

FELLOWS-IN-TRAINING & EARLY CAREER PAGE

## Call for FITs/ECs to Become Engaged With Social Media



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#AtrialFibrillation, #AFib, #AF, or #??? In the wake of #ACC16, even those who consider themselves reasonably savvy within the realm of social media can find properly categorizing, or tagging, messages to be discouragingly daunting. Staring blankly at a 140-character void can be unnerving—especially when the user is not equipped with the appropriate vernacular. For all of the ubiquitous connectivity that social media offers, the dizzying array of options to search or categorize information sent and received can be overwhelming. For social media super-users with unique preferences for their use cases, this vast flexibility is intriguing and leads to long-term adherence to social media platforms. However, if attempting to learn and share cutting-edge medical and scientific information, this same dizzying array of options can cause consternation, confusion, inefficiency, and eventual discontinued use of the social media platform.

Despite these initial reactions, we believe that Twitter is an ideal social media platform for cardiologists to operate, as it has high penetrance among recognized leading cardiovascular figures and enterprises and can be organized to maximize efficiency. One need not spend a great deal of time on the platform for optimal gain. Interactions on Twitter can not only be fruitful for education and networking, but are also fun and can thus enhance the experience of day-to-day practice. These facets make Twitter a useful social media tool for a busy physician to stay engaged with minimal temporal resources.

At our institution, the practicing academic cardiologists first expressed concerns about time constraints and their involvement with Twitter. They asked, “How can I narrow down what I’m seeing or

even search for topics?” Twitter devotees, and those using other platforms of social media, need to utilize their social media skills beyond a niche hobby to help develop social media into a professional tool. They can help bridge the gap by assisting their less Twitter-savvy colleagues to make it a more user-friendly tool for all within the field of cardiovascular diseases. As the medical field has always been rooted in order and organization, a formal—but dynamic and flexible—means by which those interested in cardiovascular disease can share and communicate will be crucial for the widespread uptake of social media.

Social media has a worldwide presence, with >1 billion users (1), yet it has been met with mixed adoption among the health care community, and importantly among physicians (2,3). The usual teaching and emphasis of social media within medicine is on risk avoidance (3), and some of the work published on the value of social media is a poor-quality randomized trial showing no apparent benefit of social media on academic publication (4). Many colleagues voice these sentiments and wonder aloud about the benefit of social media (5). What should be noted is that many of the social media naysayers are established cardiologists from a generation who grew up prior to the proliferation of this new media forum. Early career cardiologists more often embrace social media in their daily personal lives; however, they do not always incorporate social media with their professional lives. The added benefit notwithstanding, some would argue that the lack of social media participation is a liability (6,7), leaving someone vulnerable to an online persona not self-created. Although their reasons for refraining from participation in social media differ, both generations do not appreciate the ease and value of incorporating social media into their professional lives. If the universal value of social media is not demonstrated, we fear these concerns will restrain the fields of

cardiovascular diseases and social media from reaching their true potential.

This tide can be reversed, as medicine is incorporating and inviting more members—especially cardiology fellows early in their medical careers—to become familiar with social media tools and to use them to engage patients and colleagues in advancing the field. Fellows are of the ripest faction to syndicate the portability of their electronic youth and their newly earned cardiovascular expertise. Specifically, social media-savvy fellows must not only show senior staff the merits of Twitter, but also individually recruit and instruct them on initiating its operation. A quick tutorial fortified by a fulfilling engagement is how most of us became engrossed, so why not facilitate the same with a colleague?

This energy has yet to be harnessed within the cardiovascular discipline. However, we take note of the organizational mechanisms utilized by our colleagues in radiology (8), oncology (9), and urology (10) that have allowed the respective disciplines to coalesce through social media. These groups have utilized “hashtags” to make Twitter easier to navigate. Hashtags represent important topics in a field and are usually key words or abbreviations preceded by a pound sign, “#.” They are carefully placed within social media messages to promulgate certain ideas and themes. They allow disseminators of data to categorize their messages so they quickly reach other users with similar interests. Similarly, they allow users to narrow the focus of the information they are receiving so they do not get lost in the vast wealth of information accessible via social media. By using hashtags in social media, physicians, nurses, care providers, and patients have the opportunity to disseminate, collect, and react to information that can instantaneously reach and affect millions. These hashtag ontologies have been markedly effective, as evidenced by the increase in users, traffic, and awareness of certain topics and ideas within the oncologic field in the first year following its inception (9). Recently, urology has employed a similar ontology with great success (10).

It is incumbent upon cardiovascular fellows to lead this movement, teaching our more senior colleagues the nuances of social media and making it as portable and user-friendly as possible. As such, social media-inclined leaders in the cardiovascular world—led by

cardiovascular fellows—have come together to develop an initial, yet dynamic, list of hashtags to be used among those in social media, which was demonstrated at #ACC16. This list allows the field to coalesce around terms such as #Afb—a concise yet easily recognizable term for 1 of the most common cardiovascular conditions—to disseminate cutting-edge research and discussions among thought leaders throughout the world. No longer must one wonder about the terminology; instead, users can simply consult the known list that is widely available from @ACCinTouch or @Symplur. Moreover, this list is meant as an initial offering, or starting point. Certainly, entities such as coronary artery disease (#CAD) are well recognized and established. However, there should be mobility and flexibility to incorporate new ideas and technologies as they become assimilated into everyday cardiovascular practice (e.g., #LVAD, #TAVR, or #MitraClip). What better group than the fellows in cardiovascular diseases, who help to research and develop these new ideas and technologies and keep current on the published data, to initiate and maintain such a collaborative list aimed at advancing the field through the use of social media?

All told, we are presenting a case for fellows of cardiovascular diseases to become involved in social media. Additionally, we reference new hashtag ontology currently available via the American College of Cardiology’s web-site as well as Symplur, which helps to codify the “vocabulary” of social media as it applies to cardiovascular diseases. The addition of this tool to already available resources on initiating and maintaining a social media presence should give fellows the ammunition to lead the field toward increased social media uptake. The addition of this instrument to the armamentarium of cardiovascular fellows today can only help our discipline as we become better communicators, disseminating information to patients and colleagues in real time across the globe. Thus, we ask for your support and use/input toward this cardiovascular hashtag ontology, all while learning about and caring for your next #Afb patient.

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## **RESPONSE:** Social Media: An Opportunity, Not a “Cult”

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I am pleased to see young cardiologists, like Drs. Widmer and Larsen, enthusiastically promoting the use of social media among fellows. Being a social media fan myself, I am convinced that the opportunities are fantastic, but nevertheless, we should avoid peer pressure. Of course, you can survive without social media, and there are alternative options. However, if you are willing to enter this world, it can be a fascinating tool to simplify daily work tasks for all of us, regardless of age or stage: for staying up-to-date; to research information and discuss it interactively with peers, study authors, and even with patients; and for networking.

Social media are digital platforms that allow sharing of information in virtual networks. Although Twitter and Facebook usually come to mind first, even text messaging tools, such as WhatsApp, can be considered a social medium. It is no longer a toy for the young generations. For example, Dr. Henry Heimlich, cardiovascular surgeon and inventor of the Heimlich maneuver, first used this maneuver to save a choking woman. Can you guess where I have read that? On his Twitter feed, because he is 96 years of age (!) and is active on social media. And what makes this most fascinating is that I can now directly interact with him on this platform.

However, I do share some concerns with the social media critics. Social media can be very overwhelming, distracting, and even addicting. Most declared nonusers

argue they simply do not have the time. Neither do I, but this is the wrong argument. With social media, we have a new tool to use to our advantage. Forward-thinking academic institutions have started to integrate social media activities in the criteria for academic advancement (e.g., the Mayo Clinic [1]).

Although it really should not be regarded as a waste of time for academic clinicians, we have to learn how to use social media optimally for our profession. That is the tricky part. Younger generations have grown up with it. More often, they run the risk of using it more for play and fun, making it a “time waster.” Some older-generation clinicians may need a more formal introduction. Thus, should we include teaching optimal use of social media for all generations of clinicians? I think we should.

I was unfortunately unable to attend this year’s American College of Cardiology Annual Scientific Session due to clinical commitments. I am sure that many other colleagues have similar struggles, considering the increasing number of conferences, commitments, travel costs, or regulatory financial constraints. However, I followed the meeting in real time as much as possible via Twitter. I was even able to become 1 of the top social media influencers of the meeting, according to metrics such as “tweet reach.” I was able to discuss new research with peer experts, study authors, and even with patients. Many papers were simultaneously published in peer-reviewed journals at the meeting. These can be included in the online discussion, which could be considered as a novel form of post-publication peer review.

The American College of Cardiology 2016 sessions were attended by an incredible number of ~20,000 health

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professionals. However, the number of nonattendees who would have liked to join is probably several-fold higher. Via social media, we were still able to participate. The digital reach of this meeting was gigantic: 6,733 individuals actively tweeted about the meeting, and the tweets were read 140,562,727 (!) times (2).

Information technology is rapidly evolving, and the sharing of medical scientific information is moving

from print and on-site presentations to digital online publication (webinars, and so on). Social media is an ideal platform for this development, from hosting and sharing information to enabling interaction. Although nobody should feel forced to use social media, I strongly advise colleagues to embrace these platforms, as they are very useful—and once you know how to use them, they can be great fun too.

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