

# Joint CME/MOC Providership



American Society for  
Gastrointestinal Endoscopy



North Carolina Society of Gastroenterology Annual Meeting 2023

# Medical Education in the Age of Social Media

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TRANSPLANT HEPATOLOGIST



# DISCLOSURES

None

# Objectives

By the conclusion of this talk, participants should:

- 1) Know the different social media platforms used for medical education
- 2) Gain tips on how to effectively learn through social media
- 3) Understand the downsides to the use of social media in medical education

# How do we learn as adults?

## Theoretical approaches to learning

Adult learning theory

Transformative learning theory

Reflective practice

Social cognitive theory

Self-directed learning

Situated learning

Communities of practice

Experiential learning

# How do we learn as adults?

Theoretical approaches to learning
Adult learning theory
Transformative learning theory
Reflective practice
Social cognitive theory
Self-directed learning
Situated learning
Communities of practice
Experiential learning

Characteristics of adult learners (compared to children):

- More likely to be self-directed (know their own needs and styles)
- Value learning that integrates with demands of everyday life
- Value immediate application (vs. future application)

We learn by **observing** and **imitating others**

Our learning is impacted not only by *personal factors* and *internal motivation* but by our **environment** as well

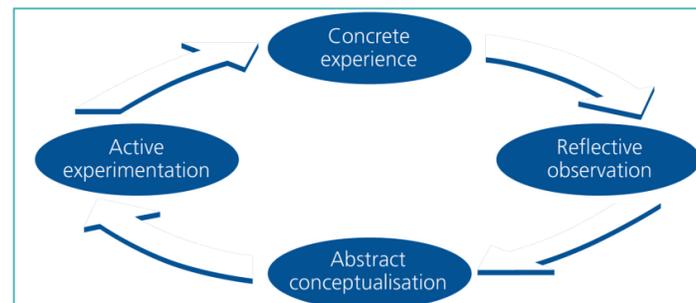


Figure 2.2 Kolb learning cycle.

# What does this have to do with Tiktok?

## What is **social media**?

*Interactive technologies that facilitate the creation and sharing of information, ideas, and other forms of expression through virtual networks or communities*

*- Wikipedia*

*Web-based technologies that facilitate *multi-user interaction* that goes beyond fact-sharing.*

*- Cheston et al. (2013)*

# How might social media help us learn?

## HOW WE LEARN

We value:  
**Integration** with daily life  
**Immediate** applicability  
**Self-direction**

We are **social learners**

We learn by **accumulating experiences** and reflecting

## HOW SOCIAL MEDIA CAN HELP

Content spans multiple modes of delivery, media, and learning styles

Offers asynchronous learning that can be more applicable in the moment

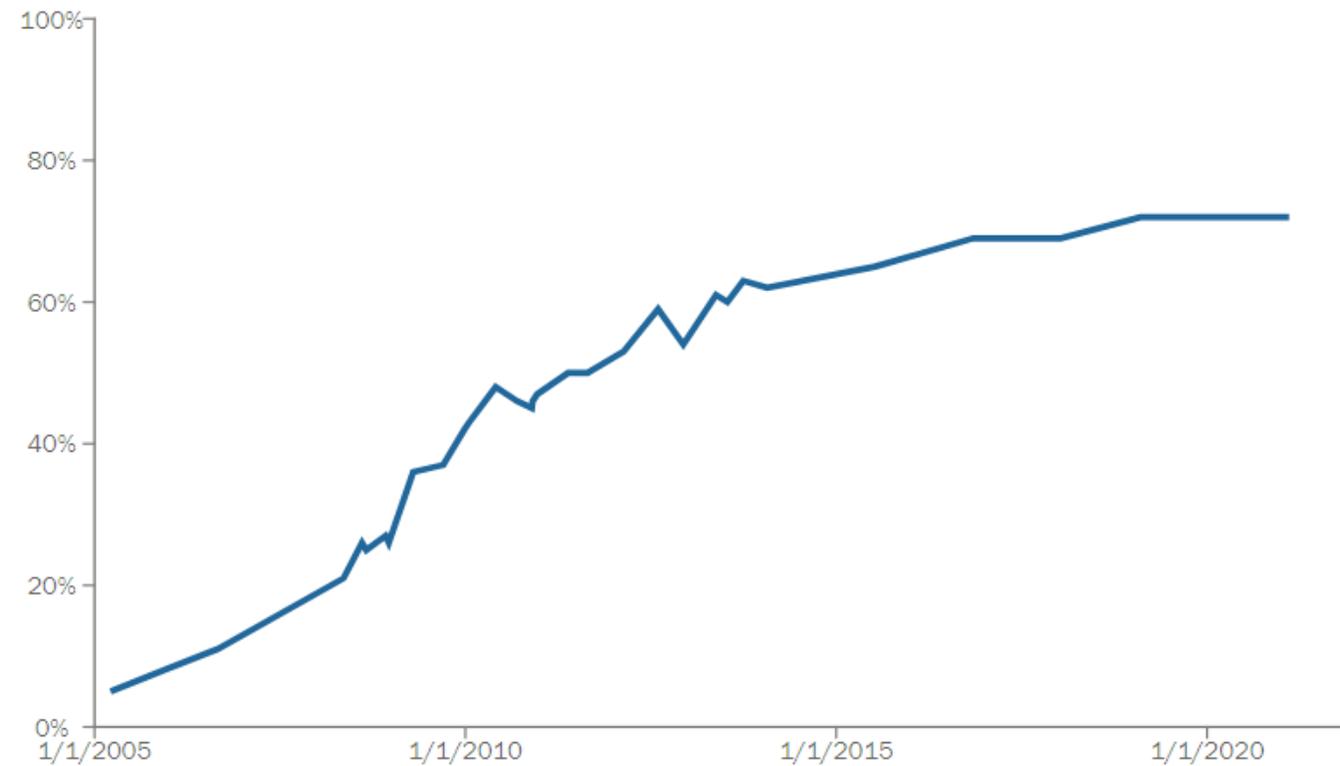
Dramatically expand our learning network

Exponential increase in “experiential knowledge”

# Rising use of social media

## Social media use

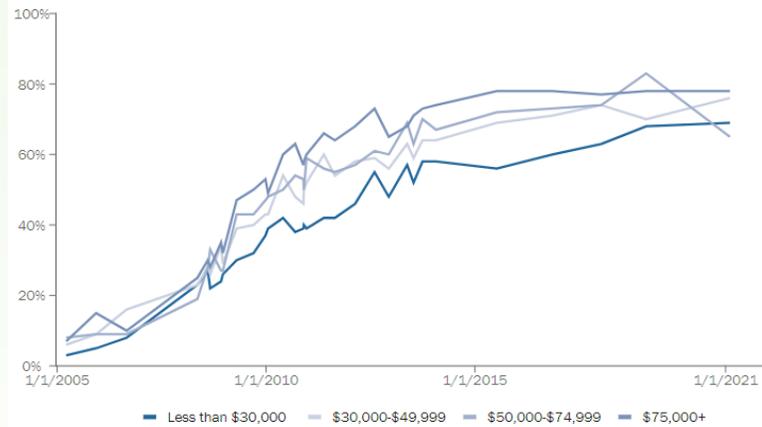
*% of U.S. adults who say they use at least one social media site*



# Rising use of social media

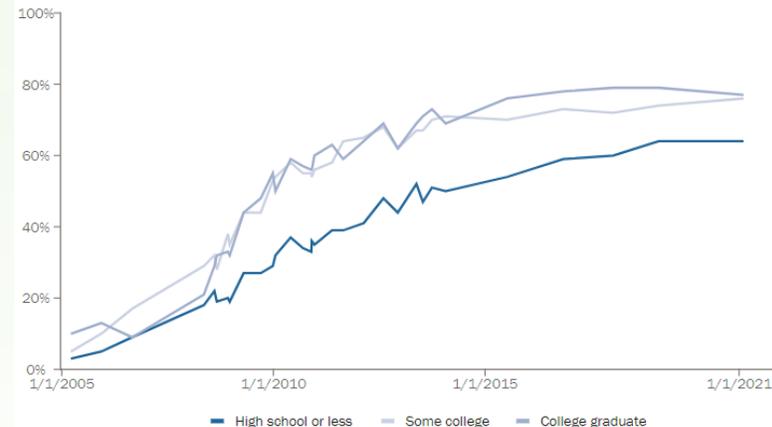
## Social media use by income

% of U.S. adults who say they use at least one social media site, by annual household income



## Social media use by education

% of U.S. adults who say they use at least one social media site, by education level

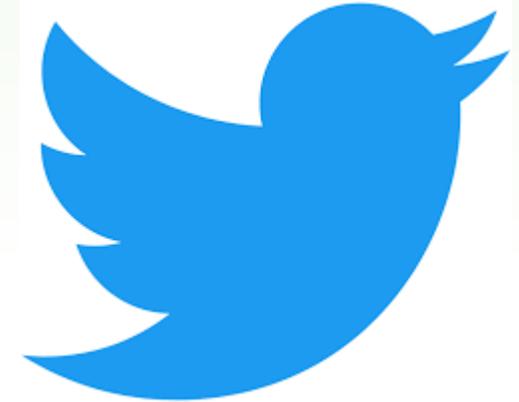


## Social media use by community type

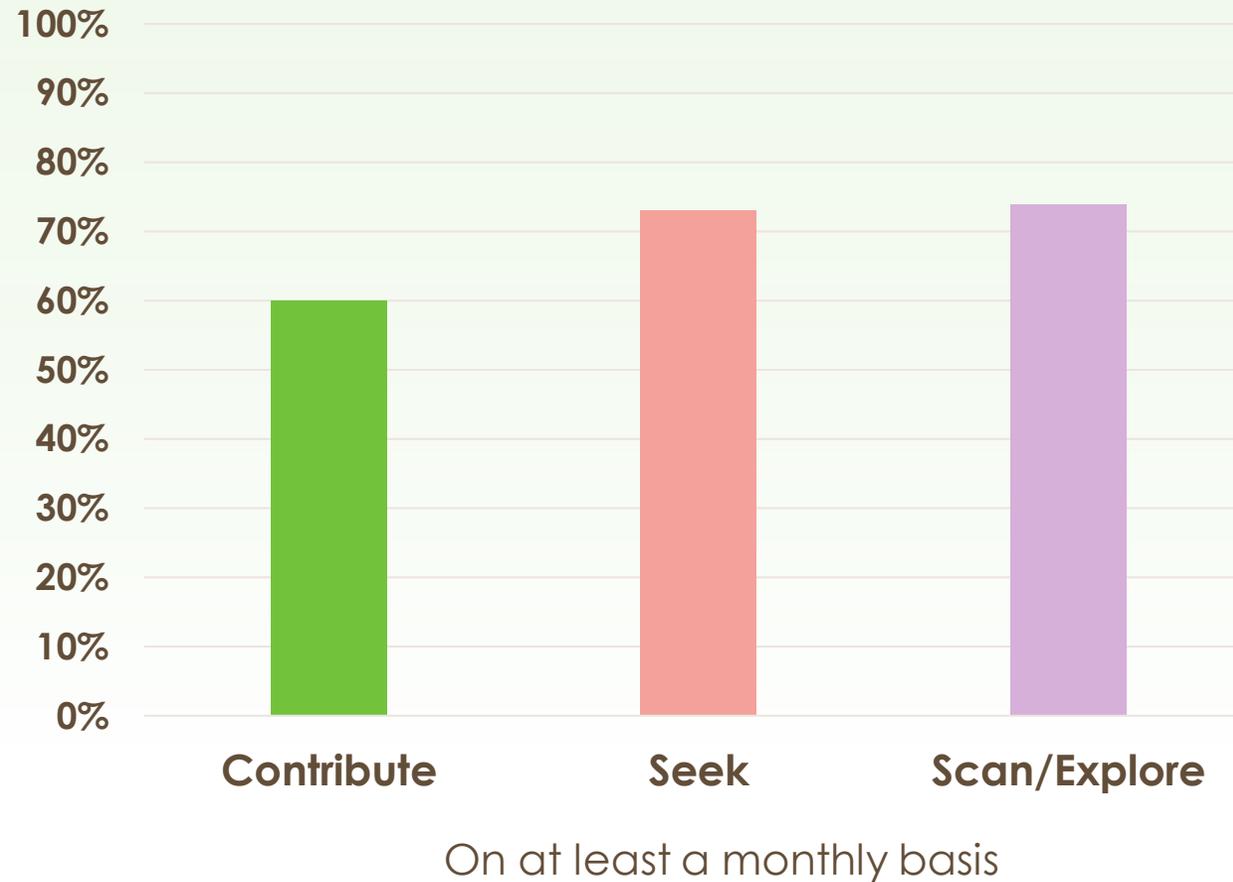
% of U.S. adults who say they use at least one social media site, by community type



What are the platforms?



# Trends in social media use in medicine



# Let's agree on some criticisms first

1 It's a waste of time

2 It's an echo chamber for a small # of people

3 It's too easy to be misunderstood

4 You can violate patient confidentiality

5 Plenty more!

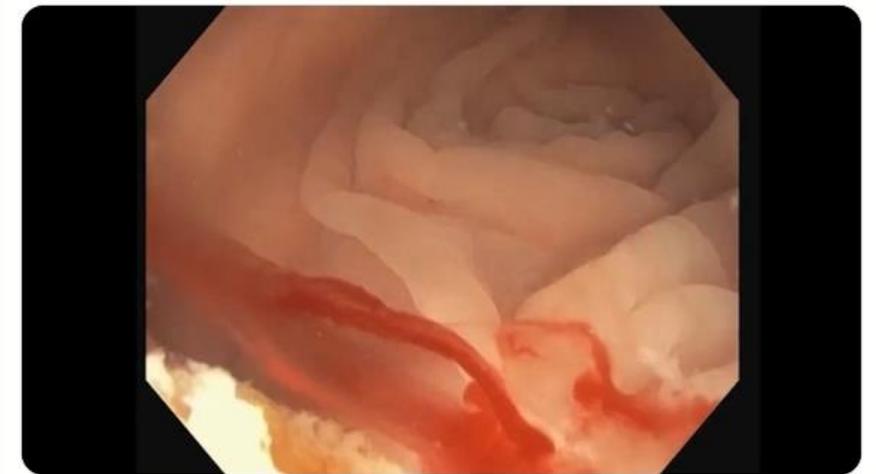
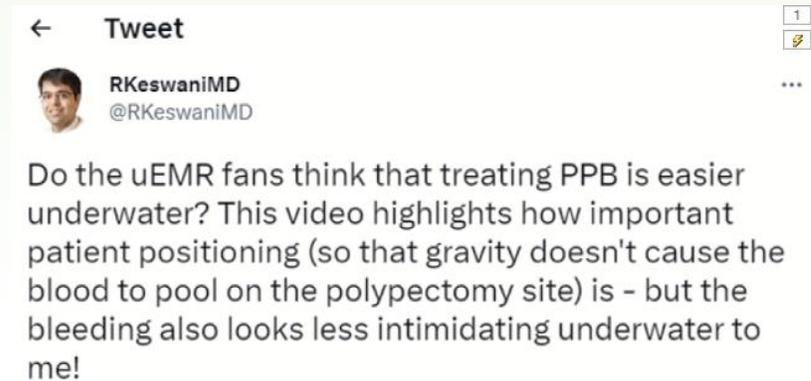
All true  
and yet  
all avoidable

# Variety of content structure and medium

Podcasts



Videos



7:13 PM · Sep 7, 2022

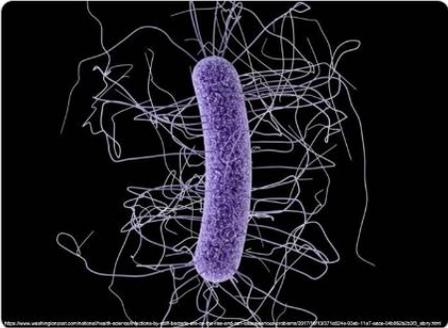
# Variety: Tweetorials

Tony Breu @tony\_breu

1/15  
Why does clostridium difficile infection (CDI) cause marked leukocytosis?

Many of you have likely seen a new WBC >20k and wondered "could this patient have CDI?"

Are you right to wonder? If so, why?



4:38 PM · Jul 26, 2021

Tony Breu @tony\_breu · Jul 26, 2021

Replying to @tony\_breu

2/  
To start, is there a connection?

One of the earliest studies examined patients with WBC >30k. They reported the following rates of CDI:

- ◆ 20% of all cases (excluding those with heme malignancy)
- ◆ 34% of patients with an infectious etiology

[pubmed.ncbi.nlm.nih.gov/12032893/](https://pubmed.ncbi.nlm.nih.gov/12032893/)

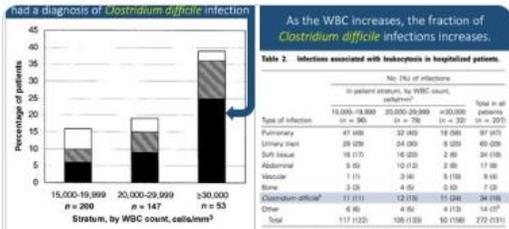


Figure 1. Percentage of patients with clinical findings of Clostridium difficile infection, stratified by WBC count. Black denotes the proportions of patients with laboratory-confirmed diagnosis; hatching denotes the proportions of patients with some clinical or laboratory support for the diagnosis; white denotes the proportions of patients with clinical features

As the WBC increases, the fraction of Clostridium difficile infections increases.

Table 2. Infections associated with leukocytosis in hospitalized patients.

Type of infection	No. (%) of infections in patient stratum, by WBC count, reference*			Total in all patients
	15,000-19,999 (n = 200)	20,000-29,999 (n = 147)	≥30,000 (n = 53)	
Pulmonary	47 (24)	32 (22)	18 (34)	97 (67)
Urinary tract	28 (14)	24 (16)	6 (11)	60 (41)
Soft tissue	18 (9)	16 (11)	3 (6)	37 (26)
Abdominal	5 (3)	10 (7)	2 (4)	17 (12)
Vascular	1 (0)	3 (2)	5 (9)	9 (6)
Other	3 (2)	4 (3)	1 (2)	8 (5)
Clostridium difficile†	11 (6)	12 (8)	11 (21)	34 (23)
Other	0 (0)	4 (3)	4 (8)	8 (5)
Total	117 (59)	108 (73)	60 (113)	273 (183)

NOTE. Data are for infections present at the time leukocytosis was documented. The total number and percentage in each column may exceed the total and 100%, respectively, because of infection not present in some patients.

\* Subjects with a diagnosis of C. difficile infection proven by EIA for case 4.

† Percentage of patients, abstracts not included in abstract-based bases of infectious diseases, bacteremia of unknown cause (2 patients), and infected hematoma, epididymitis, osteomyelitis, and osteomyelitis within 10 patient weeks.

1 4 26

Tony Breu @tony\_breu · Jul 26, 2021

3/  
In another study included 60 patients with unexplained leukocytosis (WBC >15k) and found:

⚡ 58% had CDI ⚡

And: leukocytosis preceded recorded symptoms of colitis in half of the patients.

[pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)  
Clostridium difficile infection in patients with un...  
The majority of patients in our hospital who had unexplained leukocytosis had C. difficile infectio...

1 3 38

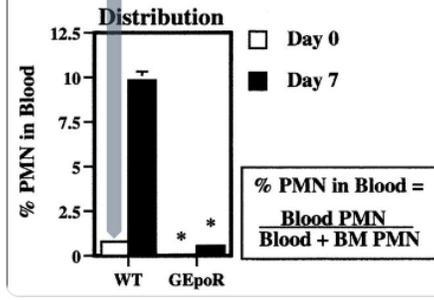
Tony Breu @tony\_breu · Jul 26, 2021

4/  
To understand how CDI leads to marked leukocytosis we must review where the "pool" of mature neutrophils resides.

At baseline, well over 90% of mature neutrophils are in the bone marrow.

[pubmed.ncbi.nlm.nih.gov/12387736/](https://pubmed.ncbi.nlm.nih.gov/12387736/)

At baseline, more than 99% of mature neutrophils are in the bone marrow. <1% are in the blood.



Distribution

% PMN in Blood

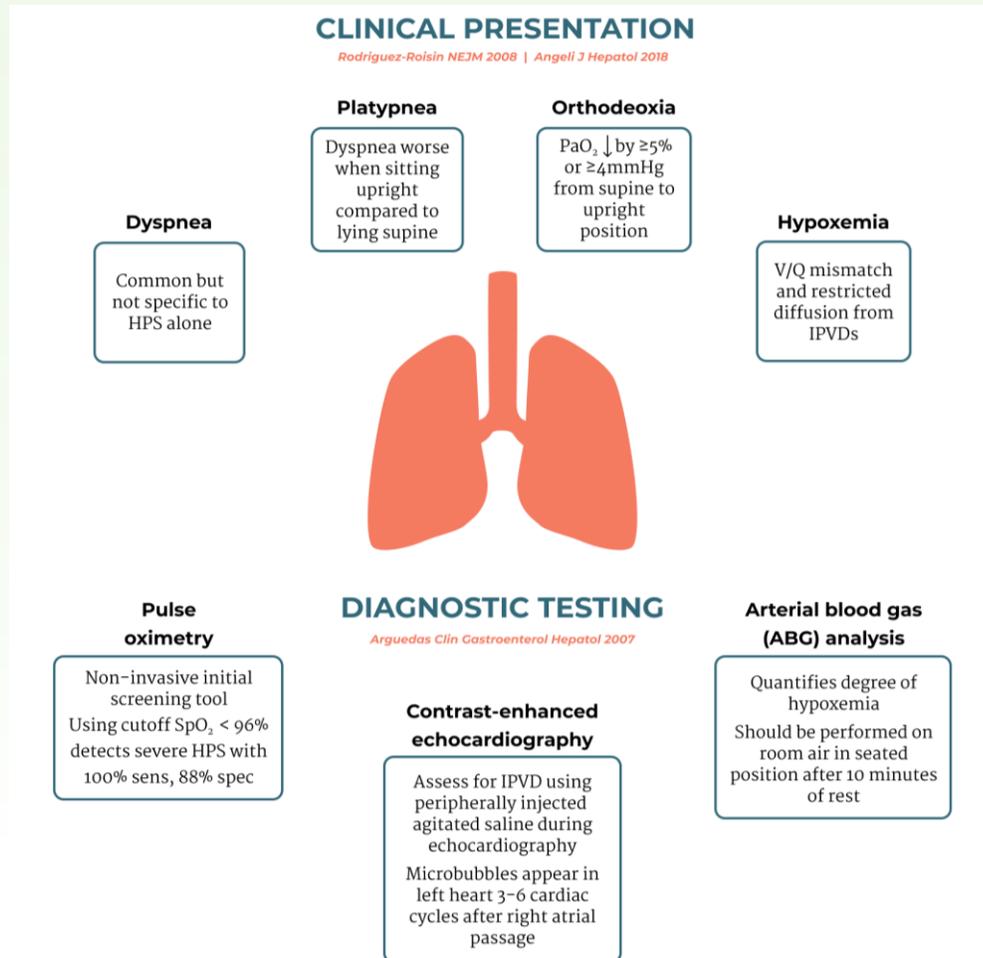
Legend: □ Day 0, ■ Day 7

% PMN in Blood =  $\frac{\text{Blood PMN}}{\text{Blood PMN} + \text{BM PMN}}$

WT GEpoR

2 1 29

# Variety: Infographics



### HPS Diagnostic Criteria

<b>Underlying liver disease</b>	Portal hypertension with or without cirrhosis
<b>Intra-pulmonary vascular dilation</b>	Positive findings on contrast-enhanced TTE Can also be seen on radioactive lung perfusion scanning or pulmonary angiography (in select patients)
<b>Oxygenation defect</b>	PaO <sub>2</sub> < 80mmHg or A-a gradient ≥ 15mmHg (≥20mmHg in patients aged 65 and older) on room air



### Disease Severity

Based on PaO<sub>2</sub> at room air

<b>Mild</b>	≥ 80 mmHg
<b>Moderate</b>	60-79 mmHg
<b>Severe</b>	50-59 mmHg
<b>Very severe</b>	<50 mmHg

**MELD EXCEPTION!**  
If PaO<sub>2</sub> < 60mmHg, can receive exception points

### TREATMENT

There is **no established medical therapy** for HPS

Supportive care with supplemental oxygen if PaO<sub>2</sub> < 60mmHg, goal SpO<sub>2</sub> > 88%

Management of underlying portal hypertension

**Liver transplantation:** results in almost uniform resolution of HPS features

★ Complete resolution of symptoms may take months after transplant

★ *Iyer Am J Respir Crit Care Med 2013*

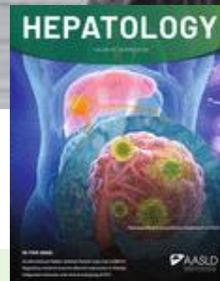
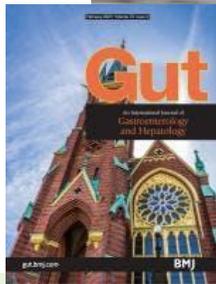
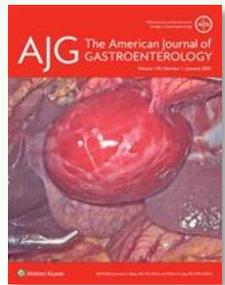
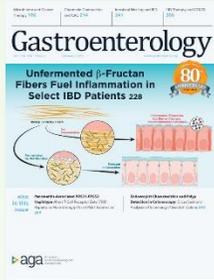


**Content by:** Lizzie Aby  
@lizzieabymd

**Design by:** Hersh Shroff  
@hershshroff

**Review by:** Christopher Moore, MD

# Staying up to date



**DDW2023**  
Digestive Disease Week®  
MAY 6-9, 2023 | CHICAGO, IL  
EXHIBIT DATES: MAY 7-9, 2023



**AIBD** ADVANCES IN  
INFLAMMATORY BOWEL  
DISEASES

**AASLD** Nov. 4-8, 2022  
**The Liver Meeting®**



# Staying up to date

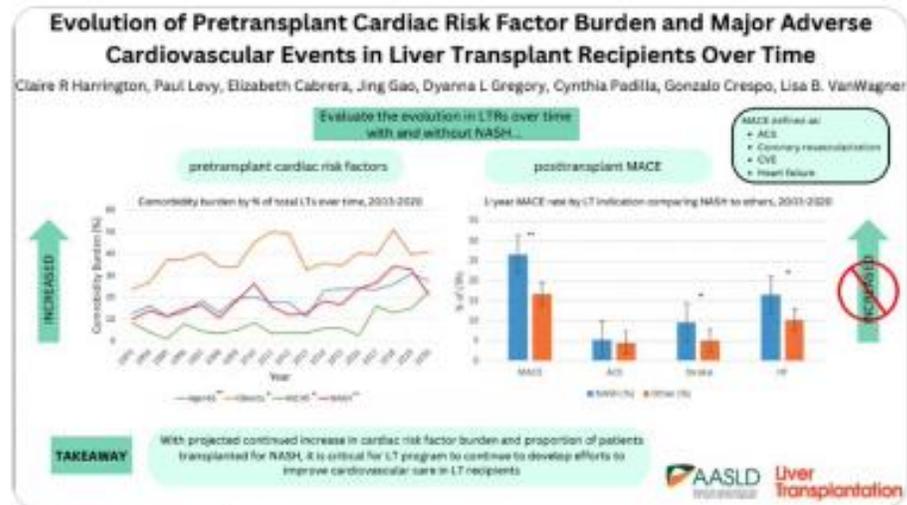


Liver Transplantation Journal (LTxJournal) @LTxJournal · Jan 7

Evolution of pretransplant cardiac risk factor burden and major adverse cardiovascular events in liver #transplant recipients over time

[journals.lww.com/lt/Abstract/99...](https://journals.lww.com/lt/Abstract/99...)

#LiverTwitter



Lisa VanWagner and 2 others

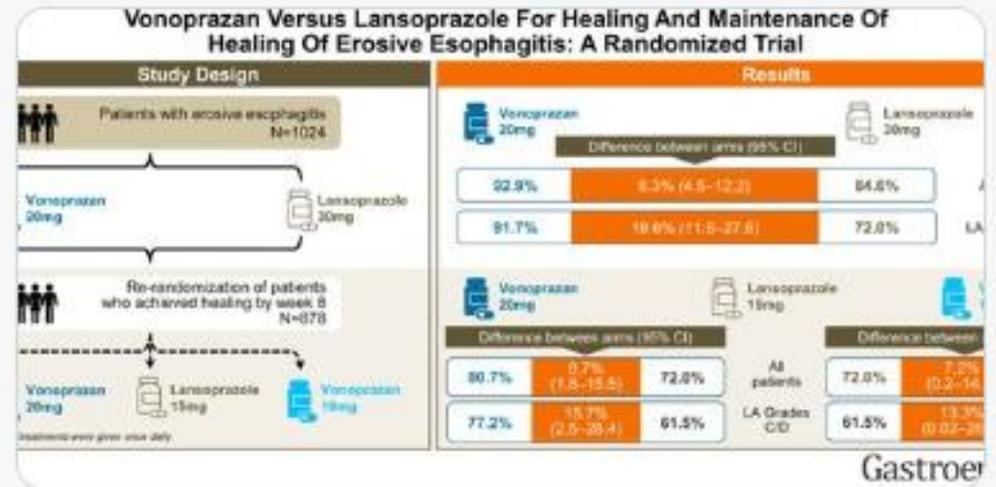
2 3 11 2,744

Show this thread

Gastro

Gastroenterology @AGA\_Gastro · Jan 13

An RCT of vonoprazan vs lansoprazole in >1000 patients with erosive esophagitis showed differences of 8.3% in healing and 7.2-8.7% in maintenance of healing. Differences were greatest in LA Grade C/D: healing: 19.6%, maintenance: 13.3-15.7% [ow.ly/URTT50MkpbM](https://ow.ly/URTT50MkpbM)



18 36 7,106

# Integrate with the demands of life

Choose

Journals, societies, annual meetings of interest to you

Find

The social media accounts of the above parties of interest

Follow

Hashtags for coverage of important meetings (DDW, The Liver Meeting, etc)

Learn

Look out for online journal clubs or literature review



# Baveno VII Conference



**BavenoVII** @BavenoVII · Oct 29, 2021

1/📖  
Part **2** of Session **3**

Acute variceal bleeding 🩸

🪑 Chaired by Profs. @VirginiaHdezGea and D. Thabut

👤 Panelists: @acv69cardenas, @escorsell, G. Han, @XxuefengL, @DavidPatch1, @bogdanprocopet and M. Rudler

📖 #Livertwitter, follow this 📖



EASLnews and 8 others

1 17 20



**BavenoVII** @BavenoVII · Oct 29, 2021

2/3

🦠 Bacterial infections in patients with AVB  
[pubmed.ncbi.nlm.nih.gov/33845059/](https://pubmed.ncbi.nlm.nih.gov/33845059/)

➡️ **SOON** Preemptive TIPS  
[pubmed.ncbi.nlm.nih.gov/32980344/](https://pubmed.ncbi.nlm.nih.gov/32980344/)  
[pubmed.ncbi.nlm.nih.gov/32339602/](https://pubmed.ncbi.nlm.nih.gov/32339602/)

💊 Impact of anticoagulation  
[pubmed.ncbi.nlm.nih.gov/25773591/](https://pubmed.ncbi.nlm.nih.gov/25773591/)

📖 Statements 🗨️



Keith Siau and 9 others

1 16 22

# Increase your “experiential” knowledge



Lizzie Aby, MD  
@LizzieAbyMD

Came upon a question about CRC screening post LT for PSC (in a patient w/o colitis) in DDSEP 10 & the answer was "colonoscopy yearly"

I was reading guidelines but there isn't much data on screening intervals for PSC w/o colitis post LT

What interval do folks use?

#livertwitter



226 votes · Final results

7:38 PM · Oct 16, 2022



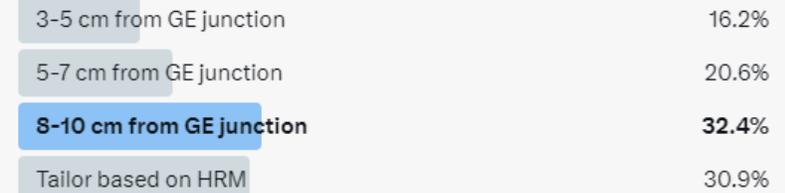
#ScopingSundays Retweeted

Benjamin Clement, MD @BenClement\_MD · Jan 22

Replying to @BenClement\_MD @ScopingSundays and 22 others

Where do you typically begin your myotomy in POEM?

#ScopingSundays #GITwitter



68 votes · Final results

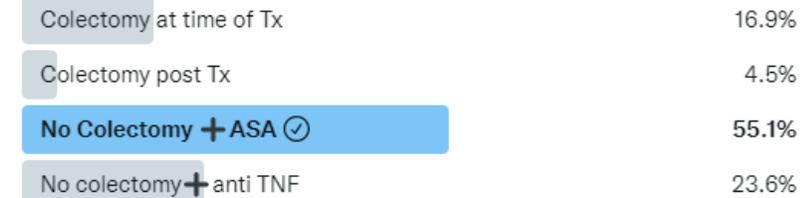
3 replies · 2 retweets · 5 likes · 845 views



Batul Kaj-Carbaidwala @dr\_bkaj · Jun 29

Ok #LiverTwitter, need 🙏 help!

Teenaged patient with mild UC but cirrhosis and portal HTN from PSC-AIH. Liver transplant evaluation and re-staging endoscopy in process. Assuming histologically mild, would you recommend:



89 votes · Final results

1 reply · 3 retweets · 7 likes

# Multi-disciplinary case conferences

# IBD LIVE



The Cleveland Clinic Foundation Center for Continuing Education acknowledges educational grants for partial support of this activity from:

**Ferring Pharmaceuticals Inc., Takeda Pharmaceuticals U.S.A. Inc., Janssen Scientific Affairs, LLC, and AbbVie Inc.**

[Upcoming Live Webcasts](#)

[Archived Webcasts - 2023](#)

[Archived Webcasts - 2022](#)

[Archived Webcasts - 2021](#)

[Archived Webcasts - 2020](#)

[🔗 December 15th, 2022 7:00 AM Eastern](#)

**Agenda:**

45 year old man with Crohn's disease and small bowel adenocarcinoma  
47 year old female with multifocal colonic strictures

**Presenting Sites:**

Yale  
Moffitt Cancer Center

[🔗 December 1st, 2022 7:00 AM Eastern](#)

**Agenda:**

Young woman with infrequent pouch symptoms and ileoanal stricture  
46-year-old Female with UC s/p IPAA with Inability to Empty Her Pouch

**Presenting Sites:**

UPMC  
Mayo Clinic

[🔗 November 17th, 2022 7:00 AM Eastern](#)

**Agenda:**

A 57 year old man with pouchitis  
Shared decision making and multifocal dysplasia

**Presenting Sites:**

Mayo Clinic FL

# Multi-disciplinary case conferences

Check out the upcoming [@AASLDtweets](#) Clinical Practice SIG Virtual Case Conference Series

 12/15/21

 5:15-6:15p EST

[aasld.zoom.us/meeting/regist...](https://aasld.zoom.us/meeting/regist...)

Featuring a great group of moderators & panelists, including LFN team members: [@ALBoothMD](#) [@ParitaPatelMD](#) & Sarang Thaker!

[#livertwitter](#)



## Clinical Practice Special Interest Group Virtual Case Conference Series

### **Multidisciplinary Case Conference on The Challenging Autoimmune Hepatitis Patient**

#### **Panelists:**

Dr. Adam Booth – Pathologist, Northwestern University  
Dr. Rajami Sharma – Hepatologist, Columbia University  
Dr. Kidist Yimam – Hepatologist, California Pacific Medical Center

#### **Moderators:**

Dr. Jennifer Guy, Hepatologist, California Pacific Medical Center  
Dr. Karen Krok, Hepatologist, Penn State Medical Center  
Dr. Parita Patel, Advanced Hepatology Fellow, Northwestern University  
Dr. Sarang Thaker, Gastroenterology and Transplant Hepatology Fellow, University of Illinois Chicago

**Wednesday, December 15, 2021**

**Time: 5:15 - 6:15 EST**

[Registration Link](#) | Passcode: AASLDSIG

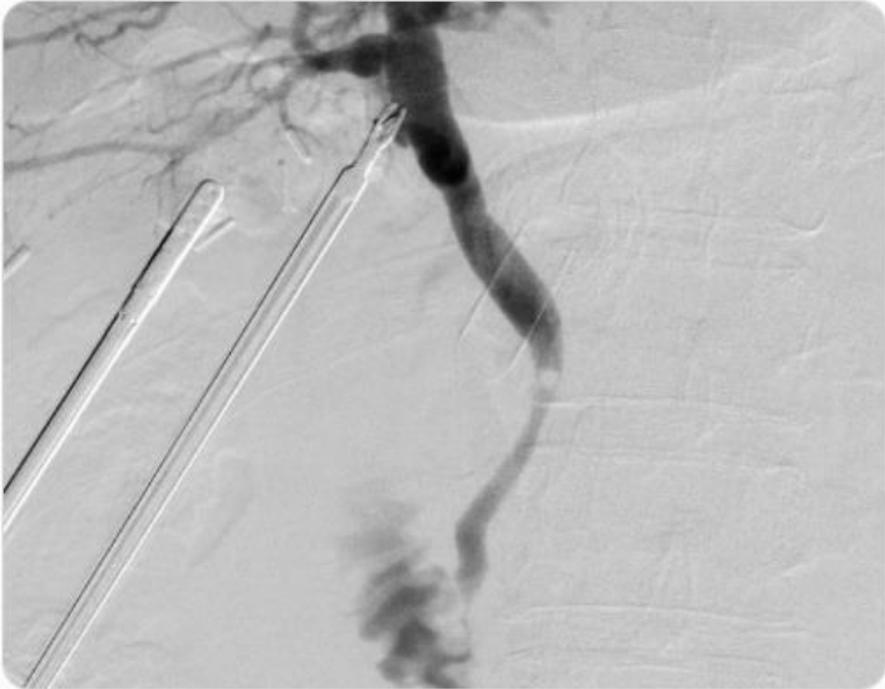
#### **Key questions to be discussed:**

1. Treatment of patients with overlap AIH/PBC
2. What treatment options should be considered outside of steroids and Imuran?
3. Treatment of complex and resistant AIH

# Expand your learning network

 **Ezra Teitelbaum** @EzraTeitelbaum · Jan 11

Interesting intraop cholangiogram during lap cholecystectomy. What's going on and what would you do next??  
[@cutitoutPODCAS1](#) [@EricKnauerMD](#) [@mj\\_pucci](#) [@htjacks](#) [@LibbyMD823](#) [@JJFordeMD](#) [@RKeswaniMD](#)



15 7 36 41.9K

 **Kate N Tomasino, PhD**  
@DrKateTomasino

Just turned in my slides for a patient education event for the [@CrohnsColitisFn](#) on food-related quality of life and [#bodyimage](#) in [#IBD](#) on Tues Nov 15 @ 7pm CT. If interested register here - really looking forward to this!  
[crohnscolitisfoundation.org/events/diet-bo...](https://crohnscolitisfoundation.org/events/diet-bo...)  
[#gastropsych](#) [@DoerflerBethany](#)

 [crohnscolitisfoundation.org](https://crohnscolitisfoundation.org)  
Diet, Body, and your IBD  
Join us on Tuesday, November 15 at 8:00pm ET/7:00pm CT/6:00pm MT/5:00pm PT for the next webinar in our ...

6:01 PM · Nov 2, 2022

# Expand your learning network

**NorthwesternIR**  
@NorthwesternIR

Our first non cirrhotic trans-splenic PVR TIPS 2014 for massive variceal bleed and cavernoma in 35 yo (1/3) @SIRspecialists @cirsesociety @AASLDTweets @EASLnews



**Paulo Martins MD, PhD, FACS**  
@Paulo\_MartinsMD

We are recruiting #liver #transplant centers from all over the world for a study to establish reliable early allograft dysfunction predictive models.

Please, spread the word!! Info below.

PIs: @Alfonso\_AVOLIO and @VatcheAgopianMD



**INTERNATIONAL MULTICENTER PROSPECTIVE, NON-COMPETITIVE, OBSERVATIONAL STUDY TO VALIDATE AND OPTIMIZE PREDICTION KINETIC MODELS OF 90-DAY AND 1-YEAR ALLOGRAFT FAILURE AFTER LIVER TRANSPLANTATION**

**THE IMPROVEMENT STUDY**

**Sponsoring Committee**

- Vatche Agopian (PI)
- Alfonso Avolio (PI)
- Patricia Hines (PI)
- Kris Costner (PI)
- Walter J.G. Jansz (PI)
- Blaise Egawa (PI)
- Christoph Frenkel (PI)
- Zhenyong Guo (PI)
- Quang Ha (PI)
- Paulo Martins (PI)
- Robert D. Mookherjee (PI)
- Walter Pories (PI)
- Christina Opsahl (PI)
- Mehmet H. Sahin (PI)
- Harshad Rajivsinhji (PI)
- Christoph L. Loh (PI)

The IMPROVEMENT study is an observational and non-competitive study aimed to validate and optimize prediction kinetic models of 90-day and 1-year allograft failure after liver transplantation. It includes a prospective cohort, reserved for high-volume Centers (>65 transplants per year), and a retrospective one reserved for intermediate and low-volume Centers (<65 transplants per year). High-volume Centers may participate in prospective and retrospective enrollment. Standard Deceased Donor grafts, Extended Criteria grafts, Critical Care Donor grafts, and Living Donor grafts will be included according to the practices of Centers. Each Center is invited to enroll a fixed number of consecutive grafts (50 for the prospective cohort and 75 for the retrospective cohort). Notably, the histological assessment of graft steatosis obtained after graft reperfusion is desirable (prospective cohort). Furthermore, patients will be prospectively evaluated by daily, nutritional, and serologic assessments to document the indications contraindications to re-transplant. The degree of cardiac dysfunction, renal failure, respiratory failure, abdominal and lung edema, sepsis, and septic shock will be also investigated as well as technical issues potentially leading to allograft failure.

In this repository, the study protocol with annexes, the approval by the Ethics Committee of the promoting Center, a set of slides, the FAQs and the articles inherent to the study are available for download.

For information of [improvement@northwestern.edu](mailto:improvement@northwestern.edu) or [VJansz@northwestern.edu](mailto:VJansz@northwestern.edu) PRESS [↔](#) to [download files](#)



# Flatten traditional hierarchies



Why do we give albumin to patients w/ #cirrhosis w/spontaneous bacterial peritonitis?

Check out this evidence corner by @LizzieAbyMD: [liverfellow.org/post/albumin-i...](https://liverfellow.org/post/albumin-i...)

For the full @NEJM article: [nejm.org/doi/10.1056/NE...](https://nejm.org/doi/10.1056/NE...)

#livertwitter #GITwitter #MedEd #FOAMed

**Evidence Corner** Why do we give albumin to patients with cirrhosis with spontaneous bacterial peritonitis?

**Context:** Patients with cirrhosis and spontaneous bacterial peritonitis develop renal impairment, but effective treatments for this were unclear.

**Article Title:** Effect of Intravenous Albumin on Renal Impairment and Mortality in Patients with Cirrhosis and Spontaneous Bacterial Peritonitis (SBP)

**Authors:** Sart F, Navasa M, Arroyo V et al.

**Journal:** New England Journal of Medicine

**Year:** 1999

**PMID:** 10432325

**Study type:** Multi-center, open-label, randomized control trial

**P:** in patients with cirrhosis that have spontaneous bacterial peritonitis  
**I:** does IV albumin at 1.5g/kg body weight (within 6 hours) on day 1 and 1g/kg body weight on day 3 + IV cefotaxime  
**C:** as compared to IV cefotaxime alone  
**O:** decrease rates of renal impairment (defined as: an increase in blood urea nitrogen (BUN) or creatinine >50% resulting in a BUN >30 mg/dL or creatinine 1.5 mg/dL (for those without renal failure at baseline) and an increase in BUN or creatinine >50% (for those with renal failure at baseline))

**Who was in it?**  
 120 adult patients (18-80 years of age) with SBP, defined as a PMN count in the ascites fluid of >250/mm<sup>3</sup>  
**Excluded:** Baseline renal impairment (> 3mg/dL), shock, antibiotics in the week prior to diagnosis, other infections, gastrointestinal bleeding, grade 3 or 4 hepatic encephalopathy, ileus, cardiac failure or HIV.

**What did it show?**

- Fewer cirrhotic patients treated with cefotaxime + albumin developed renal impairment compared to cefotaxime alone (p=0.002)
- Cirrhotic patients treated with cefotaxime + albumin had a lower in hospital mortality and mortality at 3 months compared to cefotaxime alone (p=0.01 and p=0.03 respectively)
- There were no differences in duration of antibiotic therapy, resolution of infection, or hospital length of stay between groups (p=0.48, p=0.36, and p=0.48 respectively)
- Baseline serum bilirubin, baseline creatinine levels and treatment with cefotaxime were independent predictors of the development of renal impairment (p<0.001, p=0.01, and OR 4.6; 95% CI 1.3-16.1; p=0.02 respectively)
- Serum bilirubin, BUN, prothrombin time at baseline as well as cefotaxime alone were independent predictors of mortality (p<0.01, p=0.001, p=0.01, and OR 4.5; 95% CI 1.0-20.9; p=0.05)

OUTCOME VARIABLE	CEFOTAXIME (N=62)	CEFOTAXIME PLUS ALBUMIN (N=62)	P VALUE
Resolution of infection — no. (%)†	59 (94)	62 (98)	0.36
Duration of antibiotic therapy — days	6±1	5±1	0.48
Paracetamol for ascites after resolution of infection — no. (%)‡	16 (26)	14 (22)	0.83
Hospital stay — days	13±1	14±1	0.48
Renal impairment — no. (%)	21 (32)	6 (10)	0.002
Death — no. (%)	18 (29)	6 (10)	0.01
At three months§	26 (41)	14 (22)	0.03

**Strengths**

- Multi-center, randomized control trial

**Weaknesses**

- Open-label, not blinded
- No published details regarding the fluid management in the control group
- Not powered to study the primary outcomes

**Take away:**  
 In patients with cirrhosis with SBP, giving albumin in addition to IV antibiotics is associated with less renal impairment and mortality.

Followed by some Tweeters you follow

**Rohit Mehtani** @RohitMehtaniDM · Jul 20, 2020

Replying to @LiverFellow @LizzieAbyMD and @NEJM

I am yet to find a convincing rationale behind the dose of albumin used. We have been using daily albumin 20-40g for 3-5 days and have seen similar results.

1 2

**Hersh Shroff** @HershShroff · Jul 20, 2020

Replying to @RohitMehtaniDM @RohitMehtani and 3 others

Good point. As far as I know the dose chosen in this trial was arbitrary. Have not been able to find any evidence to suggest otherwise.

Anyone else? #livertwitter

1 2

**jaumbosch** @jaumbosch9 · Jul 21, 2020

Replying to @LiverFellow @LizzieAbyMD and @NEJM

✳️ Certainly, the dose was arbitrary, but based on an “educated guess”

✳️ It could be that the same can be achieved by a lower dose, but needs to be proven !!

1 1 11

# Flatten traditional hierarchies



**Hannah Abrams**  
@HannahRAbrams

Dear [#medtwitter](#): I'm working on the script for a [@thecurbsiders](#) episode on TB with the extraordinary [@DocWoc71](#). What questions do you have about diagnosis, med management, & followup for TB in primary care? I will try to work in as many social media q's as I can! [#IDtwitter](#)

3:06 PM · Jun 4, 2019



**Robert Centor MD MACP** [medrants@med-mastodon.com](#)  
[@medrants](#)

Should we move to quantiferon testing?  
Do we need isolation in the absence of productive cough?

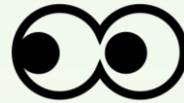
 **Hannah Abrams** [@HannahRAbrams](#) · Jun 4, 2019  
Dear [#medtwitter](#): I'm working on the script for a [@thecurbsiders](#) episode on TB with the extraordinary [@DocWoc71](#). What questions do you have about diagnosis, med management, & followup for TB in primary care? I will try to work in as many social media q's as I can! [#IDtwitter](#)

3:48 PM · Jun 4, 2019

# Summary and strategies

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**Search** for content that fits your **life** and **learning style**



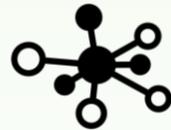
- **Subscribe** to a podcast or video series
- **Save** videos or links for future patient care situations

**Curate** your following via **topics** or **hashtags**



- **Push notifications** for specific medical journal accounts
- **Hashtags** for real-time academic conference updates

**Increase** the size and reach of your **network**



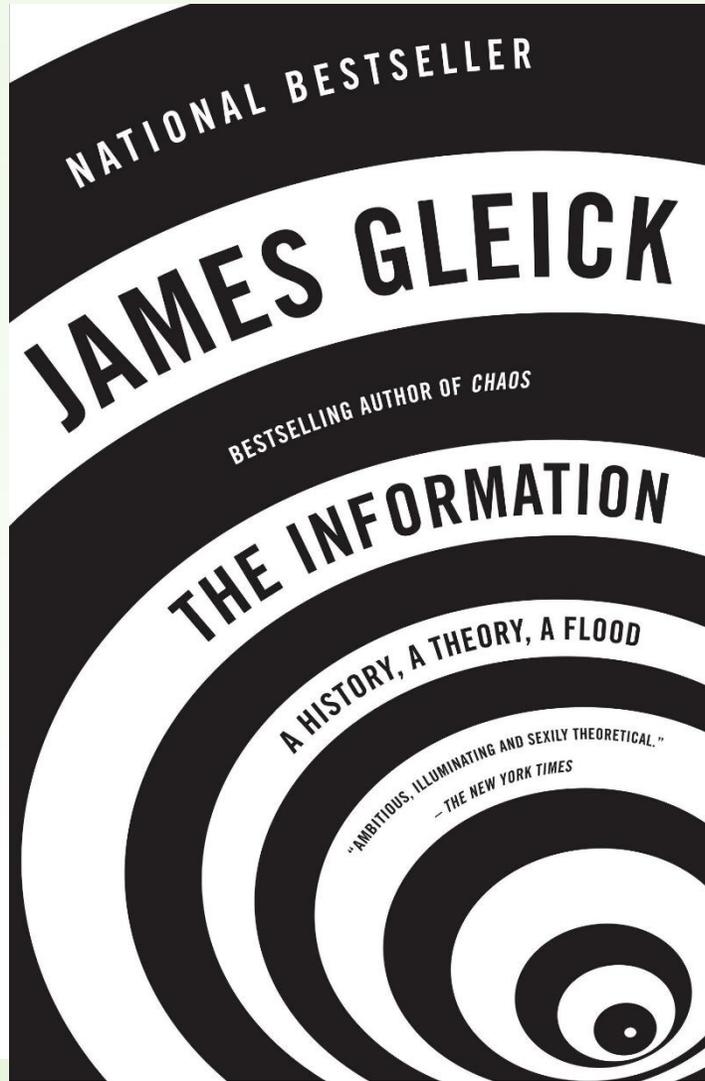
- **Follow** individuals in adjacent fields
- Aim to **connect** with one new colleague on periodic basis

**Engage** with the community through **posts** and/or **questions**



- **Share** an interesting fact or journal article
  - **Respond** to polls about patient scenarios
  - **Ask** questions of your own (you never know who might respond!)
-

# Downsides



**When information is cheap,  
attention becomes  
expensive.**

- James Gleick, *The Information: A History, A Theory, A Flood*

# To revisit those criticisms...

**1** Time and attention are precious, so use social media only as it fits with your needs

**2** Try to broaden whom you follow to avoid it becoming an echo chamber

**3** Be respectful (as you would in real life)

**4** Know your institution's policies; never post patient identifiers; if in doubt, get consent!

# CME/MOC QUESTION

Which of the following is not an appropriate strategy for using social media in medical education?

- A) Post a patient's picture to demonstrate a physical exam finding
- B) Create a Twitter profile with a short biography and follow individuals in your field
- C) Respond to a thread with your own thought-provoking question or idea
- D) Post a question about a clinical scenario to get the opinions' of others in your field

# CME/MOC ANSWER

Which of the following is not an appropriate strategy for using social media in medical education?

- A) Post a patient's picture to demonstrate a physical exam finding**
- B) Create a Twitter profile with a short biography and follow individuals in your field
- C) Respond to a thread with your own thought-provoking question or idea
- D) Post a question about a clinical scenario to get the opinions' of others in your field

# Thank you

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TWITTER: @HERSHSHROFF