

Twitter 101 for ObGyns: Pearls, pitfalls, and potential

Picture a vast social network through which you speak to its millions of members—including your peers and patients. That kind of access might support your professional and business goals.

Jennifer Gunter, MD

CASE An acute episode of “evidence-baseless” medicine

You are discussing routine gyn care with a 20-year-old new patient. When you mention the value of being vaccinated against human papillomavirus, she says that she’s heard cervical cancer is caused by a weak immune system, not by HPV—and that she knows that a lot of girls have died from the vaccine.

You listen to her concerns and respond systematically, pointing out that the Nobel Prize in medicine in 2008 was awarded for the discovery of the link between HPV and cervi-

cal cancer and that 23 million doses of the HPV vaccine have been administered in the United States with 32 reported associated deaths—none attributable to the vaccine. You refer her to the Centers for Disease Control and Prevention Web site for more information.

You wrap up by asking her where she learned about the HPV vaccine.

“Twitter.”

Later that day, while you catch up on charting, you wonder: Exactly what is this Twitter? And why is it dispensing medical advice?

The answer to your first question, if you were not already clued in, is that Twitter is a social network that spreads information and links in messages (from individual and group subscribers) known as *tweets*, of 140 characters or fewer characters each. Because the number of characters is lim-

ited, *tweeting* is also known as *microblogging*.

Twitter is for what’s happening *now*, so it fits right into the 24/7 nature of the news and information cycle that increasingly characterizes our culture. You can tweet from your Twitter home page through a third-party application on your computer; or on the go by means of instant messaging or applications on a smart phone (iPhone, BlackBerry, Palm Treo, etc.). Subscribers who are interested sign on to follow your tweets, and you, in turn, sign on to follow the tweets of others—of your choosing and in unlimited numbers and potential variety.

The numbers are persuasive

Introduced in 2006, Twitter has evolved into a powerful social networking tool. According

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to information released at Chirp, the official Twitter developer conference held in San Francisco this past April, Twitter has more than 105 million registered users, more than 180 million unique visitors to the *twitterverse* each month, and, on average, 55 million tweets and 600 million search queries each day.

Four percent of news stories posted on Twitter are on health and medicine topics; compare this to 11% of stories in the traditional press. However, more and more, Twitter is becoming a legitimate source of medical information, as government agencies, organizations, hospitals, universities, medical societies, and journals use the service to disseminate information.¹

That rising legitimacy means that you may want to consider becoming part of the *twitterverse*, for the good of your practice and your professional standing. Here are the basics of how to jump in, sensibly and usefully.

First, let me disclose myself: I tweet professionally as @DrJenGunter. I've met many fascinating people on Twitter—and only a few weirdoes, whom I've quickly blocked from having access to what I write (you can easily do that). I'm certainly not alone in our specialty: "We tweet, too," page 4a, describes the experiences of two ObGyns who use Twitter in their practice.

Why join Twitter?

Twitter promotes the spread of good medical information when reputable voices utilize it. Sixty percent of patients look for health information on the Web; more than 50% of them believe that what they find there is essentially correct^{2,3}—even though no entity controls accuracy or detects bias. In one study, high-school students were asked to research vaccines on the Web using the search terms "vaccine danger" and "vaccine safety": On average, 65% of links identified on the first page of each search contained inaccurate information.⁴

Your presence on Twitter can be a powerful antidote to whatever misinformation is posted there. (Recall the hypothetical case at the beginning of this article?)

Twitter expands your on-line presence, at no cost. Like it or not, your patients are looking you up on-line.

Twitter connects you with other like-minded physicians—and with nurses, researchers, and health-care advocates.

Twitter attracts the interest of reporters and writers. Journalists use the service as a source of contacts.

Twitter can help you expand your practice and your "brand."

An express tutorial

With Twitter, you find *tweeps* (people) who interest you; once you opt to "follow" them, their tweets appear real-time in your Twitter stream. You use the Twitter search function to peruse names, organizations, and subject matter, and to browse through lists of other people's favorite tweets. (One of the most comprehensive lists of tweeting physicians is *twitter-doctors*, maintained by "@hrana," an internist who lists his location as 221b Baker Street.

The "@" before the username signals a reply to a tweet. Search these replies to find out who is sending you information in the public twitter stream; use "@" to reply in return so that the recipient knows you are talking to them. At <http://tweetoclock.com>, you can determine what time a given person is most likely to be active on Twitter, and then tweet accordingly; this is especially useful if you are trying to get the attention of someone who is not following you.

One goal is to get your tweets *retweeted*—meaning that your tweet is re-sent out by your followers to their followers, and so on, allowing your message to exponentially reach more people (if it's interesting or funny enough, that is). Then, when non-followers read your message, they may be tempted to check out your home page and follow you if they like what they read.

There is some cloak of privacy on Twitter. You can communicate on Twitter using a direct message (a *DM*) that is seen only by its recipient. To send a DM, however, the person on the receiving end must be following you back.

In addition:

- If you decide you don't want a person



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seeing what you have to say, you can block them from following you (although they can still see your tweets in searches, just not real-time)

- You can protect your profile from searches and make your tweets visible only to followers you have approved. Doing so ensures a higher degree of privacy but reduces the number of your followers; that's because people like to check you out before they sign up to follow you and your tweets.

You can learn much more about how Twitter functions, and how to establish an account, under "Twitter Basics" at <http://support.twitter.com>. First, however, read "Steps 1 through 8 to get yourself started with Twitter."

Twitter is like a ... giant cocktail party

You know: You circle the room, and you have social permission to drop in on any conversation. You show your personality; you're willing to engage. And you absolutely have something interesting to say, because no one wants to listen if you are only talking about yourself or only have one thing to talk about.

In short, you're here to try to *forge relationships*.

For physicians interested in promoting their medical practice or "brand," one strategy on Twitter is to divide your tweets into four (roughly equal in terms of volume, as a guide) categories:

- **General medical information** that's related to your interests (although, if you read a fascinating article on a medical topic out of your left field, like keratoconus, send it along). You can tweet facts from your experience or from journals, or tweet links to authoritative, reputable Web sites that offer relevant medical information. Ask other experts whom you follow for their opinion on breaking stories in the media and medical literature. Follow organizations, associations, and journals so that you have instant access to breaking news to retweet to followers.
- **Your specific message.** Talk about

Steps 1 through 8 to get yourself started with Twitter

1. First, think about how, and why, you plan to establish an identity on Twitter. Are you a health care professional, or a bass player or a closet comedian—or all three?¹ The point is: Decide now what your goal is in taking the next step.
2. Visit www.twitter.com and click on the yellow "Get Started Now" button
3. Enter your name. What you enter will appear on your Twitter home page, but *not* on your tweets. Many people choose their real name; some pick a pseudonym. Don't count on a pseudonym to provide anonymity, however—it's not hard for someone to figure out who you are on Twitter.
4. Choose a username (15 or fewer characters). Consider using a version of your name or the name of your practice, or a creative identity that supports your professional message. Make the username professional, accessible, and identifiable—think "business casual." (Your Twitter homepage will be [twitter.com/\[username\]](http://twitter.com/[username]).)
5. Upload a photograph of yourself for your home page. People (tweeps) are more likely to engage with you on Twitter when there's a face behind the messages.
6. Add a biographical statement to your home page. In capsule form, describe who you are and what you bring to the "Twitter table."
7. If your practice has a Web site, include a link to it.
8. Follow some people, jump into the Twitter stream, and start swimming!

Reference

1. Grindrod KA, Gavura S. Pharmacy 2.0. *Canadian Pharmacists J*. 2010;143(3):122-125.
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topics on which you're an expert; give information that's exclusively yours. Provide a link to your practice blog or Web site, and to relevant articles in your area of interest. Tweet about what makes you, or your practice or your "brand," special.

- **General conversation—anything but medicine.** Demonstrate that you have other interests; that you're not one-dimensional. Tweet about top news stories, sports, last book read, or a favorite TV program. If you are less interested in Twitter for business purposes, then increase your general conversation.
- **Retweeting.** This is definitely a "do-unto-others" thing. Add a comment to the retweet to make it personal.

Two ObGyns report: We tweet, too

There may be a lot of fluff on Twitter, but there's a lot of substance, too—and you get to decide which category enters your “stream.” Using Twitter can be a helpful way to learn about interesting research and breaking news that might otherwise pass you by. And it can broaden your professional and personal network.

These and other benefits are what hooked Ruth Ann Crystal, MD, an ObGyn in solo private practice in Palo Alto, Calif. Crystal tweets under the handle @CatchTheBaby and has roughly 560 followers.

“I have been able to share with other doctors what I think about certain medical subjects and to compare it to what they have found in their practice experience,” she says.

“I follow the tweets of physicians, residents, medical students, and nurses from the United States and even from England and India. I follow the links to some great medical blogs like SCOPE (@SUMedicine), KevinMD.com (@KevinMD), ACOG (@acognews), NPR (@NPRHealth), Reuters (@Reuters_Health), etc. I can pick and choose which tweets (headlines) are most interesting to me so I don't need to check each blog every day.”

“In addition, I follow *tweeple* (people who tweet, or *tweeps*) in other subjects that are interesting to me, such as food bloggers, high tech people, mama bloggers, and even a few silly sites to make me smile.”

“For me, Twitter is like having my own personal news channel. I get updated by those whose stories matter to me most. I learn every day.”

Communication is the thing

Although he uses Twitter for a slightly different purpose, Nicholas Fogelson, MD, finds great value in it. He tweets under @academicobgyn and, at last count, has 570 followers.

“My primary use of Twitter is as a second methodology for communicating with fans of my blog and podcast” (<http://www.academicobgyn.com>), he says. “I do not tweet directly to my patients or use it in direct conjunction with my practice.”

“Twitter has allowed me to network with ObGyns and other physicians from around the country and the world. Through Twitter and my blog, I have many contacts and friends who would have been inaccessible without them. I have also engaged in dialogue with thousands of nonphysicians about various issues that concern patients and physicians.” He adds: “I have met many talented and exciting people who are in completely different fields that I would never have run into in my normal physician life!”

Tangible benefits

Networking with other medical professionals is one of the biggest benefits Crystal has gained by using Twitter.

“For example, several of us docs were discussing the importance of vitamin D. We talked about the latest research data but also about the correct ICD-9 code to use on lab slips,” she says.

Fogelson's focus is on branding. “Twitter allows a physician to develop a personal brand that carries beyond his or her employer,” he says. “Many physicians change jobs from time to time, and as such, lose their branding. Twitter and blogging allows one to brand oneself separately from the brand of the practice. At the same time, this self-branding can improve the super-brand of the practice, and bring in patients who otherwise might not have known about the practice.”

Caveats

“I find Twitter to be a bit addictive,” warns Crystal. “Therefore, I limit how much time I spend in this virtual world.”

“It is also extremely important that doctors not tweet personal information about patients without their consent. Sometimes I tweet the first name of the baby I just delivered (e.g., ‘Welcome to the world, Baby Jacob!’), but I always get consent first from both parents. Patient confidentiality and patient consent are paramount.”

For physicians on Twitter, what not to say, and do

Do not reveal HIPAA-protected information. In fact, be careful not to be too specific about your day. Don't say “nasty case of gonorrhea this afternoon”; instead, if gonorrhea is on your mind, offer some statistics and a link to

the Web site of the Centers for Disease Control and Prevention. You never know if that patient from “this afternoon,” or her mother, is following you.

Do not post a statement or picture that you wouldn't want to see on the front page of a newspaper. In one study of medical

students and residents who created an identity on Facebook, 70% had posted photographs of themselves with alcohol; in many of those photos, what was shown implied drinking to excess.⁵ Imagine the impact of that picture, poster-sized, when displayed to a jury at a malpractice trial....

Be wary of using Doc-speak. Your tweets, private or otherwise, are fair game for misinterpretation. Tweeting “Labor and delivery was crazy” may mean simply that there was a steady stream of patients and you didn’t get to eat dinner, but an attorney may, based on that statement, be able to convince a jury that L&D was understaffed.

Likewise, tweeting “Just finished a tough hysterectomy” may mean a complication-free laparoscopic procedure on an obese patient who had a 16-week-size uterus and dense adhesions but, to a jury, that might translate as, “I was in over my head and should have called for back-up.”

Don't dispense medical advice. Ever. If

people tweet you for advice, refer them to their physician in reply. Many physicians (including me) include a disclaimer in their Twitter biographical statement emphasizing that their tweets do not constitute medical advice. 🚫

Have you tried Twitter? Do you have a story to tell about it? Tweet me about it!

—@DrJenGunter

References

1. Fox S, Jones S. The social life of health information. Pew Internet & American Life Project. <http://www.pewinternet.org/Reports/2009/8-The-Social-Life-of-Health-Information.aspx>. Published June 11, 2009. Accessed June 1, 2010.
2. Fox S, Rainie L, Horrigan J, et al. The online health care revolution: how the Web helps Americans take better care of themselves. Pew Internet & American Life Project. <http://www.pewinternet.org/Reports/2000/The-Online-Health-Care-Revolution.aspx>. Published November 26, 2000. Accessed June 1, 2010.
3. How blogs and social media agendas relate and differ from the traditional press. Journalism.org Web site. <http://www.journalism.org/node/20621>. Published May 23, 2010. Accessed June 1, 2010.
4. Thompson LA, Dawson K, Ferdig R, et al. The intersection of online social networking with medical professionalism. *J Gen Intern Med*. 2008;23(7):954-957.



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