Author’s response to reviews

Title: Social Media Use by Physicians: A Qualitative Study of the New Frontier of Medicine

Authors:

Lauren Campbell (Lscampbell@challiance.org)
Yolanda Evans (Yolanda.evans@seattlechildrens.org)
Megan Pumper (Megan.pumper@seattlechildrens.org)
Megan Moreno (megan.moreno@seattlechildrens.org)

Version: 1 Date: 15 May 2016

Author’s response to reviews:

Thank you for the opportunity to respond to reviewer comments. We feel the manuscript is stronger as a result of their insights and input.

Reviewer reports:

Reviewer #1: Overall, a very easy to read and useful piece dealing with physicians' use of social media. There are, though, a few issues that need to be addressed:

Minor:

* Page 4: "and consumers of information, as suggested from numbers 3, 5 and 7 on the list above" This is really awkward, and needs to be re-phrased.

We agree and appreciate this comment. We have deleted the “as suggested” phrase from above. The sentence now reads: Social media is unique in that it allows for two-way communication online between creators and consumers of information.

* As Tumblr is used mainly for blogs, I'm not sure why it is separated from "blogs" This should be briefly explained.

Agree, we have reframed this as listing the social media sites then “freestanding blogs.” The sentence now reads: Almost all of the participants engaged with multiple social media platforms, including Twitter (10), Facebook (7), Pinterest (3), YouTube (2) and Tumblr (2) as well as freestanding Blogs (13) (Figure 1).
* Cut the last sentence of the paper. It might seem catchy, but it has no place in a formal paper.

We have done so.

More important:

* The use of the term "early adopter".

  o Although this term has passed into common language, I think that, if you're going to use it (especially in quotation marks), you need to acknowledge Rogers.

We have added a reference to acknowledge Rogers.

  o The idea of the use of social media in 2014-2015 being considered "early adoption" will need to be addressed. By that stage, blogs and wikis had been around for some 15 years, Facebook for 10 years, Twitter for 8 years, etc. Several of the references that the authors use show social media usage in this context for at least 5 years. My perception might be clouded by the fact that I operate in an environment where many physicians have used social media for some time, but I can't be unique, and many readers may respond with some skepticism to the use of the term in this way.

This is a great point that people’s perspectives on the state of physician involvement in blogging may vary based on whether or not one is a physician blogger. We have reframed the final paragraph of the introduction to clarify how we view early adopter physician bloggers to now read:

Guidelines may be informed by understanding the perspectives and strategies employed by “early adopter”[27] physicians who were pioneers in being among the first wave of physicians to use social media professionally to disseminate health information. The purpose of this study was to explore why and how physicians on social media use these new technology tools. Our study aims were to understand perceived benefits and risks of using social media as a health professional, as well as to understand physician’s experiences, perceptions and views on current and future use of social media in healthcare.”

* Methodology: I would have preferred if an accepted research methodology (such asGrounded Theory) had been used, but as this study is billed as an exploratory study, it could be excused. Yes, Grounded Theory is mentioned briefly in the coding, but Grounded Theory coding is much like any other coding technique - what makes Grounded Theory different is the use of prior assumptions and knowledge, methods of participant selection, methods of determining and altering questions, use of saturation to end data gathering, and then the development of a theory (hence the term "Grounded Theory"), etc. And, from the reading of the paper, it appears that the authors performed coding after all the interviews had been conducted; this approach is not Grounded Theory, I'm afraid, as Grounded Theory combines all processes of gathering and analysis.
It is more correct to say that the authors have used elements from Grounded Theory, rather than a Grounded Theory approach. The authors should explain why only some, very generic, elements of Grounded Theory have been used, and why in that way.

We have updated the methods section to provide additional information to describe our research approach and analysis process. We added information that we did not enter into this study with preformed hypotheses. We also revised our analysis section to provide more details on the stages of analysis, and to indicate that we used an iterative process for the analysis in which coding was done through several rounds of comparisons and consensus building. Based on the reviewer’s suggestion, we have removed the reference to Grounded Theory approach and have instead focused on the details of the methods used.

The analysis section now reads:

Analyses were conducted in two stages. First, a preliminary evaluation of transcripts was completed after ten interviews. In these analyses, preliminary coding and discussion was conducted by two investigators to inform early ideas about themes, to assess repetition of benefits and risks, and to consider thematic saturation. After 17 interviews were completed, investigators reviewed transcripts and noted repetition of benefits and risks and saturation of themes. Thus, a formal coding was conducted at that time using an iterative process [32], transcripts were first read individually by three investigators to identify key codes and themes. A discussion was then held between investigators to discuss codes and themes towards a consensus on coding approaches. Transcripts were then re-assessed and the investigators deliberated until consensus was reached on the common themes and concepts expressed by participants using the constant comparative method. [28]

* The study was conducted from January 2014 - November 2015. Two years is a very long time for such a study, as social media systems change quickly (and did so over this period). This is especially important because the researchers did not go back to participants whom they had contacted in the early part of the study to see if usage or attitudes had changed. This needs to be mentioned as a limitation of the study.

We agree that over any given time period it can be anticipated that social media platforms will change, thus, we have added content to the limitations section to indicate this is a limitation of our study. However, our study was not focused on exploring which specific platforms were used by physician-blogger, we focused more on perceptions of benefits and barriers to engagement with social media as a physician blogger. Thus, we anticipate this as a minor limitation of our study.

Reviewer #2: This is an important study, that uses comprehensive and purposeful qualitative methodologies to reflect on the use of SoMe by clinicians as a patient facing tool. General points:

N is small, as is often the case in qualitative methodologies. I would have like further analysis of the completeness of the study in terms of saturation or similar.
Thank you for this comment, we have provided additional details about our analysis process in that Analysis section as follows:

“Analyses were conducted in two stages. First, a preliminary evaluation of transcripts was completed after ten interviews. In these analyses, preliminary coding and discussion was conducted by two investigators to inform early ideas about themes, to assess repetition of benefits and risks, and to consider thematic saturation. After 21 interviews were completed, investigators reviewed transcripts and noted repetition of benefits and risks and saturation of themes. Thus, a formal coding was conducted at that time an iterative process[32], transcripts were initially read individually by three investigators to identify key codes and themes. A discussion was then held between investigators to discuss codes and themes towards a consensus on coding approaches. Transcripts were then re-assessed and the investigators deliberated until consensus was reached on the common themes and concepts expressed by participants using the constant comparative method. [28]”

Specific points:

Page 4 line 41: in general, it would be useful to index the year of any studies cited described in the body of the text. This is particularly important in the rapidly evolving world of technology. We have reviewed the introduction and discussion sections and documented the year of the study for studies highlighted in these sections.

Page 7, recruitment: It would have been interesting to know how many of those approached declined to participate further in the study, and the procedure for exclusion could be further clarified.

We have added information that only one approached participant specifically declined participation, we did not have any potential participants excluded. Given that our search for potential participants involved snowball sampling in which a colleague referred them given their social media presence, this may not be surprising that the recruited participants were those who engaged in social media communication.

Page 7, line 38: Could the team clarify whether or not an audio recording was made, and if not, how the interviewer managed to transcribe verbatim accurately.

Our IRB did not permit audio recording of phone interviews. The sentence describing the method used describes: “One-on-one telephone interviews between a physician and a researcher were recorded verbatim by the researcher via hand-typed notes.” The investigator conducting the study explained this process to participants and that she may need to pause at times to fully record their comments.

Page 8, line 9: I wonder what the relevance of the demography might be to the study. Is it included to demonstrate the representative nature of the participants or to draw some conclusions regarding the association of the qualitative findings to gender, ethnicity etc?
Demographics of the study sample are included to be consistent with typical study reporting including describing the sample that is represented in the data. While this study’s small sample size and qualitative focus is not meant to have a generalizable sample, we wanted to illustrate what the demographics were of the sample.

Page 14 line 12: I think the term Medicaid is probably understood world over, but just in case it isn’t, I would advocate interpreting this term for the readership outside of the jurisdiction. In addition, to draw a conclusion regarding the reaction of one type of physician practice over another might require some statistical analysis. I wonder if this section could be reconsidered in that light.

We have reframed this paragraph to represent the views of the two participants who strongly voiced different opinions than that of the other physicians, as we felt it was important to have this small but strong opinion expressed and framed just as the participants described it being linked to practicing in low-resource settings. This paragraph now reads as follows:

“The two physicians who reported primarily working in low-resource settings, such as with Medicaid patients, were both less enamored with its prospects of reaching their patient populations, or the idea that every physician should be involved in social media. As one physician expressed, “not every platform is for every person. If you’re interested, there’s a lot of benefit, but if you’re not interested, there’s already a lot of people out there.”

Page 20: Conclusions: I wonder if the term lone ranger might be misinterpreted somewhat. To be clear, do the doctors who identify with lone ranger type practice in this domain actually see that as a negative point of view or a positive sign of robusticity

This is a good point, we think that this term was used to represent both. To avoid confusion in the conclusions section, we have reframed this to read:

"A peer review process may benefit physician bloggers by reducing uncertainty and helping physician bloggers connect to others in their field."

I would like to see further comment on the applicability of the findings, or not, to the broader community of physician early adopters.

This is a great suggestion, thank you. We have added the sentence to address how findings may be used by physicians considering blogging: . “Study findings may be used by physicians who are considering blogging to understand early adopter perspectives on benefits and risks.”