



# UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

## NAVIGATING SOCIAL MEDIA WITH GRACE

In this time of physical distancing in response to the COVID-19 pandemic, electronic communication and platforms to socially connect have become even more relevant. Facebook messaging increased 50% over the last month in countries most affected by COVID-19, and Twitter reported a 23% increase quarter to date. With this in mind, it is important to consider the positive or negative impact that healthcare providers and leaders can have in harnessing social media to share information, dialogue as a community, and educate across traditional barriers.

### Choose the Medium for the Message

As a clinician-educator and Associate Chair for Faculty Experience for the Department of Medicine, Beth Harleman, MD, spends a lot of time listening to residents and faculty about the joys and challenges of their work. “There are so many ways that people use social media, whether for advocacy or to create a support network or for medical education,” said Dr. Harleman. “It’s important to think about how we do that in a way that keeps patients in the center.”



Dr. Beth Harleman

Whether users grew up using social media and are transitioning into their role as medical professionals, or creating an online presence later in their careers, Dr. Harleman encourages people to remember that information posted online can be seen by everyone, including patients and their families. “For many people, social media is a part of their personal expression,” she said.

“It’s natural for people to go on social media and say things like, ‘I had such a horrible day!’ or ‘The hospital is so dysfunctional!’ But if you don’t follow that up with something like, ‘Here are some things I’m doing to try to make this better,’ it could potentially create a feeling of mistrust in our institution with our patients.”

Even if people include a disclaimer such as “Tweets are my own and do not represent my organization,” Dr. Harleman noted how professional and personal identities merge online. “Particularly as doctors, we’re really fortunate that society pays so much attention to our voices,” she said. “With that level of gravitas comes responsibility. We can’t separate ourselves from it in the public space. However, I don’t think we have to just be a cheerleader for our organization or apoliticize for our conversation.”

Dr. Harleman cites Emory University physician Kimberly Manning, MD, [@gradydoctor](#), as an excellent example of someone who uses Twitter effectively to discuss difficult issues. “She talks about the joy and connection with patients and learners, as well as her mistakes, missteps, and daily challenges,” said Dr. Harleman. “She’s one of the most inspirational, thoughtful and engaging people on Twitter... We don’t have to sanitize what we talk about, it’s just thinking about how to frame it in a way that ultimately moves things forward in a positive direction, even if it’s bumpy.”

She suggests that for potentially controversial issues, people wait 24 hours and consider the most effective way to communicate. “You could write a 1,000-word piece for the New England Journal of Medicine or an eight-minute Nocturnist presentation,” said Dr. Harleman, referring to a medical storytelling live show and podcast founded by



Emily Silverman, MD, Assistant Professor in the ZSFG Division of Hospital Medicine. “It’s easier to portray how things are complicated in those mediums, but it’s much, much harder with a 140 character tweet.” Choosing an appropriate medium for communication of a given message is key.

“The message should never be, ‘Don’t express yourself,’” said Dr. Harleman. “If someone has a grievance or frustration about the work environment, it’s up to us to create a climate where they can bring that forward, feel listened to, and feel like it’s going to go somewhere productive. We also have an obligation to keep patients and their families in the center. That will solve many problems... We encourage people to use social media to bring to light what’s great about our organization and the experience of working here, and also what’s challenging. It doesn’t all have to be positive, but it should be thoughtful. Social media is a part of people’s lives, so it’s very important that we engage with our faculty and learners about things we should all keep in mind when we interact with it.”

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### Thoughtful Tweeting

Kirsten Bibbins-Domingo, PhD, MD, MAS, Professor in the ZSFG Division of General Internal Medicine and Chair of the UCSF Department of Epidemiology and Biostatistics, started using social media a decade ago when her teenaged son joined Twitter. “I basically got on just to spy on him,” she said with a wry smile. “As an introvert, I never gravitated to social media because it wasn’t compatible with who I was.”

However, she soon realized that Twitter held great potential for advancing her work. Dr. Bibbins-Domingo is a general internist and epidemiologist focused on cardiovascular disease prevention. She is also interested in how public policy impacts the health of marginalized populations.

“There are very few platforms where you can hear thought leaders in each of those specific areas, all in one place,” said

Dr. Bibbins-Domingo. “Twitter is that curated group of people from different worlds who share the things they’re most excited about, and the journal articles they thought were the coolest thing they read this week.”



Dr. Kirsten Bibbins-Domingo

A few people that she follows include Atul Butte, MD, PhD, Director of the Bakar Computational Health Sciences Institute at UCSF, [@AtulButte](#); Bob Wachter, MD, Chair of UCSF Department of Medicine, [@Bob\\_Wachter](#); Esther Choo, MD, MPH, an emergency medicine physician at Oregon Health & Science University, [@Choo\\_EK](#); and Eric Topol, MD, Director of the Scripps Research Translational Institute, [@EricTopol](#).

Dr. Bibbins-Domingo appreciates Twitter’s educational potential. “Some people are really good at ‘Tweeterials’ – taking complex concepts and teaching about them in a Twitter stream,” she said. She cited a series of tweets by Emory University epidemiologist Cecile Janssens, PhD, [@CecileJanssens](#), on how to interpret an ROC curve.

Dr. Bibbins-Domingo tweets daily, [@KBibbinsDomingo](#), to her 4,200 followers. “I find a lot of cool things in the Twitter universe, and I want to give back,” she said. She amplifies items she thinks are important, but adds her own touches. She may tweet a link to an interesting article with what she liked most about it, or include a picture of a key paragraph. “Don’t just retweet something, say something about it,” she suggested.

Interestingly, being a good communicator on Twitter isn’t so different from the pre-digital era. “The advice I got when I was first starting out was to have a good title, a crisp, one-line message summarizing your finding, and a good figure,” said Dr. Bibbins-Domingo. “Those three things are even more true, now that people think visually and in shorter sound bites.”

Dr. Bibbins-Domingo also uses Twitter to amplify accomplishments of UCSF, [@UCSF](#); the ZSFG Department of Medicine, [@Neil\\_R\\_Powe](#); the Department of Epidemiology and Biostatistics, [@UCSF\\_EpiBiostat](#); and SF BUILD, [@SFBUILD](#), a UCSF-San Francisco State University mentoring program which seeks to enhance diversity.

### Magnifying the Impact

“We’re all doing science because we want someone else to read it,” said Dr. Bibbins-Domingo. “I have several publications that were picked up by people who have 10,000 or 100,000 followers, and it changed who read my publications. There’s no doubt that the ability of scientific knowledge to enter policy and community spaces is enhanced by social media.”

For new Twitter users, Dr. Bibbins-Domingo has some suggestions: Develop a highly curated list of people to follow. Give back to the Twitterverse by posting your own tweets, including a link, a picture or a graphic, and your own comment on what is most interesting. Use hashtags and tag other users to increase retweets.

Dr. Bibbins-Domingo has guidelines about what she will and won’t tweet. She usually does



not respond to tweets unless she knows the author personally, and reads papers before amplifying them. “I also tend not to tweet about more controversial issues,” she said. “I’m just not good at using 140 characters for something that needs a lot of nu-

ance.” She emphasized that these aren’t universal rules, but rather a personal preference aligned with her personality. And while she avoids commenting on politics, she feels comfortable tweeting about policy related to health or education.

“We are fortunate to have many faculty who have used Twitter as a very effective platform for their strong advocacy positions,” said Dr. Bibbins-Domingo. As one example, she mentioned Margot Kushel, MD, [@MKushel](#), Professor in the ZSFG Division of General Internal Medicine, who directs the UCSF Center for Vulnerable Populations, [@UCSFCVP](#), and UCSF Benioff Homelessness and Housing Initiative. “Margot tweets a lot in that space, but she is very on message, very consistent with the overall themes of her center,” she said.

“Twitter is here to stay,” said Dr. Bibbins-Domingo. “We have a responsibility as clinicians and scientists to get our work out, and Twitter is an important mechanism for doing that. Everyone should engage in Twitter, while recognizing that it’s a public medium and using it in a mindful way.”

Elizabeth Chur

Editors: Neil Powe, Laurae Pearson, Brooks Bigart

## SPOTLIGHT

### University Awards to ZSFG DOM Faculty and Staff

Laurae Pearson, ZSFG DOM Director of Administration, and Clarice Estrada, Division Manager of ZSFG Lung Biology Center, have been named recipients of the 2020 Chancellor Award for Exceptional University Management.

The 2020 recipient of the Academic Senate Distinction in Mentoring Award for faculty at the rank of full Professor is Monica Gandhi, MD, MPH, Medical Director of Ward 86 HIV Clinic and Associate Chief of Clinical Operations & Education for the Division of HIV, Infectious Diseases & Global Medicine.

