









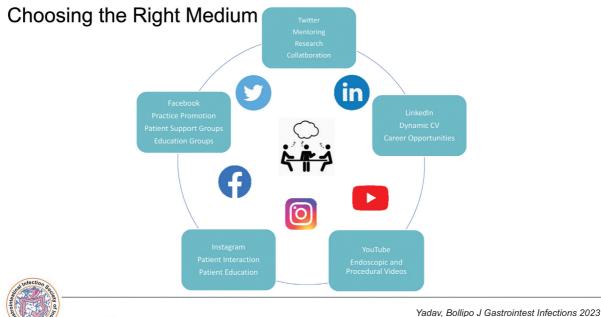
Navigating Social Media during Residency: A Primer

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Abstract

Keywords

- education
- gastroenterology
- social media

As social media becomes a growing part of all our lives, its use in healthcare settings continues to grow and evolve. In gastroenterology, social media is being adapted for education, networking, mentorship, and collaboration among clinicians. It also provides an interface for patients and specialists, allowing for patient education and advocacy. Its extensive reach allows for unique opportunities, which, when harnessed, are an asset to both gastroenterologists and their patients. This primer highlights how gastroenterology residents can benefit from social media while being aware of the potential risks involved.

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Introduction

Social media and its use are prolific worldwide, with over 4 billion users and the average person spending more than 2 hours a day navigating content. Social media is a collection of web-based technologies that share a user-focused approach to design and functionality, where users can actively participate in content creation and editing through open collaboration between members of communities of practice. As a result, there has been increasing use in the type of information and the applications that can be used to help disseminate knowledge rapidly to large populations. In the healthcare setting, this provides opportunities for novel ways for education (Twitter, YouTube, blogs), networking (LinkedIn, Facebook, Twitter), and collaboration.

However, despite its strong potential for education and communication, there are ongoing concerns regarding professional, personal, and ethical conduct and its regulation.

In this primer, we will review the benefits of social media and its various platforms in three phases of gastroenterology (GI) training: Pre-GI fellowship, during GI fellowship, and following GI residency.

Before GI Fellowship

Traditionally, when applying to specialty fellowships, the applications and interview process have been assessed through in-person exposure to candidates through networking and the interview process.³ However, with the increasing prevalence of social media, and further exacerbated by the coronavirus disease 2019 pandemic, applicants and program directors turn to social media as an additional lens to assess programs and candidates.

Before applying for a GI fellowship, candidates must be aware of their social media presence. Multiple studies have shown that a growing number of program directors use social media as a screening instrument.⁴ For example, a 2015 cross-sectional survey study sent anonymous surveys to residency applicants and surgical program directors.⁵ This study showed that 45% of the program directors visited the social media profiles of candidates.⁵ In addition, this study also revealed that approximately 11% of program directors reported lowering or removing the application from the programs rank list.⁵

Rather than being apprehensive about the risks of an online presence affecting the selection process negatively, trainees can use this to an advantage sensibly and thoughtfully as an additional tool to showcase academic achievements and highlight their interest in gastroenterology.

An increasing number of departments and leaders in the field are utilizing social media platforms such as Twitter to help provide insight into advancements in the field and promotion of their training programs.^{6,7} This can provide opportunities to learn more about programs and discuss with current trainees to have a more nuanced understanding and appreciation for the program, allowing trainees to tailor their application.⁸ It can also allow for increased networking opportunities and engaging in academic conversations with GI leaders, allowing for increased positive exposure.⁸

► **Table 1** highlights tips on starting a social media presence.

During GI Fellowship

Social Media use during fellowship provides unique opportunities in education. It allows for rapid dissemination of knowledge, the latest evidence, research, and interaction with the medical community. With up to 97% of trainees using social media, this is an appealing method to gain knowledge, with up to 77% of trainees in one study saying they use social media as an additional method for learning.⁴

A growing number of platforms are increasingly being used for further education. The most used social media in gastroenterology, for education, is microblogging via Twitter. One study revealed that 70% of their respondents felt that Twitter enhanced their education, and another showed that reported scores increased by 10% following Facebook and Twitter-based curriculum.

Twitter has moderated discussions focused on GI topics, with several online GI communities such as #GITwitter, #LiverTwitter, @MondayNightIBD, @GI Journal, and @ScopingSundays.

These forums allow for interactive journal clubs and keeping up to date with cutting-edge research with key stakeholders. Some of these moderated discussions, such as @MondayNightIBD, have recently been recognized as continued medical education.¹¹

These discussions include complex case-based discussions, a review of the recent journal club, and society guidelines and a discussion of new treatment options. It is an effective way to learn high-yield topics efficiently. ^{10,12} These discussions include gastroenterologists and other stakeholders, including surgeons, fellows, and patient advocates. These sessions are archived and summarized into an infographic freely available. ¹¹ Creating educational content for social media forums is also a successful means of self-education.

There is a growing number of gastroenterology focused social media communities that meet the criteria of "valuable and impactful social media." Proactive communication through the "tweetorial" board or a moderating a twitter journal club can be incorporated into one's CV. We suggest referring to Bilal et al¹³ article for further advice on how best to achieve this.

Another benefit of social media during fellowship is the ability to network on a global scale and expand mentorship. More than half of the most prevalent influencers on GI Twitter worked in academia. Of those who were academic influencers, approximately 30% held the rank of full professor, and another approximately 30% were associate professors. These provide opportunities for fellows to interact and engage with senior clinicians across global borders. It also allows peer mentorship that can be developed across institutions. It also allows trainees to network beyond gastroenterology to other aspects of professionalism, such as education, quality improvement, and patient advocacy. ¹²

►Table 2 summarizes some of the potential pitfalls of social media. It is important to be vigilant and sensible.

Tip 1: Choose the right medium

- Each social media has its benefits and different audiences
- It is important to decide what your purpose for joining social media and who your target audience is

Tip 2: Build your online persona (brand)

- It is important to be authentic and be yourself
- Use your real name, real photos, and link it to your work profile
- Share your interests and hobbies. Share your achievement and research
- Be careful not to overshare
- Post regularly and maintain variety

Tip 3: Followers/following

- Do not underestimate the importance of followers. It is not just the quantity of followers, but the quality to suit the purpose
- Do not hesitate to follow a lot of people
- Ensure you interact, comment, quote, share and when to send direct messages

Tip 4: Original content

- When starting, observe in the background. Start with a share/retweet.
- Familiarize yourself with the platform and the etiquette
- Share not only knowledge but your wisdom
- Have opinions and be creative in how you present them
- · Explain why you are sharing something

Tip 5: Don't be a perpetual critic

- Always be humble
- Encourage other users and appreciate other people's content
- Have self-awareness of when you could possibly be trolling

Table 2 Pitfalls of social media

· One account or separate accounts?

There are mixed opinions regarding having separate professional and personal profiles. There are benefits to having separate accounts. Professional accounts can be used to promote your practice, patient education and share research. If using a personal account, ensure the privacy settings are appropriate. However, managing two accounts can be time consuming and it is difficult to present yourself authentically when the two are split. For those who are social media savvy there are benefits to using a single account which can promote education with an authentic honest flourish

· Posting Images

Personal images: Exercise caution when posting images on social media. Health professionals are expected to behave at a higher standard than the general population. It is important not to post any photos on social media that can be seen as unprofessional, which can impact your professional career 19

Clinical images: Patients should consent to their images being uploaded. It is imperative to deidentify the images. This is not simply removing patient details, sometimes the location, date and even the uniqueness of the case can inadvertently reveal the identity of the patient. Ensure compliance with organizational and national privacy regulations²⁰

· Sharing opinions

Sharing opinions on social media needs to be done with caution. It is not appropriate to vent about your workplace or patients. It is important to only share evidence-based scientific information. Opinions shared can also have an effect on future professional life

· Online bullying

Online bullying is a well-known risk of social media, one may be a victim or if not careful can inadvertently be perceived as the bully. Unfortunately, not all posts will be appreciated and there is a risk that others may be disrespectful or not respond. Always post on social media not expecting any recognition and being mindful on its effect on your own emotions. It is important to always be respectful and kind to everyone around you on social media. Do not engage or respond to those who behave inappropriately, otherwise known as "trolling"

Guidelines

There are quidelines on social media by health professionals, universities, hospitals and training organizations. Therefore, it is essential to familiarize yourself with these and to use social media sensibly

Table 3 Choosing the best medium

Each social media is a distinctive medium has a different audience

Instagram and Facebook

- Have a broad audience and have the largest social media subscribers
- Great medium for direct interactions with patients and their carers
- This can be used for patient education and practice promotion

Twitter

- Is a commonly used medium amongst gastroenterologists
- Opportunities for collaborations with scientist and other GI professionals
- Established interactive educational programs, including case-based discussion and journal club

YouTube

- Is a free video sharing platform, is great for didactic learning
- Effective tool for sharing videos of endoscopic techniques and recordings of lectures

LinkedIn

- Career based social media that allows for networking with professionals within the GI community but also other government organizations and other industries.
- It can work as a dynamic CV and can be updated with latest education and research achievements
- It provides opportunities to increase your professional reach not only within clinical organizations but more extensively

Tik Tok (or Instagram Reels)

- Short video sharing platform
- Target countering misinformation and reach out to a new generation of patients

Through these connections and discussions over social media, there is a novel approach for collaboration. There is a growing body of scholarly work and research that has begun through discussions through social media. Social media provide opportunities to work with internationally acclaimed scholars and to be involved in research.

After GI Fellowship

Once completing GI fellowship, social media offers a vast range of possibilities. It allows direct communication and engagement with patients.

Promotion of Practice: Many hospitals and private practitioners are turning to social media to increase patient visibility. ^{14,15} A study showed that over 50% of patients felt that a hospital's social media presence would influence their choice of services. ^{15,16} Another study showed that approximately 10% of health organizations had reported successfully attracting patients through social media. ¹⁵

Patient Education: Social media have been shown to improve access to healthcare, with a growing number of people accessing social media for health information. ^{15,17} Physicians have a real opportunity to allow patients to access credible, accurate evidence-based information.

Patient Recruitment: Social media allow a new way to approach research with a unique opportunity for broadened recruitment, diversity of study designs, and collaborations. ¹⁸

Given there is such a wide spectrum of benefits of social media, it is important to think of the purpose and tailor its

use accordingly **Table 3** summarizes the potential benefits and audience for some platforms.

Conclusion

Social media is yet another tool available for the fellows/residents for networking ideas and learning protocols, sharing research, and collaborating with researchers around the world. With its multiple benefits, a postgraduate need to be aware of the pitfalls of its use that can be mitigated by having awareness of these pitfalls and being sensible, authentic, and professional with its use.

Take-Home Messages

- Social media can be beneficial to training, education, and collaboration.
- 2. Active participation in social media activities can be beneficial for professional development.
- 3. Collaboration through social media can result in publications and research #twittertopaper.
- 4. When using social media always be cautious and familiarize with organizational guidelines to mitigate professional risk.

Ethical Approvals and Consent

Ethics approval was not obtained as it is a review article and did not involve any patient data.

Authors' Contribution

Y.Y. and S.B. contributed to draft manuscript preparation. Both authors discussed and contributed to the final manuscript.

Data Availability Statement There is no data associated with this work.

Conflict of Interest None declared.

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