Embracing social media

Nicholas S Hopkinson,1 Nicholas Hart,2 Gisli Jenkins,3 Alan Smyth4

Progress in medicine and science depends on the dissemination of accurate information about health, disease and therapy. Social media are key tools to facilitate this, bringing research findings to people’s attention more rapidly than ever before and also to a wider and more diverse population than previously. For information to be useful, it must be presented and interpreted in context. This is the difference between information and knowledge. We are keen to help our authors participate in this beyond the simple publication of papers to improve the quality of online debate, engaging researchers and clinicians as well as patients1 and others with a stake in healthcare. From now on, we will expect authors to include one or more 140-character tweets, as part of the submission process, to be used to draw attention to the paper via our journal account @thoraxbmj.

In addition, we will be encouraging authors to include their Twitter identities in their profiles, and, if they have not already got an account, to sign up to Twitter as part of the submission process.

Why tweet? Most organisations (including, of course, this journal) now use this platform to dispense information, so following them on Twitter is a rapid way to find things out and also to understand how people respond. It is relatively non-hierarchical and offers the possibility of networking and interacting with people you might not otherwise meet from all aspects of, and perspectives on, healthcare. Informed users can help to signpost or curate good-quality content, helping non-experts to find accurate information.

How to tweet? It is easy to sign up. You need a short, unique user name, for example, @lunguk (the longer it is, the more of your 140 characters it will use), but include your real name in your account profile as well. Find some interesting accounts to follow—people you know, organisations you have heard of. Use simple search terms—lung, respiratory, COPD, asthma, CF, etc. See what people are saying and contribute when you want to. Tweets are 140 characters or fewer and can contain hyperlinks, which are automatically shortened to 20 characters. A link and a reason to click on it is one definition of a useful tweet. The level of participation is optional, and can vary from day to day. Tweets do not accumulate like emails. If you ignore them, they just pass by and are gone. A few caveats

Table 1 Getting the best out of Twitter

<table>
<thead>
<tr>
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<td>Be kind and treat colleagues and others fairly and with respect</td>
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Social media also provide the means for misinformation or misinterpretations to be spread and magnified, or corrected or debated. We are confident that increasing Thorax authors’ participation in Twitter can only stimulate and improve the quality of online discussion about respiratory medicine and hope that you will take up the challenge.

You can follow all the live feeds from this year’s BTS Winter Meeting by using the Twitter hashtag #BTSWinter2015.

Twitter Follow Nicholas Hopkinson at @COPDdoc, Nicholas Hart at @NickHartThorax, Gisli Jenkins at @IPFdoc and Alan Smyth at @AlanISmyth.

Contributors NSH, NH, GS and AS proposed the policy, NSH wrote the first draft which all authors reviewed and approved.

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