trials, the ADEMEX trial and the Hong Kong Study. This paved the way for the 2006 KDOQI recommendations for a weekly Kt/V target of 1.7. The 2020 ISPD guidelines have taken this step further, advocating for a more holistic approach rather than the specific targeting of a single clearance metric. It is imperative for us as nephrologists to understand the evolution of adequacy in PD and the implications of increased clearance in patients using PD. Studying this evolution allows clinicians to be better equipped to understand current practice guidelines while also providing a foundation for the development of future studies. Furthermore, this article highlights the importance of considering the patient in context to the guideline instead of achieving a numeric goal.

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References

Fellows Corner

@RenalFellow, #NephTwitter Wants YOU

By Tiffany Truong

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ove it or hate it, social media has become an ever-pervasive presence in nearly every aspect of our lives, and no sphere has been spared, specifi- cally nephrology. We might postulate that this is perhaps because nephrology, by its very nature, provides such a rich soil for academic discourse; that fluid physiology demands a blog post, electrolyte puzzles make great tweets, and regardless of all that we just cannot help post- ing salty jokes. That may be true, but certainly the world of nephrology on social media as we know it has also been laboriously designed through the slow, steady work of the Nephrology Social Media Collective (NSMC), which (disclaimer) I joined as an intern in January 2020. It is my opinion that to know the presence of nephrology in social media is to know the work of the NSMC.

Since 2015, the NSMC has held elaborate annual on- line events such as NephMadness, hosted journal clubs on Twitter through NephJC, and created an array of other collaborative resources, including Renal Fellow Network and NephSIM. As a nephrology fellow I had known about the programs long before I knew about the creators, and I was a consumer of their content long before I joined nephrology, let alone any discourse on social media. Now, as a first-year fellow, my days on service can be invariably busy and dedicated to patient care, but in those few minutes be- tween clinic and grand rounds or after a hectic day on con- sultations, I find that some time spared to follow the world of nephrology on social media provides many benefits.

To start, social media can be fun. At first glance, “fun” may sound trivial, but that enjoyment becomes enthusi-asm, which can lead to passion, drive, and initiative. In a time when physician burnout is a recurring headline and is being rebranded as “moral injury,” remembering that our work is creative, intriguing, and rewarding is arguably as vital as any duty hour regulation. It spills over into patient care. It has been my experience that most physicians who use social media are not there to represent any financial interest; they maintain a presence because being a part of it is gratifying on its own.

Besides the feel-good value, however, the blogs, webs- ites, and Twitter accounts of these nephrologists/social- media-guru pioneers are brimming with educational dialogue that can enrich one’s professional growth. There is much to learn, from the tweetorials on physiology to journal clubs on current research to lively debates on how management should or should not change after a study. This virtual community, deemed “NephTwitter,” is an aca- demic gathering place for nephrologists around the world, who can share their unique experiences while still speaking in the common tongue of nephrology. One of the most successful social media experts in medicine, Dr. Anthony Bux, has emphasized that social media’s major impact is not just the dissemination of information but a shift in the entire clinical perspective from that trap of anchor- ing; from asking, “What is the answer?” to “Why is there a problem?” and “Why does this work?”

The funny thing about online discourse is that it is a great equalizer, particularly for fellows. Although we are all identifed professionally, the hierarchy of attendings, fel- lows, residents, and students does not translate into rigid roles. We are all simply teachers and students, with things to say and things to learn.

Last but not least, social media is an avenue for patient advocacy. The American Medical Association and other professional societies, notably in pediatrics, agree that phy- sicians have a responsibility to advocate for public health and address the root causes of threats to the public well-be- ing. Although civic engagement among physicians is easily touted, many of us have no formal training to advocate for healthcare beyond our individual patients. In a field as institutionalized as nephrology, this is remarkable. Social media provides a platform, accessible to everybody, that if used judiciously can inform our patients and our commu- nities about even the sociopolitical barriers to health that we know intimately.

In the Netflix show Diagnosis, Dr. Lisa Sanders uses the web to connect patients with difficult diagnoses to experts across the world. She states, “One of the tools that doctors use are the other doctors in the room. . .what we’re doing is just making the room that much bigger.” To be a neph- rology fellow in this day and age is to train in an enormous room, one with very smart little blue Twitter birds who spout Free Open Access Medical education (FOAMed). That is the sound of the NephTwitterverse calling. Con- sider yourself recruited.

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