

EDITORIAL

## Why all doctors and medical institutions need to embrace social media: #socialmediadoctors

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### Abstract

Use of social media has great potential for the medical community as a whole, but it remains underutilised by some doctors and institutions. Benefits to the medical profession, whether as individuals or institutions, include receiving and interacting with cutting edge information and research in a time-efficient way, improving one's reputation, facilitation of networking, attracting funding, promoting events and job opportunities to a worldwide audience for free, and improving the quality and reach of meetings.

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Use of social media is engrained as a daily part of most people's lives, with Facebook reporting 2.01 billion monthly active users<sup>1</sup> and Twitter reporting 500 million tweets sent in a day.<sup>2</sup> I significantly engaged professionally with social media when co-founding the School of Surgery project, a not-for-profit surgical news channel and continuing medical education site based primarily on social media. As the follower numbers built up ([www.facebook.com/schoolofsurgery](http://www.facebook.com/schoolofsurgery) has over 78,500 followers and [www.twitter.com/schoolofsurgery](http://www.twitter.com/schoolofsurgery) has over 7100 followers), I was amazed at the global reach and international engagement with this project, which was run with minimal resources. Inspired by this, I co-created and led the social media limb of the Vascular Society of Great Britain and Ireland ([www.twitter.com/vsgbi](http://www.twitter.com/vsgbi)).

Although there have been examples within the global surgical community of harnessing the power of social media, such as #ilooklikeasurgeon, I remain surprised that the utility of social media has not been embraced quickly or widely by a significant number of my professional colleagues who work in an environment of constantly evolving technologies and changing practice. Rather than being perceived as an essential part of practice, use of social media seems to be an option from which many are not reaping the benefit.

### CME and journals

When I have quoted studies seen on Twitter, it has been scoffed at, which may illustrate the historical institutionalised response to social media. I have also been challenged that research published on social media is of lesser quality than that in the print journal. An article published via a prestigious peer-reviewed journal is the same whether in a hard copy print journal or on its social media feed. There is now a cultural and technological shift due to a busier and more demanding pace of work and life, and the apparently affectionately held belief that knowledge is gained from sitting at a desk reading print articles is outdated. The evolution of music from vinyl, to CDs, to downloads and streaming, is mirrored in CME. The time of perusing journals has gone; in fact, it could be argued that the onus has changed from the reader going to journals, to the publishers having to deliver bite-sized pieces of information to doctors, allowing them to select what is of interest to them. A doctor who uses social media to stay up to date is likely to be armed with the most contemporaneous evidence. A doctor can refine their Twitter feed, and thereby have access to the most up-to-date, relevant CME, in a time-efficient manner; ultimately this can only enhance a doctor's practice and benefit his or her patients.

A similar piece has been published as a blog by the author on <https://neerajbhasin.wordpress.com/2016/04/03/why-surgeons-and-surgical-institutions-need-to-embrace-social-media-socialmediasurgeons/>

On a wider scale, with time, the way a journal's impact is assessed will have to change. As with the music analogy, in which sales figures have been adapted from physical sales to now include downloads, assessment of the 'importance' of articles and journals may have to include views, 'likes', 'retweets' and 'shares' on social media platforms.

Journals may also need to adapt to changes in research methodology. Along with my School of Surgery co-founders, I undertook a global survey to assess utilisation of the WHO safe surgery checklist. In a single calendar month, the questionnaire was posted across our social media platforms, and we received 6269 responses from 69 countries, a true global snapshot. The work was eventually published,<sup>3</sup> but the more traditional journals rejected the paper partly on the basis of the research being performed via social media.

## Institutions and meetings

Social media use is not only engrained in our personal lives, but in every avenue of media, business and communication. Creating and maintaining a high-quality professional social media site for your institution or unit can have significant beneficial effects for that institution but can also create a mutually beneficial relationship with its followers. A social media site can quickly become the most regular, wide-reaching, easily accessible representation of the institution, giving an easy opportunity to improve the reputation and standing of the institution on a truly global scale. By placing your research, educational lectures, and presentations on social media, you not only create an educational resource but also a 'shop window' to highlight the quality of the work and create interest, form collaborations, and attract funding. Social media platforms also act as a method of free global advertising for job vacancies, fellowships, and courses; links to these posts or events on social media can attract global interest. Once your output creates interest, it naturally draws content and requests from affiliated journals, institutions, and individuals and can further enhance a reputation.

A number of societies and institutions hold their annual meetings with varying levels of social media engagement; again, the utility of social media can greatly enhance the experience, quality, and reach of the meeting. This was demonstrated through the Vascular Society of Great Britain and Ireland annual scientific meeting live feed: headlines of the presentations were tweeted but in addition, where the presentation highlighted documents, papers, or courses, links to these were sourced in real time and tweeted to further support the presentation. This gave added value to the meeting and enhanced individual presentations. The Twitter feed made discussions in an auditorium take on a

global presence as results from a landmark randomised clinical trial were instantly retweeted across North America within minutes of being presented in the United Kingdom. Over the two and a half days of the meeting, we sent out 184 tweets which gained over 46,900 global impressions, and we had active real-time engagement with professionals from Spain, India, Australia, Canada, Finland, Mauritius, Abu Dhabi and New Zealand; a relatively low resource additional facet making a national meeting truly worldwide.

The use of social media makes the meeting more accessible. Questions on a microphone have traditionally been the preserve of the more confident senior members of the audience. By labelling sections of the meeting with hashtags, we found that a new, more junior demographic were asking questions from within the auditorium who otherwise may not have had the confidence to do so, not to mention questions coming from other parts of the world.

## Which platform?

There are numerous personal and professional social media platforms available such as Facebook, Twitter, Pinterest, Instagram, LinkedIn, etc. There may be clear benefits in creating separate professional and personal profiles. An issue to consider during setup is whether to have an 'open' account, which will increase reach and follower numbers but all content will be open to the public, or a 'closed' account where you approve requests from followers, with your profile only being visible to a restricted audience. The latter may result in fewer followers but has the advantage of allowing a more personalised approach.

My personal experience is that Twitter has been the best platform for a professional individual and an institutional social media presence. Tagging individuals and institutions is quick and easy, the speed with which one can scroll through posts limited to 140 characters allows one to discriminate what is of interest to the user very quickly and interact with the information. From an organisational point of view, in a currently unpublished paper (Vohra RS, Cowley JB, Bhasin N, Barakat HM, Gough MJ, on behalf of the School of Surgery project. Using social media to disseminate evidence-based medicine: a comparison of two social media platforms, unpublished data), at the School of Surgery project we analysed impression rates and engagement rates across Facebook and Twitter when published papers and educational video content were uploaded synchronously to both platforms. We concluded that freely available platforms can be used to effectively disseminate

medical research and educational content across the globe and that Twitter appeared to be a more engaging platform.

Whichever platforms and security settings are chosen, as members of the medical profession, we have to be very aware of the professional boundaries of content, confidentiality, and personal interactions. Within the United Kingdom, there are clear documents providing guidance on this.<sup>4,5</sup>

## Drawbacks

Depending on the scale of the project, a relatively small team can find having a social media presence a time-consuming endeavour. To ensure a regular, high-quality, professional presence, one needs to review social media regularly for relevant content and ensure the output. In addition, as this may not come with a financial or palpable acknowledgement, it can lead to team members becoming disenfranchised. This can be compounded by a relative lack of understanding of the utility and reach of social media by their peers and seniors. To ensure that use of social media expands positively in surgery, I would argue that these roles should be formally acknowledged with titles and affiliations, and should be considered when reviewing job plans, continued professional development points, and at appraisals.

There remains anxiety over negative interactions having an adverse impact on an institution's reputation. Due to the focused specialist nature of surgical social media sites, on the two sites with which I have been involved over a number of years, we have only had three minor adverse events. Two were followers posting unprofessional, inappropriate images, and one a disgruntled patient making a negative comment. These were removed within minutes and the individuals were blocked.

My perception is that, to a certain degree, a lack of understanding has led parts of the medical community to hesitate

and resist using social media professionally and react to it negatively or with apprehension. We should embrace the numerous positives that social media brings to every level of our specialty. There is no 'generation gap' and it is easier than most things we do in everyday clinical practice. It will enhance that practice, build a positive reputation for your institution or society, and may have a positive impact on patient outcome.

The tide has already turned, and for those doctors and institutions who have not yet embraced social media as part of their daily professional routine, it is time to harness its potential and receive cutting-edge information in a time-efficient way, assist networking, attract funding, globally promote events and jobs for free, improve the quality of meetings and their reach, and enhance their global reputation.

## Conflict of interest

None declared

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