

If You Build It, Will They Come?

The Social Media Footprint of Pulmonary and Critical Care Fellowships

Lekshmi Santhosh, M.D., M.A.Ed.

Division of Pulmonary and Critical Care Medicine, University of California San Francisco, San Francisco, California

ORCID ID: 0000-0002-9897-3462 (L.S.).

Long before #MedTwitter had a robust social media presence, the corporate world was already well aware of the important role that social media could play in brand management of both individuals and institutions (1). Soon, educational institutions at the undergraduate medical education level started having active social media presences, and graduate medical education programs like residencies and fellowships were the next to follow, with a steady increase in education-related social media literature related to physicians and trainees ever since 1996 (2). Programs were able to harness social media as a new tool for education, networking, mentorship, and advocacy (3), from posting educational pearls to building and conveying a sense of community. Twitter has proved a particularly potent tool as a flexible platform for medical educators to engage in consuming, promoting, discussing, and creating medical education content (4).

For a fellowship program director new to social media, what steps could one take to

more effectively use social media as a recruitment tool? Programs could certainly extrapolate from advice given to residency programs for improving social media engagement on Twitter (5) or using social media accounts deliberately for virtual recruitment (6). However, little guidance exists for fellowship programs about how to deliberately cultivate their social media digital footprints.

In this issue of *ATS Scholar*, Gandotra and colleagues provide a timely and relevant analysis of adult and pediatric pulmonary and critical care medicine (PCCM) programs' online presence on Twitter and discuss strategies for programs to get more involved on Twitter (7). In 2018, the authors systematically searched for Twitter profiles for all U.S. adult and pediatric pulmonary, critical care medicine, and PCCM programs. The authors also collected data about the content of tweets, classifying them as social, clinical, or education related, as well as analyzed content enhancements such as pictures, graphics interchange formats,

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videos, hashtags, links, and tagging. Finally, they examined associations between type of content and content enhancements with number of followers and engagement.

It is notable that the authors of this piece are truly social media experts in the field of PCCM who not only actively and prolifically engage in social media meaningfully but also have published a significant body of work on this topic (8). I can only imagine the authors' surprise when they found that of the 341 pulmonary, critical care, and PCCM programs, only 10% (33) had Twitter accounts. Through the authors' analysis, they show that bigger university programs were more likely to have accounts, and using content enhancements like pictures, videos, links, and tagging was associated with a higher number of followers. Another unexpected takeaway was that clinical and social tweets were more engaging to users than medical education–related tweets. However, the categorization of these tweets and their relative prioritization may need to be replicated in a larger, more robust sample, and existing metrics of social media engagement themselves may still only be rough surrogates for true audience engagement.

The authors candidly admit the biggest limitation of their study: this was a pre–coronavirus disease (COVID-19) sample, and many programs may have filled their social media gaps by now. The COVID-19 pandemic forced medical education at all levels to rapidly pivot online, and social media has gained even more primacy in the wake of the pandemic (9, 10). At the same time, medical schools, residency programs, and fellowship programs collectively called for a shift to virtual interviews to decrease exposure risk and promote equity (11). Subsequently, internal medicine subspecialty

programs, including PCCM fellowship programs, noted marked increases in application numbers as compared with prior years (12). We could hypothesize that given the required pivot to virtual interviews, programs may have had to rapidly expand their social media footprints to set their programs apart in a crowded digital educational “marketplace” where applicants were forced to get a sense of programs' culture and educational offerings without brick-and-mortar hospital visits. This would be an interesting hypothesis to test in future studies.

Although the specific data analysis from a snapshot in time in 2018 may have limited generalizability to subsequent years, the lessons learned from this analysis are certainly durable and have practical and timely implications for PCCM fellowship programs. The authors have helpfully synthesized their results into a streamlined eight-step table of recommendations for fellowship programs to create and operate a successful Twitter account. These tips are useful reading for program directors and administrators, particularly for those who are relatively new to—or wary of—engaging with social media.

Social media can be a powerful tool for medical educators to teach and form community and can help programs telegraph their values and culture in the virtual era. However, the big question remains—if you build it, will they come? It remains to be seen whether efforts to improve fellowship programs' social media footprints will actually result in tangibly improved outcomes such as applicant engagement, fellow and faculty satisfaction, or improved perceived “fit” of applicants. Will social media platforms help improve programs' outreach to inclusively access a broader and more diverse population of applicants? Or will social media engagement serve as a popularity contest that continues to

exacerbate the trends of escalating application numbers? Only time will tell, and these are fruitful areas for future investigations.

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