



Creating a Social Media Presence as an Orthopaedic Surgeon

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Introduction

Social media is a powerful tool for communication and connection in modern society. Orthopaedic surgeons can harness this power for patient communication, promotion of their practice, or educational activities (the lattermost of which is my area; for advice on the former two, alternative sources should be used). It is important to understand that involvement in social media is completely optional, may require a significant time commitment, and has certain pitfalls and limitations.

Goals of Social Media

I initially started my social media account to share evidence-based medicine, and then developed it into an educational platform to share “bread and butter” tips and tricks in orthopaedic trauma, many of which were taught to me by my mentor, Paul Tornetta, and others that I developed myself. My primary audience consists of other surgeons who do not practice trauma as a subspecialty. My cases help them understand the nuances of the specialty and provide easy-to-use mini-lessons to help their cases flow more smoothly. Every surgeon will have his/her own goals, and establishing a clear focus of one’s account is the most important factor for success on social media.

Impact of Social Media on my Practice

I am an educator at heart, and everything I do in my professional life aims to disseminate high-quality orthopaedic trauma information. Social media has had a great impact on my ability to share information with other subspecialties, particularly once it grew. As of this writing, I have 17,000 followers from all subspecialties and all over the world. The term “Twitter fellowship” has been used to describe learning that occurs in bite-sized chunks via tweetorials or other twitter interactions; for example, I have picked up tips on hand surgery from colleagues on Twitter, people I would have never interacted with otherwise. This communication enriches us all. The growth of my social media presence has led to invitations to conferences and journal clubs as well, further enabling the spread of information and education. Various societies, such as the OTA and AAOS now have robust presences on social media, and the ability to serve as an ambassador on their behalf has opened my network even further.

Challenges Encountered

A very active social media presence is a part-time job. It is built with near-constant engagement, daily posts, and

answering questions from followers. I do not take any days off Twitter, and having enough time to create thoughtful and educational posts can be difficult, given other clinical and personal responsibilities. There is also an element of screen addiction, and social media can easily take over all free time if allowed to do so. Creating a good balance of the “online world” and the “real world” is challenging.

Advice for Starting on Social Media

1. Build a brand of what you are good at: whether it is providing educational material, sharing cases, or something else, a concrete goal for the account will allow the audience to understand what they will get out of following you.
2. If sharing cases, always deidentify and always get written patient consent: while truly deidentified imaging may not meet HIPAA requirements (I gave a lecture about this at the OTA that is available on my account), the safest practice is to get a written consent for anything you share on social media. You can add further layers of deidentification with techniques such as posting “out of time” (not the same day of the surgery), not using age or sex (saying “elderly” not “83” if age is important to the educational point you’re making), and others.
3. Don’t become obsessed with likes or followers: social media is not a contest, and it takes time to grow an audience (sometimes years of consistent posting). Many “popular” accounts buy followers, and it is important to remember that popularity does not equal quality.
4. Remain professional: refrain from insults, arguing extensively, negative political commentary (that your patients could see), and similar activities. Muting or blocking is a great way to avoid stress on social media.
5. Don’t give specific medical advice (beyond providing general information): in some instances, giving direct advice to a patient constitutes a physician-patient relationship and opens you to legal liability. If you are on social media to promote your practice, direct the patient to make an appointment in person.
6. Don’t perform medutainment: the term refers to posting material (that may involve patient information) that has no educational purposes but is done purely for entertainment. Examples include posting gruesome injuries for likes (“look how gnarly this is”), or posting a case you did without any educational point or explanation (“look what a great surgeon I

am”). Everything you do on social media should serve your audience and/or your patients in some way. Use the “TV rule:” if you are not comfortable with the post broadcasted on live television, do not post it.

The Future of Social Media and Orthopaedics

As our field continues to grow and evolve, I see social media becoming an important adjunct for collaboration of

both individuals and societies. Important articles (such as the FLOW trial) had a significant press and social media release, and I foresee journals using social media increasingly as a tool to reach younger surgeons who may not read paper journals. I also suspect that other web 2.0 tools will be incorporated, along with social media, into residency curricula across the country.