

The age of Twitter

John Launer

I am slow to jump onto technological bandwagons. When an author told me very many years ago about a new kind of electronic typewriter that could remember the last sentence you wrote, I thought the idea was absurd. Some years later, when a younger doctor at our general practitioner practice suggested we should buy a mobile phone to carry when on call, I spoke out vehemently against it. Why spend money on such stupid gimmicks, I asked, when there were phone boxes around every corner? More recently, my wife started to use social media like Facebook to promote her business and I thought it was a complete waste of time. However, I did eventually catch up with the rest of the world. When my colleague Trish Greenhalgh—one of the medical writers I most admire—announced that she was stopping her regular column in the *BMJ* and sharing her thoughts on Twitter instead, it made me pause for thought. Shortly afterwards, I attended a board meeting of the *PMJ*, where the younger people urged the older ones to post items on the journal's own Twitter account @*PMJ_BMJ*, and to set up their own accounts as well. I started to tweet. I am now an active and enthusiastic tweeter, under the name @JohnLauner.

In case you are one of the unconverted, let me say why I find Twitter so appealing. For a start, you have to share your thoughts in exactly 140 characters or less. Of course, you can keep within this limit by sending pointless messages like 'Fried eggs and beans on toast for breakfast today'. Some people do. However, more complex messages are a serious challenge. You have to be careful and precise. The discipline is rather like writing poetry (not surprisingly, there are some Twitter sites that only post brief poems, some of them in the form of Japanese haiku). You can pass on much weightier content if you want, by pasting links into your message: a photo, sound recording, video, article on the web, blog, or just about anything you think is of interest. There is nothing to stop you posting links to every news story that catches your attention, every article or book title you think your colleagues may

like, or a photo you have just taken. Some of the best tweeters send fascinating ones throughout the day.

There are simple online guides to how to start on Twitter, and I would particularly recommend 'The blog that Peter wrote.'¹ The trick is to find a few dozen people or organisations you consider worth following and to start posting some messages that other people will think worth reading and passing on. By doing this, it is quite easy to build up a following of 20–30 people quickly. If you are @justinbieber you can get 45 million followers. There are the usual nuisances that go with internet use, like commercial promotions, spam, hackers and 'trolls' (people who send unpleasant messages), but on the whole, these are less than you will get by having a typical email account, and simpler to spot and to block. It is useful to learn a few tricks of the trade like how to send messages to a few selected people rather than the entire world, and how to use 'hashtags' to identify your areas of interest, or for irony, but if you cannot be bothered it won't spoil your experience.

BEING CAREFUL

If you are a doctor, you will need to be aware that anyone can access your Twitter messages even if they do not have an account. Try Googling someone's name and 'Twitter' and you will see how easy this is. It means you have to be careful about what you post. In the UK, the General Medical Council has issued guidelines for the responsible and ethical use of social media by medical practitioners.² The guidelines require you to use only your own name, not a pseudonym. The ruling has provoked controversy, but one advantage is that it makes you think before you accidentally post something that breaches confidentiality or puts your job at risk. You need to remember how easy it may be to offend patients who do not share your sense of humour or your political views, or who do not wish to see the swimming costumes that you and your family wear on holiday. If you want, you can run a 'closed' Twitter account where people have to ask your consent to follow you, but this takes away a lot of the fun, since you cannot build up a network of serendipitous contacts around the world in this way.

Within a few months of starting to use Twitter seriously, I have been surprised how it has become a source of entertainment, keeping up with the news and letting friends and even family know what I am up to. Far more surprising, it has also turned out to be my principal way of catching up with significant academic papers in my professional fields of interest. In the last 6 months I have downloaded 100 or so scholarly articles I would not have known about unless people I follow had posted them on Twitter. I have also bought and read several books I learned about in the same way. It probably helps that I have a magpie mind and like picking up new ideas in everything from evolutionary theory to postmodernism, but if you want you can stick to a restricted range of people, subjects or journals. Many thousands of doctors and researchers do precisely that. Most periodicals, university departments and professional organisations now run their own accounts and use them to distribute everything they produce—the vast majority on 'open access'—so you can just choose to follow the ones you already know about.

PROFESSIONAL EVENTS

The biggest surprise of all has been discovering the benefits of using Twitter at conferences and other professional events. During the summer, I attended an international conference on faculty development in Prague where I was due to give the final plenary lecture.³ Lectures are far from being my favourite mode of teaching as I usually work in interactive workshops with small groups, but I prepared a conventional presentation in advance including a couple of dozen slides. When the conference opened, I was impressed to see that the first lecturer did something quite innovative instead. Not only did she move around the stage and auditorium constantly with a microphone, engaging in dialogue with the audience and encouraging pauses for discussion in small groups. She also asked the chair to monitor live 'tweets' from the audience on an iPad so people could ask questions and raise points for her to address during the session without having to interrupt. A group of enthusiastic tweeters in the lecture hall were posting a running account of what was going on at the session, so that colleagues who were unable to be there could send their responses as well. One person did so from a beach in Australia.

If I had any doubt that I needed to smarten up my act before my own

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presentation, this was dispelled by several subsequent speakers pouring scorn on educators who had never moved beyond the technological Stone Age in their ability to use social media. With the help of a Twitter-savvy chair, I managed to set up more imaginative arrangements for my slot a couple of days later. By a nice irony, my subject was 'Conversations Inviting Change': how to promote continuous dialogue in clinical supervision and teamwork. In retrospect, it would have been a complete contradiction in terms—and probably a disaster—to deliver it to fellow educators in a formal, 'talk-and-chalk' style. Instead, through using a range of

different methods including open conversations between myself and the chair, breaks for discussions in twos and threes, and using Twitter, we ended up with around 400 people having a mass interaction that modelled exactly what I was trying to talk about. Against all expectations, the experience also convinced me that Twitter and other social media could rejuvenate the lecture form and rescue it from oblivion. As history shows, even the dinosaurs eventually grew wings, took to the air, evolved into birds, and began to tweet.

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