The Virtual Doctor’s Bag

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Marty Muntz, MD - @mmteacherdoc

February 28, 2018

http://www.ucsfcme.com/MedEd21c/
Disclosures

None

Acknowledgements
Show of hands...

What’s social media?

#UCSFMedEd21
Alternative title?
Overview

This session will help busy faculty members identify opportunities to use social media applications as tools for teaching activities, collaborative lifelong learning, and professional development. Social media luddites, proficient users, and everyone between will find value in this session; attendees will take away either new skills in basic use of social media or an individualized detailed plan to begin incorporating a social media tool to achieve a teaching or curricular goal.
Learning Objectives

1. Discuss potential applications of social media to improve medical education, lifelong learning, and professional collaboration.

2. Identify challenges to and guidelines for safe and effective social media use by physicians and scientists.

3. Compare and contrast the characteristics of common social media platforms to find the “best fit” platform to achieve specific goals.

4. Depending on social media experience (a) develop a concrete “starter” plan to incorporate a social media tool to achieve a specific teaching or curricular goal, or (b) create or “reactivate” a Twitter account to use as a “gateway” to enter the professional social media community.
## Workshop Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Active Engagement Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 min</td>
<td>Mini-lecture</td>
<td>Interactive Lecture</td>
</tr>
<tr>
<td></td>
<td>• Background</td>
<td></td>
</tr>
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<td></td>
<td>• Evidence</td>
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<td></td>
<td>• Social Media Platforms with Examples</td>
<td></td>
</tr>
<tr>
<td>55 min</td>
<td>Small Group A – Crash Course in Twitter</td>
<td>Hands-on guided demonstration to get started on Twitter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Activities to reinforce new skills</td>
</tr>
<tr>
<td>55 min</td>
<td>Small Group B</td>
<td>Guided individual work</td>
</tr>
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<td>(Small</td>
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<td>• Pair share with feedback</td>
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<td>concurrent)</td>
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<td>15 min.</td>
<td>Return to large group –</td>
<td>Sharing from small group sessions</td>
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<tr>
<td></td>
<td></td>
<td>• Question/Answer</td>
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<td></td>
<td></td>
<td>• Next steps</td>
</tr>
</tbody>
</table>
What is Social Media?

**Social media**
- Any web-based platform allowing individuals to share & communicate

**Social media network allows individuals to**
- construct a (semi-)public presence
- manage a list of users with whom they share a connection
- traverse activities of their online connections

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What is Social Media?

Social Networking sites
Facebook, Doximity, LinkedIn, Yammer

Blogs/Microblogs
Tumblr, WordPress, Twitter

Media Sharing Sites
YouTube, Instagram, Snapchat, Flickr, PodBean, Pinterest, Figure 1, Google +

Collaborative Writing Applications
Wikipedia, Google docs

Instant Messaging
I use Twitter for...

- Professional Collaboration
  - Meet colleagues I wouldn’t otherwise meet – find and expand my “tribe”
  - Be an active part of the discussion rather than watch from the sidelines
  - Consider collaborations
  - Scheduled Chats
  - Tweeting meetings
    - Tweet-up/meet-ups

Scheduled Chats: https://www.symplur.com/healthcare-hashtags/tweet-chats/

- Multiple – based on interests, diseases, specialties, etc.
- Excellent opportunities to learn, meet those with similar interests
- Participate or “Lurk”
  - Sunday 6PM - #hcsm – healthcare social media
  - Tuesday 5:30 PM - #HCLDR – healthcare leadership
  - Tuesday 6PM - #NephJC – nephrology journal club
  - Wednesday 6PM - #hpm – hospice/palliative med
  - Thursday 6PM - #meded – medical education

#UCSFMedEd21
#meded Chat topics

- Multiple Choice exams (and why they are evil)
- Managing Depression and Preventing Suicide among Medical Students
- Teaching and Modeling Medical Ethics
- Entrustment Decisions of Clinical Skills on Clerkships
- Curricular Redesign
- Shifting to a Longitudinal Ambulatory Ed model
- Scholarly Activity Requirements in GME
- Remediation
- Why doesn’t medical care get better when docs rest more?
- Live Tweeting from Conferences

#UCSFMedEd21
Tweeting Meetings

Meet Virtual Colleagues Live at #AIMW18 Tweet-Up

Have you ever wanted to meet the person on the other end of your Twitter conversations? Visit the Alliance Member Center during the Academic Internal Medicine Week Networking Lunch on Monday, March 19 for your chance. The Alliance Tweet-Up will provide a great venue to meet fellow professionals, connect with former colleagues, share insights into the education content or academic internal medicine, or just relax and enjoy the fun atmosphere of the Alliance Member Center.

Plan to attend? Tweet out your RSVP message to @aimonline with the hashtag aimw18! The member center will be located in the Hemisfair Ballroom of the Henry B. Gonzalez Convention Center.
Twitter

- Post 280 character updates or “tweets” – interesting to your “followers”
- “Opt-in” following vs. “Opt-out” friending (Facebook)
  - Follow who you want – they don’t have to follow you back
  - Don’t get discouraged if people don’t follow you back
  - “Tweet” anyone – they don’t have to “tweet” you back
- “Personal newsfeed” or “Professional Watercooler”
  - Choose who you “follow” (i.e. what info you receive on your homepage)
  - Narrow or broaden to fit your needs
- You can’t choose who sees what you tweet
  - Some control over followers (can “block”)
  - But…your followers can “retweet”
  - Even deleted tweets can be found

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Twitter

- You don’t have to tweet much (at all) right away – lurk
- Include links in tweets!
- Hashtags – label tweets so users can look at a feed on a specific topic
  - Conferences
  - Chats
- It’s okay to miss things…important things will be retweeted by your network
- In line, between meetings, “down-time”
- Curate/filter your “following” list
I use Twitter for...

- Lifelong Learning
  - Stay up to date with literature
    - What “my tribe” is reading?
    - Content direct from journals, national organizations
  - Blogs
  - Actively engage with authors, thought leaders
  - “Virtually attend” professional meetings, journal clubs

Who to Follow?

Chris Decker
@cddecker1 Follows you
emergency medicine physician, organizational excellence specialist. Tweets are my own. Follow does not mean endorse
📍 Milwaukee, WI
Joined May 2009
Tweet to Message

Marty Muntz
@mmteacherdoc Follows you
#ProudToBeGIM and #meded junior who loves patient care and teaching. Mixed in with sports, Star Wars, & general nerd stuff. Tweets mine, not MCW’s.
📍 Medical College of Wisconsin
Joined October 2011
Tweet to Message

#UCSFMedEd21
Who to Follow?

**MedEdNext**
@MedEdNext  Follows you

The collaborative movement to transform medical education in the United States by focusing on character, competence, and caring.

🔗 medednext.org
📆 Joined October 2017
Who to Follow?

Esther Choo
@choo_ek
om doc • @OHSU_CPREM @publichealthpdx • #DoctorsSpeakOut #thatsbias • BOD @feminemtweets • contributor @NBCNewsThink @SELemagazine • 202-224-3121 on speed dial
Oregon, USA chsu.edu/emergency/facu...

Chris Carroll MD MS
@ChrisCarrollMD Follows you
Pediatric Critical Care physician @ctchildren & Professor @UCONN. Social media for #JournalCHEST. Researches #Asthma & #SoMe in #pulmcc & Meded. #ACA
Usually CT, sometimes AK
chriscarrollmd.com • Born on September 11

Eric Holmboe
@boedudley Follows you
Dad and husband, general internist, medical educator and researcher - passionate about family, improving healthcare & medical education. Tweets my own.

Vinny Arora MD
@FutureDocs Follows you
Medicine doc interested in improving medical training and patient experiences in teaching hospitals. Tweets are my own & may not reflect view of my employer.
Chicago • futuredocsblog.com
Who to Follow?

Annals of Int Med
@AnnalsOfIM
Annals is the flagship journal of the American College of Physicians. Annals is one of the five most widely cited peer-reviewed medical journals in the world.
Philadelphia, PA • annals.org

JGIM
@JournalGIM
FOLLOWS YOU
Practice based evidence for Evidence-based practice. The official journal of the Society of General Internal Medicine.
sigim.org/index.cfm?page...

JAMA Internal Med
@JAMAInternalMed
JAMA Internal Medicine is an international peer-reviewed journal published weekly online and monthly in print.
Chicago, IL • jamainternalmed.com

ACP Internist
@acpinternist
FOLLOWS YOU
ACP Internist provides news and information for internists about the practice of medicine.
Philadelphia • acpinternist.org
Who to Follow?

AAIM
@AAIMOnline
AAIM is a consortium of five unique, professional associations for faculty and staff who work in departments of internal medicine.
Alexandria, VA • im.org

SGIM
@SocietyGIM
Promoting improved patient care, research & education in primary care and general internal medicine.
Alexandria, VA • sgim.org

AHRQ
@AHRQNews
U.S. Department of Health and Human Services Agency for Healthcare Research and Quality ahrq.gov, Privacy Policy:
ahrq.gov/news/privacy.html...
Rockville, Maryland • ahrq.gov

NPR Health News
@NPRHealth
Health coverage from the NPR Science Desk
Washington, DC • npr.org/health

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Challenges for Physicians...

- Maintaining confidentiality and boundaries
- Lack of active participation
- Lack of Trust/Information Anarchy
- Finding Time
- Workplace acceptance and support
- Employer/Practice/National Social Media Policies
- “To friend or not to friend”
- Unclear Intent?
- Permanence


Guidelines - Many, Many, Many

**ACOG**
- Pause before you post
- When in doubt, leave it out
- Avoid posting personal pictures that could be misinterpreted in professional contexts
- Avoid posting about patient care situations, even if de-identified or “general”
- Avoid anger, grief, or venting online

**Mayo Clinic**
- Don’t lie, don’t pry…
- Don’t cheat, can’t delete…
- Don’t steal, don’t reveal.
Why Use SoMe in Med Ed?
Your Students, Peers, & Patients Live Online…

65% of American adults, including 90% of 18-29yo use SoMe networks

Most popular?
• Facebook – 71%
• LinkedIn, Pinterest, Instagram, Twitter – 23-38%

http://www.pewinternet.org/2015/01/09/social-media-update-2014/

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Millennial Learners’ Preferences

- Technology-driven learning & communications
- Adeptness in technology
- Very positive view of tech

- Aesthetics and “user experience” matter in educational offerings


SoMe: A response to challenges in Med Ed?

Accrediting organizations
- Proof of milestones, competency
- Less time to teach
- Multiple training sites
- “Just in time” learning
- Crowded Curricula

Asynchronous learning
- Case sharing
- Proof of exposure to concepts
- Connectivity to all sites
- Linked literature or electronic resources
How do we achieve “meaningful use” of SoMe in Med Ed?
Educational Social Media Activities

**Reflection**
- Promotion of empathy, self-awareness
- Faculty modeling  Attitudinal change

**Knowledge Sharing**
- Faculty & Learner-driven teaching
- Literature review

**Shared Problem Solving**
- Diagnostic dilemmas  “Mini-M&M” discussions

**Peer-to-Peer Teaching**


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Evidence for SoMe in Med Ed

Most popular media in studies? Blogs

Most studied learner? Medical Students

Outcomes

↑ Learner satisfaction
+/- Knowledge promotion
↑ Feedback to learners

Evidence for SoMe in Med Ed

Drawbacks

Time!!

Learner participation

Med Ed
Social Media Experiences
Clerkship Needs Assessment

• Coverage of CDIM Training Problems not complete
• Barriers to teaching that technology could help address
  – Duty hours restrictions
  – Competing faculty responsibilities
  – Distance between clinical sites
• Variety dependent somewhat on site assignments
Why?

- A “secure” social media platform that allows for a discussion about real “de-identified” patients
- Requires mcw.edu domain e-mail and invitation to participate in our team room
- “Feels like” Facebook
- Features that enhance learning
  - Library of attached files
  - Tagging capabilities for searching
Broadening Exposure

- Your Patients
- Your Team’s Patients
- All Patients

#UCSFMedEd21
Student-Initiated Post

January Virtual Team Room

Topic: Vancomycin therapy and nephrotoxicity (creatinine jump to 5.93 for ~5 days).

I have a patient with cerebral palsy who was recently admitted for seizures and suspected pneumonia. What I found interesting was what happened during his most recent hospitalization around January 1st. At this time he received two days worth of IV vanc for sepsis 2/2 aspiration pneumonia. On the third day, his creatinine doubled to 1.4, then 3.70 the following day, then mid 5’s for the next 5 days. expand »

Like · Reply · Share · More · January 27 at 3:18pm from iPhone

I: So if a patient shows nephrotoxicity while on vancocin, do you dis it? Or do you deal with the kidney problems as you go and avoid creating some vanco-resistant bug?

January 28 at 0:40am · Like · Reply · Share · More

It is interesting how often we see vancocin given but I feel like the rotation we have seen a lot of the nephrotoxicity as a result as we.

January 28 at 3:50pm from iPad · Like · Reply · Share · More

@ honestly I don’t know what the appropriate course of action is. I’d say it depends on the level of nephrotoxicity and the severity of infection. In my (uneducated) opinion, I’d definitely err on the side of not damaging the kidneys.

I should add that my patient is currently getting PO vanco for the c.diff (failed flagyl). It’s not supposed to be absorbed in appreciable amounts when given orally (although red man syndrome and nephrotoxicity have rarely been reported w/ PO). His kidney function has remained normal on PO.

January 29 at 9:09pm from iPhone · Like · Reply · Share · More

This sounds like a complicated patient. So after his renal function returned to baseline, did his original keepers dose not stop his seizures?

January 29 at 10:23pm from iPad · Like · Reply · Share · More

Keppra* dose. Sorry for autocorrect

January 29 at 10:23pm from iPad · Like · Reply · Share · More

No his original doses (Keppra 1000mg BID and phenobarbital 100mg BID) didn’t control his seizures. He was only on the reduced dose for like 1.5 wks (he had a flu appt the following wk to check kidney f(x) and re-rise his dose). When he came to the ED, he was seizing and had an elevated white count. They immediately raised his doses to his normal level and have since done 1500 keppra BID, and now 2000 mg Keppra BID. Now added vimpat (which I hadn’t heard of, it’s a functionalized amino acid Na-channel blocker), and yesterday fosphenytin.

January 30 at 6:47am · Like · Reply · Share · More
Faculty Reinforcement

ankur segon: An unfortunate case scenario, and one that reminds us of discharge planning and communication. If the dose of a medication is changed at discharge, especially in context of variable that might return to normal (such as renal function), it is imperative we communicate this information to the patient's primary care physician, the patient themselves, and their caregivers. We should all know how to send one to one messages to primary care providers in the system we are using. At Froedtert, this would be the "communication management" tab under discharge. It's easy to use, and I am yet to encounter a situation where I was unable to locate the patient's outpatient physicians that way. Ask your senior about how to use it, if you don't know already. I have also found it useful over the years to highlight in some form (make it bold, underline etc) the medication doses you have changed or other things you want the outpatient physicians to follow up on, when I do my discharge summaries. « collapse

January 30 at 9:44pm · Like · Reply · Share · More

Marty Muntz: Usually you have to stop the vancomycin. The toxicity can be bad - we had a patient this month who developed severe AKI probably from vanco. She was DNR and became more and more uremic - eventually had goals of care shifted to comfort because her POA declined hemodialysis.

January 30 at 9:40pm · Like · Reply · Share · More
Results

CDIM Training Problems (N=33)

- Discussed (N=30)
- Not Discussed (N=3)

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Results

• 85 of 93 students (91%) consented to participate
• 59 participants (69.4%) completed the survey
• 44 of 59 students (74.5%) rated educational value as “Good” or “Excellent”
• 45.7% of student expressed interest in using Yammer® in other clerkships
  – 22% were “Undecided”
• NBME Exam Scores increase
The #UCIMR Experience

Knee pain in RA? Could be Paget's!
goo.gl/J4ZK8h. Replete vitamin D before bisphosphonate. #UCIMR #anreport
pic.twitter.com/Vz6nkBk4J
Logistics

- Feed run by 4 chief residents
- 30-60 minutes of feed maintenance daily
- Hospital CMO to remove restricted access to Twitter on hospital network
- No permissions from compliance or hospital marketing
  (do not try this at home!)
- Retrospective IRB approval
Roles and functions in UCIMR: Education

Extension of conferences - Morning Report

• Refined teaching points
• Connect: night float, satellite hospitals
• High-yield images
• Linking to relevant articles
Roles and functions in UCIMR: Education

**Medical news feed**
- Timely literature
- Resident-level take on medical headlines
- Recent publications relevant to everyday practice

#UCSFMedEd21
Roles and functions in UCIMR: Recognition & Public Promotion

**Example:** Awards, publications, presentations

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**MedChiefs @MedChiefs**
2 Nov
Congrats to the winners of the @UCPritzker med student teaching awards for IM this quarter: Tien, Lane, Keshaw, and Yasmin! #UCIMR

---

**MedChiefs @MedChiefs**
2 Oct
How many #internalmedicine residents do you know that have a 1st author Circulation paper? Congrats @Nikhil1918! circ.ahajournals.org/content/early...

---

**MedChiefs @MedChiefs**
Apr 28
Congrats @AnthonySofiaMD on recent 1st author pub: Natural hx & signs of #IBD vary by race: goo.gl/5AkhmA cc @IBDMD, @UCHicagoIBD

---

**MedChiefs @MedChiefs**
3a
In case you missed it, @JournalGIM article first-authored by @UCPritzker alum & current #UCIMR resident Mike Putman: goo.gl/v5V6SD

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#UCSFMedEd21
Our Twitter Experience
Outcomes

• >1,400 Twitter followers

• >1,500 tweets (2-3 per day average)

• Followers: our residents & external users
  – 27% of program’s residents were Twitter users
  – 81% reported reading program tweets at least once per week
  – Majority of followers (65%) in another time zone

#UCSFMedEd21
## Our Twitter Experience--Outcomes

### Twitter Feed's Contribution to Educational Mission

<table>
<thead>
<tr>
<th>Role of Twitter</th>
<th>% in agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps residents remember teaching points from Morning Report</td>
<td>64%</td>
</tr>
<tr>
<td>Captures major teaching points from Morning Report</td>
<td>70%</td>
</tr>
<tr>
<td>Makes residents feel less removed from the residency program during external rotations</td>
<td>62%</td>
</tr>
<tr>
<td>Enhances overall education in residency</td>
<td>69%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category of Tweets</th>
<th>% rating tweets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning report</td>
<td>84%</td>
</tr>
<tr>
<td>General medical information</td>
<td>87%</td>
</tr>
<tr>
<td>Grand rounds</td>
<td>72%</td>
</tr>
</tbody>
</table>

#UCSFMedEd21
Using Social Media to Address an Educational Goal (Breakout Session 1)
Getting Started: Choosing a Platform

Step 1: Get over your fear.
If you can navigate an EMR, you can use social media.

Some platforms can be very “hands off”
Getting Started: 
*Choosing a Platform*

**Step 2: What is your goal?**

- Reflection
- Knowledge sharing
  - One-way or two-way “conversation”
- Shared problem solving
- Peer-to-peer teaching

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Getting Started: 
Choosing a Platform

Step 3: Who are the participants?

- Course/clerkship director
- Teaching faculty & preceptors
- Students
- Other professional roles / interdisciplinary
Getting Started: Choosing a Platform

Step 4: What media are involved?

- Text only
- Images
- Videos
- A nice mix 😊
Getting Started: 

Choosing a Platform

Step 5: 

Know the rules of your institution.

• Local SoMe policies & permissions
• IRB/IT/Risk Management clearance
• Proxy or password-protected learning resources

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### Step 6: Decide on a platform

<table>
<thead>
<tr>
<th>Type</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private platforms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yammer</td>
<td>Social sharing site: Text, photos, video</td>
<td>• Enhanced privacy</td>
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<tr>
<td></td>
<td></td>
<td>• Similar to Facebook</td>
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<tr>
<td></td>
<td></td>
<td>• “Ugh, another network to join”</td>
</tr>
<tr>
<td><strong>Semi-private platforms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facebook</td>
<td>Social sharing site: Text, photos, video</td>
<td>• Popularity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Group creation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Viewed as “personal space”</td>
</tr>
<tr>
<td>Instagram</td>
<td>Media sharing: Photos, short videos</td>
<td>• Aesthetics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Indexed by hashtags</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pictures &amp; Very short videos only</td>
</tr>
<tr>
<td>Google Plus</td>
<td>Social sharing site: Docs, presentations, photos, video</td>
<td>• Indexed by hashtags</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Similar to Facebook</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Harder to follow chronology</td>
</tr>
</tbody>
</table>
## Step 6: Decide on a platform

<table>
<thead>
<tr>
<th>Type</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public platforms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twitter</td>
<td>Microblogging site: Text, photos</td>
<td>• Visibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Efficiency</td>
</tr>
<tr>
<td></td>
<td>• Visibility</td>
<td>• Efficiency</td>
</tr>
<tr>
<td></td>
<td>• Lends itself well to long or short posts</td>
<td>• Hard to follow online interactions</td>
</tr>
<tr>
<td>Tumblr</td>
<td>Blogging site: Text, photos, video</td>
<td>• Lends itself well to long or short posts</td>
</tr>
<tr>
<td>YouTube</td>
<td>Video sharing</td>
<td>• Ease of publishing</td>
</tr>
<tr>
<td></td>
<td>• Ease of publishing</td>
<td>• Private links possible</td>
</tr>
</tbody>
</table>

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Get Started!

Step 7:
Do a test run with a smaller group.

• One rotation
• One aspect or skill set
Getting Started with Twitter
See what's happening in the world right now.

Have an account already? Log in
See what’s happening in the world right now

Join Twitter today.

Phone or email

Please enter an email or phone number

Password

Please enter a password.

Got started

Have an account? Log in

Name

Phone number or email address

Next
Create a “Handle” (@) and Name

- Your HANDLE is permanent once you confirm
  - Choose something that is long/unique enough
- You can change your name
- May depend on how you want to use…
  - Your clinic? MCWGIMClinic
  - Your professional account? Your name, some variation of
  - A fun account for following sports, entertainment, pop culture? Whatever you want…

- This is how people will see your tweets come across
  - @mmteacherdoc Marty Muntz
Start Connecting

- Twitter can check to see if any of your e-mail contacts have an account for you – you can decide to follow them
- Twitter can send invited to contacts who don’t already have accounts
- Pick a few people to follow
Who to Follow?

Chris Decker
@cddecker1 Follows you
emergency medicine physician, organizational excellence specialist. Tweets are my own. Follow does not mean endorse
 Milwaukee, WI
 Joined May 2009

Marty Muntz
@mmteacherdoc Follows you
#ProudToBeGIM and meded junior who loves patient care and teaching. Mixed in with sports, Star Wars, & general nerd stuff. Tweets mine, not MCW's.
 Medical College of Wisconsin
 Joined October 2011

#UCSFMedEd21
Who to Follow?

MedEdNext
@MedEdNext  Follows you
The collaborative movement to transform medical education in the United States by focusing on character, competence, and caring.

medednext.org  Joined October 2017
Home Page: Posts from those you follow

#UCSFMedEd21
Profile Page: Your name and your posts

From Home, click on 3 bars/ shadow face (upper left corner), then select Profile

Profile Page:
Your “Stats”

MedEdNext
@MedEdNext

The collaborative movement to transform medical education in the United States by focusing on character, competence, and caring.

medednext.org

613 Following 165 Followers

UCSF Fresno @UCSF Fresno • 18h
@ucmerced faculty members Mariaelena Gonzalez, PhD, and Mark Sistrom, PhD, teamed up with @UCSF Fresno to deliver basic science instruction to @UCSFMedicine medical students rotating in Fresno. #MedStudents #medicalstudents #UCSFMedEd #Fresno #UCSF

#UCSFMedEd21
Add Your Pictures

#UCSFMedEd21
What you want people to know about you

#UCSFMedEd21
Who I’m following - these accounts make up my news feed

From Home, click on your picture, then select #Following

Following Page:
News Feed

#UCSFMedEd21
Comment, Retweet, or Like a Tweet

#UCSFMedEd21
Trending Topics

#UCSFMedEd21
Suggested by Twitter based on Who You Follow

From Search, click on the person+ in the upper right corner

Who to follow:

- @MedEdNext
- @OpioidInfoCenter
- @KaiserHealthNews
- @MedEdNext

Trends for you:

- #MemeDay
- Malcolm Brogdon
- @MeRedForWomen
- @MedEdNext
- @WorldWaterDay
- @NuclearPostureReview
- @WearRedAndGive
- @KaiserHealthNews
- @FunFactFriday
- @Nurses
- @KTMcFarland

Who to follow:

- Raj Televi @rjtelevi
- Other users and organizations

#UCSFMedEd21
Your new followers…click on them and see if you want to “follow them back”
Who “re-tweeted,” “tagged,” or “liked” your post...click on them to see if you want to follow
Click on Someone You Follow...

#UCSFMedEd21
You’ll see Her Feed, Then Click on Who She Follows to see if you want to follow them too...
Let’s Tweet!

From Home, click on the +Quill in the upper right corner

Start Typing!
Who Sees What?

- Can initially be confusing – depends on how a tweet is built…highly recommend http://www.momthisishowtwitterworks.com

- http://www.mediabistro.com/alltwitter/build-perfect-tweet_b37207
Need more privacy? Use direct message.
Handouts

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**WORKSHOP ON SOCIAL MEDIA AS A TEACHING TOOL**

<table>
<thead>
<tr>
<th>Platform</th>
<th>Type</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| Facebook | Social sharing site, Text, photos, video | - Propriety and timeliness  
- Ability to form online groups  
- Ability to provide feedback on posts | - Privacy policy and setting will somewhat opaque and confusing |
| Twitter  | Microblogging site, Text, photos | - High visibility  
- Ability to reach large audiences | - 140-character limit, posts lack substance  
- Not easy for small groups  
- Not easily integrated |
| Vimeo    | Social sharing site, Text, photos, video | - Enhanced privacy  
- Similar look and feel to Facebook  
- Inclusion of institutional YouTube subscriptions | - Requires institutional subscription |
| Instagram| Media sharing, Photos, short videos | - Aesthetics  
- Increased by sharing | 
- Pictures & short videos only |
| Google Plus | Social sharing site, Docs, photos, video | - Indexed by search engines  
- Access to Google Hangouts  
- Close links with other products including YouTube | - Hard to follow chronology, conversations  
- Google tracking your every move |
| Tumblr  | Microblogging site, Text, photos, video | - Lends itself to longer or short posts  
- Popular amongst younger crowds | - Hard to follow chronology, conversations  
- Very title professionally oriented |
| YouTube | Video sharing | - Case of publishing  
- Unrelated to page | - Underdeveloped social networking features |

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**Twitter Manners**

1. Be gracious.
2. Be social. Twitter is about conversation, not monologue.
3. Say “thank you” (a lot).
4. Use the @ reply to publicly thank someone.
5. Don’t just follow people; engage them.
6. Have a sense of humor.
7. Refrain from flames. Use your words to encourage and lift up rather than to tear down. Never underestimate the power of a tweet.
8. Don’t follow someone expecting him to follow you back. Follow because you’re interested in what the person has to say. (Conversely, and somewhat ironically, if someone does follow you, it’s courteous to follow back.)
Questions?
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