

#LatinasInMedicine: Using the Hashtag to Build Community in Medicine

Briana Christophers, AB (@BriChristophers)

Narjust Duma, MD (@NarjustDumaMD)

María C. Mora Pinzón, MD (@mariacmorap)

Physicians on Twitter are using the platform as “a means of promoting education and linking physicians with common interests” and even as a space for scholarly discussions in virtual journal clubs.^{1,2} The use of hashtags such as #MedTwitter creates a common space for physicians to build relationships. Twitter has been used as a space for micro-mentorship, especially among female physicians, through hashtags like #WomenInMedicine and campaigns such as #ILookLikeASurgeon.^{3–5}

The representation of Latinas in medicine is a bleak situation: Latinas make up less than 3% of physicians, 2% of medical school faculty, and 3% of 2019 medical school matriculants.^{6–8} Given these numbers, it is challenging for medical trainees and junior faculty to find other Latinas at their own institutions. This lack of representation extends to social media; therefore, we embarked on a mission to build a Twitter community for Latinas at different career stages, from pre-meds all the way to attending physicians in leadership positions, across specialties and health care professions. The authors created the @LatinasInMed Twitter account in January 2019: In 2 years it has accrued over 5300 followers and averages 150 000 viewers per month. To accompany the Twitter account, we also promoted the hashtag #LatinasInMedicine, which until then was used infrequently. In this article, we illustrate how to leverage the use of the hashtag #LatinasInMedicine to build a community that bridges location, specialties, and hierarchies, while promoting personal connections and the sense of belonging.

Goals of #LatinasInMedicine

The primary aim of this initiative was to create a community, defined as a feeling of fellowship with others, through sharing common attitudes, interests, and goals. By using the hashtag #LatinasInMedicine

we can identify tweets by and about Latina women in medicine and related health care professions, which in turn allows Twitter users to interact with each other, amplify achievements, increase the visibility of Latinas both personally and professionally, and create a sense of belonging to the community (TABLE). Using thematic analysis we were able to identify that one-third of tweets using the hashtag were about users’ achievements, which echoes a comment from one of our members: “Our network at #LatinasInMedicine proudly celebrates our heritage, rejoices in each other’s triumphs, and provides unconditional support when facing challenges.”

Within the community we share opportunities such as scholarships, rotations, fellowships, and jobs. This is critical as information about scholarships and professional exposure have been shown to be important for the development of underrepresented minorities.⁹ In this way, the account garners interest from Latinas still in training and provides resources that fill in gaps that exist within their own institutions. Similarly, during the interview season for the Match 2021 (National Residency Matching Program), many institutions and GME programs tagged our account to share their information webinars and/or diversity initiatives for trainees, which increased member awareness of these programs.

To further increase the visibility of the members of the #LatinasInMedicine community and highlight the diversity of stories, we created a list of more than 800 Twitter users who are self-identified Latinas, work in health care, and have interacted with the account @LatinasInMed or used the hashtag #LatinasInMedicine to identify themselves. Additionally, we created the mini-interview series, which asks interviewees to talk about their professional experience, goals, and lives within the 280-character limit of a tweet. To date, we have interviewed Latinas with careers ranging from global surgery and neonatology to musculoskeletal radiology and a startup CEO. The mini-interview initiative is a

DOI: <http://dx.doi.org/10.4300/JGME-D-20-01396.1>

TABLE

Goals of #LatinasInMedicine

Goal	Strategy
Share stories	Sharing personal stories posted by users
Open opportunities	Identifying scholarships, fellowships, job opportunities
Amplify achievements	Celebrating #LatinasInMedicine through the mini-interview series
Create connections	Compiling a list of #LatinasInMedicine on Twitter and promoting community through the use of conference ribbons

feasible strategy to provide wider recognition of community members as potential speakers, collaborators, or mentors, all in their own words.

The relationships among members are flourishing even in real life because the online community broke down the silos and hierarchies between departments and institutions. For example, we deputized “Conference Champions” attending regional or national conferences to distribute blue identification badge ribbons with “#LatinasInMedicine” in golden letters. These ribbons operate as professional recognition within conference spaces, similar to ribbons for “First-Time Attendee,” “Mentor,” or “Presenter.” To date, ribbons have been shared at 15 conferences in 11 states, including the 2020 Building the Next Generation of Academic Physicians Conference and the 2019 Conference of the Radiological Society of North America. The Conference Champion initiative has led the community to interact with colleagues beyond the Twitter world. As one member said, “[#LatinasInMedicine] means going to a conference and meeting these amazing women in person and know they exist and are paving the way for the future generations.”

Assessing Reach

The account @LatinasInMed serves as a central location for the Twitter community; however, the true size of the community is better measured by the use of #LatinasInMedicine. To quantify the reach of social media posts we analyzed data from Vicinitas, which provided standard metrics for the time period January 2019 to March 2020. During that time the hashtag was used in 3319 tweets, with only 29% of them posted by the authors through the account @LatinasInMed. The remaining 2370 tweets were posted by 413 users, accumulating 44 727 favorites, 6697 retweets, 3765 replies, and 1112 quote tweets. The majority of hashtag users were individuals (89%), with the remaining 11% being organization accounts. Approximately half of users adding the hashtag follow the @LatinasInMed account, showing that this hashtag is bringing into the community individuals who are one or more degrees of separation from the account. It is important to note that not all

the followers of the @LatinasInMed account are from Latinx origin, but they provide support by sharing opportunities and further amplifying the voice of our members through allyship.

Why It Works

The sustained engagement with #LatinasInMedicine highlights the need for a community spanning differences in age, specialty, country of origin, or position. Our initiative sparked similar Twitter communities such as @LatinxInPsych, which targets mental health professionals. Thus, this strategy, outlined in the BOX, can be replicated or adapted for other groups in health care. Efforts should center on complementing existing support networks by improving information sharing. Creating these Twitter microcosms opens the possibility for interesting conversations and collaborative spin-offs among individuals without the boundaries of geography or institution. However, it is important to consider the possibility of cyberbullying and harassment that can be associated with social media use, particularly when highlighting individuals from minority groups. Nevertheless, in our experience, the benefits of connection outweigh the risks.¹⁰ Our strategy can be distilled down to 4 main points, outlined in the BOX.

Conclusions

In sum, the hashtag #LatinasInMedicine has not only worked to increase visibility of Latinas in the medical community but also has helped Latinas feel acknowledged within medicine. “In a field that constantly reminds me that I am a minority, it is refreshing and encouraging to connect with Latinas from across a wide range of fields, institutions, and levels of education. We belong here and together we can prove it!” said one user. The growth of this community has been organic (no paid advertisements), which highlights the value that individuals find in the community, and the potential to reach individuals who might not be connected to traditional academic sources. We plan to expand this work through identifying new ways to connect online and offline, to advance the role of Latinas in health care. We challenge readers to

BOX Creating Community From a Hashtag Strategy**Having a Central Coalescence Point**

- Create an account to spotlight the messages and stories that use the hashtag.
- Have a core group of people who monitor the hashtag and mentions, and retweet posts to the central account.
- Generate conversations by posting a few times per week from the central account about topics that are related to the shared purpose of the community.

Creating Communal Benefit

- Determine community goals to guide conversations and posts made.
- Promote interactions between members, and create opportunities for networking (eg, ribbons at conferences).

Embracing Asynchrony

- Engage with posts at different times of the day or week.
- Check past and present posts using the hashtag.

Getting Noticed

- Find allied organizations and groups and engage with these accounts.
- Share content from other organizational accounts that are of interest to the community.

engage with @LatinasInMed as community members, allies, and future colleagues in medicine.

References

1. Fuller MY, Allen TC. Let's have a tweetup: the case for using Twitter professionally. *Arch Pathol Lab Med.* 2016;140(9):956–957. doi:10.5858/arpa.2016-0172-SA
2. Shillcutt SK, Silver JK. Social media and advancement of women physicians. *N Engl J Med.* 2018;378(24):2342–2345. doi:10.1056/NEJMs1801980
3. Knoll MA, Jagsi R. Cumulative micro-mentorship: how social media is facilitating the advancement of female physicians. *Acad Med.* 2019;94(10):1404–1405. doi:10.1097/ACM.0000000000002884
4. Lewis JD, Fane KE, Ingraham AM, et al. Expanding opportunities for professional development: utilization of Twitter by early career women in academic medicine

and science. *JMIR Med Educ.* 2018;4(2):e11140. doi:10.2196/11140

5. Ansari H, Pitt SC. #ILookLikeASurgeon: or do I? The local and global impact of a hashtag [published online ahead of print October 20, 2020]. *Am J Surg.* doi:10.1016/j.amjsurg.2020.10.020
6. Association of American Colleges. Figure 20. Percentage of physicians by sex and race/ethnicity, 2018. <https://www.aamc.org/data-reports/workforce/interactive-data/figure-20-percentage-physicians-sex-and-race/ethnicity-2018>. Accessed March 18, 2021.
7. Association of American Colleges. Figure 16. Percentage of full-time U.S. medical school faculty by sex and race/ethnicity, 2018. <https://www.aamc.org/data-reports/workforce/interactive-data/figure-16-percentage-full-time-us-medical-school-faculty-sex-and-race/ethnicity-2018>. Accessed March 18, 2021.
8. Association of American Colleges. Figure 7. Percentage of acceptees to U.S. medical schools by race/ethnicity (alone) and sex, academic year 2018-2019. <https://www.aamc.org/data-reports/workforce/interactive-data/figure-7-percentage-acceptees-us-medical-schools-race/ethnicity-alone-and-sex-academic-year-2018>. Accessed September 24, 2020.
9. Odom KL, Roberts LM, Johnson RL, Cooper LA. Exploring obstacles to and opportunities for professional success among ethnic minority medical students. *Acad Med.* 2007;82(2):146–153. doi:10.1097/ACM.0b013e31802d8f2c
10. Pendergrast TR, Jain S, Trueger NS, Gottlieb M, Waitowich NC, Arora VM. Prevalence of personal attacks and sexual harassment of physicians on social media [published online ahead of print January 4, 2021]. *JAMA Intern Med.* doi:10.1001/jamainternmed.2020.7235



Briana Christophers, AB, is an MD-PhD Student, Weill Cornell/Rockefeller/Memorial Sloan Kettering Tri-Institutional MD-PhD Program; **Narjust Duma, MD**, is Assistant Professor and Thoracic Oncologist, Department of Medicine, University of Wisconsin; and **Maria C. Mora Pinzón, MD**, is a Research Fellow, Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health.

Corresponding author: Briana Christophers, AB, Weill Cornell/Rockefeller/Memorial Sloan Kettering Tri-Institutional MD-PhD Program, brc4001@med.cornell.edu, Twitter @BriChristophers