GUIDE:

SOCIAL MEDIA FOR MEDICAL RESEARCH INSTITUTES DURING COVID-19

2020

aamri
Association of Australian
Medical Research Institutes

Opyl

SOCIAL MEDIA FOR MEDICAL RESEARCH INSTITUTES DURING COVID-19

This guide has been prepared by Opyl Ltd in collaboration with the Association of Australian Medical Research Institutes.

info@opyl.ai
www.opyl.ai
105 Wellington Street, St Kilda, Victoria, 3182

INTRODUCTION

We are living in extraordinary times. Not even the most thorough, issues communications plan would have anticipated a pandemic like COVID-19 and the downstream, far-reaching and long-lasting global impacts that are currently unfolding.

Social media is a critical channel during crisis
As is evident during any crisis, social media is a critical communications channel. COVID-19 has sent social media into overdrive. Governments around the world along with the World Health Organisation have recognised the enormous and immediate power of social media to share critical information about physical distancing and isolation to the latest data visualisation to keep the community informed. The pandemic has galvanised the unique nature of open global informational channels like social media, where anyone with a smartphone or an Internet connection can access and contribute.

The world is turning to researchers and healthcare providers for information during COVID-19
Right now, the world is acutely tuned in to what medical researchers, healthcare providers and health technology developers think and say on social media. More than ever before, the global community is looking for reassurance, transparency, facts and hope. COVID-19 has been a "call to arms," for many in the health and life-sciences sectors to take up social media. Hundreds of thousands of researchers and healthcare workers have either joined the conversation on social media or accelerated it. Individuals who would have otherwise been casual observers or occasional commentators are now very visible and active. This poses a remarkable opportunity for the Australian medical research community to be seen and heard, but we need to ensure our approach is strategic, relevant, timely, accurate, of utility, relatable and shareable.

A guide to navigating social media during COVID-19
It is recognised that some medical research institutes have a team of professionals working in communications or a budget to bring in advisors. For others, there may be a resources gap during the current period and we hope this guide will provide additional assistance.

This document is intended as a guide for communication managers and executive officers in Australia's medical research institutes. Working together, the Association of Australian Medical Research Institutes (AAMRI) and Opyl Ltd, specialists in social media for the health and life-sciences sector, have quickly put together best practice advice on how independent health and medical research institutes can strategically and thoughtfully navigate social media during this unusual period.

In this guide, there are observations and examples of how health and medical research institutes and associated organisations around the world have responded to the escalating pandemic, to demonstrate behaviours, content and community engagement. The intention is not to criticise, shame, champion nor hold them to account, but instead to simply consider, learn from and translate the value of this advice into your institute's communication activity on social media. We encourage you, as science communication professionals, to examine and discuss this strategic advice. As a global community, we still have a lot to learn and a lot to share about science communication, outreach and engagement in the digital world.

Michelle Gallaher, CEO
CEO Opyl Ltd

Aimee Sanderson, Marketing & Communications Manager
Association of Australian Medical Research Institutes

CONTENTS

aamri
Association of Australian
Medical Research Institutes

Opyl

WHY YOU NEED TO BE TALKING ABOUT COVID-19 ON SOCIAL MEDIA - EVEN IF YOU'RE NOT DIRECTLY INVOLVED.

Being publicly present in the midst of a crisis is something many organisations get wrong from the beginning, thinking that COVID-19 is not "their" crisis. Although many institutes may not be directly involved in virology, immunology or infectious disease epidemiology research, the COVID-19 crisis is a universal crisis as it is disrupting research, funding, philanthropic efforts, commercialisation goals and the ability to advocate for our research community.

The COVID-19 crisis has intensified interest in the response from the world's medical research community, particularly on social media. Ignoring COVID-19 can suggest that your institute may not be connected to or supportive of the broader world of medical research and health - which could be further perceived as odd, ignorant or arrogant.

At times of national and international health crises, the general public, media and government closely watch the research sector for collaboration, consensus and confirmation. When the sectors support each other and work collaboratively towards a common goal, the message of solidarity and relevance is clear and appealing.

Tweets like this example from the Broad institute give the public confidence that the medical research institutes around Boston are working collaboratively. It also serves as a quick and effective news update for the media and government. The amount of engagement on this tweet was quite strong in the first 24 hours and became the institutes' most engaged tweet for that month.

This was the Broad institute's first address of COVID-19 on Twitter and although the acknowledgement of the crisis was comparatively late in the pandemic's global trajectory, the relevance of the message and the accompanying blog set the tone to one of collaboration, solidarity and responsiveness.

Failing to acknowledge significant events or crises that impact the world we live and work in and our community of peers in the research sector (particularly when events call for compassion and empathy) can convey a lack of humanity and social connectivity.

Broad Institute
@broadinstitute

Broad Institute is working closely with @MassGeneralNews, @BrighamWomens, and other area hospitals to put our high-throughput genomic capabilities at the disposal of @MassGov to enable increased capacity for #COVID19 diagnostic testing. Learn more:
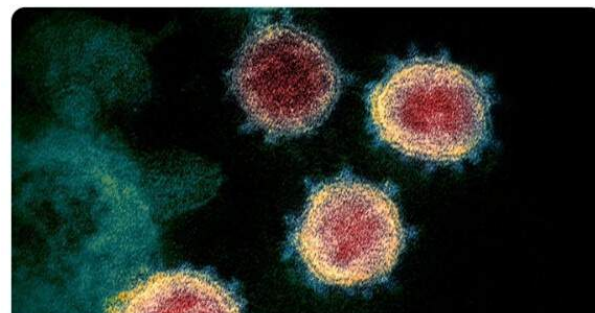
How the Broad Institute is helping understand and overcome COVID-19
⊘ www.broadinstitute.org

6:57 AM · Mar 18, 2020 · Twitter Web App

99 Retweets   257 Likes

Being relevant and thoughtful online towards a community or peers struggling to understand and respond at this time, builds trust and respect for your institute's brand. An organisation's culture online should reflect the internal culture (or at least the culture that you are working towards). Placing people first, responding swiftly and with genuine empathy transcends issues and sets an important frame and attitude at the start of a crisis implementation plan.

An institute may have social media followers who are research collaborators, healthcare providers, media, government, regulators, donors, current or prospective students, service provider partners, patients and carers. Even though the world is focussed on COVID-19, your audience is not one dimensional and may be looking for your institute's response on the following:

- If COVID-19 or associated health impacts are being studied at your institute

- How your institute is responding to accelerate research, continue or modify research progress during the crisis

- If your institute is contributing to the global effort by contributing reagents, ventilators, data, PPE, swabs, etc.

- How your institute is responding to clinical trials in this environment

- How students will be impacted, particularly PhD candidates and how your institute is showing compassion and support for the student community

- How your institute is caring for its community of employees, collaborators and key stakeholders

NAVIGATING SOCIAL MEDIA DURING COVID-19

The following provides a guide on how medical research institutes can navigate social media during COVID-19 along with tips and examples.

aamri
Association of Australian
Medical Research Institutes

Opyl

IDENTIFY KEY MESSAGES AND HOW YOUR INSTITUTE IS RESPONDING TO COVID-19

- The communications team should be clear about your institute's key messages and response around COVID-19. This may mean workshopping with your leadership team or senior executives to clarify and confirm details.

TIP: Develop a list of your institute's key messages relating to COVID-19 that will be used in communications activities. Circulate these to group leaders, team leaders, senior scientists and key leadership personnel within your institute. Consider making these available for reference on your internal intranet or on physical notice boards.

TIP: Brief social media advocates on the institute's official response and key messages. It is valuable to have a list of all internal and external social media advocates for your institute (e.g. a PhD student who is very active with a large following on Twitter and/or a Board Member who is very active on LinkedIn).

TIP: Generate a list of frequently asked questions and answers that may arise about COVID-19 - with consideration to each of the stakeholder groups that may be following your pages and the questions they are most likely to ask. FAQs are a valuable tool to reinforce key messages and may be helpful to publish via your social media channels or on your website.

IGNORANCE IS NOT BLISS ON SOCIAL MEDIA: DO NOT IGNORE COVID-19 ON YOUR SOCIAL MEDIA CHANNELS

- The absence of your institute's public support for current national health measures may raise questions about the research community's consensus and implementation around the current measures in place.

- Ignoring COVID-19 might suggest that your institute is not connected to the broader world of research and health.

- Solely engaging with third party channels or content is not as powerful as sending out clear, original messages from your institute's social media pages.

TIP: If your institute has not tweeted or published a message supporting national COVID-19 health messages or demonstrating how you are implementing them, do so now – it is not too late.

TIP: Demonstrate if/how your organisation is agile, adaptive and/or accommodating the continuation of medical research while adhering to physical distancing or isolation guidelines.

TIP: Share content that shows your organisation's solidarity with the broader, international research community that is collaborating on a scale and speed never seen before.

The following tweet from the Jackson Labs (USA) demonstrates how this laboratory is enacting physical distancing measures whilst sharing information about how they are contributing and collaborating in the Connecticut area.

The angle of the picture lends itself to the physical distancing message.

The Jackson Laboratory ✔
@jacksonlab

Practicing #socialdistancing during a remote press conference with @govnedlamont today! 💻🖊️ We have some exciting news to share — we will be providing additional #coronavirus diagnostic testing capacity for Connecticut residents in partnership with th... ift.tt/2wIHTPi

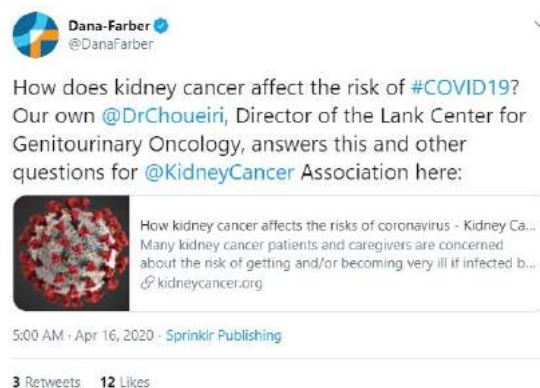5:26 AM · Mar 20, 2020 · IFTTT

2 Retweets   9 Likes

BE MINDFUL OF AUDIENCE CREEP

- People who would not normally look at medical research institutes on social media are now searching for authoritative information and trustworthy advice.

- They are looking for researchers and healthcare providers who are present and tuned into social media, not automating content or simply retweeting third party content.

- Social media users are asking more questions of medical researchers and they expect institutes to be responsive in more 'layperson' styles.

TIP: Examine your audiences in a far broader context in this current environment. In the past, an institute may have considered Twitter to be very 'scientist-centric' and Facebook as the more 'general public' channel - this may not be entirely accurate any more.

TIP: All social media channels are now for the general public and the language and content shared needs to be adjusted to suit all. Modify your online language to be more 'lay' and less technical at this time.

Below is an example of how institutes are addressing a more general public audience. In a twitter post, the MD Anderson Cancer Centre links to a blog that addresses misinformation in a language that is easy to understand, relatable and shareable to a wider audience. In a similar manner, the Dana-Farber Cancer institute shares information on how kidney cancer affects the risk of COVID-19.

People who would not normally look at medical research institutes on social media are now searching for authoritative information and trustworthy advice.

BUSINESS AS USUAL WHILE ACKNOWLEDGING COVID-19

- Your institute may not be directly involved in COVID-19 research, but it does not mean you cannot continue to discuss your research agenda and progress in the context of COVID-19. Your donors, philanthropists and commercialisation partners need to see that papers are still being published and research is continuing (if it can) in the therapeutic area or technology space in which your institute is working.

- As an example, if your institute is researching cardiovascular disease, we know that those with cardiovascular disease are considered a vulnerable population group and that the COVID-19 environment has impacted clinical trials and clinical trial recruitment. Therefore it is very relevant to discuss the impact of the environment on your research agenda or patient population.

TIP: For each of the disease areas that are investigated within your institute, understand how COVID-19 might affect them. Understand how COVID-19 affects your online audience.

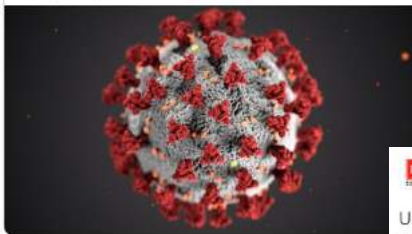The following are examples reinforcing the importance of 'staying in your lane' while acknowledging COVID-19:

## Understand how COVID-19 affects your online audience.

USE HUMOUR CAREFULLY, TREAD LIGHTLY

- Sometimes humour is appreciated, particularly when used to discuss PhD student life for example, demonstrating and reinforcing organisational culture or celebrating achievements and holidays. However, acknowledging the emotional tone of the global audience at this time on social media is important. Recognise that it can be tricky to predict how audiences will respond when many are anxious, frightened or confused. Also consider the cultural differences in interpretation and timing impacts of humour on social media during a time of crisis.

- What might be funny on social media in Melbourne, might be received in a very different light in New York. The cultural context of humour can be very difficult to navigate at the best of times. Remember social media doesn't have a geographical boundary around it and messages, particularly the funny ones that go viral.

- It is recognised that humour can be a coping mechanism and respect that sometimes these moments have to happen to humanise an experience, but social media right now is a very sensitive space and content like this may serve to erode trust in our healthcare delivery system.

- In light of human coping mechanisms, it's important to share light-hearted content. This type of content should be empowering and not humorous (at this time). As the situation is constantly changing, we suggest that humour, if used, is used cautiously.

TIP: Consider the impact of retweeting or sharing posts of humorous memes, toilet-paper-esque commentary or anything that may be interpreted as mocking or criticising a section of the community.

TIP: Contributing to or sharing global or local community actions that brings a moment of happiness or positivity can build a sense of solidarity with your community. For example, the bear hunt or rainbow walks for kids that are emerging in Australia and New Zealand. This light-hearted but encouraging content is not the same as using humour. Emphasise relevance of content by using associated hashtags (in this instance, #BearHunt2020 and #RainbowHunt in Australia and #RainbowTrail in the UK).

The following (to the right) is an example of how to use gentle humour to interact with your audience in a positive, light-hearted manner:
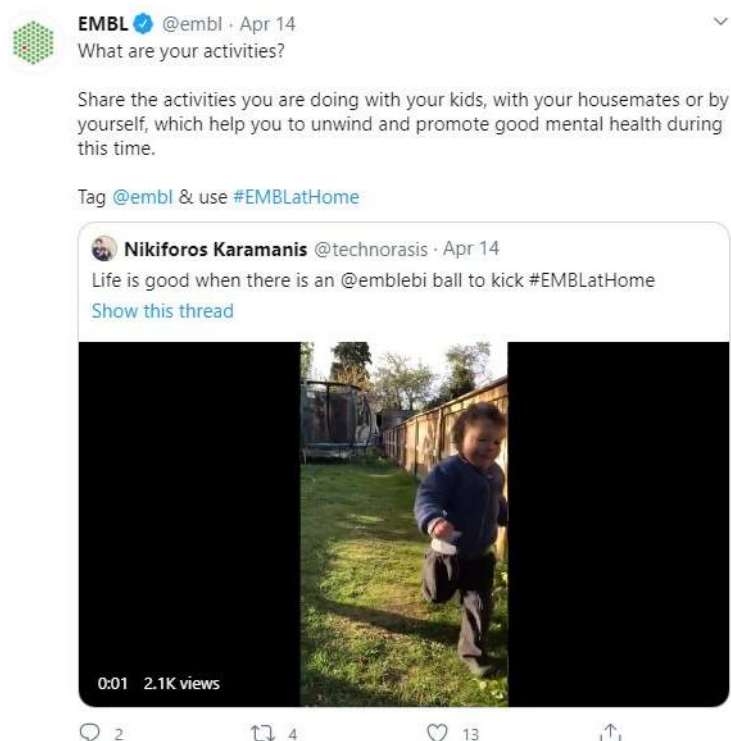
USE APPROPRIATE LANGUAGE AND TERMINOLOGY

- It is more important than ever to consider the appropriate use of language, tone and terminology.

- Social media communities that were once heavily skewed towards a scientific or clinical audience are now being accessed and enjoyed by the general public.

- During the COVID-19 pandemic, it is important to ensure that the language used is accessible to a much broader audience.

TIP: Consider using language like physical distancing (suggests physical separation) over social distancing (social isolation), considering the implications and different interpretations of words. The WHO changed their language use from 'social distancing' to 'physical distancing' within the first weeks of the global pandemic (March 20) recognising the term 'social distancing' as oblique and poorly understood and conveyed mixed messages. Although originally a term used comfortably among the researchers advising the WHO, it was not translated well to a lay audience. Unfortunately 'social distancing' has stuck with some government messaging requiring infographics and lots of additional media to further explain the directive.

TIP: Be very mindful of using decimal places when speaking about people in terms of numbers or statistics - you cannot infect 2.5 people - you either infect 2 or 3 people (see example below). Explaining infection rates and formulas can be mind-boggling for the media and the general public so localising analogies or comparisons to conjure up a word picture to communicate numbers work well in science. Examples such as 'one person could infect the whole of the MCG crowd at peak seating capacity in 45 days if we do not implement lockdown now' is a very powerful image.

TIP: Be mindful of abbreviations and terminology that are considered niche jargon versus that which the public can understand.
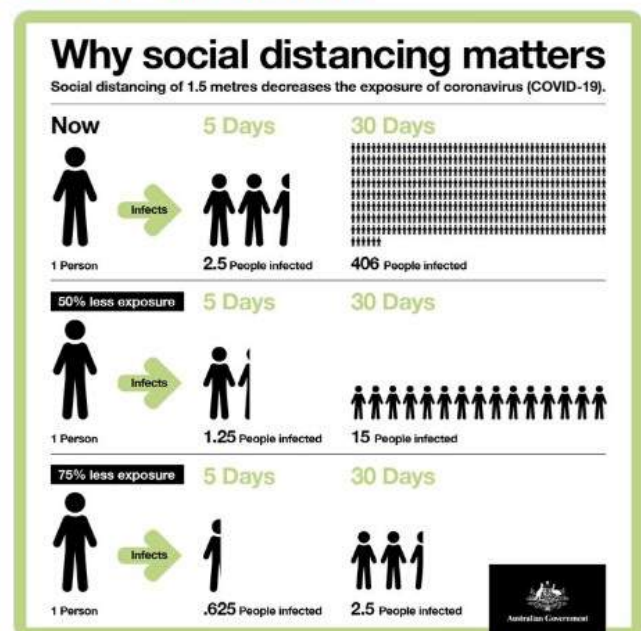

It is more important than ever to consider the appropriate use of language, tone and terminology.

BE MINDFUL OF SENTIMENT

- Using overtly celebratory language, images or behaviours online when recognising a published paper or an important positive research milestone in this environment may feel incongruent with the current climate.

- Good things will still happen in the COVID-19 environment and those milestones deserve to be recognised and celebrated online, particularly if it is a paper published or PhD completed.

- While the online community sentiment in Australia is becoming more positive, it is important to consider your institute's international followers, who might be having a different experience. This is particularly important given the global nature of social media.

TIP: When being mindful of sentiment it's important to take into consideration your institute's style guide to identify the approach that is best suited.

TIP: Consider wording like 'This is much-needed research...'. or 'recognising years of commitment to the achievement of this long-anticipated milestone.'

TIP: Use respectful language when highlighting research publications and discoveries. Tone down the use of overly celebratory memes, gifs, images or language like 'soooo excited' or 'thrilled' and opt for warmer language like 'proud' or 'pleased'. The global context is important to consider.

TIP: Avoid the use of exclamation marks when sharing 'good news' stories.

TIP: Create a guide of language/phrases that are acceptable/not acceptable to use on social media during COVID-19 (this should be reinforced by your key messages).

The following example reinforces this message:

The Crick ✔
@TheCrick

The Cep55 protein is known as a 'master regulator' in the final process of cell division. However, a new #crickpaper led by @tedeschi2020 in the @behrens_lab has found that it is dispensable for most mammalian cell divisions.

Read more in @NatureComms ⤵

Cep55 promotes cytokinesis of neural progenitors but is dispe...
In mammalian cell lines, Cep55 protein recruits the endosomal sorting complex required for transport (ESCRT) and promotes ...
🔗 nature.com

1:57 AM · Apr 9, 2020 · Twitter Web App

7 Retweets   **30** Likes

USE HASHTAGS CONSISTENTLY

Developing and utilising a hashtag strategy may typically be challenging as it can be a moving feast, but during COVID-19 it becomes critical. Getting the hashtag right and knowing which one best serves your community is key. Scientists and healthcare workers are mostly using #COVID19 but the general community is using #COVID. And there are location and community specific COVID hashtags. On the 27 March 2020, the hashtag #Covid19 was the top trending hashtag, globally, on Twitter and Instagram. Hashtags are primarily about making sure your message is seen or at least optimised within an audience segment. Furthermore, hashtags on Twitter, Instagram and LinkedIn also aid in growing your institute's followers during this time. Many forget to or do not include hashtags on LinkedIn posts, but using hashtags at the end of posts ensures messages are searchable, seen and optimised. Hashtags work.

Using hashtags associated with clinicians and healthcare providers is essential in getting your research seen and shared. Many research institutes do not optimise hashtags enough or make the most of them in order to reach clinical or community-based advocates.

- There are 70 hashtags associated with COVID-19 on the Symplur healthcare hashtag database, some are based on location, profession and therapeutic interest.

- Tweeplers (website) updates every 10 seconds on top trending hashtags on Twitter by country. Consider the differences in hashtags between countries and within STEMM sectors.

- The emergence of location-specific hashtags has added to the confusion around hashtags, but should be considered as an opportunity to localise your content or message.

- In Australia, some of the highest and most frequently trending hashtags during the COVID-19 crisis have been: #COVID19 #Coronavirus #Isolation #Iso #Covid #Covid19Aus #StayAtHome #StaySafe and #SocialDistancing.

- To cut through the COVID-19 hashtags consider adding a second hashtag to attract a sub audience. For example, #CovidFOAMED (COVID Free Open Access Medical Education) is being used by clinicians to gain quick access to new research and clinical interventions. Others include #MedTwitter or #hcms (healthcare social media) or #SoMeDoc (Doctors on social media) if you want clinicians to see your information or when sending tweets into medical and clinical tweet chats at the scheduled times.

- You will find relevant tweet chats around COVID-19 on the Symplr platform and it's free of charge.

TIP: Use tools like Symplur and Tweeplers to understand the most relevant COVID-19 hashtags to your topic or content. The most widely used hashtag to use on Twitter and Instagram is #COVID19.

TIP: To improve readability and accessibility, use capitalisation within hashtags (e.g. #MedTwitter).

TIP: If your community has a specific hashtag - use it. For example, among the Indigenous and First Nations community #KeepOurMobSafe and #COVIDIndigenous has been used by organisations and individuals. If your research is relevant to Indigenous communities spend some time researching the relevant hashtags and make a note to use them.

TIP: Build hashtags into the narrative as a part of a sentence rather than listing them at the end of a message, particularly on Twitter. For example; "Rapid #Covid19 testing for remote Aboriginal and Torres Strait Islander communities announced to #KeepOurMobSafe. #COVIDIndigenous' (see example below).

TIP: Do not forget to tag organisations, publications and people mentioned in your social media posts - it inspires them to act as an advocate for your institute and it acknowledges them as a contributor (if that's the reason why you're tagging them).

COMMUNITY MANAGEMENT

- Social media should not be a 'set and forget' approach. It should also not be automated to cross share without tailoring messages to different audiences on respective social media channels. Social media is designed as a two-way dialogue in which people can engage through asking and answering questions. During a crisis, this is more likely to occur within your audience. Ensure your organisation has a set of approved standard responses to issues as they emerge or if issues turn into a crisis (e.g. key messages or FAQs). Ensure your social media team has easy access to executive leadership during a crisis so answers can be sourced quickly and sensitive questions or questionnaires can be escalated.

- With a large majority of people working from home or isolated in their homes, the regular commuting or lunchtime traffic periods on social media are not as obvious nor as consistent now. We are seeing people engaging on social media outside of the typical 'before' and 'after' work time slots, which means regular community management is even more important.

- To treat social media as a one-way communication channel is disrespectful to your audience and demonstrates that the institute does not consider anything followers have to say as relevant nor important.

- Showing preparedness to engage, answer questions, correct misunderstandings and acknowledge the fears and concerns of your audience is crucial at this time. It is recommended that community managers have an understanding of the issues likely to be discussed and have some freedom to be able to answer (within an agreed framework) in their own words to ensure authenticity. CSIRO does an excellent job of this on social media with community managers often signing off each message they have responded to with a ^ sign followed by their initials (^MG). This is a procedure that also ensures community managers are accountable (see example below).

- Tapping into empathy on social media builds closeness and a trusted relationship with your organisation's brand that can translate into philanthropy and advocacy at a later stage

TIP: Block out time at multiple points throughout the day to respond to your community - it is no longer sufficient to do this once per day, particularly if your institute has a large and engaged following or working at the frontline of COVID-19 research and is likely to get a lot of media attention.

TIP: Communicating with a human voice, in relatable and thoughtful language and syntax, adds tremendous value to the communication assets owned by your institute.

TIP: Create an FAQs document to circulate to all members of the institute involved in online community management or who may be social media ambassadors or advocates from within the internal scientific community to assist in language and message consistency.

TIP: Create a guide of language/phrases that are acceptable/not acceptable to use concerning COVID-19.

TIP: As the pandemic evolves, it is important to review all scheduled content for its appropriateness. As the situation is changing daily, what was once an approved post may no longer be appropriate, relevant or may require editing. Review all scheduled content 12-24 hours in advance of posting date and time.

LEVERAGE EXISTING VISUAL ASSETS AND CONSIDER IMAGE IP

- Images and infographics can speak volumes in communicating a scientific concept or technology. Some institutes have libraries of images, photographs, diagrams and infographics to use in communications, but many simply do not.

- Now is an excellent time to open up your visual asset library and review what images or diagrams you could use on social media to explain concepts such as herd immunity, immunosuppression, antibody production, viral load and viral shedding, for example.

- Never assume that an image or infographic used on social media is creative commons - it is not. Directly ask permission to use an image, animation or infographic. Tagging the original artist or creator is not obtaining permission. It is perfectly OK to retweet, comment or share an original post that the creator distributed.

TIP: Share to social media existing visual assets (diagrams, infographics, podcasts, videos and animations) that explain concepts around global health, public health, virology and immunology - even if they are a little old. As long as the information is correct, these will be valuable.

TIP: Use platforms such as Canva or PiktoChart to create easy to follow infographics, diagrams and animations to quickly create visual assets.

The following are examples reinforcing the value of leveraging existing visual assets and the consideration of image IP:

COVID-19 SPECIFIC RESEARCH INSTITUTES

- If your institute is directly involved in COVID-19 research, it is important that you post to social media in a transparent, timely and regular manner. There is a very big social media audience from around the world waiting for your updates.

- Where appropriate, and in-line with the institute's strategy, if your institute's research is featured by mainstream media, this coverage should be shared to your institute's social media along with key messages about the research. Consider tagging the journalist involved supporting and acknowledging them as the author of the article or news segment.

- Be very present on social media - journalists and the government are relying on social media from your institute for official updates. If a media announcement is released make sure it is shared to the institute's social media profiles within 5-10 minutes going live and be ready for questions online when the news is fresh.

TIP: On Twitter, use the 'reply' feature to create a thread that breaks down the key information about the research into a 'thread' or series of interconnected tweets.

TIP: If you do not have media monitoring or a PR manager at your institute, set up Google alerts or alternatives such as 'Social Searcher' to ensure you are notified of coverage and/or syndication.

TIP: If COVID-19 related research is published in a journal, allocate additional resources if you can to community management to answer questions and engage with online discussion. Make sure you tag the journal and any authors appropriately as well as their organisations on each social media channel.

TIP: To facilitate a broader non-science audience being able to read and understand the research you are publishing, consider preparing a blog, or vlog for the non-science community that can be featured on your institute's website and social media at the same time as the publication. Mainstream journalists love these.

TIP: Consider creating an infographic that clearly and concisely summarises the COVID-19 research or your response to COVID-19. Mainstream media love this visual resource.

CAMARADERIE THROUGH THIRD PARTY CONTENT

- Health and medical research institutes are encouraged to confirm and share official Australian government health messages about the slowing of COVID-19. When research institutes reinforce government health communications, they inspire a sense of security and trust from the general public that "science has got this". Sharing government health messaging also demonstrates to the government that the institute is curating a valuable social media community - no one appreciates social media communities more than government.

- Sharing relevant COVID-19 third party content within the context of your institute's work demonstrates to the community that you understand the broader implications of COVID-19 and the greater global context.

TIP: Create a list of trusted content sources, agreed on by the leadership team, that can be accessed for third party content that features COVID-19 and is relevant to the type of research being conducted by your institute or the specific diseases and conditions being researched.

Here is an example of of sharing third party content:

ADDRESSING MISINFORMATION

- The nature of the internet and social media has created an environment where everyone and anyone can be a self-proclaimed expert, meaning misinformation is prevalent.

- Research institutes are in a unique position where they can call on their extensive team of experts to be able to accurately and respectfully correct misinformation.

- Calling out misinformation, particularly when shared by those with large followings such as celebrities and influencers provides an opportunity to educate and empower that audience. However, this should be exercised with caution as poorly executed 'education' can be mistaken for 'criticism' which results in angry fans (especially if the account is a celebrity figure).

TIP: Identify areas of expertise that your institute will weigh in on to correct misinformation and those that they will not address.

TIP: When calling out content on social media as being incorrect or misguided, ensure you have evidence to support your claim. It is important to redirect the audience to a credible source of information. Where this information is in the form of a peer-reviewed publication, consider including summary information that explains the key points.

TIP: Avoid confrontational language and empathise with the individual sharing the misinformation. When someone shares a piece of information that is incorrect, it is best to give them the benefit of the doubt that they were well-intentioned. Misinformation can often look exceptionally credible. The focus should be to educate, not criticise.

TIP: Draw on the knowledge of the experts and researchers within your institute to address misinformation.

TIP: To add to the collective effort to address misinformation on social media, encourage active social media users from within your institute to engage with misinformation by using their expert knowledge and expertise.

TIP: When addressing misinformation it is not uncommon to attract trolls and those making false claims or conspiracy theories. Where a troll posts abusive content, use the block/report and delete features on social media platforms. There is no place for abusive content.

> **Calling out misinformation, particularly when shared by those with large followings such as celebrities and influencers provides an opportunity to educate and empower that audience.**

FOR CONSIDERATION

Scientific debate in a time of crisis

There is no one size fits all recommendation when it comes to the scientific debate on social media - especially in a time of crisis such as COVID-19.

It is normal and preferable that researchers debate and challenge one another's research outcomes. But at a time of global crisis, debate on social media can be seen by the general public as discord that can amplify their feelings of confusion and leave them not knowing whom to believe, reducing their trust in science.

It is worthwhile discussing the way that scientific debate by members of an institute might be perceived by the broader community. This is an exceptionally complex area, that walks a fine line between what is considered acceptable under your institute's social media policy, and an individual's ability to express their views.

It is recommended that the leadership team, along with the marketing and communications team work closely together to establish where they wish to sit on particular issues that may arise concerning COVID-19, research being published, research directions and advice being given to the general public, media, government and peers via social media. This should be shared with members of your institute who are active on social media.

It is suggested that institutes encourage researchers who are active on social media from within their organisations to refrain from unnecessary online debate during a time of heightened sensitivity and public scrutiny such as during COVID-19. At the best of times, it is recognised that it can be very challenging to curtail some people on social media. However, in this environment, their online behaviour reflects even more deeply and meaningfully on social media. Ensuring your institute's social media policy is up to date and clearly understood in employment contracts and social contracts with employees are crucial during a time of crisis.

Cooperative communication and positive engagement between institutions and influential individuals on social media can support greater public trust and an openness to understanding of scientific messages.

Paid versus organic

In this environment, there is a good argument for paid social media to boost important messages. Boosting high value, relevant original content addressing COVID-19 should be seriously considered to ensure the deepest and widest uptake of critical messages around research developments/recommendations. With the high volume of content being published on social media at this time, your organic content could go one of two ways – receive higher engagement because it is relevant, or get drowned out in the tidal wave of content.

Post COVID-19

Marketing, communications and leadership teams should start plans for the institute's re-emergence when returning to 'business as usual'. This planning might include considering the critical 'health/science dates' that are important for your community and how to leverage these dates to share your institutes research efforts (e.g. World Alzheimer's Day in September).

It is also important to consider social media fatigue among your community and how this might impact the institute's communications. This is particularly relevant to philanthropic efforts, where fundraising immediately following COVID-19 is likely to be fraught with complexity and danger but still a very necessary activity to ensure research funding is secure. This fatigue may also extend to the media. They too will be fatigued and maybe wanting to see some 'good back to normal news'. A word of warning - do not hype up any news as good news when it is not really.

Social media and communications training

If your institute is considering encouraging social media savvy scientists to get involved in the organisation's online outreach program it is worth considering particularly social media and communications training. Training is a key aspect of professional development that many researchers would find beneficial for their research, in support of creating and maintaining connections of advocacy or community organisations, in building professional international networks or relationships with media, government, philanthropists, commercialisation partners or potential partners.

Training is a key aspect of professional development-

FINAL REMARKS

Final Remarks

In the process of putting this document together, we reached out to our collective networks of science and health communication professionals with deep experience in social media strategy and implementation. The enthusiasm and constructive feedback and suggestions we received was a wonderful demonstration of the collaborative spirit and shared commitment to excellence in our field. We would like to acknowledge and thank all of you for your contribution (that keep rolling in as we put this to print) and encourage everyone reading this to feel welcome to share their experience and knowledge with us at any time and via any channel, so as we continue to learn and share skills as a community, build capacity and best represent and amplify the remarkable research being done in Australian medical research institutes.

We, as Australian science communications professionals, are in this together. And we will not just get through this, we will excel.

aamri Association of Australian Medical Research Institutes	**Opyl**
@AusMedicalResearchInstitutesHom	@OpylAI
@AAMRI_Aus	@OpylAI
www.linkedin.com/company/7939699	www.linkedin.com/company/34582808

SOCIAL MEDIA FOR MEDICAL RESEARCH INSTITUTES DURING COVID-19

This guide has been prepared by Opyl Ltd in collaboration with the Association of Australian Medical Research Institutes.

info@opyl.ai
www.opyl.ai
105 Wellington Street, St Kilda, Victoria, 3182