

# #TipsForNewDocs: Mentoring From Miles Away

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## Connecting to New Residents Via Twitter

In July, brand-new resident physicians were welcomed with pithy 140-character tweets that summarize “pearls” for surviving the intern year. #TipsForNewDocs provides newly minted physicians with bits of wisdom and brief anecdotes to supplement their formal curriculum and teaching. These tweets often prompt deep discussions from varied perspectives, and encourage followers to share meaningful personal experiences in medicine.

## Focus on the Intern Experience

Unlike the hospital’s intern orientation, the focus of #TipsForNewDocs is less on hospital policies and procedures, and more on wellness, interprofessional interaction, and patient-centered care. Tweets address navigating the tricky transition from medical school to residency, ranging from the practical to the inspirational. New residents find many systemic challenges in modern medicine. Many do not expect to spend as much time as they do on a computer instead of being with patients. Many are shocked as they learn more about the financial systems that drive so much of modern medical care. #TipsForNewDocs allows a busy resident to escape the intensity of training for a moment, and to think about the big picture in easily digestible but powerful reflections. Interns may even find solace in simply realizing that their personal, private struggle is ages-old, and is shared by the doctors who have gone before them. The tweets in #TipsForNewDocs are proof that they are not alone. These messages serve as potent reminders—to the intended audience as well as to all who encounter them—about why we are all drawn to this profession.

The authors of #TipsForNewDocs include post-graduate year 2 (PGY-2) residents, whose intern year experience is still fresh in their minds, seasoned physicians or nurses with wisdom honed over years of practice, and patients and families, who have experienced an intern’s contribution to their care firsthand.

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## Growing a Following

In the month leading up to July 1, #TipsForNewDocs gained steam, as the medical community prepared for a new group of interns. Between June 1 and July 31, the hashtag was used in nearly 18 000 tweets and generated over 37 million impressions. More than 9000 separate individuals interacted with the hashtag either as a unique tweet or in a subsequent discussion. The impact of #TipsForNewDocs on patient care is immeasurable.

## Selected Tweets

We have highlighted a few of our favorite #TipsForNewDocs tweets from this academic year. For a more complete list, see our Twitter Moment: <https://twitter.com/i/moments/888205049096286208>.

- Talk to every patient. No matter what their cognitive status, sedated or comatose. (@TexasKidDoc)
- On-call essentials: phone charger, toothbrush, extra pens, ACLS cards, pocket med book, healthy snacks, positive attitude (@TheAlyssaLouis)
- I remember ~10 specific cases from residency and 8 of them were associated with face burning shame. Some learning hurts. (@medicalaxioms)
- Add your own name to your patient list. Seriously. You are no good to your patients if you are not in a fit state. (@DeanEggitt)
- Never say “there’s nothing more we can do.” We can always treat pain, continue discussion, offer comfort/empathy. Always. (@DrNancyGlass1)
- Can’t control how sick pts are. Can control how much you:
  - Learn about their hx
  - Think about them
  - Spend time w/them (@mahoneyr)
- Spend at least as much time with your patients as you do looking at their labs & scans. They’re not just data generators. (@marklewismd)
- If you’re not absolutely certain how to prescribe something, pick up the phone and call a pharmacist. We can help. (@geekpharm)

- 80% of pt safety incidents are due to communication failure. When handing over always allow opportunity for clarification. (@ODPGuru)
- You did not become someone else when you became a doctor. You became the same good person who now gets to do great things. (@mahoneyr)
- Don't ever tell a patient "I am just covering." You're a doctor now and when you are covering, you are that patient's doctor #TipsForNewDocs (@ChrisMoriates)

Most importantly, the new doctors are following and getting the message:

- Going into PGY-1, I love these #TipsForNewDocs tags, keep 'em coming! (@SGaibrie)
- One week until I'm an intern!! Loving these #TipsForNewDocs (@ceandrad)
- First day of intern year is tomorrow. Start on inpatient cards. Never thought Twitter would be so useful in helping me prep! #TipsForNewDocs (@wolfpackMD)
- Starting tomorrow as intern on night shift @ coronary care unit, any #TipsForNewDocs for me? Thanks! (@BeatriceSoucy)

### **Joining a Professional Network on Twitter**

#TipsForNewDocs is just the start. For those who explore beyond the hashtag, newly minted physicians will find new colleagues and mentors on Twitter. They will be connected to an extensive network of physicians on Twitter, using a variety of hashtags and Twitter chats to connect, share ideas, and collaborate—professionally as well as personally. Having a network beyond the walls of one's institution allows for a liberal exchange of ideas and sparks innovation regularly.

Physicians in training can find opportunities to hear directly from leading experts in medicine across the globe. Twitter flattens hierarchies and grants immediate access to these experts on an approachable forum. As just 1 example, #meded and the associated chat allows them to not only hear from medical educators about undergraduate and graduate medical education, but also to engage in dialogue that immediately affects their own educational environment, as well as informs the larger community of educators. As many senior educators will point out, adult learning works in both directions, and often the perspective of a pair of "beginner's eyes" is an enlightening experience for all involved.

Also available for the inspired new physician are the freely available diverse learning opportunities in medical education. #FOAMed highlights crowd-sourced education moments in 140 characters—sometimes augmented with illustrative videos or photos—to hone the concept. Specialty societies and individual educators share case- or problem-based education in a spaced learning model design. Examples include radiology cases such as #ACRCASEinPoint, @CYOMedventure's interaction pediatric cases, or individual case examples posted with #emcases.

Beyond medical education, health care leaders and policy experts discuss their insights on #hcldr in weekly "tweet chats," exposing new interns to the broader impacts of population health that is often difficult to remain mindful of in the day-to-day work that is our current delivery environment. Advocacy and awareness efforts such as #ILookLikeaSurgeon builds a community of support for women in surgery, contributing to the larger effort to promote diversity in health care. New physicians may even engage with patient advocacy groups such as #LCSM, a vibrant community of patients, physicians, and advocates around lung cancer treatment.

Perhaps most importantly, the physician community on Twitter models professionalism. The rules are simple: Never disclose protected health information. Never say anything you would not say to a patient or colleague. Avoid offering medical advice, but do advocate for your patients and for your colleagues. Share your stories, reflect, and support your colleagues. After all, whether you are PGY-1 or PGY-30, we are all in this together.

We look forward to seeing your contributions to #TipsForNewDocs.



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