world of innovation in the COVID-19 era [6]. More commonly known is the domain of telemedicine, which has become more relevant for pediatric physiatrists during the pandemic [7]. Its challenges and benefits can often mirror social media use for health education. Given the lack of current guidelines on patient education through social media, the purpose of this paper is to provide an overview of various online social media platforms and describe how they can be utilized to enhance pediatric patient education.

Given the range of social media platforms, it is first necessary to understand their different potential

educational functions and limitations. Supplemental Table 1 provides a comprehensive overview of different social media platforms, their potential educational functions, limitations, and sample accounts. When used appropriately, social media can improve the efficiency of educational delivery and clinic workflow, which is especially relevant in the COVID-19 pandemic. For example, patients can access YouTube videos that explain certain conditions and their treatment options in layman's terms. This would then allow patients to have more developed questions for their provider to answer on a personal level. This creates a more productive meeting with a pediatric physiatrist, which is crucial

Table 1
Common barriers to social media use, main concerns, and recommendations to overcome them

Barriers to social media use	Main concerns	Recommendations
Lack of Familiarity	<ul style="list-style-type: none"> • Not understanding different platforms that patients are using or how to use them • Not keeping up with rapidly changing social media platforms and trends, which makes usage difficult 	<ul style="list-style-type: none"> • Ask patients or colleagues to explain different platforms or show examples of current trending content • Watch tutorials on how physicians can use social media to benefit pediatric patients • Follow other providers to gain insight into how other professionals are using social media • Develop a social media strategy, including identifying your target audience and establishing objectives for your post • Monitor metrics for content posted
Fear of Litigation	<ul style="list-style-type: none"> • Losing employment or paying fines due to misinterpretations of a post • Violating employment contract inadvertently through online content 	<ul style="list-style-type: none"> • Maintain ethical and privacy standards such as the Health Insurance Portability and Accountability Act (HIPAA) • Provide appropriate references when addressing a topic • Discuss social media guidelines with employer and understand copyright laws
Time	<ul style="list-style-type: none"> • Becoming overwhelmed by the learning process of each different platform • Not being reimbursed for social media use by insurance and employers • Taking time away from in-person patient and parent interactions • Affecting work-life balance 	<ul style="list-style-type: none"> • Increase compliance and treatment efficacy through online reminders after office visits • Gain familiarity with one social media platform prior to moving on to another platform • Record videos discussing common treatment usages or office procedures, which can improve clinic efficiency • Create individual boundaries for social media use
Fear of Unprofessionalism	<ul style="list-style-type: none"> • Inadvertently behaving unprofessionally • Mistakenly sharing or posting misinformation • Devaluing the sacred bond of medicine with patients and their privacy, since social media pushes a barrier-less form of communication 	<ul style="list-style-type: none"> • Refer to the American Medical Association Code of Medical Ethics Opinion 2.3.2 on Professionalism in the Use of Social Media • Accurately state professional credentials • Verify medical content before posting or sharing and provide references • Never post identifiable information • Do not discuss specific questions with patients • Gain familiarity with the regulations within your own institution or practice, if available • Disclose conflicts of interest, e.g., disclose if financial compensation for promoting a specific product is received

especially for a telehealth visit [9]. An example is the Shepherd Center YouTube channel (<https://www.youtube.com/user/ShepherdCenter>), which provides a variety of videos for patient education, including playlists such as “Advanced Tetraplegic Strengthening in Bed.” Outside of the clinic, patients from underserved communities or those who are hesitant to regularly visit their physician due to fear of COVID-19 can benefit from physician participation on social media. A diverse patient population in pediatric rehabilitation will undoubtedly include individuals who have been greatly affected by health disparities exacerbated by the COVID-19 pandemic with changes in their environment, economic stability, and education [8, 11]. By having access to free health information online, patients can be informed about protective health behaviors and may be prompted to seek medical care if they come across relevant information. Although social media is not meant to replace physician-patient relationships, it can be used as a surrogate for health information and improve—or even start—physician-patient relationships [2].

Despite the benefits of social media, physiatrists may be hesitant to utilize these platforms for several reasons. Barriers to social media usage include a lack of familiarity, lack of time, and concerns about potential consequences affecting confidentiality, privacy, and professional image [2]. For example, a physiatrist who does not use social media frequently may be concerned about rapidly changing trends across the various platforms, which may affect their methods of creating content tailored to their pediatric audience. One recommendation is to follow colleagues and other providers who can grant insight on current trends and style of content. Another recommendation would be to consult other physiatrists on a post prior to posting to improve quality [10]. Addressing concerns of litigation and unprofessionalism comes with ensuring that posts align with ethical and privacy standards set by the Health Insurance Portability and Accountability Act (HIPAA) and American Medical Association Code of Medical Ethics Opinion 2.3.2 on Professionalism in the Use of Social Media. Table 1 provides a comprehensive overview of common barriers to social media usage for physicians and recommendations to overcome them. Although social media usage can be initially daunting, many physicians may find that they become more comfortable with different platforms and engage patients in an enjoyable yet educational manner [2].

Given that the pandemic has led to increased social media usage, [3] physicians should be aware of its

implications on patient care and how it can be used to enhance the practice of pediatric physical medicine and rehabilitation. These recommendations can help reach the vulnerable population of children with disabilities who have not been the focus of the discourse surrounding the pandemic [12]. As social media usage by both patients and physicians grows, more research is needed to create recommendations on how pediatric physiatrists can best utilize social media to educate the public in an enjoyable manner while maintaining a professional image.

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Conflict of interest

The authors have no conflict of interest to report.

Supplementary material

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