Incorporating Routine Social Media Screening in the Pediatric Primary Care Setting

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INTRODUCTION

Background
• Increasing adolescent use of social media
• Numerous potential risks with excess or unsafe media use (obesity, sleep disturbances, privacy, risky behaviors, mental health, cyberbullying, sexting)
• American Academy of Pediatrics (AAP) recommends routine social media screening for all adolescents age 11-18
• The AAP recommends all families complete a Family Media Use Plan
• Clinic-based counseling is effective at reducing screen time, but only some pediatric providers regularly inquire about media use

Purpose:
• This quality improvement project will develop a routine social media screening tool and promote patient-provider conversations about media and social media use at well child visits for adolescents age eleven and older

Aims:
• Educate pediatric providers about media guidelines
• Develop educational materials for distribution to families
• Increase frequency with which providers recommend the Family Media Use Plan

METHODS

Site
• Pediatric primary care practice in South Burlington, Vermont

Sample:
• Eight pediatric primary care providers (5 MDs, 3 NPs, 1 PA)
• Adolescent patients age 11 and older

Measures
• Screening rates based on: provider self-estimate, collection of screening questionnaires, electronic health record (EHR) data
• Provider pre- and post-surveys

Procedures
• Educational in-service with PCPs, nurses and MA’s at the practice
  • Pre-survey administered
  • Educational handout for parents reviewed
  • Intervention workflow and current media guidelines discussed
  • Three-month intervention
    • Every patient 11 and older seen for a well child visit given the standardized social media screening form to fill out in waiting room
    • Nurse collects form when bringing patient to exam room
    • Form left in exam room for provider
    • Provider discusses the screening and media use with patient and then documents discussion in EHR
    • Provider recommends follow-up if necessary (with PCP or with behavioral health)
    • Provider gives educational handout to parents
    • Routine check-ins with practice throughout the three months
    • Post-survey administered

SELECT REFERENCES

RESULTS

Figure 2. Frequency of media screening based on provider report (self-estimate), percentage of providers ever recommending FMUP, percent of the time providers recommending FMUP

Figure 3. Provider perception of importance of screening, comfort with screening and familiarity with current media guidelines

DISCUSSION

Discussion of Findings
• Intervention deemed useful by PCPs and found to increase screening rates
• PCPs motivated to continue routine social media screening
• PCPs plan to continue utilizing educational handouts developed for parents of adolescents

Limitations
• Limited existing evidence demonstrating impact of routine social media screening or routine usage of a home family media plan
• Did not measure effect of intervention on patient outcomes (media use and adolescent health/behavior)

Implications for Future Research
• Effect of routine screening and completion of home media plans on media usage and on adolescent health and behavior outcomes should be investigated