The @Doctor will #Tweet you now: Incorporating #HCSM into Your Residency Program

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@gretchendiemer
@RJmdphilly
@aoglasser

Academic Internal Medicine Week 2018
March 19, 2018
#AIMW18
#ChiefChat
Disclosures, Objectives, & Disclaimers:

• No financial disclosures
• Objectives:
  • Define “health care social media” (#hcsm) and describe its value in the modern health care landscape
  • Categorize various uses of #hcsm using a modified version of Bloom’s Taxonomy
  • Explore how Twitter can compliment and enhance your residency program
  • Use Twitter to practice specific skills

#AIMW18
#ChiefChat
Disclosures, Objectives, & Disclaimers:

• Disclaimer:
  • Real social media will be involved!

• Request:
  • Please have Twitter open on computer browsers or smartphones

#AIMW18
#ChiefChat
Getting to know you: Show of hands

Who already has a personal Twitter account?

Who comes from an institution with an IM program account?

How advanced are your Social Media Skills? Novice? Intermediate? Advanced?
A History of Social Media:
• TheFacebook → February 4, 2004 at Harvard

- Harvard → other Ivy League U’s → Boston-area schools → nationally and internationally

J Doe@___.edu

#AIMW18
#ChiefChat

Social Media Use:

2015: 76% of American adult internet users, 65% of all American adults

Residents and early career physicians!

Pew Research Center Surveys
Physician Social Media Use:

• 72% of physicians use social media
  • 29% personal
  • 6% professional
  • 37% personal and professional
• Platform for professional use:
  • Facebook (86%) > LinkedIn (42%) > Twitter (20%)

Facebook v Twitter

• 1.7 billion active users
• > 5 billion pieces of content daily
• Need an account
• Privacy options
• “Friending” required

• 313 million active users
• 500 million tweets daily
  ▪ 350,000/min
  ▪ 6000 tweets/sec
• Public
• Follow/be follow
• Don’t need an account to read tweets
• 140 characters (280 for some)!

#AIMW18
#ChiefChat

http://www.internetlivestats.com
Twitter for Internal Medicine Residency Programs

• WHO?
• WHY?
• WHAT?
• WHEN?
• WHERE?
• HOW?
WHO?

- By Whom?
  - Program Director?
  - APD(s)?
  - Dedicated faculty?
  - Chief residents?
  - Program Support Office?
- For Whom?
  - PD/APDs?
  - Faculty?
  - Current residents?
  - Fellows?
  - Students?
  - Applicants?
  - Graduates?
WHY?

WHY NOT?

- Everyone’s a critic
- Everyone’s an expert
- Monday Morning Quarterbacks
- Bullies
- Narcissism
- “Look at me”
- The “selfie-generation”
- Document every moment
- Fake News!
- Bots
- Trolls

Why HCSM is a bad idea for the average MD

- No return on investment
- An extra ‘should’ that takes you 1 step closer to burnout
- SM is black & white. MDs love grey zones.
- HCSM is worth it if:
  - Your practice consists of products or services clients pay for
  - You have a lot of spare time & don’t need to be compensated
  - You need to look like you’re ‘out in the public’

Dr. Brian Goldman and 3 others

14 6 7

#AIMW18 #ChiefChat
WHY?

WHY YES!
- “Look at me” →
- Look at this information!
- Look at this publication!
- Look at this news!
- Look at what I can share with you
- Look at what we can converse & talk about
- Look at how I can celebrate our residents

#AIMW18
#ChiefChat
Why be active with social media?

The Benefits of Twitter for (this) MD

- Tweeting about articles helps me to synthesize and remember findings
- Tweeting about ideas helps me process them and engage with others
- "Twitter fam" alerts me to articles I would have missed
- Twitter has introduced me to thousands of valuable, virtual colleagues

ala Dr. Adam Cifu, @adamlcifu
Why be active with social media?

- Creating own brand
- Access to leaders
- Networking and matchmaking
- Fattening hierarchies
Why be active with social media?

60% of physicians say their most popular activity on social media =
Following what colleagues are sharing and discussing
Why use social media in UME?

- Voice opinions and be heard
- Curate high-yield health-related content
- Develop reputation for professional commitment and advocacy
- ACCESS & VOICE

A Digital Ethnography of Medical Students who Use Twitter for Professional Development

Twitter served as a professional tool that supplemented the traditional medical school experience. Superusers approached their use of Twitter with purpose and were mindful of online professionalism as well as of being good Twitter citizens. Their tweets reflected a mix of personal and professional content. Student key informants had a high number of followers. The subnetwork of key informants was well-connected, showing evidence of a social network versus information network. Twitter provided value in two major domains: access and voice. Students gained access to information, to experts, to a variety of perspectives including patient and public perspectives, and to communities of support. They also gained a platform for advocacy, control of their digital footprint, and a sense of equalization within the medical hierarchy.

Chretien, Tuck, Simon, Singh, Kind. JGIM. 2015.
Why use social media in GME?

<table>
<thead>
<tr>
<th>Role of Twitter</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember teaching points from morning report</td>
<td>39</td>
<td>64%</td>
</tr>
<tr>
<td>Capture major teaching points from morning report</td>
<td>43</td>
<td>70%</td>
</tr>
<tr>
<td>Makes residents feel less removed from the program during external rotations</td>
<td>38</td>
<td>62%</td>
</tr>
<tr>
<td>Enhances overall education in residency</td>
<td>42</td>
<td>69%</td>
</tr>
</tbody>
</table>

| Categories of Informative Tweets                                             |    |            |
| Morning report                                                               | 51 | 84%        |
| General medical information                                                  | 53 | 87%        |
| Resident accomplishments, social events, other institution-specific information | 49 | 80%        |

Adapted from: Bergl PA et al. Maintaining a Twitter Feed to Advance an Internal Medicine Residency Program’s Educational Mission. 2015.

#AIMW18
#ChiefChat
Twitter in Academic Medicine

"The Twittersphere Needs Academic Cardiologists" <25% of major Cardiology journal editorial board members use Twitter! @JACCJournals #JACCHF goo.gl/6RtvCK - missing the opportunity to distribute new data, guide their message, alter clinical practice @yaleHFdoc @YaleMed

Perspective

The Twittersphere Needs Academic Cardiologists!

#heartdisease #No1Killer #beyondjournals

Sumeet Pawar, MD, Gina Siddiqui, MD, Nihar R. Dessai, MD, MPH, Tariq Ahmad, MD, MPH
Twitter in Scholarship

Perspective

Out of the Straitjacket

Michael S. Weinstein, M.D., M.B.E.

Social Media

<table>
<thead>
<tr>
<th>Social Media</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twitter</td>
<td>3121</td>
</tr>
<tr>
<td>Facebook</td>
<td>20</td>
</tr>
<tr>
<td>Google+</td>
<td>4</td>
</tr>
<tr>
<td>Blog</td>
<td>1</td>
</tr>
</tbody>
</table>
Twitter in Scholarship

Here it is! The visual abstract about visual abstracts! #Meta #VisualAbstract

Visual Abstracts Increase Article Dissemination: a prospective, case-control crossover study

- Impressions: x7.7 fold
- Retweets: x8.4 fold
- Article Visits: x2.7 fold

3k → 23k (No. of times a Tweet was seen)
11 → 92 (No. of times a Tweet was shared)
65 → 175 (No. of Article Visits via link click)


#AIMW18
#ChiefChat
Twitter for Internal Medicine Residency Programs

• Why?
  • Medical education
  • Promote the residency program
  • Celebrate residents (& faculty) accomplishments
  • Disseminate programmatic innovations (ex. Blogs, videos)
  • Engage in conversations with residents and faculty
  • Update program’s current/alumni community
  • Build community with other IM residency programs
  • Model professional use for residents
  • It’s FUN!

#AIMW18
#ChiefChat
SHOULD YOU USE TWITTER?

START HERE

You live in the 21st century

No, don't use Twitter

Yes, you should use Twitter!

You have access to the internet

You like to learn & share

You have a growth mindset

You live in a communist state

Use Twitter with caution
WHAT? ➔ WHEN & WHERE

- Educational content & Programmatic innovations
  - AM/Noon/PM Conference/Report
  - Grand Rounds
  - Chief Resident projects
  - Inpatient/outpatient physical spaces
- Accomplishments
  - Publications
  - Awards
  - Conference presentations
  - Fellows Match
- Community & connection
  - Special events
  - Shout outs
  - “day in the life”

#AIMW18
#ChiefChat
Make Learning:

- Immediate
- Customized
- Asynchronous
HOW

Bloom's Taxonomy

- **Remember**
  - Recall facts and basic concepts
    - define, duplicate, list, memorize, repeat, state

- **Understand**
  - Explain ideas or concepts
    - classify, describe, discuss, explain, identify, locate, recognize, report, select, translate
  - Use information in new situations
    - execute, implement, solve, use, demonstrate, interpret, operate, schedule, sketch

- **Apply**
  - Draw connections among ideas
    - differentiate, organize, relate, compare, contrast, distinguish, examine, experiment, question, test
  - Justify a stand or decision
    - appraise, argue, defend, judge, select, support, value, critique, weigh

- **Analyze**
  - produce new or original work
    - design, assemble, construct, conjecture, develop, formulate, author, investigate

- **Evaluate**
  - implement, solve, use, demonstrate, interpret, operate, schedule, sketch

- **Create**
CONSUME

Read material posted by others in order to learn new information or consolidate existing knowledge

Think of this as the input stream that you get to control
CONSUME

• Create an account
  • Get permission
  • Check institutional policies
• Select who’s responsible
• Confirm who else has access
• Craft your “bio”

Join Twitter today.

Phone or Email

Password

☑ Personalize Twitter based on where you’ve seen Twitter content on the web. Learn more.

Sign up

#AIMW18
#ChiefChat
Rebecca Jaffe
@RJmdphilly
Hospitalist mom adventurer committed to social change, safety in healthcare, & a sustainable future for docs & patients alike. Also @GreenQODay Tweets my own.

gretchen diemer
@gretchendiemer  Follows you

Avital O'Glasser
@aoglasser  Follows you
Hospitalist Assistant Program Dir @OHSUIMRes. @OregonACP communications chair #periopmedicine #meded Tweets are my own & don’t reflect the views of my employer

#AIMW18
#ChiefChat
MANAGING MULTIPLE ACCOUNTS

@OHSUIMRes

@aoglasser

#AIMW18
#ChiefChat
Twitter vocabulary

- Tweet
- ReTweet (RT)
- Modified Tweet (MT)
- Quote Tweet
- Reply
- Follower
- Follow
- HT or SO
- Handle
- Hashtag
- DM
- Thread
- 140 Characters
- 280 Characters
- Thread
Hashtag versus Handle???

Handle = identify individual accounts
Hashtag = identify subject matter

A trail of breadcrumbs!
CONSUME

1. Identify a Chief or IM program handle

2. Follow that handle!

3. Find something they have tweeted that you find valuable

4. Share it with the group by “Quoting” [don’t just retweet] it with the hashtags #AIMW18 and #ChiefChat

#AIMW18
#ChiefChat
PROMOTE

Produce your own material (or in the name of your program) for both internal and external audiences to consume

#AIMW18
#ChiefChat
Anatomy of a Tweet:

#AIMW18
#ChiefChat
Anatomy of a Tweet:

- User name
- Twitter handle
- Profile picture

- Mentions

- Hashtags

- Link

- Likes
- Retweets
- Replies
TWITTING TIPS & TRICKS

• High yield tweets = the right content, mentions, hashtags, “sum it up” picture

OR

OHSU IM Residency
@OHSUIMRes

Great VA resident report. Older man -> acute onset painful swollen hands. RS3PE: Remitting Symmetric Seronegative Synovitis Pitting Edema.

Jefferson Medicine @JeffIMchiefs · Feb 7
@gregchendziemer leading a #highvaluecare challenge for our senior residents today at conference #choosingwisely

#AIMW18
#ChiefChat
SHOW IT OFF
EDUCATIONAL INNOVATIONS

TWITTER PEARL: media posts get more attention than just text
It’s OK to show your program and residents having fun!

VA Joint Chiefs
@BostonChiefs

Today’s final Jeopardy question: summarize the plot to the #LordOfTheRings in #haiku form! #AMreport

Gandalf is kind of a jerk
They could have just flown

There is ring
Let us go get ring

Schmegeg is king

Jefferson Medicine @JefflMchiefs - Jan 4
First medical pictionary of 2017! Can you guess what this is? And for an additional point, how do you treat it? #AMreport #MKSAP – at Thomas Jefferson University

03:50 AM - 17 Mar 2017

OHSU IM Residency
@OHSUIMRes

Replied to @JefflMchiefs

brain freeze??

1:26 AM - 17 Mar 2017
TEACH EDUCATIONAL CONTENT

Twitter Pearl: Want to link to papers? Include a banner with the title, or a key image/table from the paper.
The Development and Evaluation of an Online Healthcare Toolkit for Autistic Adults and their Primary Care Providers

Authors: Christina Nicolaidis, Dora Raymaker, Katherine McDonald, Steven Kapp, Michael Weiner, Elesia Ashkenazy, Martha Gerrity, Clarissa Kripke, Laura Platt, Amelia Baggs

Facebook and Twitter join US effort to attract a million new organ donor registrations

*BMJ* 2016; 353 doi: http://dx.doi.org/10.1136/bmj.i3369 (Published 15 June 2016)
Cite this as: *BMJ* 2016;353;i3369

#AIMW18
#ChiefChat
CELEBRATE AND MAKE ANNOUNCEMENTS

Rebecca Jaffe @FJmdPhilly · 12 Dec 2017
#IMForum
My amazing House stuff council chairs and co faculty presenting our work on
#PatientSafety and #IPASS! Go team @TJUH Hospital!

BU/BMC IM Residency @BMCinRES · Feb 7
Be sure to join us for Campus wide Narcan training on 2/19 led by @BMCinRES residents, public safety officers, and pharmacists! Staff Pre-registration is now available here: goo.gl/57UZCY @The_BMC @MBotticelliBMC @busph @BMC_Surgery @bumedicine ifttt2CJo7Vg

#AIMW18
#ChiefChat
LIFESTYLE
TELL THE STORY OF YOUR RESIDENCY PROGRAM
Not the usual sight from this window, but we'll take it! @OHSUSOM @OHSUNews
pic.twitter.com/43oIGW9lPh

Taking advantage of our own #pettherapy
#Beau! @OHSUSOM @OHSUNews
@ohsfamilymed @OHSUDoernbecher
#lifeonthewards
TWITTER LISTS

• Other IM residency programs
  https://twitter.com/OHSUIMRes/lists/im-res-program-tweeters

#AIMW18
#ChiefChat
PROMOTE

1. Identify Twitter handles of interest (Chiefs, Programs, Journals, Mentors/Faculty)

2. Think of something about your program or #AIMW18 you want to share (Accomplishment, shout out, “Lifestyle,” scholarship)

3. Compose a Tweet, any Tweet, promoting this
   • Mention at least one other twitter handle to “tell them about” your program
   • Use #AIMW18 and #ChiefChat
DISCUSS

Interact with others on twitter to increase the exchange, retention, and understanding of information.

Critically evaluate content in the twitter-verse

#AIMW18
#ChiefChat
Ask a Question

Seth Trueger @MDaware · 7h
what do you do? ECG

ex nihilo nihil fit @rinumangsa · Feb 9
Replying to @MDaware @amalmattu and 3 others
The presence of negative QRS complex in lead V1 shows the electricity goes away from right to left ventricle (left bundle branch block) which also makes lead V6 QRS positive with “M” notch-shaped as the right ventricle depolarize lately.

Also, I’m not sure. ST depression?

Eskellit @billmanuel_ · Feb 9
Wide QRS complex with delta wave and also, ST elevation (?) I guess this is a WPW syndrome

Stephen W. Smith @smithECGBlog · Feb 9
Antidromic AV reciprocating tachycardia (WPW, reentrant) is certainly possible. Give adenosine and find out

Eskellit @billmanuel_ · Feb 9
Adenosine sure or.. Diltiazem?
Seth Trueger @MDaware · Feb 10
first q (as many people pointed out): stable or unstable? this patient was stable enough and didn’t need electricity right away

Seth Trueger @MDaware · Feb 10
next, I honestly am not sure what the rhythm is. most concerning would be VT, and I subscribe to the Mattu school: if it might be VT, consider it VT and treat as VT

Seth Trueger @MDaware · Feb 10
I have a soft preference for procainamide for VT, some data it has better success rates than amio (some reviewed here rebelem.com/rebelcast-proc... by @srrezaie)

Seth Trueger @MDaware · Feb 10
another bonus for procainamide: this could be WPW, the QRS looks not frankly delta but slurred upstroke which could be a delta. also: STE in aVR which is about 70% accurate for WPW.

Seth Trueger @MDaware · Feb 10
but most importantly, if I think it might be WPW but it could be VT and there’s a VT treatment that works for WPW, that’s gravy.
Ask a Question

Gamified Twitter Microblogging to Support Resident Preparation for the American Board of Surgery In-Service Training Examination

Laura C. Lamb, MD, *,† Monica M. DiFiori, BS, * Vijay Jayaraman, MD, FACS, *,† Brian D. Shames, MD, FACS, † and James M. Feeney, MD, FACS*, †

*Department of Surgery, Saint Francis Hospital and Medical Center, Hartford, Connecticut; and †Department of Surgery, University of Connecticut School of Medicine, Farmington, Connecticut

#AIMW18
#ChiefChat
Ask a Question

Green QOD @greenQoDay

#GreenQOD Our patient got a stress test today. Was it the right kind of stress? Support your answer...

10:05 AM - 20 Sep 2017

1 Like

Jon Bornstein @jdbfc333 - 20 Sep 2017

Replying to @greenQoDay

I think he was capable of exercise. the arrhythmia (not really unstable)? the beta blocker? contraindications - uptodate.com/contents/image...

#AIMW18
#ChiefChat
#Chats

#JHMChat
(monthly)

#MedEdChat
(thurs 9pm)

#hcrlldr
(tue 8:30pm)

#AIMW18
#ChiefChat
#Chats

How to chat:
• Search the Hashtag
• Follow "latest" and refresh
• Contribute with likes, RT
• Pro Tip: TweetDeck

#AIMW18
#ChiefChat
DISCUSS

1. Team/pair up

2. @GreenQoDay will tweet a question

3. Discuss:
   • Find an answer to the question and tweet it with an image, reference, mention.
   • TAG #ChiefChat in your reply
   • Follow the conversation – like, RT, QT and reply to others regarding their tweets

#AIMW18
#ChiefChat
CREATE

Make new "things" that wouldn't have existed without the connectivity, transparency, flexibility of social media

#AIMW18
#ChiefChat
#TipsForNewDocs: Mentoring From Miles Away

Kelly Wong, MD (@kellywongmd)
Lakshman Swamy, MD, MBA (@laxswamy)
LCDR Dinchen A. Jardine, MD, MS (@dinkjardine)

Connecting to New Residents Via Twitter

In July, brand-new resident physicians were welcomed with pithy 140-character tweets that summarize “pearls” for surviving the intern year. #TipsForNewDocs provides newly minted physicians with bits of wisdom and brief anecdotes to supplement their formal curriculum and teaching. These tweets often prompt deep discussions from varied perspectives, and encourage followers to share meaningful personal experiences in medicine.

Growing a Following

In the month leading up to July 1, #TipsForNewDocs gained steam, as the medical community prepared for a new group of interns. Between June 1 and July 31, the hashtag was used in nearly 18 000 tweets and generated over 37 million impressions. More than 9000 separate individuals interacted with the hashtag either as a unique tweet or in a subsequent discussion. The impact of #TipsForNewDocs on patient care is immeasurable.
CREATE

- One week until I’m an intern!! Loving these #TipsForNewDocs (@ceandrad)

- First day of intern year is tomorrow. Start on inpatient cards. Never thought Twitter would be so useful in helping me prep! #TipsForNewDocs (@wolfpackMD)

- Starting tomorrow as intern on night shift @ coronary care unit, any #TipsForNewDocs for me? Thanks! (@BeatriceSoucy)

- On-call essentials: phone charger, toothbrush, extra pens, ACLS cards, pocket med book, healthy snacks, positive attitude (@TheAlyssaLouis)

- I remember ~10 specific cases from residency and 8 of them were associated with face burning shame. Some learning hurts. (@medicalaxioms)
The single biggest problem with communication is the illusion that it has taken place.

George Bernard Shaw
Twitter Analytics

• "Twimpact" and "Tweetation" Factor →
  • Highly Tweeted articles are 11x more likely to be cited (75% v 7%)
Feedback from the void

• What was liked?
• Who replied to your tweet?
• What is being retweeted?
• Who mentioned you?

Mentions

Tom Cooney @PDX_Tom · Jan 17
Terrific example of resident #research by @OHSUIMRes Michael Hayes
And great #Mentorship by @VinayPrasad82
#JGME
@JournalofGME
@AAIMOnline
@OHSU�新闻

Vinay Prasad @VinayPrasad82
Most important slide!!
More at cmajopen.ca/content/6/1/E3...
Show this thread

#AIMW18
#ChiefChat
PROFESSIONALISM = Common sense:

• AVOID:
  • Privacy violations
  • Conflicts of interest
  • Inappropriate relationships with patients
  • Lapses in professionalism
  • Violating institution social media policy
  • Tweeting while angry or impaired

• Separate personal from professional presence?
SOCIAL MEDIA BEST PRACTICE

• NEVER share private information
• Never share potentially identifiable information
• Be respectful of patients!
• Be respectful of outside hospitals, past treatment teams, and consultants!
• Do not give specific medical advice

SOCIAL MEDIA
BEST PRACTICE

• How do you deal with spam and trolls?

OHSU Doernbecher Children's Hospital
---
We appreciate you speaking up as we absolutely share your concern. At OHSU and OHSU Doernbecher, we have zero tolerance for violence and discrimination. After looking into this thoroughly, we want to let you know our files indicate we do not (and have not had) an employee by this name. Thanks again for helping bring it to our attention, and please let us know if you have any questions!

Avital O'Glasser
@aoglasser

patient-bonding question of the week: do you have plans to watch? If so, from where? #Eclipse2017 #OREclipse2017

3:07 PM - 10 Aug 2017

1 like

Susan Melnik @dr4sue · 20 Aug 2017
Replying to @aoglasser
Bottom line is treat first. Socialize second. My neighbor finally went to a different hospital. He needed drs. not party hostesses.

Susan Melnik @dr4sue · 20 Aug 2017
Replying to @aoglasser
Be polite, but the pt is not there to be your new friend. They are there to get a new liver or have their foot sewn up. Focus on that.

Susan Melnik @dr4sue · 20 Aug 2017
Replying to @aoglasser
My neighbor was on your liver waiting list4long time. and was frustrated by how social-heavy and medicine-light his appointments were.

Susan Melnik @dr4sue · 20 Aug 2017
Replying to @aoglasser
Cute, but please Be drs first and socialites second. Many Pts are there 2meet med needs. not2discuss newspaper articles.
CREATE

Today we’ve created a space

#ChiefChat

What can we do with this space?
• Get advice from graduating Chiefs?
• Arrange a follow up chat? What should be the focus?
• Invite new learners, or faculty, and get their requests/advice?

#AIMW18
#ChiefChat
Conclusions

• Consider using social media within your program

• Consider using social media to promote your program externally!

• There are many ways to participate, so jump in!

• Use this link for suggestions:
  • http://bit.ly/2p4Rogp
    • Hashtags and handles to follow
    • Lists of other chief accounts