

Use of Twitter for Professional Development

@JohnCarlsonMD

@TulPeds

@TulaneMedicine

#Disclosures

- None

Objectives

- Describe the evidence that use of social media aids in dissemination of research
- Explain the features of social media profiles that enhance professional credibility
- Identify professionalism pitfalls in the use of social media and strategies to avoid them

Why use social media?

Dissemination:

- Unilateral dissemination of your research
 - To the public
 - To researchers
- Bidirectional engagement with your research
 - Answering questions/providing context
 - Building collaborative networks

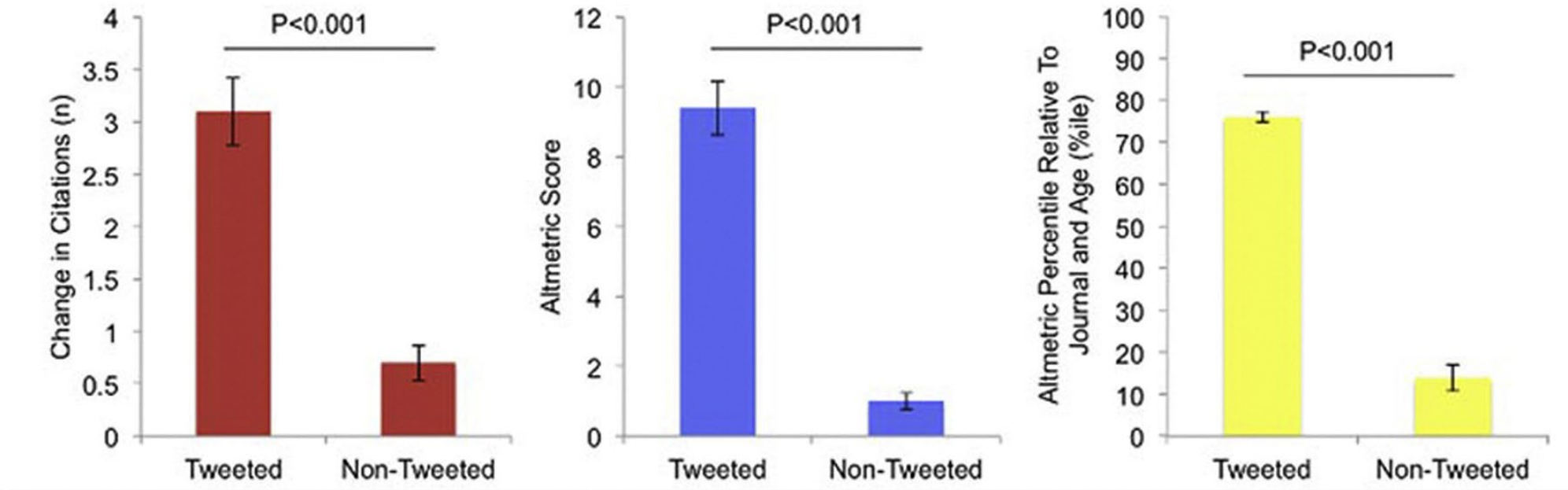
Professional development:

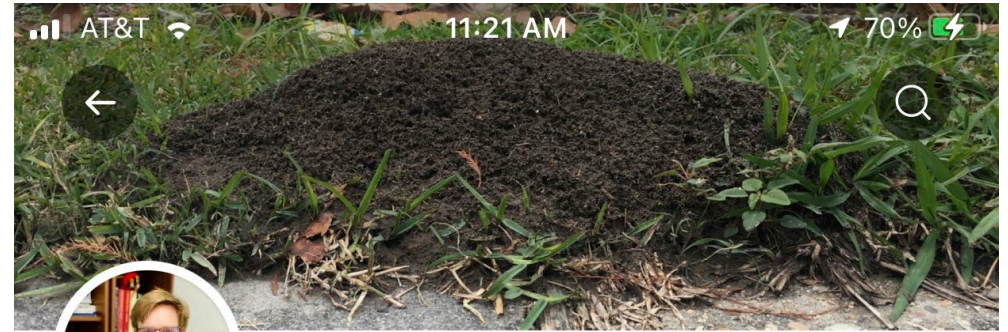
- Learning
 - From the public on Twitter
 - From experts inside/outside your field
- Branding
 - Publicly showing who you are
 - Learning scientific communication skills

112 representative original articles were randomized 1:1 to be tweeted via TSSMN or a control (non-tweeted) group.

Measured endpoints included citations at 1 year compared with baseline, as well as article-level metrics (Altmetric score) and Twitter analytics.

One-Year Outcomes of the Thoracic Surgery Social Media Network Randomized Prospective Social Media Trial





Edit profile

John Carlson

@JohnCarlsonMD

Allergist/immunologist, entomologist/
parasitologist, pediatric residency director and
allergy/immunology fellowship director
[@tulanemedicine](#) [#EntomologyConsult](#)

[Translate bio](#)

Medical & Health New Orleans, LA

medicine.tulane.edu/departments/me...

Joined February 2017

1,324 Following **1,512** Followers

Tweets

Tweets & replies

Media

Likes

Header photo

Profile photo

Name

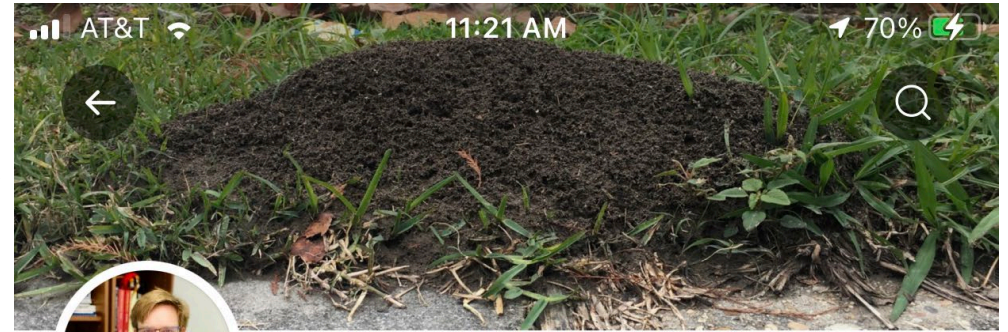
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Bio

Location

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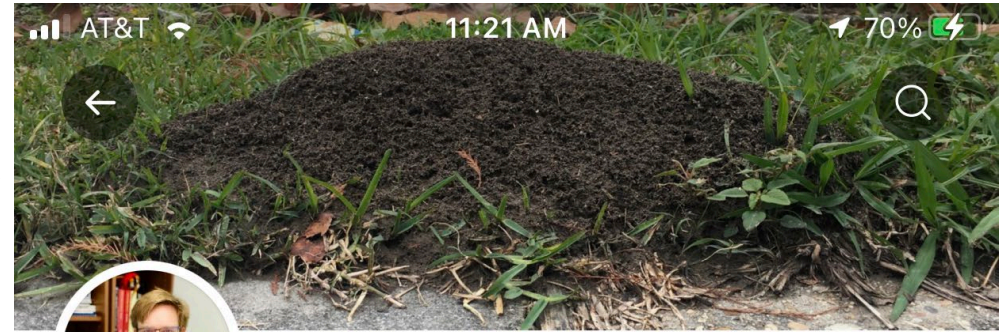
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The goal is credibility and clarity!

What do you want to tweet about?

- Plan for longitudinal engagement...
 - What subjects do you often think about?
 - What subjects make you excited/happy?
 - What parts of your professional identity make you proud?

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This is your “brand”

Try to keep 80% of messages on topic

It's ok to change your brand!

the first time- on his thumb!-
and now he has hives. Is this
likely to cause an emergency?
Now or later?

My guess is no and no but I
figured, if you know a pediatric
bugbite allergist, better take
advantage when you can! 😊



Text Message



Re: Fire Ant Question



Atkinson, Evan M

To El-Dahr, Jane M; Carlson, John C

Cc Finley, Abigail N; Grieb, Alegra V; Hajirawala, Monica L; Huntwork, Margaret P;

| | | | |
|------------------------|--------|-------|-------------|
| Paper Wasp IgE | 0.16H | kU/L | Ref: < 0.10 |
| Yellow Hornet IgE | < 0.10 | kU/L | Ref: < 0.10 |
| Yellow Jacket IgE | < 0.10 | kU/L | Ref: < 0.10 |
| White Faced Hornet IgE | < 0.10 | kU/L | Ref: < 0.10 |
| Honey Bee IgE | < 0.10 | kU/L | Ref: < 0.10 |
| Bumble Bee Venom IgE | < 0.10 | kU/L | Ref: < 0.10 |
| FIRE ANT IgE | 0.28H | kU/L | Ref: < 0.10 |
| TRYPTASE | 3.5 | mcg/L | Ref: < 11.0 |

"Doing the venom skin test today and will probably schedule the fire ant as well..."

What would you do in this case?

the first time- on his thumb!-
and now he has hives. Is this
likely to cause an emergency?
Now or later?

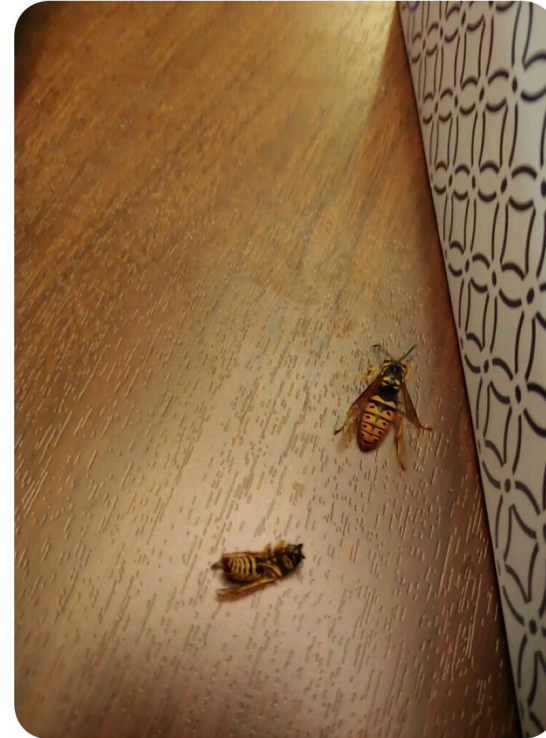
My guess is no and no but I
figured, if you know a pediatric
bugbite allergist, better take
advantage when you can! 😊



Text Message



I post post questions that
people send me about insect
bites/stings on Twitter. Can I
use your question and photo?
No names will be named!



Text Message



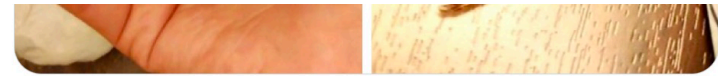


John Carlson @JohnCarls... · 9/28/21 ...

#EntomologyConsult: a toddler grabbed an insect and was stung on the thumb. Very soon after, they developed diffuse hives. No breathing/GI/CV concerns. No previous stings. Is this a dangerous reaction?



2 3 11



2 3 11



John Carlson @JohnCarls... · 9/28/21 ...

The risk of a future anaphylactic reaction is highest in those with a previous episode of anaphylaxis. A reaction that only involves the skin is not anaphylaxis, and we do not routinely desensitize these patients or prescribe epi. There is nuance; we assess each case separately.

1 1 6



John Carlson @JohnCarls... · 9/28/21 ...

It is unclear how venom reactions are triggered by a first exposure with a sting. It may be from pre-existing cross-sensitization or direct action of venom on mast cells. We have yet to figure out how to identify patients at high risk for first reactions for venom, food or meds

4



🔒 Tweet activity



John Carlson @JohnCarlsonMD · Sep 28, 2021



#EntomologyConsult: a toddler grabbed an insect and was stung on the thumb. Very soon after, they developed diffuse hives. No breathing/GI/CV concerns. No previous stings. Is this a dangerous reaction?

[Show this thread](#)



11



3



2

Impressions ⓘ

2,963

Engagements ⓘ

349

Detail expands ⓘ

153

New followers ⓘ

0

Profile visits ⓘ

11

Build your social media network

- 1) Organizations with which you interact: @AmerAcadPeds @ECHOChildHealth
- 2) People with whom you collaborate/work: @jsnowdenlab
- 3) Accounts that interact with you (if you want to hear what they say): advocacy groups
- 4) People that follow you (if you want to hear what they say): experts, non-experts
- 5) People with similar interests as you discover them: #tweetiatrician

How to interact

- Retweet with comment = most effective interaction
- Retweet without comment = adding to your feed
- Commenting = adding your 2 cents to someone else's feed
- Liking = :-)



John Carlson @JohnCarlsonMD · 1d ...

Why is it so hard to remove an embedded tick? Look at those recurved barbs on the mouthparts! Great photo!



Ronel Pienaar @RonelPien... · 2d

Check out the teeth!!
Nasty #larva



Being social

- What can you add to the conversations that are happening?
 - Your hyper-specific expertise
 - Your specialty's expertise (Fact check yourself!)
 - Your local context
 - Your opinion
- Gratitude
- Championing

Adding extra

- Links: eg to guidelines or articles
- Photos
- Polls
- Videos

- Tags: to bring people into the conversation
 - Credit: Thanks to @jsnowdenlab from @ECHOChildHealth for having me today!
 - Questions: Having an outbreak of headlice in New Orleans; what's going on in Arkansas, @jsnoedenlab?
- Hashtags: to specify a topic of broader interest
 - Clickable: I love picking #headlice out of people's hair!
 - Bots: #MedEd #NeoTwitter
 - Follow (similar to following accounts): #NOLA

- Emotion

Controversies: How do you want to be seen?

- Clothing
- Alcohol
- Sarcasm
- Cursing
- Shaming
- Anger

Extra caution

- Patient privacy
- Patient blaming
- Colleague criticism
- Institutional criticism

Disengagement

- Close your direct messages as needed
- Avoid reacting to crises
- Block trolls
- Do not respond to people that you don't want to respond to
- Do not click/read the things that upset you
- Do not log in if you're tired/stressed/don't feel like it

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Media

Twitter: @johncarlsonmd; followers: 1500

Medical Entomology: Developed the #EntomologyConsult tag that includes interesting cases and teaching points on medical entomology with engagement from physicians and entomologists with a variety of backgrounds. Posts are routinely seen by over 500 people within 48 hours and serve to broaden the engagement of this account, growing the number of readers exposed to advocacy messages. My most popular post (about caterpillar stings in children) was seen by 4,726 people. I disseminate the research findings from our PCORI-funded and HUD-funded cockroach research to enhance engagement and understanding of cockroach exposure as a driver of health disparities that can be mitigated. Reciprocal promotion of this theme comes from Elizabeth Matsui, a pediatric allergist with NIH funding examining disparities in rodent exposure and asthma. Collaboration on the theme of medical entomology generated a collaboration resulting in one peer-reviewed article on anaphylaxis caused by the bites of horseflies With Florin Popescu (Carol Davila University of Medicine and Pharmacy, Romania) and Andrew Whyte (University Hospitals Plymouth NHS Trust, UK).

Medical Education: I promote our residency program and medical school specifically, and changes needed in medical education more broadly. This includes highlighting the transformation of our residency recruitment process to align with best practices, for which we are now known. I use Twitter to disseminate publications produced by myself and other faculty on anti-racism and holistic review of applications. Collaboration generated one peer-reviewed article on the residency selection process, working with Bryan Carmody APD of Pediatrics at CHKD, Virginia and Ilana Rosman, PD Dermatology at Washington University, St Louis. I sent a Tweet on this publication, which was seen by 18,782 people. On-going collaboration via Twitter encourages discussions to improve the Match process, including use of preference signaling and reformatting the ERAS CV to the Biosketch format. I have contributed to the advocacy for USMLE going pass/fail, and also to decrease the fail rate for STEP exams. Because of these interactions I have been asked to participate in an ERAS-sponsored focus group on redesigning the ERAS application format. I also advocate for elimination of initial board certification tests for pediatrics and allergy/immunology, opting instead for immediate enrollment into Maintenance of Certification at the time of graduation.

Pediatric advocacy: I support local and national advocacy efforts by engaging with pediatricians, pediatricians-in training, community partners, and national patient advocacy groups on issues related to child wellbeing. Specific areas of engagement include access to care for underserved families and the vulnerability of impoverished communities to environmental exposures and the effects of disasters.