

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/gi-insights/social-media-an-unexpected-source-of-gi-education/12566/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

## Social Media: An Unexpected Source of GI Education

Dr. Nandi:

Social media, you've heard it, you may even use it in your social life to share pictures of family and friends, but did you know we can wield social media for academic gain? Twitter has become the social media platform of choice for clinicians due to its ability to help rapidly disseminate information. As the pandemic has catalyzed many innovations in medicine, so too has it further catalyzed social media's application to promote MedEd, especially on Twitter and even other platforms, such as Facebook, What's App, Instagram, and even a newer platform known as Clubhouse.

In the GI space, one great example of social media learning is Monday Night IBD, a weekly case vignette hosted online in real time where Twitter clinicians from the globe come together to tackle challenging cases, learn from each other, have a few laughs together, and earn CME to boot. On this episode of *GI Insights*, we're gonna learn more about Monday Night IBD and why clinicians should consider getting online from none other than its founder, the captivating and delightful, Dr. Aline Charabaty. Dr. Charabaty is an Associate Professor of Medicine at Johns Hopkins and the Clinical Director of Gastroenterology and the Director of Inflammatory Bowel Disease Center at Sibley Memorial Hospital. We are very delighted to have you on our program today, welcome to *GI Insights*.

Dr. Charabaty:

Thank you, Dr. Nandi for this fantastic introduction. I'm glad to be here.

Dr. Nandi:

You know, a lot of clinicians think about social media and may not think that they have time for it in addition to all their other duties, but I wanna hear from you: why did you join social media? Why did you join Twitter? What do you get out of it, and why should our doctors and clinicians and nurses listening to this program rethink and maybe join Twitter or a social platform to get their learn on?

Dr. Charabaty:

This is a great question and I'm going to admit that when I joined Twitter a couple of years ago, I wasn't sure what to expect. I really thought Twitter was for politicians and the Kardashians and didn't think that physician and in particular, gastroenterologists have a place there. But what I realized very, very quickly is that Twitter is a very powerful and unique social media platform for GI and IBD medical education. This is where gastroenterologists from all around the nation and the world can meet, exchange ideas, exchange knowledge, and network together.

So if you are wondering how IBD Twitter can change your practice, I think I can give you some few good reasons for that. One is that you have access to national and international GI and IBD experts. On IBD Twitter, you have the opportunity to interact with experts in the field who share their thoughts on the latest published scientific papers or on clinical case scenarios that we all struggle with in clinical practice. But you also have access to the expertise of non-GI clinicians who are involved in IBD care: colorectal surgeons, nutritionists, psychologists, physical therapists and all this can really enrich your knowledge on how to approach a patient with IBD. Another perk is connecting with IBD patients advocate. And these advocates really bring in their prospective on the disease and I think this is crucial in helping us understand the patient experience and what are the patient's unmet needs. And when you're interacting with this community of gastroenterologists, IBD experts, non-GI clinicians, patients and GI societies, you actually are sharing and exchanging knowledge and expertise on medical data that can have a direct effect on your clinical practice. And this goes anywhere from how you approach patient care to implementing practical changes to your practice to optimize patient care and efficiency in your practice or how to fight insurance denials of IBD therapies. And so when you're connecting with all these elements, you're creating a network of clinician and GI societies, you're diversifying your network that would include physician outside your geographic area, whether within the U.S. or outside the U.S., and this can have a great benefit to your career and professional advancement. And this has been even more important in this

environment where face-to-face time is limited and social media really give you that opening to a whole world of clinicians and patients you can connect with.

Dr. Nandi:

Yeah, I think you really hit the nail on multiple reasons and incentives for why clinicians should really get online and professional advancement, knowledge sharing. I do wanna harp on that, which is one thing I find refreshing about Monday Night IBD. It is refreshing to know that there's not a single right answer and that sometimes even the best experts in the world may not have all the answers. But what I love, Aline, about your program is that it allows us to go ahead and almost crowd-source, you know, consensus, right in a lot of these gray zones for which there are not clear cut guidelines or even evidence, right? And like you said it can help us become better physicians and then more holistic clinicians by paying attention and listening to the patient voices that have come to join Monday Night IBD as well.

So let me ask you, Dr. Charabaty, you can actually earn CME while doing Monday Night IBD. How is that possible?

Dr. Charabaty:

What I wanted to do with Monday Night IBD is one, to have it open to everyone, so Twitter allows this to be open and free, no membership required, and it really gives you this flexibility to access the conversation at any time, during your week. So, this is really what I like about the Twitter flexibility that really fits what I wanted to do with Monday Night IBD. And I really wanted it to reflect all the IBD expertise. So you will see that every Monday, we have different type of IBD clinicians leading the conversations, anywhere from the national experts in the field but also early or mid-career IBD experts that have amazing talent and amazing knowledge and amazing research going on and they can really have a fresh look on things. And we have colorectal surgeons, nutritionists, psychologists leading the conversation, and people from different part of the world, which really brings the richness that only a diverse group can bring.

So like you said, the cases that we present have no right or wrong answer. This is not a test; it's more of the multi-disciplinary discussion of cases that reflect the real life dilemma that we have when managing IBD patients in practice. So really the discussion revolves on how we can use our current knowledge and the medical data that we have to approach specific case scenarios. We all know that our patients do not fit the patients that are enrolled in randomized controlled trials, our patients have specific medical comorbidities, a social history, a family history that we need to take into consideration when making treatment decisions; they have life decisions to make, whether they are going off to college, starting a family, all these are the things that we have to take into consideration in clinical practice when making decision management. And there are many areas in IBD where we don't have clear guidelines on how to approach a particular issue or guidelines can be different in different countries or even within the U.S. we can have different guidelines from different national societies.

So for me, what is good about these discussion is that we're seeing different approach to the same problem all based on data and also often on expertise.

Dr. Nandi:

For those just tuning in, I'm Dr. Neil Nandi and you're listening to *GI Insights* on ReachMD. I've been speaking with Dr. Aline Charabaty on how Monday Night IBD is just one great example of why GI clinicians are flocking to MedEd Twitter to get their learn on in all aspects of GI and hepatology education.

Now, you had spoken about us sharing data from U.S. and Europe and other parts of the world with each other very quickly through Monday Night IBD, which is exciting, right? Getting our hands on data and understanding how different populations work in our IBD space. But I've also seen that Monday Night IBD has also made some publications of their own. Can you tell us and our audience about where they can read more about some of these Monday Night insights outside of the Twitter platform?

Dr. Charabaty:

Well, this is an exciting step that we decided to take with Monday Night IBD. So, typically, you'll have an article published in a journal and then we tweet about it, right? We think it's interesting, we tweet about it because we want to amplify the message we think is an important message for our clinicians, our patients to know about. But in the same way now, we're having kind of a reverse cycle where we're going from Twitter to paper and where ideas born on Twitter or discussion born on Twitter, and in particular on Monday Night IBD, are being put together in the form of a publishable article. So what we've done is that we've looked at the conversation that we felt had a great impact and great discussions and we put them together in paper format and we published some of these paper in the *Crohn's and Colitis Journal*, the open access journal, CC360, because I do believe that education should be open-access. One of the things that keep people engaged or keep coming back to Monday Night IBD or getting their CME from Monday Night IBD is really the interactive portion of things, that this is an interactive platform where everybody's opinion is welcome, where you can put in your thoughts and get thoughts back. And we really wanted to reflect this in a paper format for clinicians who are not on Twitter and maybe encourage them to join Twitter, that sort of conversation. But we really wanted to put this conversation on paper format for everybody to benefit from the result of

the discussion.

Dr. Nandi:

Aline, thank you so much for joining us on this program for *GI Insights* and sharing your passion for this project that you have grown over these last few years. I wanna thank you for everything you've done for our IBD community.

Dr. Charabaty:

Thank you so much, Neil. I really enjoyed this conversation and I really enjoy your input on social media and all the work that you do on social media in educating clinicians and patient and advocating for our profession and our patients. I really hope that this conversation today will encourage other gastroenterologists to join Twitter or to become more active on Twitter or on any social media platform that fits their personality and their goals, what they want to do with social media. And I hope we've shown everyone that we can use social media for the good, for amplifying medical education for our colleagues and for our patients, for fighting misinformation and for advocating for our profession and our patients. And I hope it can also give ideas for others to use social media to grow their own educational platform or or advocacy platform, whatever they want to do; that is really an opportunity to reach a wide circle of clinician and patient and to make a difference in medical education.

Dr. Nandi:

Absolutely. Thank you again so much.

For ReachMD, I'm Dr. Neil Nandi. To access this episode and others from *GI Insights*, please visit [ReachMD.com/GIInsights](https://ReachMD.com/GIInsights), where you can Be Part of the Knowledge. Thanks for listening.