

THE @DOCTOR WILL #TWEET YOU NOW: INCORPORATING #HCSM INTO YOUR RESIDENCY PROGRAM

GRETCHEN DIEMER, MD, FACP

REBECCA JAFFE, MD

AVITAL Y. O'GLASSER, MD, FACP, FHM

@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” (#hcsdm) and describe its value in the modern health care landscape
 - Categorize various uses of #hcsdm using a modified version of Bloom’s Taxonomy
 - Explore how Twitter can compliment and enhance your residency program
 - Use Twitter to practice specific skills

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

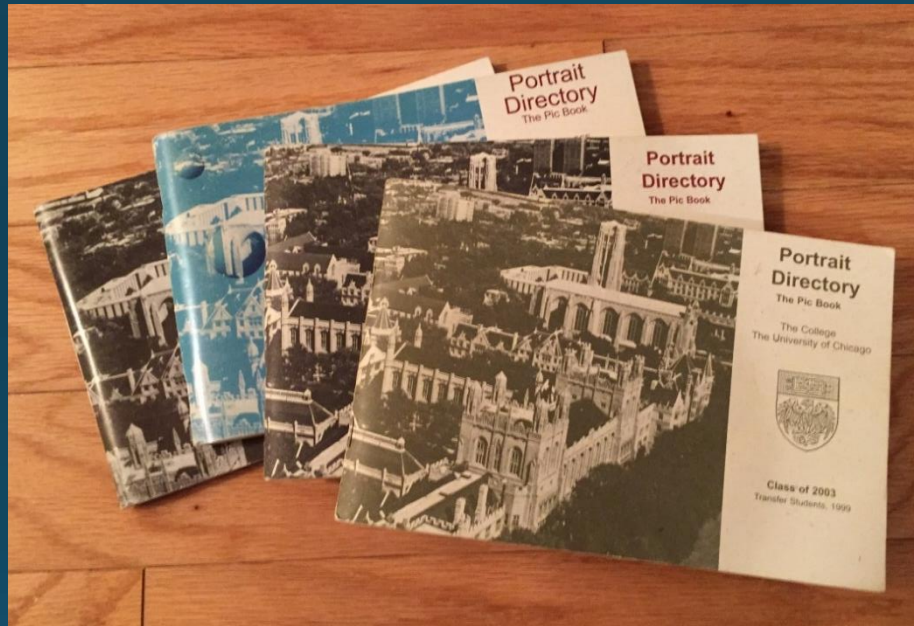
Who already has a personal Twitter account?

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

JDoe@____.edu

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https://en.wikipedia.org/wiki/History_of_Facebook

so·cial me·di·a

noun

websites and applications that enable users to create and share content or to participate in social networking.

SOCIAL MEDIA EXPLAINED



TWITTER

I AM EATING A #DONUT



FACEBOOK

I LIKE DONUTS



FOURSQUARE

THIS IS WHERE I EAT DONUTS



INSTAGRAM

HERE'S A VINTAGE PHOTO OF MY DONUT



YOUTUBE

WATCH ME EATING A DONUT



LINKEDIN

MY SKILLS INCLUDE DONUT EATING



GOOGLE+

I AM A GOOGLE EMPLOYEE
WHO EATS DONUTS

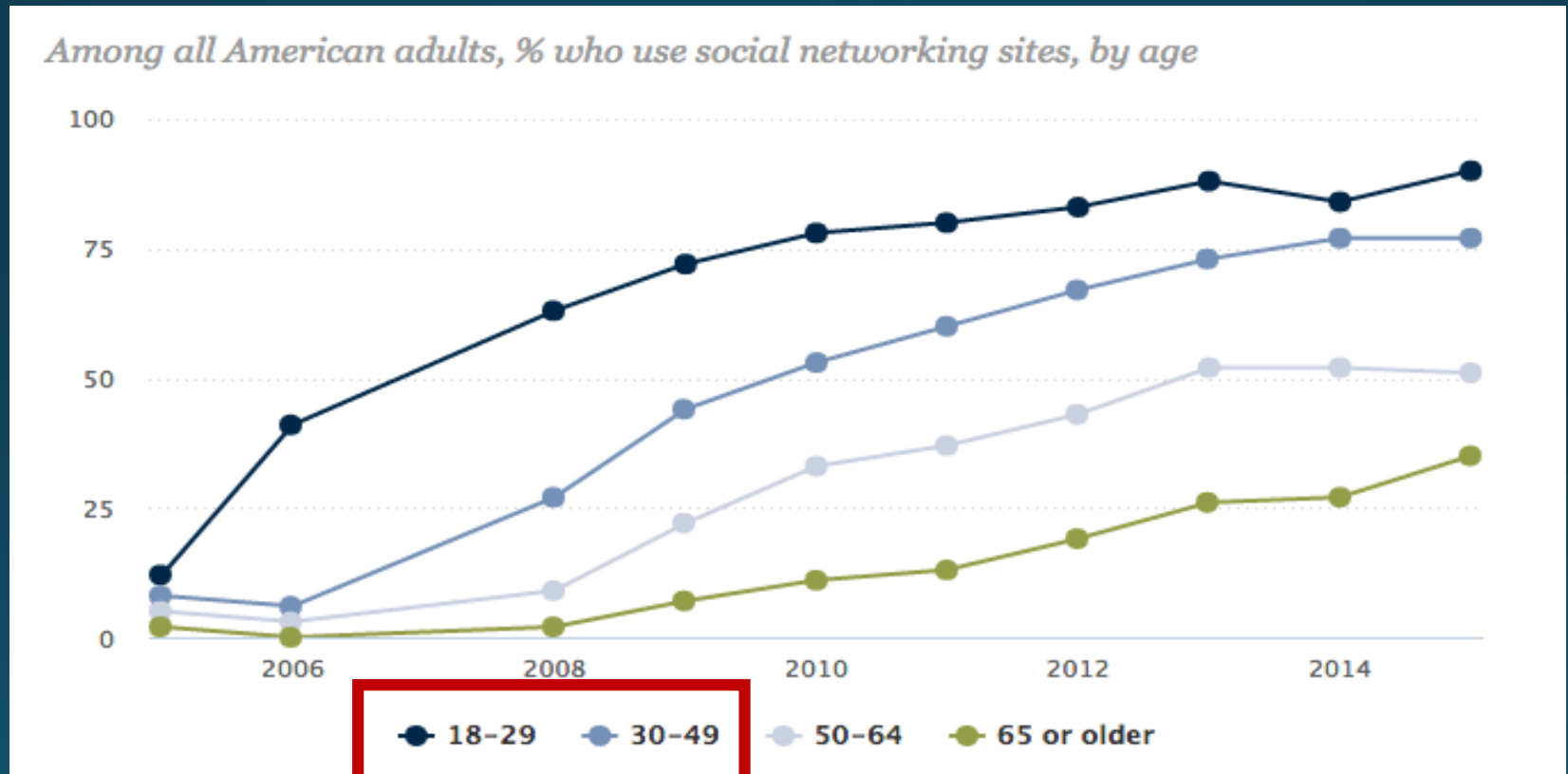


PLEASE RESHARE! JEFFHESTER.NET

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Social Media Use:

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

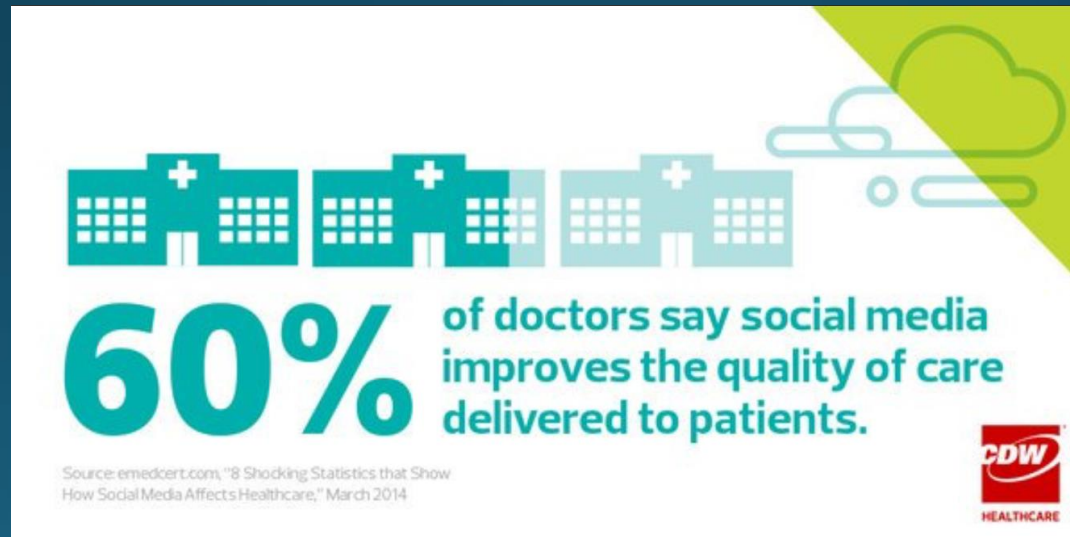


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Residents and early career physicians!
Pew Research Center Surveys

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)!

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<https://zephoria.com/top-15-valuable-facebook-statistics/>
<http://www.internetlivestats.com>
<http://www.statista.com/statistics/272014/global-social-networks-ranked-by-number-of-users/>
<http://www.cio.com/article/2915592/social-media/7-staggering-social-media-use-by-the-minute-stats.html#slide2>

Twitter for Internal Medicine Residency Programs

- WHO ?
- WHY ?
- WHAT ?
- WHEN ?
- WHERE ?
- HOW ?

WHO ?

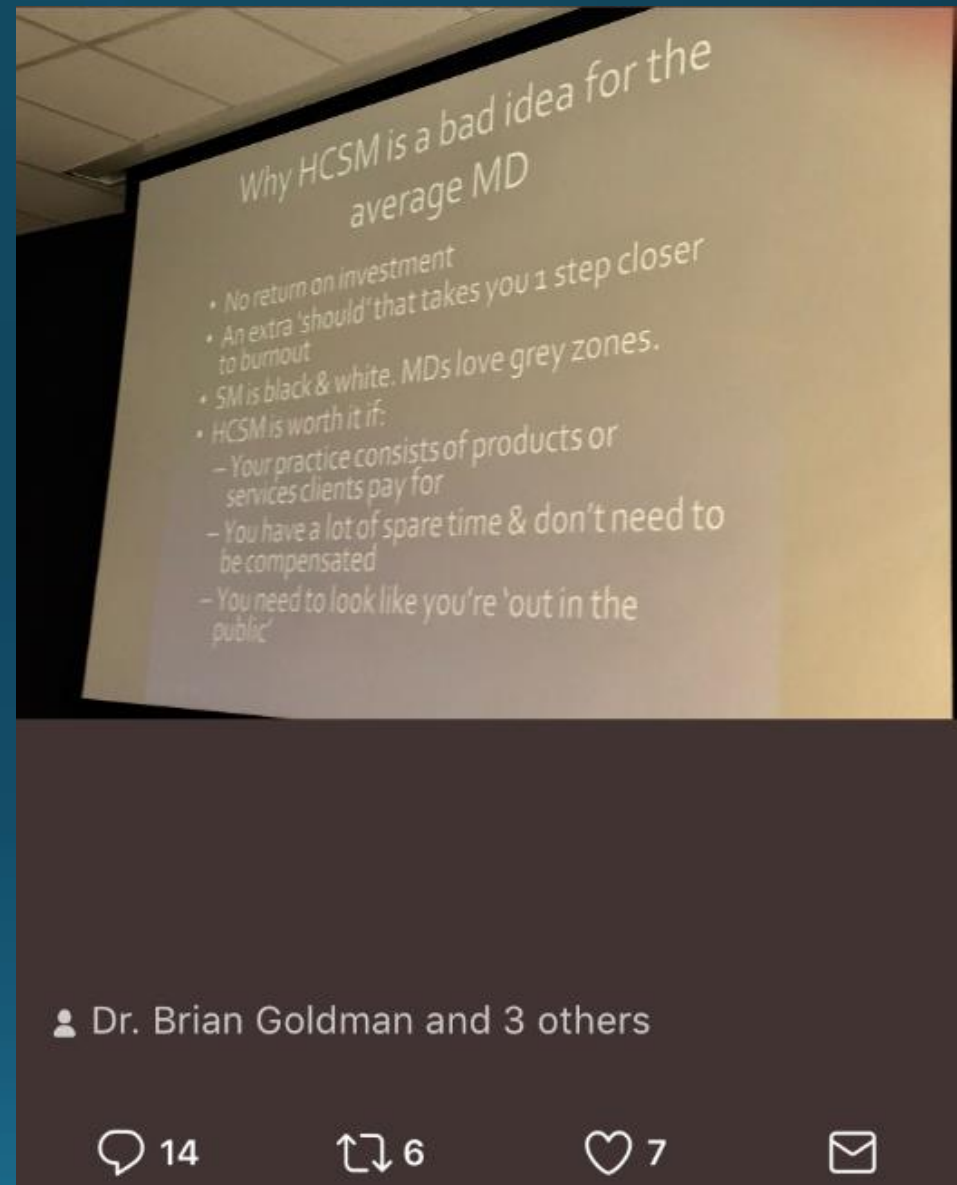


- By Whom?
 - Program Director?
 - APD(s)?
 - Dedicated faculty?
 - Chief residents?
 - Program Support Office?
- For Whom?
 - PD/APDs?
 - Faculty?
 - Current residents?
 - Fellows?
 - Students?
 - Applicants?
 - Graduates?

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?

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





WHY MEDICAL EDUCATORS TWEET

Harvard MMSc Medical Education Master's Program
Compiled by @KristinaDzara

Grow your professional network

Twitter averages 313 million monthly active users. In academic medicine and medical education, Twitter is a popular and growing way to network and engage professionals throughout the world. Twitter has emerging uses for educators, researchers, and learners.







Receive and share information

The hashtag #MedEd recently averaged 4200 tweets and 2200 retweets per week - that's more than 25 tweets per hour! Other popular academic medicine hashtags include #FoamED, #ChangeMedEd, #CBME, #HCLDR, #HCSM, and #EdTech.

Participate in Tweet chats and conferences

Engage and collaborate with other medical educators! Recent Harvard Macy tweet chat topics included Course Reflections, Inter-Professional Education, and Professional and Personal Development, averaging 34 participants and 300 tweets per chat! #hmicat





How do I Get started?

Choose a professional handle and compose a brief profile. Follow @ACGME @AAMC @HarvardMed @HarvardMacy and specialty organizations. Follow our program @HarvardMedEd, program director @DrKesselheim and consider following MMSc students including @AmaniElghafri @KathleenHuth @NThibodeauJarry @SeanMacRagnail @RoseAree and @DrEricGant.

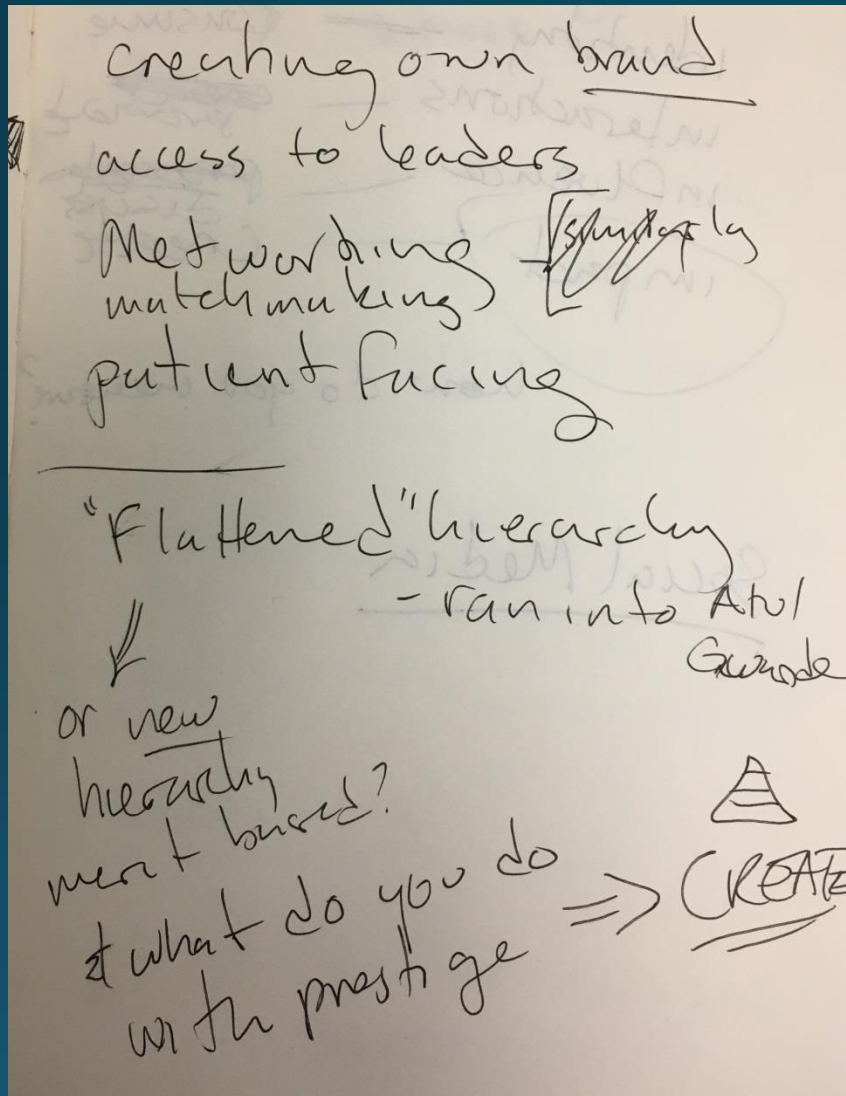
Why be active with social media?

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, @adamcifu

Why be active with social media?



- Creating own brand
- Access to leaders
- Networking and matchmaking
- Flattening 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.

Why use social media in GME?

Role of Twitter		
Remember teaching points from morning report	N=39	64%
Capture major teaching points from morning report	43	70%
Makes residents feel less removed from the program during external rotations	38	62%
Enhances overall education in residency	42	69%
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.

Twitter in Academic Medicine



Mitchell Psotka

@mpsotka

Follow



"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](#)

heartfailure.onlinejacc.org

PERSPECTIVE

The Twittersphere Needs Academic Cardiologists!

[#heartdisease](#) [#No1Killer](#) [#beyondjournals](#)

Sumeet Pawar, MD, Gina Siddiqui, MD, Nihar R. Desai, MD, MPH, Tariq Ahmad, MD, MPH

Twitter in Scholarship



Justin B. Dimick

@jdimick1

Follow

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



3k → 23k

(No. of times a Tweet was seen)

RETWEETS
x8.4 fold



11 → 92

(No. of times a Tweet was shared)

ARTICLE VISITS
x2.7 fold



65 → 175

(No. of Article Visits via link click)

Ibrahim et al. *Ann Surg.* April 2017.

ANNALS OF **SURGERY**
A Monthly Review of Surgical Science Since 1885

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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!

WHAT? → WHEN & WHERE

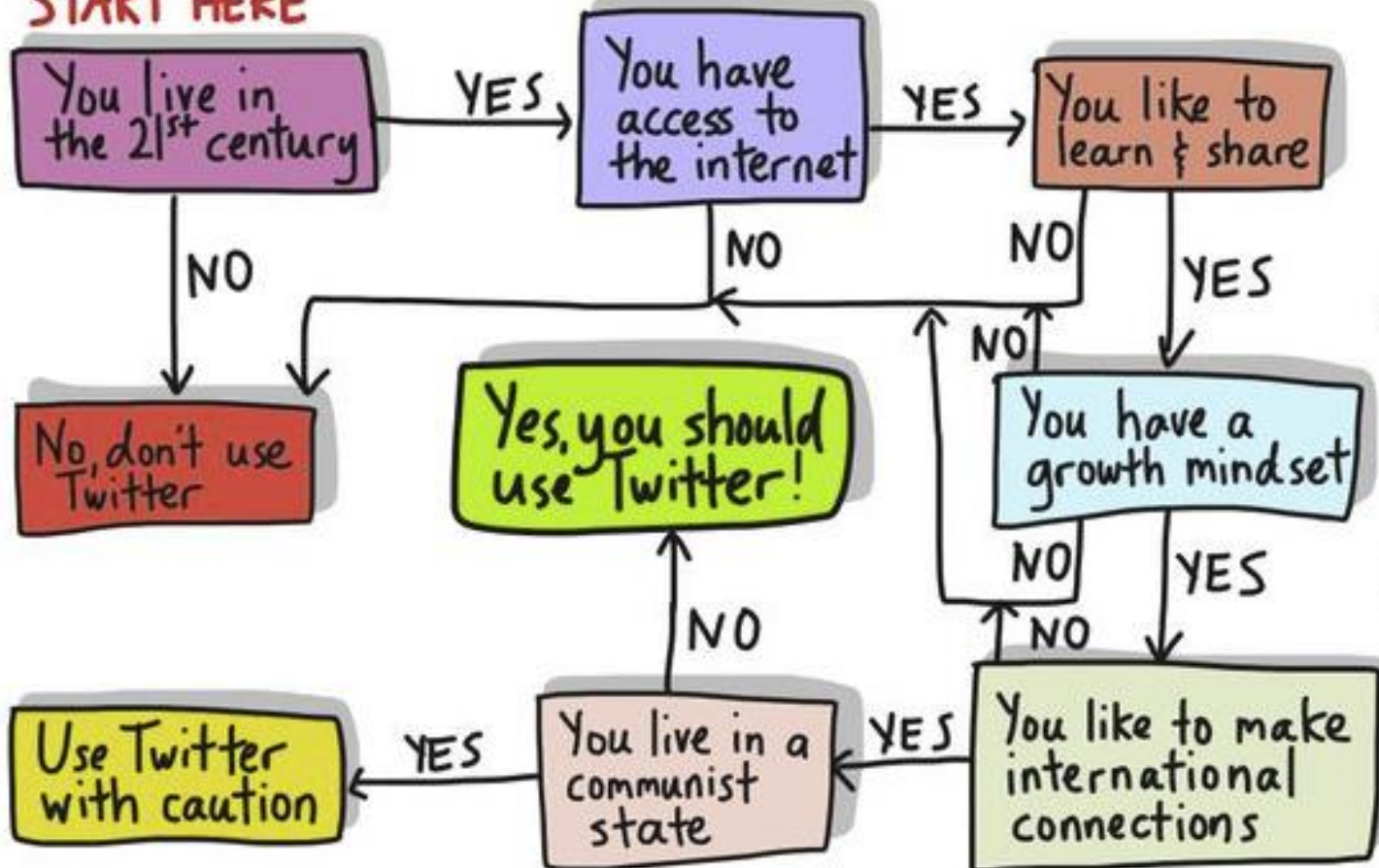
- Educational content & Programmatic innovations
 - AM/Noon/PM Conference/Report
 - Grand Rounds
 - Chief Resident projects
 - Inpatient/outpatient physical spaces
- Accomplishments
 - Publications
 - Awards
 - Conference presentations
 - Fellows Match
- Community & connection
 - Special events
 - Shout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

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SHOULD YOU USE TWITTER?

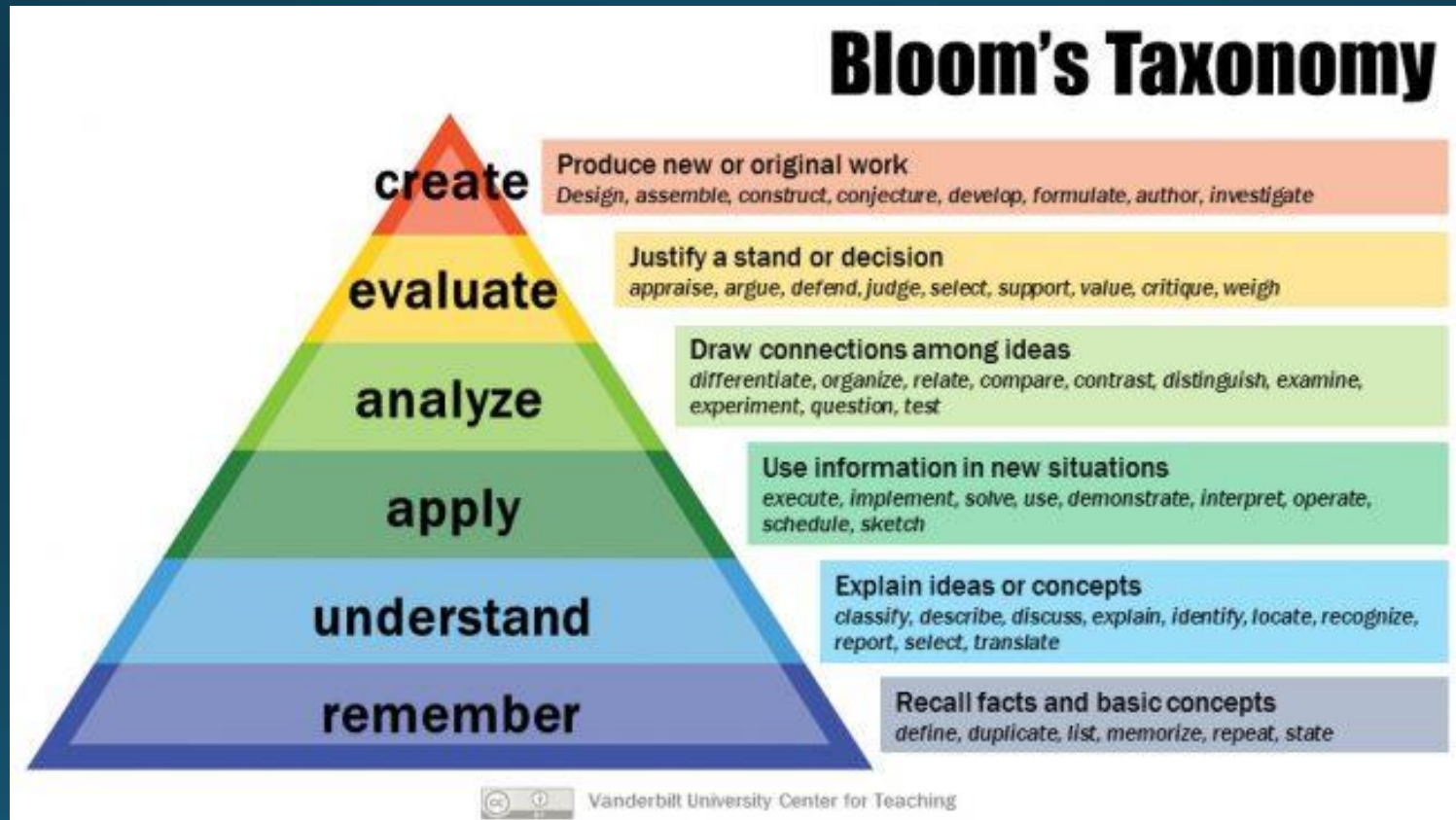


START HERE

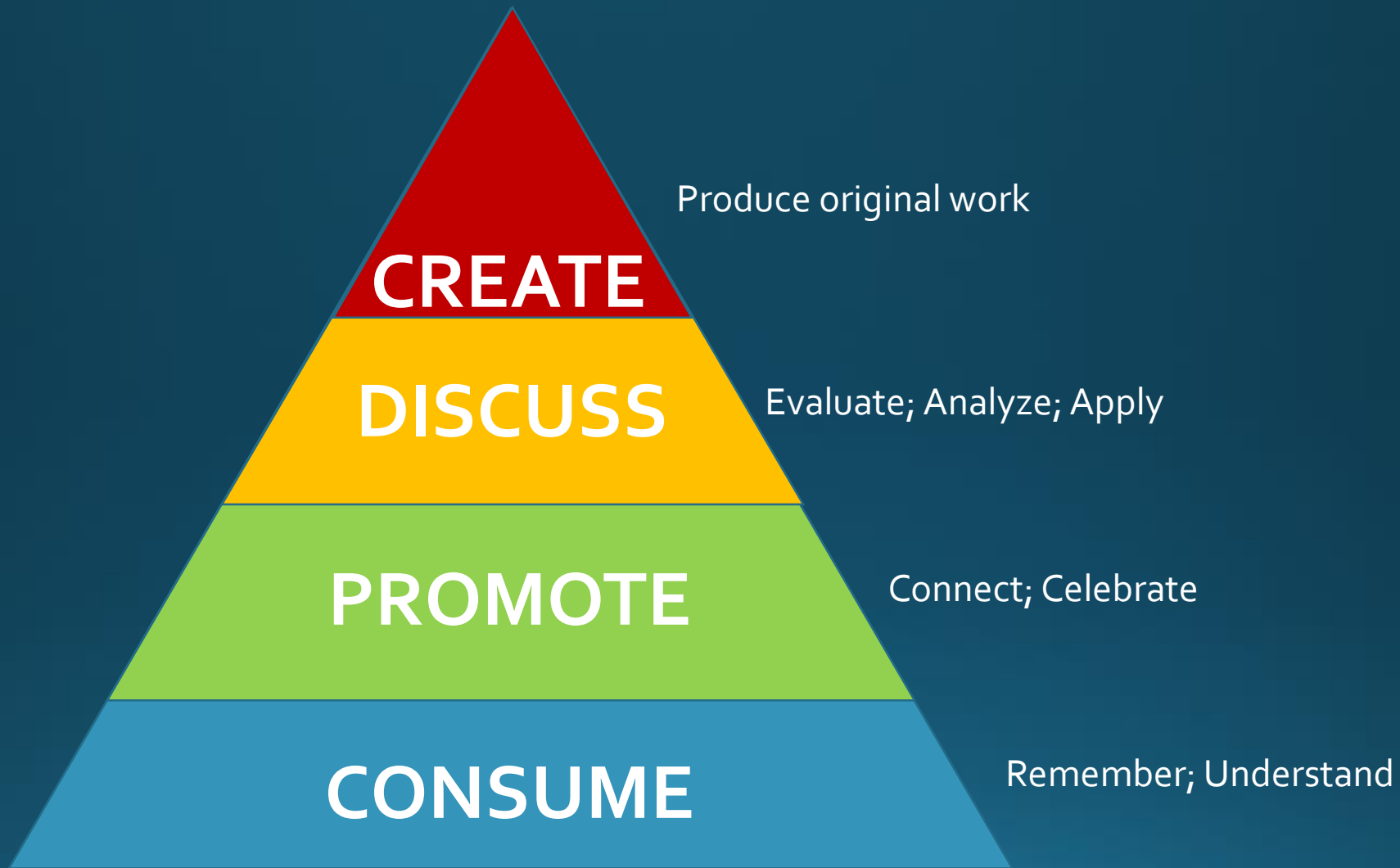


@sylvia duckworth

HOW



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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.

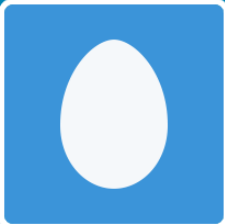
Phone or Email

Password

☒ Personalize Twitter based on where you've seen Twitter content on the web. [Learn more.](#)

Sign up

#AIMW18
#ChiefChat



tom deloughery
@TDeloughery

Joined July 2012

[Tweet to tom deloughery](#)

FOLLOWING 1 FOLLOWERS 1

@TDeloughery hasn't tweeted yet.



Bloodman
@Bloodman

Tom DeLoghery - Hematologist at Oregon Health Science University

Portland, OR
ohsu.edu/xd/health/serv...
Joined October 2008

TWEETS 954 FOLLOWING 189 FOLLOWERS 215 LIKES 727

Tweets Tweets & replies Media

Bloodman @Bloodman · Oct 3
Agree - intriguing but worrisome study

Danielle Hammond @DanielleHammo20
Unsettling.. twitter.com/bloodworkapp/s...



OHSU IM Residency
@OHSUIMRes

Balancing the personal and professional needs of our house staff. Strongly committed to resident education, excellence in clinical care and scholarship.



Jefferson Medicine
@JeffIMchiefs Follows you

Brought to you by the Internal Medicine Chief residents at Jefferson. Follow along on Instagram @tipsfromtheivorytower #FOAM #MEDED



MedChiefs
@MedChiefs Follows you

UChicago IM Residency's Chief Residents
* #UCIMR * Tweets re: #AMReport, #GrandRounds, #MedEd, #InternalMedicine. Feed founded by @PaulBergIMD & @AkhiNarangMD.



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



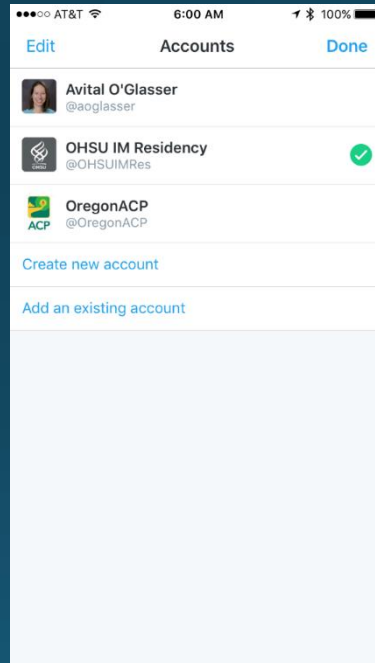
Avital O'Glasser

@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

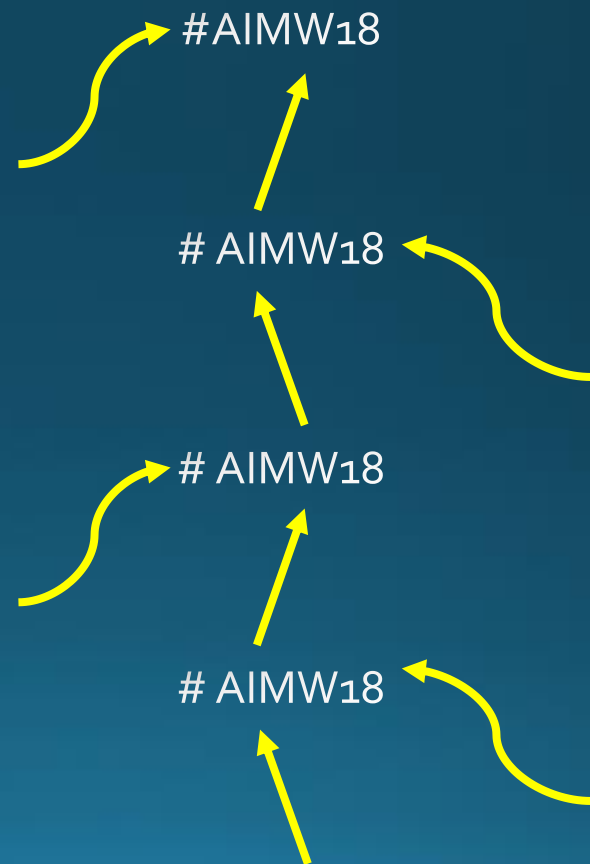
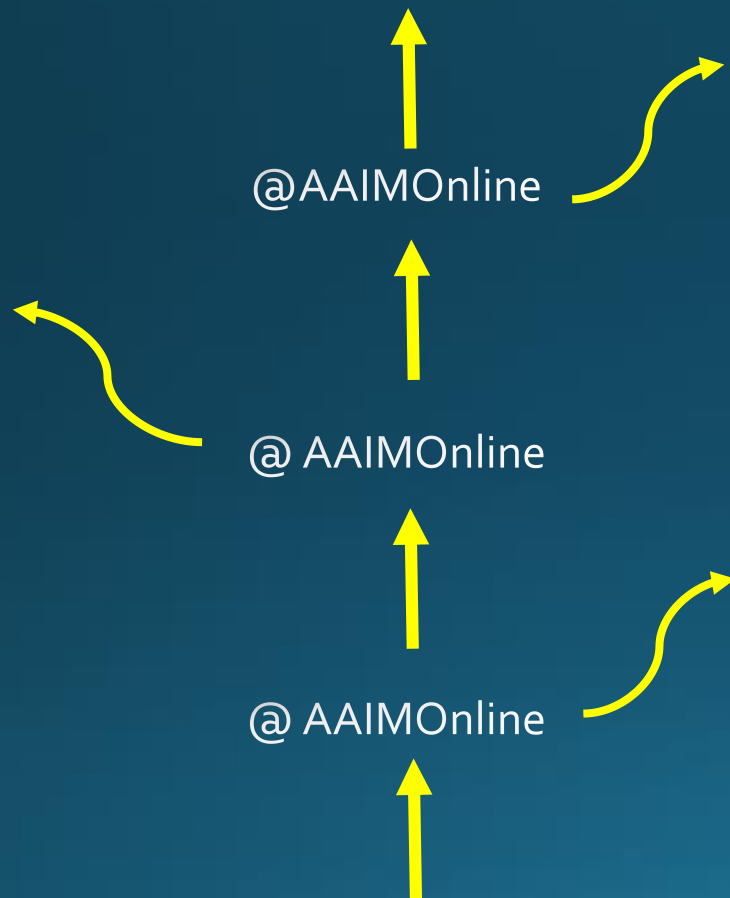


280
Characters

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

Anatomy of a Tweet:



#AIMW18
#ChiefChat

Anatomy of a Tweet:

User name
Twitter handle
Profile picture

Mentions

Likes
Retweets
Replies

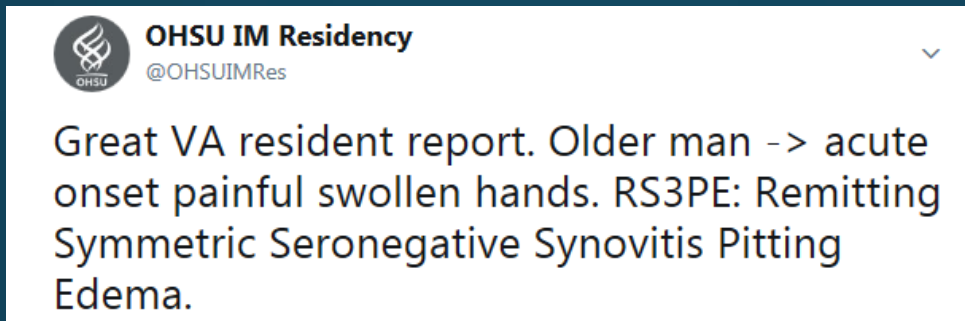


Hashtags

Link

TWITTING TIPS & TRICKS

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



OR



#AIMW18
#ChiefChat

SHOW IT OFF EDUCATIONAL INNOVATIONS



OHSU IM Residency @OHSUIMRes · May 24

#NoonConference #ChiefChallenge landmark heart failure trials matching game!
Can you answer all? #meded @kel_lilfil



1 2



David Serota @serotavirus · May 24

Glad to see such a focus on high yield, clinically relevant knowledge!

1 1



Rebecca Jaffe @RJmdphilly · 29 Oct 2017

Teaching #patientsafety and #DesignThinking to interns. The defibrillator challenge! @QIHospitalist & @JeffIMchiefs



2 9

TWITTER PEARL: media posts get more attention than just text

It's OK to show your program and residents having fun!

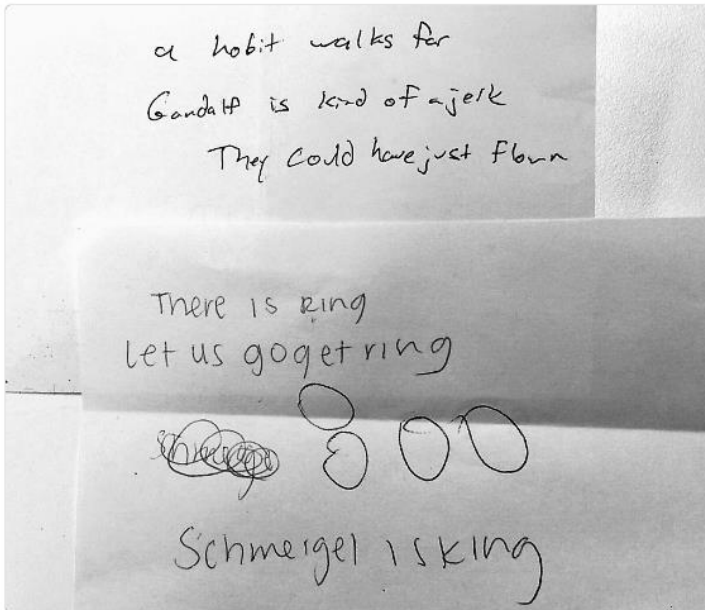


VA Joint Chiefs

@BostonChiefs

Following

Today's final Jeopardy question: summarize the plot to the [#LordOfTheRings](#) in [#haiku](#) form! [#AMreport](#)

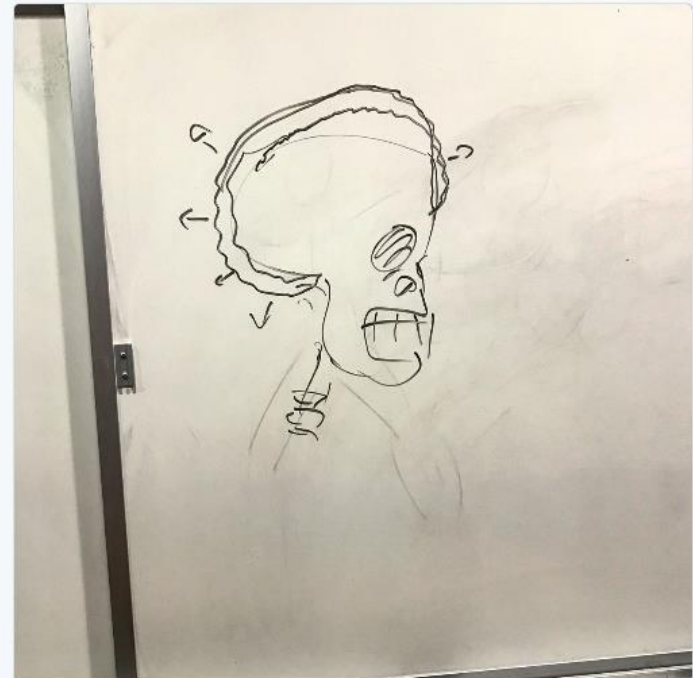


6:15 AM - 17 Mar 2017



Jefferson Medicine @JeffIMchiefs · Jan 4

First medical pictiornary of 2017! Can you guess what this is? And for an additional point, how do you treat it? [#AMreport](#) [#MKSAP](#) – at Thomas Jefferson University



3

3

3

3



OHSU IM Residency

@OHSUIMRes

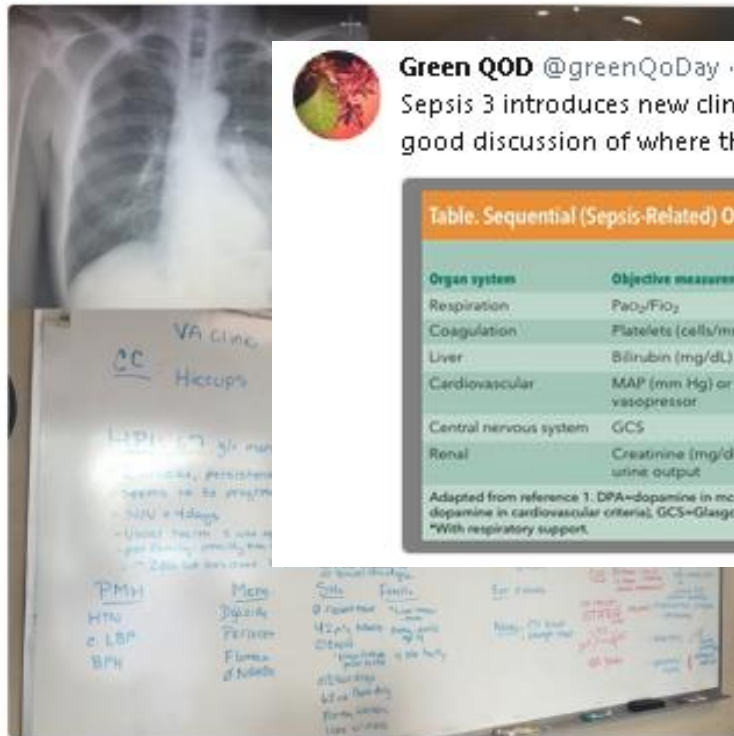
Replying to @JeffIMchiefs

brain freeze??

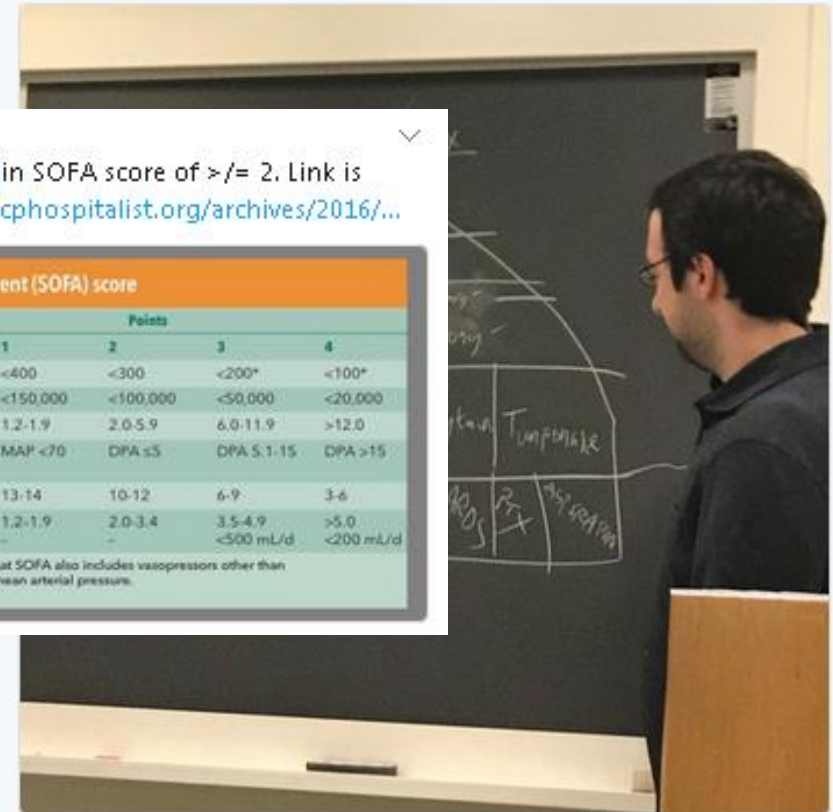
4:13 PM - 17 Mar 2017

TEACH EDUCATIONAL CONTENT

Definitely not boring #NoonConference!
Diagnosis? Not lung CA. Actinomycosis!
#meded @JournalofGME @PDX_Tom
#FOAMed



Jefferson Medicine @JeffIMchiefs · 12 May 2017
Guys, meet the dyspnea pyramid. -Jay Kloo. #mksap #meded #internalmedicine
#AMreport



Green QOD @greenQoDay · 19 Sep 2017
Sepsis 3 introduces new clinical criteria: ▲ in SOFA score of ≥ 2 . Link is good discussion of where this came from acphospitalist.org/archives/2016/...

Table. Sequential (Sepsis-Related) Organ Failure Assessment (SOFA) score

Organ system	Objective measurement	0	1	2	3	4
Respiration	$\text{PaO}_2/\text{FiO}_2$	≥ 400	<400	<300	$<200^*$	$<100^*$
Coagulation	Platelets (cells/mm^3)	$>150,000$	$<150,000$	$<100,000$	$<50,000$	$<20,000$
Liver	Bilirubin (mg/dL)	<1.2	1.2-1.9	2.0-5.9	6.0-11.9	>12.0
Cardiovascular	MAP (mm Hg) or vasopressor	MAP ≥ 70	MAP <70	DPA ≤ 5	DPA 5.1-15	DPA >15
Central nervous system	GCS	15	13-14	10-12	6-9	3-6
Renal	Creatinine (mg/dL) or urine output	<1.2	1.2-1.9	2.0-3.4	3.5-4.9	>5.0
					$<500 \text{ mL}/\text{d}$	$<200 \text{ mL}/\text{d}$

Adapted from reference 1. DPA=dopamine in $\text{mcg}/\text{kg}/\text{min}$ for ≥ 1 hour (note that SOFA also includes vasopressors other than dopamine in cardiovascular criteria). GCS=Glasgow Coma Scale score. MAP=mean arterial pressure.
*With respiratory support.

TWITTER PEARL: Want to link to papers? Include a banner with the title, or a key image/table from the paper

Sharing content and #meded

The Development and Evaluation of an Online Healthcare Toolkit for Autistic Adults and their Primary Care Providers

Authors

[Authors and affiliations](#)

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

Export citation

Share article

 Email

 Facebook

 Twitter

 LinkedIn

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

 Tweet

Article t

 PDF

#AIMW18
#ChiefChat

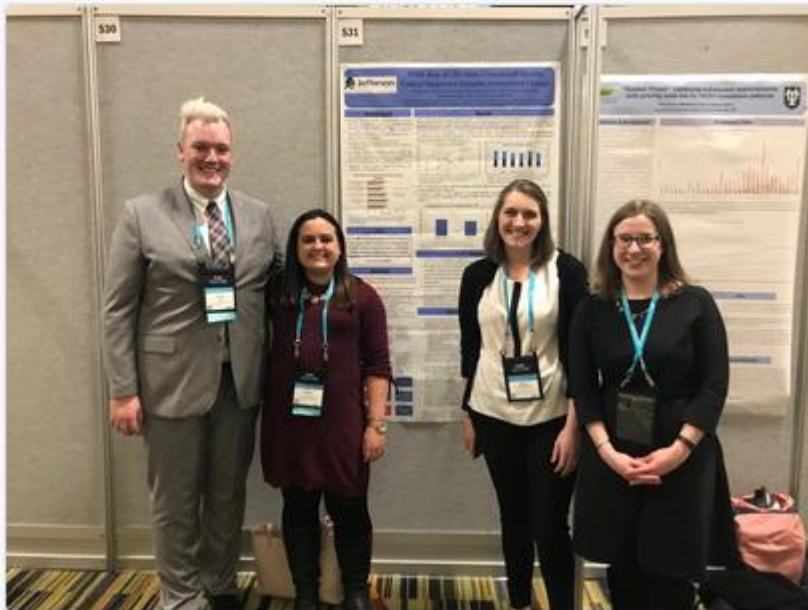
CELEBRATE AND MAKE ANNOUNCEMENTS



Rebecca Jaffe @RJmdphilly · 12 Dec 2017

#IHIForum

My amazing Housestaff council chairs and co faculty presenting our work on #PatientSafety and #IPASS! Go team @TJUHospital !



BU/BMC IM Residency @BMCimRES · Feb 7

Be sure to join us for Campus wide Narcan training on 2/19 led by #bmcimres residents, public safety officers, and pharmacists! Staff Pre-registration is now available here: goo.gl/b7UZCY @The_BMC @MBotticelliBMC @busph @BMCSurgery @bumedicine ift.tt/2C3o7Vq



Monday, February 19, 2018
11:00AM-4:00PM
FGH Building

Monday, April 16, 2018
11:00AM-4:00PM
FGH Building

#AIMW18
#ChiefChat

LIFESTYLE

TELL THE STORY OF YOUR RESIDENCY PROGRAM



OHSU IM Residency

@OHSUIMRes

Always great to learn & care as a team! Enjoy some recent pics from our @OHSUSOM and @VAportland wards & ICU teams #meded #GME #IMresidency



10:29 AM - 13 Mar 2017



gretchen diemer

@gretchendiemer

Following

MICU Soup swap! My turn again-gumbo coming your way! @JeffIMchiefs #babyitscold #wellness #meded



Jefferson Medicine @JeffIMchiefs · 8 May 2017

Congrats to our IM residents who ran the #BroadStreetRun this weekend! (cred: PGY-2, Rino Sato!) #wellness @GmeJefferson



OHSU IM Residency @OHSUIMRes · 24 Oct 2016

Fireside chat tomorrow with PD @DesaisSima? Chief res @katie_thilo homemade s'mores? Check!



WELLNESS



UTSW Surgery Residents @UTSWsurgeryLife · Feb 7

Ellen's Thailand vacay continues with a visit to an elephant refuge.



Not the usual sight from this window, but we'll take it! @OHSUSOM @OHSUNews
pic.twitter.com/43oIGW9IPh



Taking advantage of our own #pettherapy
#Beau! @OHSUSOM @OHSUNews
@ohsufamilymed @OHSUDoernbecher
#lifeonthewards



RETWEETS
5

LIKES
12



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

#AIMW18
#ChiefChat

DISCUSS



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

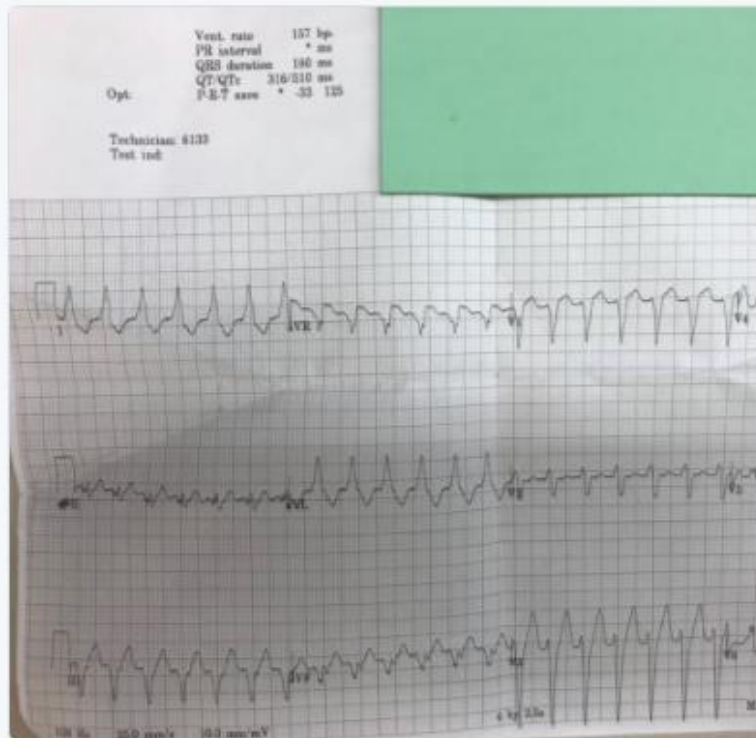
Critically evaluate content in the twitter-verse

Ask a Question



Seth Trueger @MDaware · 7h

what do you do? #ECG



Amal Mattu, Stephen W. Smith, Michael Katz and Wayne The Physician

55

12

43



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?

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Esketit @billmmanuel_ · Feb 9

Wide QRS complex with delta wave and also, ST elevation (?) I guess this is a WPW syndrome

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Stephen W. Smith @smithECGBlog · Feb 9

Antidromic AV reciprocating tachycardia (WPW, reentrant) is certainly possible. Give adenosine and find out.

1

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1



Esketit @billmmanuel_ · Feb 9

Adenosine sure or.. Diltiazem?

#AIMW18
#ChiefChat

Ask a



Seth Trueger @MD...
what do you do? #EC



Amal Mattu, Stephen W.

55 12



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

1 5



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

1 2 14



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)



REBELCast: The PROCAMIO Trial - IV Procainamid...

REBELCast: The PROCAMIO Trial - IV Procainamide vs IV Amiodarone for the Acute Treatment of Stable Wide Complex Tachycardia

rebelem.com

1 7 21



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.

2 12



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.

ers
1 shows the electricity goes
nch block) which also makes
the right ventricle depolarize

elevation (?) I guess this is a

reentrant) is certainly

Ask a Question

ORIGINAL REPORTS

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*

Ask a Question



Green QOD

@greenQoDay

Following

#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



4



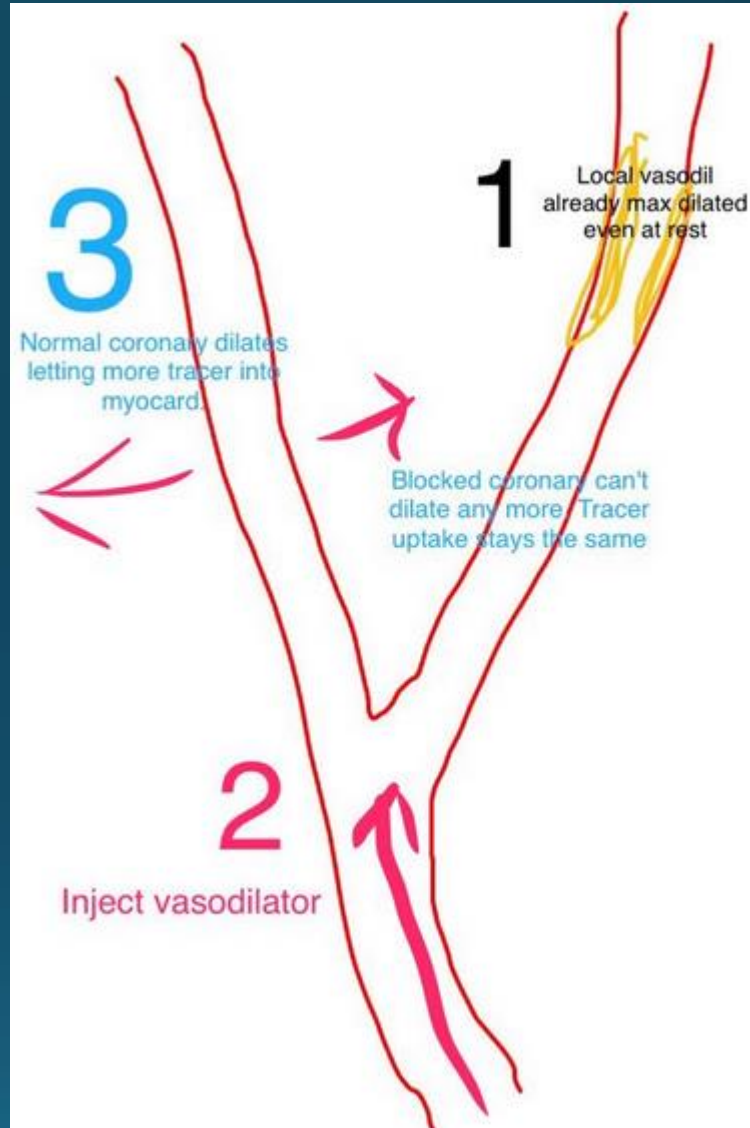
1



Jon Bornstein @jdb1fc333 · 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)

#hcrlDr
(tue 8:30pm)

#AIMW18
#ChiefChat



JOIN THE NEXT TWITTER CHAT WITH JHM

WHAT: *Journal of Hospital Medicine* Twitter Chat, #JHMChat

WHO: Dr. Vinny Arora, Deputy Editor of the *Journal of Hospital Medicine*, on @JHospMedicine with guest expert Dr. Robert Mahoney, @mahoneyr

WHEN: Monday, July 11, 2016 at 9:00 p.m. EDT

WHERE: Join us on Twitter using the hashtag #JHMChat and follow @JHospMedicine

WHY: To discuss the recent publication in *JHM*, "As-needed intravenous antihypertensive therapy and blood pressure control"

.....

Don't Miss This Opportunity to Be Part of the Next #JHMChat.

CME Now Available.

Blackwell Futura Media Services designates this live activity for a maximum of one AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

#JHMChat Partners:


@CostsofCare


@JHospMedicine


@SHMLive

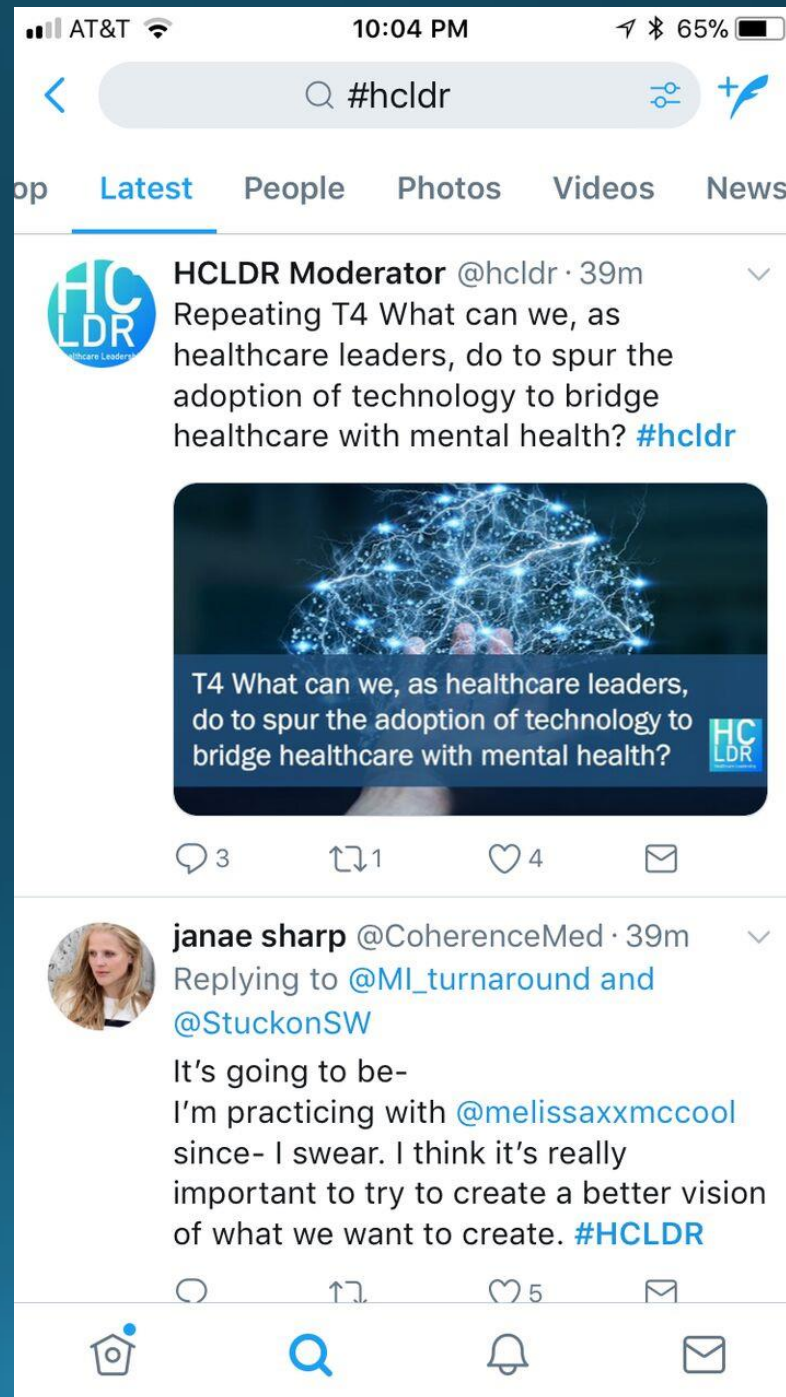

@ABIMFoundation

#Chats

How to chat:

- Search the Hashtag
- Follow "latest" and refresh
- Contribute with likes, RT
QT and replies
- 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

CREATE



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

CREATE

#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.

#AIMW18

#ChiefChat

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

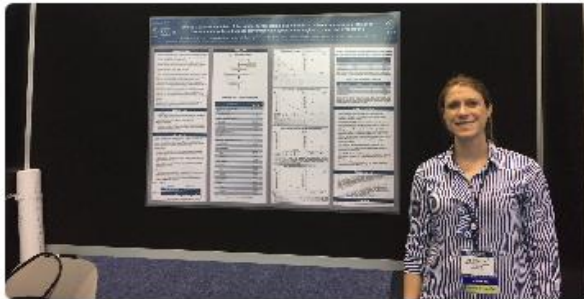
TWITTER ANALYTICS

Jun 2017 • 11 days so far...

TWEET HIGHLIGHTS

Top Tweet earned 3,229 impressions

Thrilled to see our resident Dr. Evie Hobbs presenting her work with @OHSUKnight faculty at #ASCO17
pic.twitter.com/PknVbN9NXM



OHSU IM Residency @OHSUIMRes

Kudos to @OHSUSOM faculty @VinayPrasad82 and @OHSUIMRes resident Dr. Jeff Bien @jungleland on their recent publication in @bmj_latest
https://twitter.com/bmj_latest/status/780907121483223040 ...

Impressions	13,792
Total engagements	48
Detail expands	25
Profile clicks	13
Likes	6
Retweets	2
Link clicks	2

- “Twimpace” 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

@OHSUNews

who deserves the credit?

ing again, but not for the program's success. In fact, **Nikhil Chopra**, Graduate of a completed **Harvard** now in a management consulting firm in London, thinks that the program is "in its infancy" and is "over-relying" on a single method of "top-down" giving. He also notes that "a lot of money has been put out there, but it's not clear how it's being used, where it's going, and how it's being managed."

Vinay Prasad @VinayPrasad82

Most important slide!!

More at cmajopen.ca/content/6/1/E3...

[Show this thread](#)

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
- Crane, Gardner. Pathology Image-Sharing on Social Media: Recommendations for Protecting Privacy While Motivating Education. [AMA J Ethics](#). 2016 Aug 1;18(8):817-25.

Types of potentially identifying information	Recommendations
Date	Avoid saying, "today I saw a case of rare entity X" or "yesterday I diagnosed entity Y." Never use dates. Be intentionally vague ("I recently saw an example of...").
Unusual or newsworthy circumstances	Avoid information disclosure that could allow direct association with a recent crime or accident, such as "I just received this gun-shot bowel and splenectomy from an unfortunate teen." Consider delay in posting cases that are highly unusual.
Identifying images	Avoid posting full facial images, unique tattoos, or other identifying features without explicit patient permission (ideally, a signed waiver).
Age	Exclude age for patients older than 89 or aggregate ages into a single category of "age 90 or older." Precise ages with children are also best avoided. Approximate ages are a good idea for all posts even though not legally required.
Geography	Avoid mention of small geographic subdivisions (anything smaller than a state as a general rule) where the patient might have originated.
Anatomic site/patient history	Modifying clinical history is suggested (but not required by HIPAA). Example: if we (the authors) tweet, "left leg mass from 20-year-old woman," there is a high likelihood that the actual patient's true sex, age, or anatomic site differs from the information presented in the tweet.

SOCIAL MEDIA BEST PRACTICE

- How do you deal with spam and trolls?

 **OHSU Doernbecher Children's Hospital**
[redacted] – 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 Following


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 


4 1

 Tweet your reply

 **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.

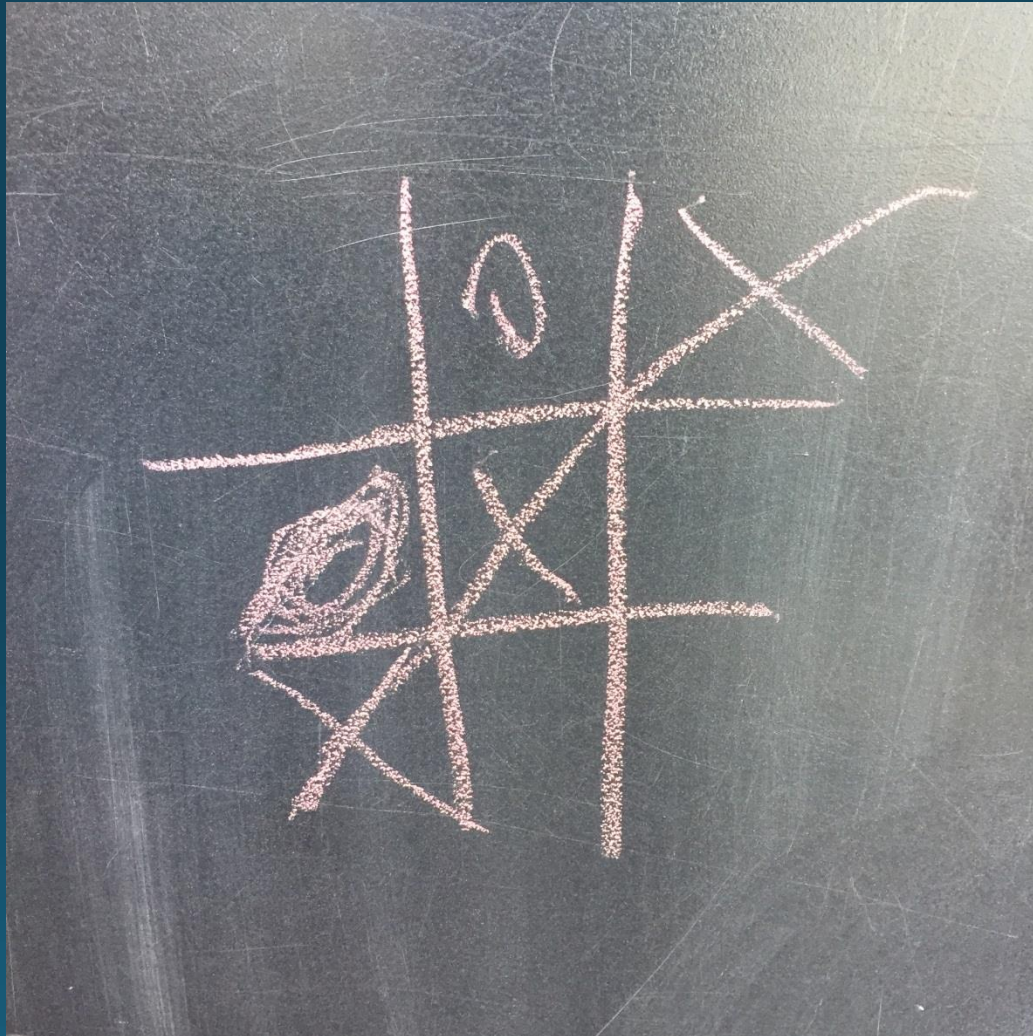
CREATE

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