

EDITORIAL

Tweetopoiesis: A peripheral review of twitter for hematologists

*Doctors belong to “the great army of quiet workers” whose voices are not heard in the streets but who offer “consolation in sorrow, need, and sickness.” The best doctor, then, is one of whom the public hears the least.*¹

The chaos caused by misinformation in the current pandemic is unprecedented. This is a manifestation, undoubtedly, of significant changes to the way the general public accesses and processes information. With all due respect to Sir William Osler, more than a century since his statement above, there is no time more important than now for doctors' voices to be amplified, disseminated, and heard. Fortunately, over the past decade, there has been increasing social media use within the medical community, mirroring that seen in the general population. Twitter, a microblogging and social networking site where users communicate in 280 character “tweets,” has 330 million active monthly users, with 145 million accessing the application daily.¹¹ As a tool for rapid dissemination of information and collaboration, Twitter provides numerous benefits to academic and clinical hematologists, from promoting research and education to conference content distribution, advocacy, networking, and collaboration.

Sharing articles via Twitter has been shown in multiple studies to increase citations, with more mentions correlating with more citations.^{2,3} This effect is seen even prior to publication, with pre-publication engagement leading to significantly more citations.⁴ In addition to effects on traditional metrics, the increasing use of social media platforms has led to the creation of new metrics for measuring research impact. In 2010, the Altmetric scoring system was created, which tracks the online influence of an article by compiling and measuring mentions across an array of platforms. In contrast to the historically used citations and journal impact factor, Altmetric scores are quicker to accumulate, measure more diverse impacts, can be followed over time, and can be applied to media outside of journals and books. However, there are limitations, as Altmetric scores do not measure the quality of the work and there is concern that these scores are more easily manipulated (eg, users may buy mentions).⁵

Twitter is one of the top social media platforms for medical education and is the most frequently used platform to disseminate conference content.⁶ Educational content on Twitter can take on many forms. Online journal clubs have arisen in many specialties and have been shown to increase engagement as well as dissemination of journal articles.⁷ Similarly, Twitter chats, led by a moderator, provide opportunities for fast-paced discussion on topics typically released beforehand. Character limitation can be overcome with threaded

tweets organized into a “tweetorial” to teach core concepts, tell stories, or convey research or lectures.⁸ Use of the poll feature presents an opportunity for pre and post-testing on the concepts presented. Education on Twitter presents an opportunity to reach large audiences of medical and non-medical users. To determine the reach of individual tweets as well as the Twitter account overall, Twitter incorporates an analytics tool which provides continuously updated data on user engagement. Depending on the topic and number of followers, tweets can achieve significant reach. For example, a recent tweetorial on coagulopathic complications of COVID-19 was seen by >362 000 users (impressions), with >48 000 users interacting with the tweet (engagements) and >750 retweets. The analytics tool provides real-time feedback on the impact of specific tweets as well as what audience is engaging with your content.

Particularly in this increasingly “disconnected” era of virtual conferences, we have lost personal connection. Bumping into colleagues in the poster hall, collaborators in the hotel lobby, or potential mentors in a small conference room—these experiences cannot be replaced. But Twitter has created the next best thing. This becomes especially important for trainees and junior faculty, where Twitter provides a platform for engagement without the typical hierarchy present in medicine. Tagging users in tweets facilitates engagement in discussion, and clinical questions can be posed with weigh-in from a broad swath of hematologists, including international experts, often in real time. Tweets on clinical conundrums can easily turn into multicenter collaborations. For example, a short tweet lamenting the product label contraindication against concomitant oral contraceptives and anti-fibrinolytics has morphed into planning an international collaborative registry. The sharing of conference content via Twitter is somewhat controversial⁹ but allows users to access meeting content in real time through the use of dedicated hashtags. Conference organizers are now taking advantage of this phenomenon to promote online discussion and engagement with some, including the International Society for Thrombosis and Hemostasis, appointing specific users as Twitter “ambassadors.”¹⁰ These ambassadors use the designated conference hashtag and tweet multiples times daily throughout the conference to promote engagement.

Finally, as providers who care for individuals with blood disorders, with many rare disease patient populations, amplifying our messages of health equity and reduction of stigma mandates our presence on social media platforms like Twitter. We have, as a community, successfully used social media to overturn decisions by insurance companies that make access to new medications challenging, been given

spotlights on stages like TEDx to generate disease awareness, and begun combating stigmas for disenfranchised groups like sickle cell disease patients. These efforts allow for unification of our voices, independent of our geographic distribution, and allow patients to be part of these conversations.


There is little doubt that Twitter will remain a fixture in the landscape of societal communication, which makes the involvement of hematologists in this space necessary. We have everything to lose by not making our voices heard and amplified for the betterment of our patients, our careers, and our ongoing pursuit of knowledge.

CONFLICT OF INTEREST

None.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study

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