Digital Mentorship
NephMadness and the Larger Picture

Where does NephMadness fit into the current social media landscape? How does NephMadness fit into the larger picture of FOAMed?

The use of social media in medicine is growing every year. It is becoming more and more important for medical students, residents, fellows, clinicians, and scientists to use this medium productively, professionally, and safely. Public missteps, in social media or not, have the potential to cause significant harm to one's career, especially given the long memory afforded by digital records indexed by Google and delivered by the Web. Guidance for navigating the non-social media world is not only available but built into the fabric of academia on every campus.

However, finding guidance through social media pitfalls is more difficult. We believe that taking advantage of the vast benefits of social media in medicine is more important than avoiding missteps. These benefits include becoming a topic authority; increasing the number and variety of collaborations; assessing the scientific literature quickly and deeply; and generating quick, thoughtful, and varied opinions on a clinical question.

Adding to the challenges of gaining meaningful skills in social media is that many of the experts, and most of the speaking opportunities, are focused on getting people started on social media. Little formalized education on higher-level skills exists. To combat these perceived
barriers, we discussed the potential of an informal online medical education curriculum to provide positive role models and thus provide a framework for digital mentorship.

**eMentoring and the Art of Social Media**

Our working definition of digital mentorship is the active process of guiding people through the positive use of social media in their professional lives. Digital mentorship is provided by experienced users to those who are already participating in social media but are less skilled. It is not about didactic sessions and more about setting examples and reinforcing desired behavior. It is less a formal education and more an organic experience.

Digital mentorship is not about teaching people to sign up for Twitter and craft their first tweet. Digital mentorship is about leveraging social media for personal and professional growth while minimizing potential risks. The overarching goal of digital mentorship is to guide colleagues as they learn to harness social media to become a more effective physician, educator, and facilitator of medical knowledge. Ultimately, this effort has the potential to improve the lives of patients.

We have established an informal curriculum of digital mentorship. The goal is to provide a vibrant community of always-available, academically minded nephrologists who are interested in sharing their skills, knowledge, and wisdom. Most of these conversations are spontaneous. Examples include recent discussions on the relationship between sodium linked glucose transporter-2 (SGLT2) inhibitors (a new drug for the treatment of diabetes) and diabetic ketoacidosis and another about whether one should stop antiplatelet agents before kidney biopsy. The tweets were a mixture of references, pithy bits of insight, images from primary sources, and opinions.

To get to this point required building a network. People new to Twitter have trouble identifying a good cohort of people to follow in order to find productive and informative conversations, whereas experienced users have crafted their networks over years.

We are experimenting with ways to jumpstart the creation of these personal learning networks. We have established a series of social media events (such as NephMadness and Nephrology Journal Club [NephJC]) to bring academically minded nephrologists together and establish a tone for the conversation. These events are highly visible and can draw people to try
social media and provide destinations for people already experimenting with social media in medicine. Once they arrive, they are quickly introduced to the current network and can efficiently build their personal learning network.

The Digital Mentorship Curriculum

The digital mentorship curriculum in nephrology consists of three initiatives that take place yearly (NephMadness, DreamRCT, and Top Stories), two monthly events (NephJC and American Society of Nephrology [ASN] Twitter chats), and one collective internship.

1. NephMadness[4] (March to April): month-long interactive game of nephrology concepts modeled after the NCAA basketball tournaments. Participants use Twitter and blogs to discuss and debate concepts as they advance through the tournament. NephMadness attracted 401 unique Twitter users and created 55 blog posts in 2015.

2. DreamRCT[5] (August to September): month-long interactive game hosted at UKidney and created by Drs Jordan Weinstein and Joel Topf. Participants in DreamRCT can play as Investigators or as Funders. Investigators create a hypothetical trial to answer a vexing question in nephrology that has heretofore escaped the light of a randomized controlled trial. Funders get to channel their inner NIDDK (National Institute of Diabetes and Digestive and Kidney Diseases) and fund the DreamRCTs they feel are most important with imaginary DreamRCT bucks. The study that accrues the most money wins.

3. NephJC[6] (twice a month): The nephrology Twitter journal club (created by Drs Swapnil Hiremath and Joel Topf) takes the traditional fellowship journal club and adapts it to Twitter. The club convenes reliably twice a month to evaluate the latest and most important articles in nephrology. The discussion is usually enhanced by the participation of one of the authors or other content expert. We recently published more information on our experience with NephJC in the International Review of Psychiatry.[7]

4. ASN Tweetchats (monthly): This initiative began in January of 2015 with a Twitter discussion on the nephrology workforce[8] that coincided with the release of the 2014 Survey of Nephrology Fellows. In February, a collaborative Twitter chat took place among the International Society of Nephrology, the National Kidney Foundation, and ASN to prepare for World Kidney Day 2015.[9] In April, the chat addressed the yearly Kidney Health Advocacy Day on Capitol Hill, which focused on #Act4Kidneys.[10]
5. Top Nephrology-Related Stories of the Year (December): This crowdsourced campaign is held yearly every December since 2010 to vote for the top 10 nephrology-related stories of the year.[11]

6. Nephrology Social Media Collective (NSMC) Internship[12] (all year): This collective of several nephrologists who are active on Twitter provides ongoing mentorship to four interns per year.

What We Need to Make It Work

This concept of digital mentorship is new, and our curriculum is as much a strategic plan as it is a gathering of distinct elements placed under a single umbrella. But grander successes have come from humbler beginnings. What needs to happen to produce a fully formed and mature digital mentorship strategy in nephrology?

We see a number of items that could help.

ASN has made concrete and specific steps to incorporate social media into their communication strategies, and we believe they have been successful in making the organization more open to social media. But in order for digital mentorship to be fully formed, we believe ASN needs to be the leader in social media by adding and encouraging digital scholarship at ASN Kidney Week and throughout the year.

Of the top journals in nephrology, only the American Journal of Kidney Diseases has taken a serious position on social media. It is time to go beyond the Twitter feed and incorporate two-way conversations with the readers and facilitate true post-publication peer review through social media.

As a field, nephrology must wake up to the trend toward FOAMed. Nephrology likes to view itself as the authority on electrolytes and kidney failure, for example, but if the field continues to lock its best teachers behind paywalls and in-person conferences, the next generation of physicians will look to other fields that have adopted social media in medicine, such as critical care and emergency medicine, to teach these skills. To remain relevant, we need to go where the next generation is learning; increasingly, that is social media. This commitment will take a concerted effort. The adoption of digital mentorship will be vital to its success.
References