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## The academic tweet: Twitter as a tool to advance academic surgery

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### ABSTRACT

#### Keywords:

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Social media, Twitter in particular, has emerged as an essential tool for surgeons. In the realm of academic surgery, it enables surgeons to advance the core values of academic surgery, as outlined by the Association for Academic Surgery: inclusion, leadership, innovation, scholarship, and mentorship. This article details the ways in which surgeons are using Twitter to embody these values and how the Twitter account for the Association of Academic Surgeons accomplishes its goal of inspiring and developing young academic surgeons.

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### Introduction

Just over a decade old, Twitter (San Francisco, CA, USA, URL: [twitter.com](http://twitter.com)) has emerged as a professional tool for surgeons, readily facilitating learning, networking, mentoring, research collaboration, and dissemination across the traditional barriers of geography, medical specialty, and seniority.<sup>1</sup> Apropos of the time constraints of practicing surgeons and surgical trainees, Twitter's character

limit encourages concise messages allowing users to quickly discern whether they would like to join a discussion, further disseminate a message, or obtain more information (such as from an attached link). This article endeavors to outline the potential of Twitter to support academic surgeons through its ability to advance the core values of academic surgery, as outlined by the Association for Academic Surgery (AAS): inclusion, leadership, innovation, scholarship, and mentorship.<sup>2</sup>

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## Inclusion

Academic surgery is a challenging career path, and prior studies have indicated increasing dissatisfaction among academic surgical faculty. Up to 21% of academic physicians have considered leaving academic medicine, citing reasons such as a “lower sense of inclusion, engagement, self-efficacy, values alignment, and institutional commitment to improve support for faculty.”<sup>3</sup> There are indications that Twitter may mitigate factors that contribute to this.

Inclusion is central to the Twitter platform—anyone can open a Twitter account, and join the “conversation” at any time. It allows unlimited users to post simultaneously, discourages any one individual from dominating a conversation, and makes it nearly impossible to preempt others’ participation. Naturally introverted personalities may overcome barriers to public discourse. In stark contrast to extensive curriculum vitae detailing publications, awards, and accomplishments, Twitter’s short biographies force users to succinctly outline their core interests and passions.

Without the pretext of traditional academic surgical hierarchy, Twitter conversations often supersede social boundaries. Thus, Twitter provides a novel way for surgeons, trainees, medical students, and even premedical students to interact. Influence and message amplification gained through community participation and content, rather than seniority or social standing, may enhance innovation, inspiration, and morale, with some arguing that Twitter’s elimination of the medical hierarchy leads to increased patient safety and improved outcomes.<sup>1</sup>

The emergence of surgery-specific hashtags, such as #SurgTweeting,<sup>4</sup> #ILookLikeASurgeon<sup>5–7</sup> and subspecialty hashtags such as #plasticsurgery<sup>8</sup> and #colorectalsurgery,<sup>9,10</sup> have created virtual communities engaged in conversation.<sup>11</sup> #SurgTweeting, one of the earliest surgical hashtags, has served as a community for both attendings and residents to interact and support each other in surgical life and research. #SurgParenting and other communities focus on life outside the operating room and allow surgeons a sense of personal camaraderie they may not feel in a purely professional setting.

Born out of female surgeons’ frustration with surgical stereotypes, the #ILookLikeASurgeon hashtag grew from initially female participants to a gender-inclusive community celebrating diversity and promoting positive perceptions of surgeons.<sup>6</sup> The emphasis that #ILookLikeASurgeon places on gender equity and diversity holds particular relevance in academic surgery, where disparities in resource allocation, compensation, promotion, and advancement have resulted in a “leaky pipeline,” resulting in the proportion of women in academic leadership positions failing to reflect the number of women in the field.<sup>12</sup>

## Leadership

In 2011, Dr Kent Bottles presciently described Twitter as an “essential tool for the physician executive” in a blog post describing his ascent to “thought leader” on Twitter. His leadership in content curation (i.e., combing through health care articles and sharing those of interest with his followers) led to

speaking and consulting jobs, as well as research contacts and interdisciplinary collaboration.<sup>13</sup> Surgeons on Twitter become respected voices with large followings not only based solely on their academic pedigree but also on the degree to which they share interesting content and participate in timely conversations.

One example of leadership facilitated by Twitter is the #hcldr (healthcare leader) tweetchat.<sup>14</sup> Started in 2012, this conversation convenes weekly to discuss a topic among a diverse community united by a passion for improving health care. The chat provides a unique opportunity for surgeons to interface with patients, physicians, nurses, CEOs, health information technologists, caregivers, policy makers, and students.<sup>14</sup> Other popular tweetchats include #MedEd (medical education),<sup>15</sup> #bcsbm (breast cancer social media),<sup>16,17</sup> and #AWSchat (Association of Women Surgeons).<sup>18</sup> Regularly scheduled discussions that narrow the scope of the Twitter discourse for a brief period of time allow surgeons an influential voice in areas of expertise, as well as exposure to areas with which they may have limited engagement.

Surgical societies use Twitter accounts to expand their leadership influence beyond the confines of their geographic representation. For example, in 2015, the Royal Australasian College of Surgeons (RACS) commissioned a report on bullying, discrimination, and sexual harassment in surgery.<sup>19</sup> The final report was shared worldwide via social media and fostered a global discussion on the impact of harassment on medical education and the lives of practicing surgeons. By releasing the report via Twitter and other social media platforms, the RACS extended its reach and impact, positioning itself as a world leader regarding an issue faced by surgeons globally. RACS’ established social media presence also afforded a swift response to negative press on the topic of surgical culture.

## Innovation

Most advances in surgical science are the result of cross-disciplinary collaboration between surgeons and engineers, material scientists, and other nonclinicians. Twitter serves as a modern space where key stakeholders can meet and collaborate. Due to Twitter’s international reach, discovering and connecting with collaborators is no longer limited by proximity or geography. Direct message Twitter chats allow for asynchronous or real-time conversations among two or more individuals to collaborate privately. With no more than a common interest, researchers can be connected, facilitating each other’s work through virtual exchanges and collaborative writing efforts—such as the one leading to this article.

Similarly, Twitter-facilitated innovation allows collaborator coordination in trial recruitment and data synthesis, such as GlobalSurg, a global surgical outcome collaboration.<sup>20–22</sup> These collaborations have resulted in enhanced participant identification and recruitment, larger sample sizes, ahead-of-schedule study completion, and increased external validity. In the Student Audit and Research in Surgery (STARSurgUK), students coordinated data collection for multicenter studies, crediting their success to social media and internet-driven collaborator recruitment.<sup>23,24</sup> Similar collective networks have been established in South Africa and are proposed for sub-Saharan Africa<sup>25</sup> and Australia.<sup>26</sup>

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