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EDITORIAL COMMENTARY

Using social media: A way for us to sit at the table

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Received for publication Oct 26, 2015; accepted for publication Oct 27, 2015; available ahead of print Nov 19, 2015.

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J Thorac Cardiovasc Surg 2016;151:326-7

0022-5223/\$36.00

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<http://dx.doi.org/10.1016/j.jtcvs.2015.10.097>

Social media in all of its different formats has become the surgeon's reality. In this issue of the *Journal*, Antonoff,¹ as part of the invited Young Surgeon's Note series, has very nicely outlined that social media includes really any form of electronic communication through which users create online communities to share information, ideas, and personal messages, and she notes that more than 1.5 billion people are registered users of social media networks, with more than 80% engaging in regular use of these avenues of communication. I agree entirely with Antonoff¹ when she elaborates on the fact that while the rest of the world, in many different industries, have embraced technology that has rendered the world a much smaller place, we surgeons have not been as quick to adapt. This lack of adaptation by us as surgeons has been paralleled by an increasing set of metrics by which we are measured and that are now publically reported on our behalf.² The current paradigm surrounding the public reporting of surgical outcomes is evolving at a speed that is astounding, and this has left us as providers trying to manage the game of "shame and blame" so that the data are actually reflective of how we take care of our patients. Attempts to assess the quality

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Central Message

The appropriate use of social media can turn potentially disruptive technology into a productive process.

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and safety of hospitals have proliferated—some might say that they have become a cottage industry—and they include a growing number of consumer-directed hospital rating systems. Relatively little is known about what these rating systems reveal, however, other than to confirm that there appear to be more than 700 top 100 hospitals in America! To further our understanding of differences in hospital ratings, Austin and colleagues³ recently published a comparison of 4 national rating systems, including *U.S. News & World Report's* "Best Hospitals" report, Leapfrog, Centers for Medicare and Medicaid Services' (CMS's) Hospital Compare, Consumer Reports and Healthgrades. They designated "high" and "low" performers for each rating

system, examined the overlap among rating systems, and determined how hospital characteristics corresponded with performance on each scale.³ No American hospital was rated as a high performer by all 4 national rating systems, and only 10% of the 844 hospitals that were rated as high performers by a given rating system were rated as high performers by any of the other rating systems. There was a general lack of agreement among the national hospital rating systems, and this was explained by the fact that each system uses its own rating methods, has a different focus to its ratings, and stresses different measures of performance.³

Antonoff¹ argues that one of the pivotal factors leading to any heightened social media engagement or curiosity by surgeons has been the realization that, because of our career choice, we all have public profiles easily searchable on the Internet and that these data are at best only semirepresentative of how we actually care for our patients. Because many of the data are unverified and are often churned out by means of black-box mathematics that only a Stephen Hawking could solve for, there is a very real opportunity here for all surgeons. We have the ability to leverage social media to get our message out there and make our data count. Social media, if used well and consistently, could actually promote us, our practices, and our institutions and societies as a whole so as to break down social barriers, inform the public, and actually give us a seat at the table when our performance is being presented to our key stakeholders: the patients.⁴

Another example of how we can use social media is in the fight against cancer.⁵ The 68 National Cancer Institute–designated comprehensive and cancer centers have been tasked with leading the campaign in the fight against cancer, as well as providing education and outreach to the public. This initiative has required all of these organizations to have an effective online presence to disseminate information and to engage patients in real time. Huerta and colleagues⁵ recently assessed the functionality and usability of cancer centers' websites on the basis of their accessibility, content, marketing, technology, and usability, as well as determining a list of all functionalities present on the websites. The results revealed that the average National

Cancer Institute cancer center website had fewer than 50% of all the desired functionality. I would suggest to all surgeons, particularly those in the oncology arena, that it is our duty to work with our respective cancer centers so to really produce a web presence that is meaningful and is truly representative of the care that we as surgeons want to provide to our patients and their families. It behooves us to truly leverage the tips for effective social media use that Antonoff¹ has so nicely outlined and annotated.

Finally, how do we use social media to meet our academic responsibility to train the next generation of surgeons, for whom social media is innate to their very being? Innovative approaches to training and virtual learning have to be embraced by all surgeons.⁶ The use of smart glasses, web-based learning platforms, and all the newest technology is part of our reality. We as surgeons have to overcome our urge to “do it the same way every time” and truly embrace all forms of social media so as to improve our interaction with and perception by the public, to represent accurately how well we care for our patients, and to train the next generation. Social media allows us to sit at the table and to define our reality.

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