

LEADERSHIP PAGE



Social Media and Cardiology



Mary Norine Walsh, MD, FACC, *President, American College of Cardiology*

Social media has become an increasingly important method of communication in medicine, and the field of cardiology is no different (1). Twitter, in particular, has become a forum for communication among health care clinicians and scientists. And their communications are followed avidly by patients, the public, health care journalists, and industry and financial institutions. As of September 1, 2016, there were almost 700 million Twitter users with 342 million of those being active users (2). Over 9,000 tweets occur every second and 40% of those on Twitter don't tweet, but watch what others tweet (2).

Twitter has an emerging role in the dissemination of health information. Major cardiovascular journals and professional organizations, such as the American College of Cardiology, can disseminate cardiovascular health information and education quickly, efficiently, and on a worldwide scale (3). There is growing evidence that "tweetations" of a paper or study can predict the citation rate of the paper and may influence the impact factor of the publishing journal. One analysis demonstrated that tweets within the first 3 days of publication predicted highly cited papers. The authors of the analysis suggest that social media activity either increases citations or reflects the underlying qualities of the paper that also predict citations. They proposed that the "twimpact factor" may be a useful and timely metric to measure uptake and dissemination of research findings (4).

A *hashtag* is a type of metadata tag used on social networks, such as Twitter, that makes it possible to easily find messages with a specific theme or content. Two of the most frequently used hashtags to denote content of interest to the cardiovascular community are #CardioTwitter and #Cardiology. During the week prior to this writing, daily use of #CardioTwitter varied from 82 to 260 mentions, and it was used in discussions of a wide variety of topics (5). Medical conferences have increasingly established hashtags

to allow for their attendees and others to exchange information on meeting events and presentations. **Figure 1** shows the Twitter activity using #ACC17 leading up to, during, and after the ACC Annual Scientific Session in Washington, DC, last March.

Many cardiologists and cardiovascular clinicians and scientists regularly use Twitter to put forth ideas, share information, discuss current health trends, and pose questions and polls regarding controversial topics in our field. Some of the most active Twitter contributors are prominent leaders in the field who also have many other platforms and outlets through which to disseminate their thoughts and ideas, such as scientific journals, books, lay publications with wide distributions, and press interviews. I asked some of these individuals why they use social media and how they value it.

Harlan M. Krumholz, MD, SM, FACC

Professor of Medicine (Cardiology) and Professor in the Institute for Social and Policy Studies, of Investigative Medicine and of Public Health (Health Policy); Co-Director, Robert Wood Johnson Foundation Clinical Scholars Program, Yale University; Director, Center for Outcomes Research and Evaluation, Yale-New Haven Hospital

"Social media in general and Twitter in particular has its opportunities and challenges. I find it a good way to learn from others—and to disseminate information and foster interactions. In the best sense, I have been fortunate to be part of a community in a corner of the Twitter world that is bright, diverse—sometimes contentious—and most often engaging. I pick up tips and insights—and have the sense to share thoughts and promote studies. It is also a place where social support often emerges, and social capital is generated. Occasionally, I have been harangued—as, for example, I was by a vocal group while I was on the Board of the [American Board of Internal Medicine]. But even then, it was useful to hear their views and

feel their emotion—and to seek to understand their perspective. The challenge of Twitter is not just the constrained space, but the rapid-fire nature that can lead you to type before you have adequately reflected on tone and content. But there is always the opportunity for follow-up. I like it because it makes me feel like a part of a broader community. I also seek to ensure that debates and discussions are civil and respectful, even as there is space for disagreement and vigorously expressed opinions. We can model how people can disagree and yet still be friends.”

Eric J. Topol, MD, FACC

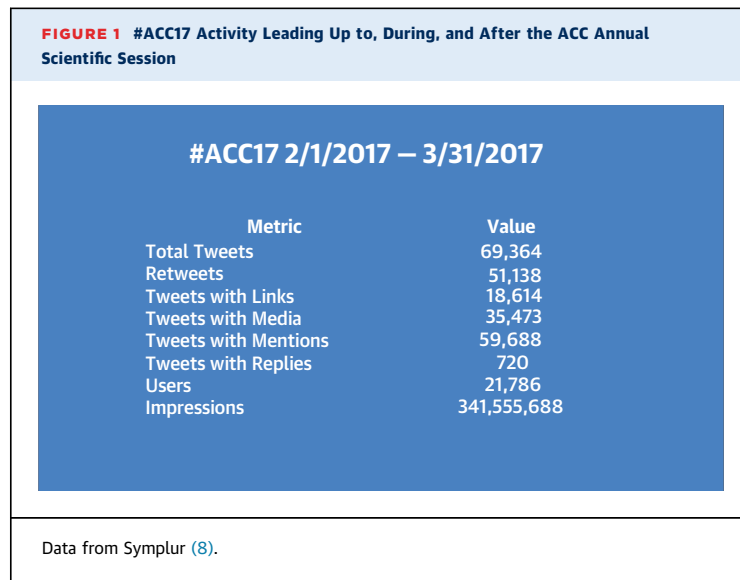
Gary and Mary West Endowed Chair of Innovative Medicine; Director, Scripps Translational Science Institute; Chief Academic Officer, Scripps Health; Senior Consultant, Scripps Clinic, Division of Cardiovascular Diseases

“I use Twitter to keep up with the areas of science and medicine that I’m interested in. It’s the first thing I look at in the morning to see what the people and sites that I follow have dug up and what they are thinking about. I read a lot and share everything. If we all did that, we’d all get smarter faster. It’s also a perfect platform for rapidly exchanging ideas and fortunately the people (aka Tweepers), for the most part, are civil and courteous (just stay away from politics). For issues that are critical to me, such as people owning their medical data, it is a great way to get out my views and get responses. When I give a talk, I learn what has resonated by what people post on Twitter during and after the session. Notably, I’ve forged some important collaborations and new friendships with people who I’ve met via Twitter.”

Robert M. Califf, MD, MACC

Professor of Medicine and Donald F. Fortin, MD, Professor of Cardiology, Duke University School of Medicine; Commissioner of Food and Drug Administration 2016-2017

“I started using Twitter a few years ago while serving as principal investigator of the [National Institutes of Health] Healthcare Systems Research Collaboratory Coordinating Center. At that time, Twitter’s appeal for me lay chiefly in its potential for rapidly disseminating information about new methods for conducting clinical trials. Early in this initial foray, I moved to the [U.S. Food and Drug Administration], and during the transition, my account was hacked with destructive effect. Accordingly, I was not dismayed when I was told that FDA policy prohibited me from tweeting. I never asked why Andy Slavitt, then acting administrator



for the Centers for Medicare and Medicaid Services, was allowed to tweet. However, he told me after we had both left government service that he was also advised not to tweet, but did so anyway. I couldn’t help noticing that it was an amazingly effective way to get messages out about the work of CMS.

Back in civilian life, I’ve returned to the “tweatosphere” and am still learning how to use it effectively. So far, I’ve found it to be useful both for ingesting relevant information and for distributing thoughts. By following people whom I respect and who have broad access to knowledge that’s valuable to me, I’m able to keep up to date on the most important information—and the various reactions to that information. My own output centers largely on commenting on other people’s work or societal events. By linking a comment to the primary source, I can both let people know what I think while also helping them to develop their own informed opinion.

I commend my successor as FDA Commissioner, Dr. Scott Gottlieb, on his excellent use of Twitter. Scott’s tweets provide insight into the unfolding of policies and decisions at the FDA and allow a better understanding of the reasoning and processes that go into making those decisions. In addition, my following Scott on Twitter has enabled me to add some flavor to the ongoing work at the FDA.

While I’m excited about Twitter’s potential, I continue to worry about hacking, false information, and the issues involved in condensing complex ideas

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