SOCIAL MEDIA

Twitter as a Tool to Jump-Start Your Career

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n medicine, social media is becoming increasingly important as a channel for professional communication. Today's young ophthalmologists (YOs) were in high school and college when the social media revolution began. As a result, we are very familiar with its use as a method of personal communication. However, many of us are less familiar with how to use social media—in particular, Twitter—for professional, career-building purposes.

Why Twitter?

Twitter is the social network of choice for professional medical communications for several reasons:

- Connect beyond your Facebook friends. Twitter helps you socially engage with physicians in every specialty and all over the world but allows you to keep your other social networks, like Facebook and Instagram, private and visible to just your family and friends.
- To the point. When writing a tweet, you may find that staying under the 140-character limit can be challenging. When reading tweets, you will appreciate that this same character limit yields concise pearls of information.
- Customized content. Incoming tweets are based on the Twitter users that you chose to follow.
- Real-time discussion. New tweets appear within seconds. This nearly real-time discussion is particularly useful for tweeting at conferences and participating in Twitter chats (see below).
- YO peers are tweeting. At AAO 2015, 63% of ophthalmologists tweeting were either trainees or had been in practice for no more than 10 years. Today's YOs will continue to steer the social media conversation for many years to come.

How to Get Started

Set up your account at https://twitter.com/signup.

Start before you finish training. Many YOs mistakenly delay establishing a professional online presence (website, social media) until they have completed training and are certain about their practice setting and location. Creating a Twitter account while still in training is an easy, cheap way to jump-start your career—and once you know where you will be practicing, simply update your social media profile with your practice location and details.

Personal brand vs. practice brand. An official, prac-

tice-based Twitter feed can be a great marketing tool to brand your practice and connect with patients. (Be sure to add a disclaimer that tweets should not be construed as medical advice. Journalists often say retweet ≠ endorsement.) Your personal Twitter feed,

however, will not only synergistically strengthen your practice brand but will give you a public voice to share your unique insights, strengthening your personal brand.

Choose a Twitter username. Keep it simple. If it's still available, use your name followed by MD so others can easily find (and follow!) you.

Which accounts and topics should you follow? Over time, you can create a highly focused news feed that is a close match to your interests. Start by visiting this YO supplement online (aao.org/eyenet) and reading the Web Extra "Developing Your Twitter Account Into an Ophthalmic News Feed," which recommends Twitter accounts and hashtags to follow.

Use Twitter to Share and Connect

Tweet pearls from grand rounds, lectures, or published articles. Twitter can be a good way to take notes and educate others. Tweet clinical pearls, add a relevant link (remember HIPAA!), and credit your sources by using their Twitter handle or ending the tweet with –[Last name] or, if you have space, –Dr. [Last name].

Join a Twitter chat to discuss various health care topics. Engage with other Twitter users in live, regularly scheduled Twitter-based chats. Popular chats for trainees are #meded for medical education (Thursdays at 9:00 p.m., EDT) and #hcsm for social media in health care communications (Sundays at 8:00 p.m., CT). For a list of Twitter chats, go to www.symplur.com/healthcare-hashtags/tweet-chats.

Live-tweet at conferences. Share key points from (and credit!) podium lecturers to enrich the conference experience for those attending the meeting, and help disseminate the meeting highlights to the digital audience worldwide.

1 Christiansen SM et al. Ophthalmology. 2016;123(8):1835-1837.

MORE ONLINE. For suggested Twitter accounts and hashtags, find this supplement on the September

EyeNet home page at aao.org/eyenet.