

TYPOGRAPHY: ELENA CERRI

TWEET TALKIN' DOCS

HOW PITT PHYSICIANS AND SCIENTISTS ARE USING TWITTER

BY ROBYN K. COGGINS

Peggy Hasley (MD '85, Res '88, Fel '91) needed a better way to connect her 16 generalist track residents who work in a number of hospitals—UPMC Shadyside, Montefiore, and Presbyterian and the VA Pittsburgh Healthcare System. Plans were falling through, and information was getting lost between the busy, spread out doctors. Hasley's daughter, a med student, suggested they bridge the gap with Twitter.

As associate program director for ambulatory medicine, director of the generalist track in internal medicine, and associate professor of medicine at the University of Pittsburgh, Hasley's interest was piqued. She's especially interested in curricular innovations for resident medical training; so in 2012 she tasked then-resident Amar Kohli (Res '13, Fel '15) with researching the site.

Kohli, now an MD assistant professor of medicine at Pitt, was a casual Facebook user, but he'd never even heard of Twitter: "I was like, *Okay, I need to learn about this, I guess,*" he remembers dubiously saying to himself.

Twitter. Faster than a carrier pigeon, shorter than a newsletter—it's a collection of telegraph-like messages that's attracting doctors and researchers to the great digital human conversation. As of July 2015, the site had 316 million active monthly visitors. After setting up a profile just last year and fiddling around with the site's features, Kohli started to see its professional potential.

If a resident can't make it to a conference with the ambulatory staff, for instance, she could search her colleagues' tweets (short posts about the event) afterward "and basically find six, eight, 10 key pieces of information from the lecture. So they don't feel like they missed out, and they're a little bit on board with their colleagues," says Kohli.

It wasn't long before Kohli was tweeting about School of Medicine events and other conferences, as well as daily bits of interesting medical information. Then he started teaching others how to tweet, too—he now leads a biannual noon lecture series on how Pitt trainees and doctors can use Twitter themselves. Senior faculty to second-year med students have attended, and he's planning more meetings this year.

This June, Kohli tweeted a version of his lecture series and got quite a bit of online attention when the Association of American Medical Colleges collected and shared his 12 tips on their student feed, @AAMCMedStudent. (Don't know what any of that means? Check out the Twitter Terminology cheat sheet on this page.)

Truthfully, though, the in-person lectures have been hit and miss. Lest you think it's the silver-haired crowd resisting social media, Kohli says his generation, the supposed natives of the digital world, are the largest chunk of attendees who walk away unimpressed. *It's one more thing to learn,* they might say. *I don't have the time. I'm too busy. It's hard to integrate it into my everyday life.* But Kohli offers a different way to look at social media.

"I need to be up-to-date with what *JAMA* says about the new anticoagulation drug or something anyway. And so it just pops up [on my Twitter feed] because a lot of people found that interesting, as well. It just makes my life a little easier doing it this way." In other words, once you get past the hump of setting up your feed, and once you fit it into your daily schedule, social media could actually make professional responsibilities more streamlined.

Kohli summarizes Twitter's benefits and best practices into four categories: teach, advocate, learn, and connect. We've excerpted some of his AAMC-approved tweets below:

Teach. "It's hard to be succinct in 140 characters," writes Kohli, "but learning to be clear and concise is an excellent practice in #MedEd." Talk about a public health crisis; link to important treatment updates. Plus, this is a chance to reach patient populations—for instance, alum Deborah Gilboa (MD '00), AKA @AskDocG, tweets primarily about parenting and family health issues.

Advocate. "~900M people use Twitter," writes Kohli, "I'm guessing that's more ppl than in your email contacts.#SaveGME#SaveStudentAid#DocShortage." Encourage the use of vaccines; share a handwashing sign with colleagues and professional groups.

Learn. "Can't keep up with new articles?" asks Kohli. "Twitter will do the work for you! Every major journal posts key articles, @NEJM @JAMA_current @BMJ_latest." (That's *The New England Journal of Medicine*, *Journal of the American Medical Association*, and what was formerly called the *British Medical Journal*, in case you didn't decipher those handles.)

Connect. Perhaps best of all is visibility and access. A researcher with a question for National Institutes of Health director Francis Collins (@NIHDirector) has a direct line to him. On a smaller scale, Kohli can contact someone like Eric Holmboe (@boedudley)—a renowned medical education researcher and internist at Yale whom he's never met in person but follows on Twitter—for a quick question about a new study. "I would probably never meet [Holmboe] outside of maybe a national conference. . . . But he's following me on Twitter," says Kohli. "And so I could say something or comment on something he has said, and it's like immediate face time."

Kohli adds, "My division chief—everybody—always tells you, *it's important for you to be visible—that's how you get opportunities.* People want to do a large multisite study? *Hey that guy over there in Pittsburgh is doing this.*

"Embrace it and just start fiddling for a couple minutes a week." Kohli suggests. He says it's really very little extra work. "A small effort on my part perpetuates itself." n

TWITTER TERMINOLOGY

Tweet: A 140-character message that you write and publish publicly on your feed, which is a live update of tweets. To see other people's tweets, you probably want to follow them, which is much like subscribing to a magazine.

Handle: A person's username, starts with @. Think of it like a user's public journal, a collection of that person's words and ideas all under one name.

Retweet (RT): If you really like what you see and think others should see it too, you can RT someone else's tweet, meaning it'll go to all of the people who follow you. Kind of like a recommendation—the way you might hand off the latest *NEJM* to your colleague or share a link on Facebook.

Hashtag: Similar to an index, starts with #. It makes the ocean of tweets much more searchable. You might see Pitt meders tweeting about #FOAMed (free, open-access medical education), #BigData, or #hcsm (health care social media). And alums unite with #PittMedAlum!

Like: An acknowledgment that you've enjoyed someone's tweet.

Direct message (DM): A private note to another user, like passing a note in class. Use this feature if you don't want to broadcast the message to all of your followers. —*RKC*

TWITTER DOC DO'S AND DON'TS

DO interact with colleagues around the world. Congratulate them on publications, ask them follow-up questions, commiserate after a tough day, retweet them. You may be surprised how big a community you can build.

DON'T share any confidential or patient information or offer detailed medical advice. But you knew that already, right?

DO be selective about who you follow. Rather than haphazardly following accounts, be choosy—remember, you're curating a personal magazine, so load it with content you actually want to see.

DON'T say anything you wouldn't in a public setting. Some follow the Grandma Rule. (If Oma wouldn't approve, skip it.) Some follow the Boss Rule. (If the bigwigs wouldn't like it, don't post it.) And some follow the If You Don't Have Anything Nice to Say Rule. (There's enough negativity in the world already, isn't there?) After you've thought about how you want to portray yourself, follow your own rules.

DO let colleagues know if they cross a line. We're all figuring this out together, and missteps are part of the process. The American Medical Association suggests, "When physicians see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual." Kindly do so.

DON'T be afraid to jump in! "Comment on one tweet. Follow one person," suggests Kohli.

For more on professional Twitter conduct, see the American Medical Association's suggestions: bit.ly/AMASNS and Kohli's AAMC-lauded tip list, bit.ly/KohliTwitter.

And while you're out there, look us up: @PittMedMag

—RKC





ABOVE: Kids get their hearts pumping with music at Heart Camp. Shaking their groove thing after every meal is a tradition. RIGHT: This year Bill Neches Heart Camp for Kids celebrates its 25th birthday.



SCOTT GOLDSMITH



SCALED A WALL, ESCAPED A RHINO

IT'S JUST HEART CAMP

BY RACHEL WILKINSON

On Day 2 of the Dr. Bill Neches Heart Camp for Kids, the morning is full. There's a climbing wall to scale, archery, and crafting. Then it's time for the 124 campers to gather in the dining hall and ask each other "silly questions."

Is it fun to look at your X-rays? Yes.

What was your favorite part about heart surgery? Bubble gum–flavored anesthetic.

What stories have you made up about your scar? Animal attacks, including: gored by a rhinoceros, bitten by a cow, and fought off a shark.

The four-day sleepaway camp held annually at YMCA Camp Kon-O-Kwee Spencer in Fombell, Pa., is the nation's first camp designed for children living with a heart condition. This year, the campers range in age from 8 to 15. During the popular "Ask the Counselor" session, the kids have the chance to ask their camp counselors—all former Heart Camp attendees themselves—questions only others coping with heart disease can answer. At the mention of shark bite stories, the entire room laughs in recognition.

Bill Neches hoped to create this kind of kinship when he founded Heart Camp in 1991.

"Our vision of Heart Camp was that [it] would be an opportunity for children with heart disease to get to know a group of other children just like themselves," Neches wrote in a booklet celebrating the camp's 25th anniversary this year. (The camp is one of several medical specialty camps organized by the Children's Hospital of Pittsburgh of UPMC staff, including Camp STAR, for young amputees; Camp Chihopi, for pediatric liver and intestine transplant recipients; and Camp INSPIRE, for children with tracheostomies, ventilators, or BiPAP machines.)

Heart Camp arose from Neches's 33-year career as a pediatric cardiologist at Children's. He noticed that although approximately 1 percent of U.S. children are born with heart disease, there were few ways for affected families to connect. A believer in treating "the entire patient," Neches collaborated with UPMC social workers to found Heart-to-Heart, a parent support group; they followed that up with an annual family picnic.

Despite the success of these efforts, he felt a peer-to-peer connection was still missing. Neches consulted social workers again to discuss the possibility of a camp for cardiology patients. It would be a challenge because, according to Neches, most children with heart disease are not allowed to participate in school athletics and often lead "very sheltered lives." In addition, the camp would need a full staff of doctors and nurses on-site. Eventually, Neches secured the piney, 500-acre Camp Kon-O-Kwee, busing in an inaugural group of 32 campers.

"We didn't know what to expect," Neches recalls. Neches is a former director of pediatric cardiology at Children's and a Pitt emeritus professor of pediatrics. Fearful of overexerting the campers, staff initially denied their pleas to play baseball. But when they finally relented, the campers played for two and a half hours. All 32 of them.

"We said, 'My goodness, these are normal kids!'" Neches says. "It completely changed the way we looked at kids with heart disease."

This adventurous spirit still pervades Heart Camp today. Trey Romian, a high school senior from West Middlesex, Pa., didn't expect that he'd be able to do much at Heart Camp when he first attended four years ago. To his surprise, he was allowed to play tackle football. Romian was born without a pulmonary valve—a rare congenital heart defect called pulmonary atresia—which required three operations and a pulmonary valve replacement when he was 15. Although Romian is a baseball player, he's not normally permitted to play more vigorous school sports. But at Heart Camp, where he can be carefully supervised, his favorite activity is gaga ball, a more contact-heavy version of dodgeball.

"It's amazing," Romian says. "We've got swimming pools, basketball, football—anything you can think of." Like most of his peers, Romian now returns to the camp every year; he is training as a junior counselor.

Though Heart Camp is full of fun and games, it also realizes Neches's vision of creating emotional support among children with heart disease.

Toward the end of the counselor Q&A, a young girl camper says through tears, "I'm getting a heart transplant soon. Do you have any tips for someone who's scared?"

"Embrace the fear," a counselor and heart transplant recipient reassures her. "It's okay to be scared—most definitely."

Romian says humbling moments like these happen often. Ultimately, he loves being in an environment where he and his peers can be themselves, in moments bitter and sweet.

"I wish it would be more than once a year," he says. n