

Tap into Your Network & Start a Dialogue: Twitter for EPs

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Ever wish you could go through a secret door and talk to all the smartest people in your field — find out what they're reading, what they think about what you're reading, ask them questions about the patient you're currently seeing, or just tell them you agree (or more often disagree) with them? This isn't fantasy, it's Twitter. Before you dismiss Twitter as merely a way

to find out what Justin Bieber is up to, or for your annoying cousin to post pictures of his breakfast, read a little further and find out what you're missing.

Many of us scan the table of contents of a few EM journals, and maybe peruse newsletters like this one, with a vague hope that we'll find something relevant. We focus on a small amount of content because there isn't time to read the 73 EM journals indexed in PubMed and the countless blogs, newsletters, abstract presentations, conferences, and books. When I am presented with such an avalanche of information, I feel like I'm ordering off a menu that's 20 pages long, so I arbitrarily narrow my scope and hope the good stuff makes its way to me. In other words, I pick something on the front page. When that strategy fails me at a restaurant, I have found the next best option is to ask someone who has been there for advice. We use social media like Yelp to determine where we eat, and it makes sense to take the same approach with continuing medical education. So, I get by with a little help from my friends — and some smart strangers. I let them read those 73 journals and then post about the things they want to share. This expands the amount of content I am able to digest.

Traditional journals have heard the sirens' call of social media, and are making it easier to share articles on Twitter and Facebook — thus the little bird icon you see next to this article online. In no time, you can share an article with friends and colleagues and say what you think about it, or ask a question. It no longer matters how many people are physically in your department, because you're virtually connected to people across the country and around the world. It's a mini journal club of sorts.

Many newcomers are skeptical of thinking in 140-character phrases and hashtags. How much can you get out in 140 characters? Some internists might similarly ask us, how much can you fit into a five-minute patient interview? The answer: enough. Twitter doesn't replace scholarship, it augments it. Imagine if the smartest people you know could leave you copies of what they are reading, annotated with little post-it notes. That's Twitter. When Joe Lex tells me about something in medical education or Scott Weingart tells me about critical care or Leon Gussow says something about toxicology, you can be damn sure I'm going to listen to them.

Beyond those EM resources, there are thousands of indexed journals from other fields that can be relevant to patients you're seeing in the ED (or very boring if you're not a subspecialist). By connecting providers

from different backgrounds, you can learn about relevant articles long before they make it to your mailbox. For example, you probably weren't reading *Annals of Pharmacotherapy* in 2003, and didn't see an article on ondansetron and QT prolongation. Your friendly ED pharmacist might have mentioned it to you, but if not, you probably had to wait until the article in *Annals of Emergency Medicine* in 2014 before learning of the issue. Your odds of finding things out sooner go up on Twitter, because of all of those wonderful people you just don't know yet.



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And how will you find out about all the great resources that aren't indexed in MEDLINE, such as blogs, podcasts, online journals, and the like? Yes, most of the internet is filled with cat pictures and stories about how vaccines cause autism, but there are also some great sites that are changing how we practice medicine on a daily basis. You can quit bathing or sleeping and use that time to read them all, or you can tap into the growing online community of EM docs and collectively share the effort of sifting through all the online content. Then, when it's convenient for you (some sign in after an ED shift, others have been known to bring their phone into the bathroom), log in and checkout what everyone has been talking about.

But wait, there's more. Twitter is about dialogue. It's a two-way street. Many of us in emergency medicine are opinionated. Anyone who's ever yelled at a television understands the need to express yourself even if no one is listening. Similarly, have you ever read a journal article or listened

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to a rant on EM:RAP and wanted to respond? You could sit down and write a lengthy letter to the editor, hoping it would be read and published, and several months later there *might* be a dialogue. With Twitter you can instantly find authors and ask them about their work. They might ignore you, but you're much more likely to get a response. And even if the author doesn't respond, another EM doc online probably will respond. This kind of dialogue connects the people who practice in academic meccas to single coverage community docs and advanced practice providers, and makes the world much smaller.

Recently I posted an article on chronic cystitis in ketamine users. Some EM docs responded that they had never heard of it. A urologist commented that he was seeing a fair amount of it, and even some ketamine-using patients (amazing what people will say when their real name isn't used) responded that they were pretty sure they had it. I can't imagine any room in the world where a similar conversation could take place. Twitter allows

us to network with people we didn't even know we wanted to know. Yes, there are plenty of crazy people online, but we're prepared for that working in an emergency department. If I see a new drug of abuse, I often throw it out to my social network — which includes providers and the lay public — to see if anyone has an insight. A colleague recently posted a photo of an unknown plant to speed identification. The applications are growing every day.

So, now that I've convinced you to open that door and check out what lies behind it, what's next? The first step is to set up an account. Checkout <https://youtu.be/44zuPVnKa2Q> for help. Then you have to find those smart people. I'm @matthew608b. Feel free to tell me how much you hated this column and how you'll never try Twitter. After that, you can see what people were saying at the Scientific Assembly in Austin at #AAEM15, and if you like any of those smart people, follow them to see what they post in the future at #AAEM16. Don't take my word for it — see for yourself. ■

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