Twitter Thread by Umbereen S. Nehal, MD, MPH

Umbereen S. Nehal, MD, MPH
@usnehal

Dear #MedTwitter please, please, if you are a licensed medical professional and/or in school to be, do NOT delete your tweets or comply with anyone telling you to do so. It will harm you far more than leaving them up and explaining. Nothing is ever deleted. Can be used in court.

When I was at Harvard Med School and at an esteemed children's hospital, a case against an esteemed professor, that NO lawyer would touch cuz this was someone who had WRITTEN the textbooks and trained every expert, was won ..based on "a document was deleted" - creating suspicion

"Sunlight is the best disinfectant" you will hear me say OVER and OVER - wins & losses *should* be on data/standards but unfortunately wins & losses are in the court of public opinion. So be reliable, credible, and trustworthy. Transparency is one way to achieve that reputation.

The tweets I delete typically have a typo or the link did not populate the image as I wanted and I *immediately* repost THE SAME tweet, corrected. That way if anyone with "dark web" capacity were to try to "find dirt", ain't none. What you see is what you get.



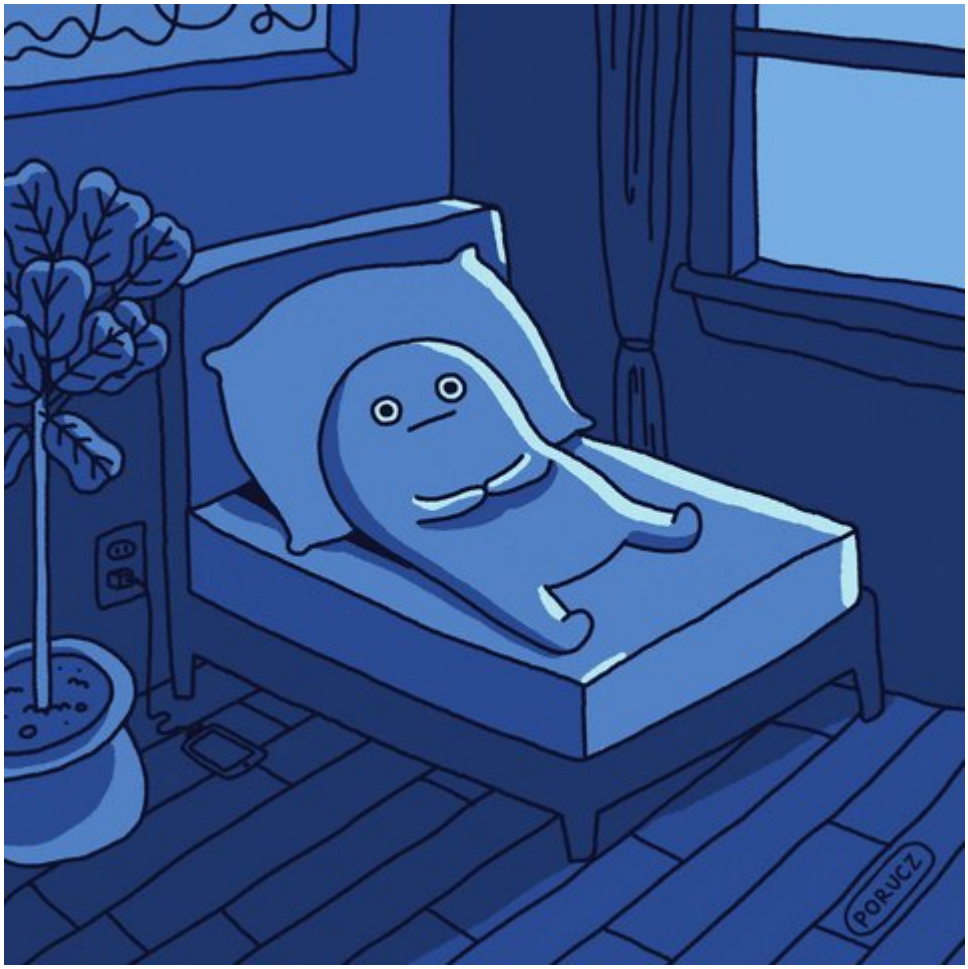
I have been around the block enuf times, been a public servant w/ strict COI & scrutiny of my every word, & have been "in the room" when we have been deciding billions of dollars of state funding in Medicaid

You can decide whether you trust my advice/PSA
https://t.co/21rQMi8ljS

In fact, in any job interview, I have now learned I need to *warn* any potential employer: I take ethics, safety, quality, transparency VERY seriously. Take it or leave it. If that ain't how you do business, this ain't gonna be a good fit. I limit my choices, but sleep just fine.



I mean, no, I don't sleep a lot, but that's another issue. LOL My conscience is pretty clean apart from the things I realize were secondary harm from my trust in the system & being, what I now know is the so-called "model minority." That being complicit DOES keep me up at night.



Many of us come from cultures of shame - medicine, nursing, religion, "family name", regional culture (say a culture of "grit")

Shame will whisper to you "delete, delete..hide it..be ashamed"

NO

WRONG knee jerk reaction from when we were living in primitive conditions.



This matters on SO many levels. Most on #MedTwitter #NurseTwitter #AcademicChatter #AcademicTwitter want to have an impact in the world, want to build relationships, want to do #SciComm

First step for ALL of that is trust

Be trustworthy
Do NOT react to your reptilian brain



If you get past "reptile brain", can pause.

Think it through. What is your purpose here? (see above)

What is in your LONG TERM best interest?

Hiding/deleting only makes you look not trustworthy, poor judgment, unreliable.

https://t.co/0jfLqo7xlF

https://t.co/k6UwYwV4e3

Not to be reverse ageist but please consider the life experience & matched professional experience of anyone from whom you take advice.

Now that I am at @MIT & @MITSloanFellows the classmates who "get it" are engineers who must maintain licenses.

Is a #mindset: accountability

If ANYONE tells you to delete, and EVER uses an "or else" threat..just listen to the recent recording of Trump to GA governor. First, even POTUS cannot seem to hide what he does so exactly how do YOU expect to succeed?

Most importantly, NEVER be goaded into being unethical.

Personally, my brain is SO fully of SO many more important things that, long ago, as a child, I realized lying/hiding was just a recipe to fail - I am transparent. Plus, my mom? OMG...NOTHING got past her. Plus am Muslim so a belief I can hide anything would make me delusional.

I'm old school, with my paper chart experience from having worked in community hospitals that were slow to onboard to #EHR as well as my having been an intern a while ago.

You all training on electronic only may feel it is easy to just hit "undo"/delete.

https://t.co/veFz4j1Pqg

> What I was taught, back when we had paper charts, was to put a single line though, initial, and date. Then correct. When compliance types come through they will have MORE confidence in you, in fact. You had the good sense to self assess BEFORE they got there and adjust/improve.
>
> — Umbereen S. Nehal, MD, MPH (@usnehal) December 20, 2020

Please know that hospital-employed NON-LICENSED HR or communications people will give you BAD advice. I have seen it SO many times. A relative of mine, was asked ("asked") to delete her EHR note documenting the processes to led to a patient discharged from care service.

I can't go into more details and have enough relatives in my extended family in healthcare that I have left that sufficiently vague. That said, this is a CLASSIC example of how a business/communications person will tell you something AGAINST ethics - what attorneys DREAM about.



Never, ever, EVER protect an institution's "reputation" or any boss's/faculty member's pressure on you at the risk of your own credibility. You have tremendous power as a licensed professional that others WILL use for themselves AND leave you to go under the bus when ■ hits fan.

I know life is complicated & you get a ton of mixed messages. There are people with clear COI who are selling their advice either directly to you and/or to administrators who buy "reputation management" services (in house or consultants). I don't envy today's students/trainees.



Stay very clear in your own head. You are here for your patients. Your credibility & your license are YOURS. Employment or student status, institutions, do NOT define you (you are a mere cog in their system).

YOU define you.
Your credibility is based on consistent data points.

The last needs to be unpacked. You can and will make mistakes. Leave those mistakes up.

The data points I mean are of being factual, using vetted/verified/validated facts, leaving UP when you make a mistake.

Have a "paper trail" that shows transparency & honesty.

Not that we should be here for the "clicks" but if you need a metric of success of documenting failures, this is probably my single most popular tweet > 7K likes. You can look at the metrics yourself. I'm kinda a numbers shmumbers kinda gal tbh.

https://t.co/umWeKEtieT

> Proud of you
>
> All of us should keep a CV of failure to destigmatize failure. https://t.co/pSMZq37X6B pic.twitter.com/rQe0SpWZLc
>
> — Umbereen S. Nehal, MD, MPH (@usnehal) June 30, 2020

Meaning, numbers not what excite me. Impact does. Metrics are important but we all know they are not the whole story yet we overfixate on numbers/metrics, often withOUT questioning their value, definitions, or true impact.

That is the other thing, please refocus on impact.

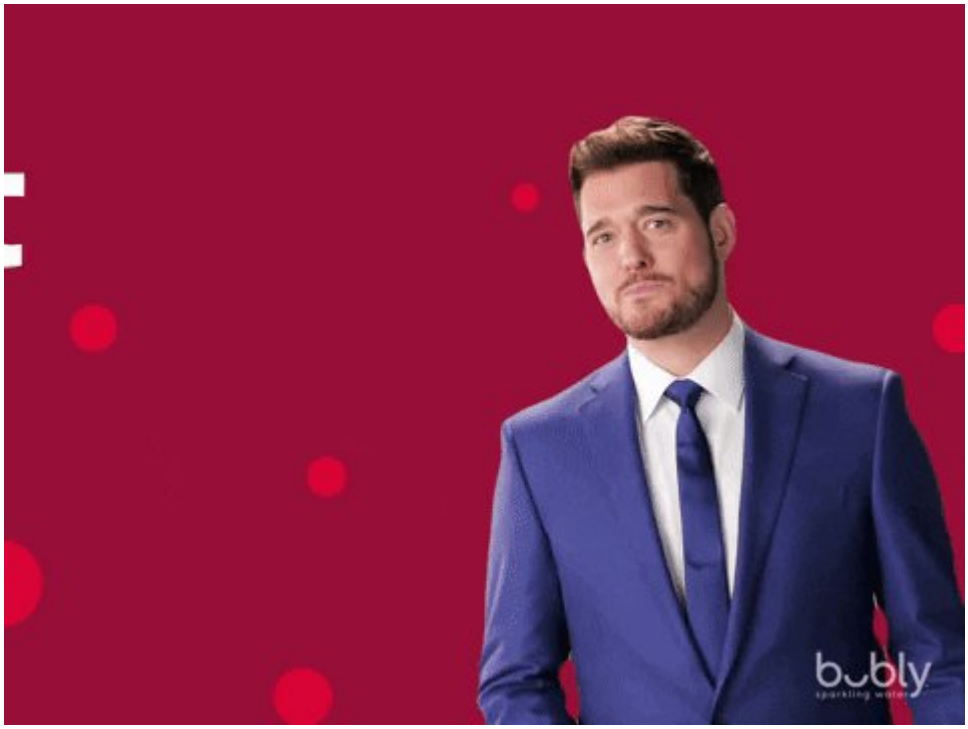
If you follow me you likely already are a "change the world" type and/or seek to have an impact & likely seek to destigmatize. You also likely are trying to show some kind of leadership. Leaders MUST lead by example. Be the leader who can leave any error up with confidence.

You can always respond, retweet with an explanation.

Will some people do "gotcha' screenshots? Yes.

It is impossible to avoid all misinterpretation or bad faith misuse.

If that worries you, then just post less or not at all. No one *has* to have a social media presence.



I know there is a lot of talk these days on #cancelculture. Everyone hates it (yet people who are most vocal about it seem to be super inconsistent with their words & actual actions).

That is just the world we live in.

It's not easy.

Titrate your exposure/risk to your comfort.

Personally, being Muslim, if I breathe = a "terrorist." I will ALWAYS be "gotcha" vilified by immutable things about my identity. This has made me more risk tolerant.

Gave me A LOT of practice early in life about navigating these complexities prior to social media screenshots.

I think some others did not have this experience of constant bullying from your earliest memories like I do. Bullying affects people in different ways. I finally saw thru it - it is about the other person's insecurity, fear, need for power, manipulation. https://t.co/5dqZ373fJh

I would not wish the multitude of experiences that give me "grit" on anyone else, tbh. I would LOVE you all to spend your energy/time on not just surviving but going out and making this world better (not developing chronic illnesses from chronic stress).

https://t.co/YoextwHK2u

> I am amused by anyone on #MedTwitter who thinks I can be easily intimidated. Chile.. first I am Gen X. Then, I have lived through having gas masks distributed in case chemical war happened (when living in an oil compound). Then I have lived in places you hear gunshots routinely. pic.twitter.com/sqOkSRi9xV
>
> — Umbereen S. Nehal, MD, MPH (@usnehal) December 27, 2020

It has made me skilled effective in high profile, high risk roles: where I when I am an expert witness in a Grand Jury trial for the AG's office, when enforcing quality standards going toe-to-toe with another CMO, when I negotiate out of a bad employment situation, etc.

In ALL of these types of leadership & many others, they WILL try ad hominem

If you lose your cool, you lose
If you get nervous about an "error" or by an overt or an implied threat, you lose
If you doubt yourself & backtrack (delete), you lose

Don't set your own self up to lose

Failing fast & failing often is different from setting yourself up to lose/fail. First is driven by #improvement #mindset of #engineering and #systemsthinking to identify vulnerabilities and correct. Latter is poor #strategy, preparation, or poor decision making under pressure.

The #narrative is taught as the goal by so called #SciComm or #communications or #marketing folks who are bad at what they do. Those good at this do #valuesbased "marketing." A non-negotiable must be ethics, credibility, reliability. https://t.co/wb2vgDImqz.

The #narrative, in fact, is how you tell the story of the #data points that are REAL of your consistent commitment to your #values. The other thing you find with low ethics/bad at their job people is manufacturing "evidence" posthoc to craft a fake

narrative. Don't be that.

I am intentional on what "record" I create. This had value on many levels. I do genuinely want to provide a free resource, vetted & validated by @AAMC standards to #MedEd

these are my values: marginalized populations, multidisciplinary, #mentalhealth, etc https://t.co/tVjZNbgsVY

This is another intentional use of my time/talent for #AI #futureofwork #diversity #policy #healthcare #innovation

If I get one tweet or a few tweets wrong, will it end a career? It is possible. Anything is possible. Unlikely, given my track record.

https://t.co/qbUGmmkoQq

I worry about you all, tho, in early career

often getting bad advice from:

non-clinician “consultants”
or
faculty from this era of old boy network where they *could* delete, erase, and make inconvenient people disappear (kill someone’s career or professional reputation)

1:22

AA google.com

nytimes.com

The New York Times

Memorial Sloan Kettering Leaders Violated Conflict-of-Interest Rules, Report Finds



Memorial Sloan Kettering Cancer Center in Manattan. The center announced an overhaul of its policies on Thursday after an outside review found that top officials repeatedly violated conflict-of-interest rules. Jeenah Moon for The New York Times

By Charles Ornstein and Katie Thomas

April 4, 2019

This article was reported and written in

None of them will face the accountability that YOU face
“growing up” professionally in an era of high accountability & high transparency

You aren’t a gray-haired professor w/old boy network who can leverage contacts to do #MedBikini types of ethics shortcuts & gamble not caught

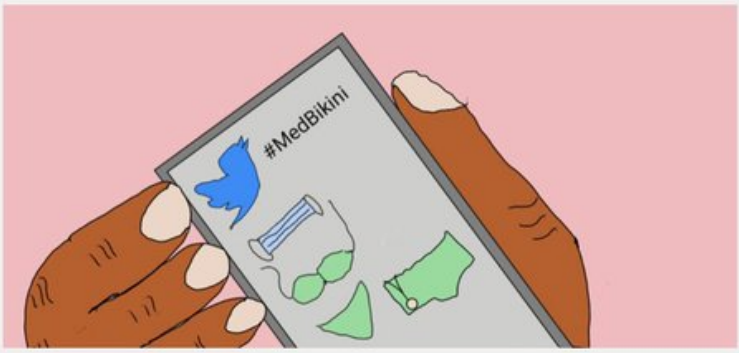
8:05

Not Secure — bioethics.net

bioethics.net
Where the World Finds Bioethics

as being "potentially unprofessional".

"There are several limitations of our study" is the only statement in this paper that I can agree with. How did Boston University's School of Medicine Institutional Review Board (IRB) approve this "study"? They went so far as to waive informed consent, permitting this group of investigators to obtain a database of vascular surgeons-in-training with which they searched (using fake social media accounts) for each trainee's public posts on social media. Arguably, seeking informed consent would have modified the outcome of this study. But that is irrelevant when, arguably, this study should never have gone forward in the first place.



I know because I don’t get those kinds of passes myself

I have to check off every single box in exactly the right order = 100+ edits

if I don’t, my high-quality publication that gets glowing reviewer comments

still rejected/delayed

many women experience this @JulieSilverMD

MEP-2019-0254R2 - Editorial Decision - [EMID:3de73a3c4c8f1249]

Mar 09, 2020

Dear Dr. Nehal,

Thank you for your submission to *MedEdPORTAL*. We write to inform you that we are interested in your submission "Pediatric refugee healthcare delivery in the community setting: an educational workshop for multidisciplinary family-centered care during resettlement."

I want to apologize for the excessive delay in rendering the decision. My investigation of the history of your submission shows that the delay lay in finding reviewers and securing in-depth peer review for your submission. Both the associate editor and I have done a peer review as well to augment the comments that were provided.

The submission addresses an important yet unique topic, and we are grateful for the work that you and your authors have embarked upon. The ESR is well written, the materials are well-packaged, and the implementation and evaluation are robust for a workshop conducted at a national conference.

Revisions to this current submission are required before publication in *MedEdPORTAL*. We invite you to revise your submission to address the recommendations of the reviewers. The comments are appended to this letter below.