Response to Letters Regarding Article, “A Randomized Trial of Social Media From Circulation”

We thank our readers for taking the time to thoughtfully comment on our recently published article, “A Randomized Trial of Social Media From Circulation.”

Dr Thoma et al are concerned that we have overstated our conclusion that “social media strategies do not increase dissemination of scholarly publications.” In fact, we make no such claim in our published article, and our conclusions are limited to “a social media strategy for a cardiovascular journal does not increase the number of times an article is viewed.” In addition, we write at length in our published article about the lack of generalizability of our findings beyond the specific social media campaign used in our trial. Second, Dr Thoma et al are concerned about unaddressed confounders in our study. We note that the randomized design used in our trial will minimize this specific concern. Third, Dr Thoma et al are concerned about the use of page views as a proxy for impact. We agree, and we acknowledge that this endpoint serves as a proxy for what we are truly interested in, which is dissemination of information. However, we chose it because we needed a relatively unbiased end point that would integrate web traffic from both the intervention and the control group. Finally, Dr Thoma et al are concerned that we have sacrificed best practices in social media communication. Given the equipoise in this area and the lack of existing rigorous data, the field as a whole does not yet know the best practices. We appreciate the anecdote provided about the Annals of Emergency Medicine experience, but we caution the authors against drawing conclusions based on ecological associations in place of data derived from a rigorous randomized trial.

Similarly, Dixon et al report their impressive experience with a blog piece for the Web site http://www.Radiopaedia.org. Although this single anecdotal experience is exciting, we caution the authors from drawing conclusions from a single experience and urge them to test a more comprehensive strategy using a randomized design.

Semsarian and Ingles are concerned that there are limitations that may have masked a potential benefit to social media in our trial. First, they are concerned that our primary outcome of 30-day page views may have been too short. Given the short half-life of social media, we do not agree with this concern. Second, they suggest that some readers may have found the headline and social media summary sufficient. We agree with this assertion and have included it as a limitation in the present article. Third, Semsarian and Ingles suggest the use of Facebook or Twitter post shares or retweet data as an alternative metric of impact. Unfortunately, such an endpoint would not have been feasible in our trial because, by definition, the control arm was not exposed to social media through our journal accounts, biasing the results toward the social media intervention. Next, Semsarian and Ingles suggest that longer-term studies with an end point of ultimate journal citations would be more relevant. Although we agree in concept, a first step is simply demonstrating that social media increases page views before focusing on a downstream end point. Finally, we agree with their concern that our social media following was modestly sized and have included this as a limitation to the generalizability of our findings in our published article.

Finally, Djuricich and Madanick use the online experience of our own published article to highlight the potential of social media. We agree that the experience of this article was extraordinary, with a reach of >1.5 million unique accounts on Twitter in the week after online publication (derived from using http://www.Tweetreach.com). However, we caution the community from drawing overarching conclusions from the experience of 1 article.

Overall, the optimal way to use social media in medical publishing represents an important area of future research that can ultimately be used to inform best practices. Similar to the gold standard data generated for patient-based clinical trials, rigorous clinical trial design needs to be used to inform this important, growing field.

Disclosures

All authors are Editors of Circulation.

Caroline S. Fox, MD, MPH
Circulation Editorial Office
Boston, MA

Marc A. Bonaca, MD, MPH
Circulation Editorial Office
Boston, MA

Cardiovascular Division
Department of Medicine
Brigham and Women’s Hospital and Harvard Medical School
Boston, MA

John J. Ryan, MD
Circulation Editorial Office
Boston, MA

Division of Cardiovascular Medicine
Department of Medicine
University of Utah
Salt Lake City, UT

Joseph M. Massaro, PhD
Circulation Editorial Office
Boston, MA

Department of Biostatistics
Boston University School of Public Health
Boston, MA

Karen Barry, MS
Circulation Editorial Office
Boston, MA

Joseph Loscalzo, MD, PhD
Circulation Editorial Office
Boston, MA

Department of Medicine
Brigham and Women’s Hospital and Harvard Medical School
Boston, MA

References

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Caroline S. Fox, Marc A. Bonaca, John J. Ryan, Joseph M. Massaro, Karen Barry and Joseph Loscalzo

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