ACS Cancer Research Program (CRP) Educational Series

How to Utilize Social Media to Create a Meaningful Impact in Your Practice
February 25, 2021
Webinar Logistics

• All participants are muted during the webinar
• Questions – **including technical issues you may be experiencing** – should be submitted through the question pane
• Questions will be answered as time permits; additional questions and answers will be posted on the website
• Please complete the post-webinar evaluation you will receive via email
• Recorded content and handouts will be posted on the ACS Learning Management System following the live presentation
CME Information

CONTINUING MEDICAL EDUCATION CREDIT INFORMATION

Accreditation
The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™
The American College of Surgeons designates this internet enduring activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Disclosure Information

In accordance with the ACCME Accreditation Criteria, the American College of Surgeons must ensure that anyone in a position to control the content of the educational activity (planners and speakers/authors) has disclosed all financial relationships with any commercial interest (see below for definitions).

**Commercial Interest:** The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services used on or consumed by patients. Providers of clinical services directly to patients are NOT included in this definition.

**Financial Relationships:** Relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

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The ACCME also requires that ACS manage any reported conflict and eliminate the potential for bias during the educational activity.
- Any conflicts noted below have been managed to our satisfaction.
- The disclosure information is intended to identify any commercial relationships and allow learners to form their own judgments.
- However, if you perceive a bias during the educational activity, please report it on the evaluation.
Disclosure Information
How to Utilize Social Media to Create a Meaningful Impact in Your Practice
- No Disclosures Reported

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>ACS Member ID (If applicable)</th>
<th>Role(s) in Activity (i.e. speaker, moderator, author, etc.)</th>
<th>Has Financial Relationship w/Commercial Interest* (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toan (Tony)</td>
<td>Nguyen</td>
<td>3124470</td>
<td>Moderator</td>
<td>No</td>
</tr>
<tr>
<td>David</td>
<td>Cooke</td>
<td>3053554</td>
<td>Speaker</td>
<td>No</td>
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<tr>
<td>Deanna</td>
<td>Attaï</td>
<td>3016558</td>
<td>Speaker</td>
<td>No</td>
</tr>
<tr>
<td>Niraj</td>
<td>Gusani</td>
<td>3070014</td>
<td>Speaker</td>
<td>No</td>
</tr>
</tbody>
</table>
Program Objectives

Target Audience
✓ Advanced nurse practitioners in cancer accredited centers and programs
✓ Breast surgeons
✓ Cancer program administrators
✓ Cancer registrars
✓ Clinical trials personnel
✓ Colorectal surgeons
✓ General surgeons
✓ Nurses
✓ Physicians in cancer accredited centers and programs
✓ Physician assistants in cancer accredited centers and programs
✓ Surgical oncologists

Learning Objectives
✓ Utilize social media as a platform in an effective and responsible manner to share health information with current patients.
✓ Build an online presence to help guide potential new patients in selecting your practice as the destination for their care.
✓ Illustrate the effects of social media integration in a surgeons practice, including the recruitment of new patients.
Moderator

Toan (Tony) Nguyen, MD, FACS
Medical Director
Comprehensive Breast Program Lakeland Regional Health
Lakeland, FL
Presenters

Niraj Gusani, MD, FACS
Chief, Section of Surgical Oncology
Baptist MD Anderson Cancer Center
Jacksonville, FL

David T. Cooke, MD, FACS
Associate Professor at the University of California Davis School of Medicine
Section Head of General Thoracic Surgery
Associate Director of Cardiothoracic Robotic Surgery
Vice Chair for Faculty Development and Wellness, Department of Surgery
Sacramento, CA

Deanna J. Attai, MD, FACS
Associate Clinical Professor of Surgery
David Geffen School of Medicine at UCLA
Los Angeles, CA
Professional Benefits of Social Media (#SoMe) for Surgeons

Niraj J. Gusani, MD, MS, FACS

Twitter: @NirajGusani
Active Professional Twitter profile: @NirajGusani - >12,500 followers

Co-Founder, #PancSM & Co-Host, #PancChat #PancreaticCancer Twitter Chats

Inaugural Social Media Editor: Journal of Surgical Research @JSurgRes

Editorial Board: Annals of Surgical Oncology (Social Media Section): @AnnSurgOncol

Executive Cmte: Int’l General Surgery Journal Club: @IGSJC
Why Not Use #SoMe?
Professional Social Media Use - Survey

Professional Use of Social Media Among Surgeons: Results of a Multi-Institutional Study

TABLE 3. Proportions of Respondents Citing Reasons Against Using SM for Professional Purposes

<table>
<thead>
<tr>
<th>Reason</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer more traditional methods of communication, education, and collaboration</td>
<td>48%</td>
</tr>
<tr>
<td>Concern about personal privacy</td>
<td>36%</td>
</tr>
<tr>
<td>Concern about patient privacy and HIPAA violations</td>
<td>33%</td>
</tr>
<tr>
<td>Lack of time</td>
<td>31%</td>
</tr>
<tr>
<td>Lack of perceived value</td>
<td>24%</td>
</tr>
<tr>
<td>Unsure how to use</td>
<td>13%</td>
</tr>
<tr>
<td>I do use SM for professional purposes</td>
<td>40%</td>
</tr>
</tbody>
</table>

HIPAA, Health Insurance Portability and Accountability Act.
Online – It’s Where the Patients Are…

• 87% of US adults use the internet
• 72% of internet users looked online for health information
Online, Your Patients TRUST YOU the Most

 Likely to **trust** online information from...

 Likely to **share** online information from.....

Source: PwC Health Research Institute: Social Media “Likes” healthcare Chart pack
Healthcare Information - How Do We Keep Up?

• SoMe as a tool to disseminate, access, and evaluate new information
  • Direct Education of Patients / Caregivers
  • Medical Literature
  • Meetings / Conferences

• SoMe as a tool for debate and ongoing dialogue
  • Journal Clubs
  • Collaboration / Debate / Dialogue about Literature
  • Cases & Case-based education

The Path to Learning is No Longer a Straight Line...

Courtesy: Scott Bradbury, AAP - @elearningCME
Slide from @bnowmeh
Access & Evaluate New Info

- Traditional routes: expensive & immediately outdated
- #SoMe Info - much more up-to-date
- Manuscripts/Papers: still essential, but evolving
- MedEd influenced by the open content trends
  – Free / Open Access Medical Education

"you take all the simple stuff, all the basic knowledge, and make it free"

#FOAMed
Leveraging the Interest Graph

SoMe can be used to dynamically be connected to new information based on following others with similar background or interests who are known to link to content important to you (utilizing the “interest graph”).
Tweeting the Meeting

Great way to capture small bits of info you learn while at a conference

- Disseminate study findings
- Backchannel for discussion about scientific content
- Increase public awareness
- Announce upcoming sessions
- Feedback to speakers
- Connect to wider audience
- Social interaction


Rise of Twitter Conferences

What is a Twitter conference?

- A virtual conference that takes place on Twitter
- Like a regular conference, TC feature both keynotes & research presentations
  - Talks delivered via a series of tweets under the conference hashtag (#ExOnC1C)
  - Can contain pictures & links to sources/papers
    - Presentation should be understandable by reading just the tweets

Slides courtesy of Keith ThraenBorowski @KTB_Phd via Twitter
Tool for Debate and Dialogue

- Online Journal Clubs
  - #IGSJC, #TumorBoardTuesday
- Twitter Chats / Hashtag based discussions
  - #PancChat, #BCSM, #LCSM
- Case-based discussion forums
  - Int’l Hernia Collaborative (on FB)
• Asynchronous for 48-72 hours
• Monthly discussion with moderator
• Participation of authors
• Recently published articles
• Article freely available month of journal club
• Unrestricted participation
#IGSJC Effect - HTML Views & Downloads

Daily HTML Views & PDF Downloads of Featured JAMA Article During Each of 4 Monthly IGSJC Twitter Journal Clubs

Dates of Journal Club +/- 5 Days
#TumorBoardTuesday – New Molecular Case-Based Learning Opportunity

Online Tumor Board with a molecular angle – Every other Tuesday 8pm ET for discussions & polls • Created by @MPishvaian • FREE CME

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# PancChat

Join us for the next #PancChat!
Let’s talk about...

“Surgical Intervention for Pancreatic Cancer”

Tuesday, April 24th 8pm EDT

Let’s Win @letswinpc

The Lustgarten Foundation (@LustgartenFDN)

Pancreatic Cancer Action Network (@PanCAN)

Allyson Ocean, MD, Associate Professor of Medicine, Weill Cornell Medicine & New York Presbyterian Hospital (@drallysonocean)

Shaan Beg, MD, Assistant Professor of Internal Medicine
UT Southwestern Medical (@ShaanBeg)

Anirban Maitra, MD, M.B.B.S., Professor of Pathology and Translational Molecular Pathology, Scientific Director, Sheikh Ahmed Center for Pancreatic Cancer Research, Co-Leader, MD Anderson Pancreatic Cancer Moon Shot™ (@aliims1742)

Niraj Gusani, MD, FACS, Associate Professor of Surgery, Penn State College of Medicine & Penn State Cancer Institute (@NirajGusani)
Effects of #BCSM - Survey

- **80% reported ↑ knowledge**
- **31% - 2nd opinion or brought new info to MD**
- **67% of high anxiety -> low / no**
- **72% advocacy or outreach**

Attai DJ et al J Med Internet Res 2015;17(7):e188
doi: 10.2196/jmir.4721
Case 2
52 y/o lady with a three-year history of progressive symptomatic central ventral hernia. S/P Roux in y gastric bypass eight years ago with revisional surgery six years ago. Cholecystectomy. She is still obese with no other co-morbidities. We plan a totally laparoscopic AWR (subcutaneous endoscopic component separation, endoscopic suture closure of defect and underlay barrier mesh. We foresee difficulties in the CS.

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How Do I Use Social Media (Twitter)?

- Push information, studies, data, observations
- Mainly oncology & surgical oncology patient education

Niraj J. Gusani, MD
Early detection and a multidisciplinary approach are the keys to treatment of Colorectal Cancer. #cancer #colorectalcancer #oncology

Niraj J. Gusani, MD
Unlike most Stage IV cancers, Colorectal Cancer can be CURED with surgery for liver or lung metastases. #cancer #colorectalcancer #oncology

Niraj J. Gusani, MD
March is Colorectal Cancer Awareness Month: t.co/pbs3JAjn t.co/9Em9aHkf #cancer #colorectalcancer #oncology
How Do I Use Social Media (Twitter)?

• Perspectives about medical news

Niraj J. Gusani, MD  
Best evidence yet re: life-saving potential of colonoscopy screening for colorectal cancer: t.co/hWjtUSw4 t.co/ZVDa3r2L #onc  
25 Feb

• Occasional retweets

Kimberly George @kimberlyannegeo  
Until doctors buy into #mHealth, we may have the best technology in the world but few who use it ow.ly/pSd7g via @mhealth_news  
18h

• Meetings, Online discussion, Journal Clubs, Tweetchats

Niraj J. Gusani, MD  
Join us for #PancChat next Tues 17-Nov at 8pmET to discuss #PancreaticCancer Advocacy and #WorldPancreaticCancerDay  
Nov 10, 2020

#PancreaticCancerAwarenessMonth 💜💜💜  
@worldpancreatic @worldpcc @PurpleOurWorld @letswinpc @lustgartenfdn @PanCAN @drallysoocean @Aiims1742 @ShaalanBeg
Healthcare Social Media Etiquette

• Develop a #SoMe strategy / policy in advance and stick to it!
• Your pictures or avatars should be current, professional, and representative of your institution & institutional policies
• If you have a social media presence, be present
• Be relevant to patients’ concerns
• Never talk about patient issues or seek out patient connections without express consent. Have a plan if patients contact you.
• Manage your online reputation with professional, informative, high-quality data / posts / tweets
• Keep it professional at all times
• Assume social media is public and forever
Whether you know it or not
Whether you like it or not...

- Information in the public domain
- Insurer’s databases
- Physician review sites
- Pharmacy databases
- Patient websites
- Social networking sites

Don’t believe it? Google Yourself
Thank you!

Questions?

Email: Niraj.Gusani@bmcjax.com

@NirajGusani
Interacting with Online Patient Communities for Education and Research

David Tom Cooke, MD, FACS
Chief, Division of General Thoracic Surgery
Vice Chair for Faculty Development & Wellness
• Introduction to Social Media
• Patient engagement activities
• Research & “Top Down” academic interest
SOCIAL MEDIA USE AROUND THE WORLD

- **Total number of active social media users**: 3.96 billion
- **Social media penetration (users vs. total population)**: 51%
- **Annual growth in the total number of social media users**: +10.5%, +376 million
- **Total number of social media users accessing via mobile phones**: 3.91 billion
- **Percentage of total social media users accessing via mobile**: 99%

Sources: Kepios analysis, social media company statements and earnings announcements, social media platforms’ self-service advertising tools, Canic, and the latest data available in July 2020. Notes: Penetration figures are for total population, regardless of age. Comparability advisories: source and base changes.
Strategy

In the Beginning
80% Transparent Marketing
10% Conversation
10% Learning
Strategy

• Now?
• 25% Dissemination of Evidence based Info
• 25% Support of Patient Activation Scholarly Work
• 25% Conversation
• 25% Learning

Often Interchangeable
Powerful Tool for Patient Engagement & Education
Developing a Disease Specific Social Media Community
#LCSM Chat Topic 2/23: Living with Cancer—What’s in your Toolbox?

Whether you’ve been diagnosed recently, or have been dealing with cancer for a while, there’s always more to learn, new questions to ask, and potential changes to your care. Today, we’re talking about tools to help you manage the journey ahead. What’s been most useful to you or your loved ones? Share your thoughts on our social platforms:

- Facebook: LCSMChat.org
- Twitter: @LCSMChat
- Instagram: LCSMChat

Follow the discussion on #LCSMChat and join us next time! #CancerChat #LCSMChat
Founded on Twitter, the #LCSM community fosters social media collaboration among lung cancer patients, caregivers, family members, advocates, healthcare providers, researchers and charities. Its focus is to use social media in an innovative manner to educate, develop public support, end the stigma, and facilitate successful treatments for the leading cause of cancer deaths worldwide.

http://lcsmchat.com/
#LCSM Chat

Co-founder Bios

**Dr. David Tom Cooke, FACP, FACS**

Dr. Cooke is a Professor in the Division of Cardiac Surgery at the University of California, Davis Medical Center, where he is the Sabine Weis Professor of Surgery. He completed his cardiothoracic surgery training at the University of Michigan in Ann Arbor, general surgery residency at the Massachusetts General Hospital and medical school at Harvard. Dr. Cooke focuses on the surgical treatment of malignant and benign tumors and congenital diseases, and minimally invasive thoracic surgery. He also performs minimally invasive robotic procedures, including robotic arterial surgery, mitral valve surgery, and thoracic surgery. He currently serves as the President of the American College of Surgeons.

**Dr. M. Jack West, MD**

Dr. West attended Harvard University before entering residency at the University of Cambridge on a National Scholarship. After completing his General Surgery and cardiothoracic surgery training at Brigham and Women’s Hospital in Boston, he moved to Seattle for his Medical Oncology fellowship at the Fred Hutchinson Cancer Research Center. He currently serves as the Director of Thoracic Surgery at the National Cancer Institute in Seattle and also as a global leader in multiple national and regional cancer centers. He is also co-founder of the Foundation for Innovation in Thoracic Cancer Research (FITCR), which provides rapid, high-quality information directly to patients and caregivers. He also leads the LCSM initiative.

**Dr. Harumie Connors**

Lumbar is a board-certified thoracic surgeon in Birmingham, Alabama. She served as a medical officer in the United States Army and was deployed to Iraq with her team prior to retiring in 2009. Since then she has been an active member of the medical community, providing care for underserved populations. She currently serves as the National Director for Thoracic Surgery for the American Medical System.

**Dr. Lisa Fontana**

Dr. Fontana is a board-certified thoracic surgeon who serves as the Director of Thoracic Surgery at the University of California, San Francisco. She also serves as the Director of the Thoracic Oncology Program at UCSF. Dr. Fontana is a pioneer in the field of minimally invasive thoracic surgery and has been actively involved in the development and implementation of new surgical techniques. She has also been an active member of the American Society for Thoracic Surgery and has served on numerous committees and task forces. She is also the co-founder of the Foundation for Innovation in Thoracic Cancer Research (FITCR), which provides rapid, high-quality information directly to patients and caregivers. She also leads the LCSM initiative.

**Dr. John M. Vlahos, MD**

Dr. Vlahos is a board-certified thoracic surgeon who serves as the Director of Thoracic Surgery at Boston Medical Center. He also serves as the Director of the Thoracic Oncology Program at Boston University Medical Center. Dr. Vlahos is a pioneer in the field of minimally invasive thoracic surgery and has been actively involved in the development and implementation of new surgical techniques. He has also been an active member of the American Society for Thoracic Surgery and has served on numerous committees and task forces. He is also the co-founder of the Foundation for Innovation in Thoracic Cancer Research (FITCR), which provides rapid, high-quality information directly to patients and caregivers. He also leads the LCSM initiative.
• #LCSM first use June 16, 2013 on Twitter
• First Thursday, one-hour tweet chats at 5 PM PT
• To date:
  > 50,000 participants, > 600,000 tweets,
  > 2 billion impressions
An estimated 15,000 to 22,000 U.S. deaths from #lungcancer are related to #radon each year: cancer.gov/about-cancer/… #lcsm

Living with #lungcancer? Real patients. Real conversation. Meet others like you on Mayo Clinic Connect. #lcsm mayoclinic.org/2nbIcXlV
Pressed Into Caregiving Sooner Than Expected

Supportive programs specifically for younger people providing elder care struck her as a good idea, possibly using social media. The people who most understand what Ms. Rinehart is going through aren’t old friends, she said; they’re participants in a weekly Twitter chat (#LCSM Chat).
• Via this social media platform and public medical communication, we will develop two-way learning
• Introduce strategies for evidence-based decision making for patients and families
• Disseminate evidence-based information on the treatment of lung cancer & the results of comparative effectiveness research.
Social media can be used as a qualitative research tool in surgical patient-centered outcomes research

David T Cooke, MD, FACS, Howard West, MD, Laronica Conway, Janet Freeman-Daily, Deana Hendrickson, Elizabeth A David, MD, FACS, Debora Paterniti, PhD
University of California Davis Medical Center, Sacramento, CA; #LCSM Chat: Lung Cancer Social Media, Sacramento, CA; Swedish Cancer Institute, Seattle, WA
Methods

• We prospectively compared a Tweet Chat with traditional Focus Groups
• Patients status-post lung cancer surgery & stakeholders were engaged through 2 in-person focus groups (FG)
In-Person Focus Groups: Post Lung Surgery Patients and Families

Which lung cancer surgery outcomes are most important to patients & families?
#LCSM June 19, 2014 Which lung cancer surgery outcomes are most important to patients & families?
# Results

<table>
<thead>
<tr>
<th>Focus Group n = 22 (%)</th>
<th>Tweet Chat n = 47 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Participant</strong></td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>20 (90.9)</td>
</tr>
<tr>
<td>Family Member</td>
<td>2 (9.1)</td>
</tr>
<tr>
<td>Clinician/Researcher</td>
<td>N/A</td>
</tr>
<tr>
<td>Advocate/Other</td>
<td>N/A</td>
</tr>
<tr>
<td>Medical Center/Org</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11 (50.0)</td>
</tr>
<tr>
<td>Female</td>
<td>11 (50.0)</td>
</tr>
<tr>
<td>Unknown</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>19 (86.4)</td>
</tr>
<tr>
<td>Non-white</td>
<td>3 (13.6)</td>
</tr>
<tr>
<td>Black</td>
<td>2</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td></td>
</tr>
<tr>
<td>Participant Stipend</td>
<td>$1,434.02</td>
</tr>
<tr>
<td>Food</td>
<td>$334.02</td>
</tr>
<tr>
<td></td>
<td>$1,100</td>
</tr>
</tbody>
</table>
### Results: Summary

#### What Postoperative Clinical and Functional Outcomes are Most Important to You?

<table>
<thead>
<tr>
<th>TweetChat Sii</th>
<th>In-Person Focus Group Sii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pain control</td>
<td>1. Pain control</td>
</tr>
<tr>
<td>2. Breathing without difficulty</td>
<td>2. Clear healthcare provider communication</td>
</tr>
</tbody>
</table>

#### What are Your Views on Communication Between Patients and Families and Physicians?

<table>
<thead>
<tr>
<th>TweetChat Sii</th>
<th>In-Person Focus Group Sii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clear communication is important</td>
<td>1. Important to discuss stigma of lung cancer</td>
</tr>
<tr>
<td>2. Need for health literacy</td>
<td>2. Importance of familial support systems</td>
</tr>
<tr>
<td>3. Need for provider availability for follow up discussions</td>
<td>3. Having a family/friend at clinic visit</td>
</tr>
</tbody>
</table>

Sii = stakeholder-identified as important
Summary

• Twitter Chats can provide experiences and opinions from a diverse population of patients and stakeholders
• Low-cost qualitative research tool
• Difficult to validate participant demographics
• Inability to control who participates
#LCSM Chat Topic 8/25: Pain and Lung Cancer Treatment: How Does it Affect You or Someone You Know?

Our topic for the next #LCSM Tweet Chat on Thursday, August 25th at 5 PM Pacific (8 PM Eastern) is “Pain and lung cancer treatment: How does it affect you or someone you know?” The moderator for this chat is Dr. David Tom Cooke (@DavidCookeMD)

Advances in the care and treatment of individuals with lung cancer are appearing rapidly. With lung cancer
T1: Was Pain a significant factor in yours or someone’s treatment of Lung Cancer? How so?

Lung Cancer Hawaii
@LungCancerHawaii

T1: Pain continues 6-yrs later! Thoracic pain from rad. and surg. persists. On the pain scale, 2 is the new zero. #lcsm

Brendon Stiles
@BrendonStilesMD

T1. I am always amazed how much pain negatively affects recovery and optimism after surgery. #lcsm

Laronica Conway
@louisianagirl91

Maybe it was mental, but mom didn’t start to “feel” pain until AFTER they told her she had lungcancer. Huh? #lcsm
UC Davis General Thoracic Surgery PAIN Initiatives

**STUDY POPULATION**

Patients That are Opioid Naïve Who are Undergoing VATS/RATS Lung Surgery

**ERAS**

Exparel®

**OUTCOMES**

Patient Reported Outcomes - Brief Pain Inventory (Pre-op, Discharge, 1, 2 Months)

Opioid Use

Posterior intercostal nerve block with liposomal bupivacaine (Exparel) as a non-opioid method of post-operative pain control in Thoracic Surgery patients.
Coming Down from the Ivory Tower
Thoracic Surgery Social Media Network

@tssmn Follows you

To promote scholarship published in (@annalthorsurg) and (@AATSjournals) in social media, and to highlight our field's accomplishments.

Joined May 2015

93 Following 3,496 Followers

Followed by Sean Grondin, MD, Johns Hopkins Cardiothoracic Surgery, and 167 others you follow

Pinned Tweet

CTSurgSocMedNetwork @tssmn • Jul 4, 2019

The Thoracic Surgery Social Media Network #TSSMN is a collaborative effort by the leading journals in cardiothoracic surgery: @annalthorsurg and @AATSjournals #FTCVS. Our delegates highlight the latest publications and lead regularly scheduled chats in topics of #CTSurgery

Follow Us @TSSMN and Join the Conversation

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Follow #CCSocialSurgeons and #ACSCC20 for expert perspectives during the meeting.

@AmCollSurgeons
facs.org/clincon2020
Analysis of the American College of Surgeons Clinical Congress Twitter Hashtags and Its Impact on Online Engagement and Attendance Rates: The Era of Health Care Social Media

Adel Elbuli, MD, MPH¹, Kristen Santarone¹, Dessy Boneva, MD, FACS¹,², Shaikh Hai, MD, FACS¹, and Mark McKenney, MD, MBA, FACS¹,²
Figure 1 Online engagement, impressions and attendance at the ACSCC 2015-2019.

IMPORTANT FOR ALL TO KNOW: “If you have lungs, you can get lung cancer” #lcsm #lungcancer
@EGFRResisters @IASLC #WCLC2019
#LCSM Chat
“#WCLC20 from the comfort of your own home”

IASLC | 2020 World Conference on Lung Cancer Singapore

JANUARY 28-31, 2021 | WORLDWIDE VIRTUAL EVENT

5 pm Pacific/8 pm Eastern
Thursday Feb 4, 2021
dtcooke@ucdavis.edu
@DavidCookeMD
Social Media Cautions, Pitfalls, and Time Management

Deanna J. Attai, MD FACS
@DrAttai
Do not use social media as a tool for patient-physician communication.
Always protect all patients’ confidentiality.
Be aware of social media policies set by employers and practices.
Avoid posting content that may have negative or unintended consequences in the workplace.
Avoid online discussions or posts that could be associated with financial conflicts of interest.
Avoid defamatory statements that damage the reputation of the subject/patient.
Posted content can be expected to be available to anyone, in perpetuity.
Notify colleagues whose social media conduct may be unprofessional or inappropriate.
Actively maintain a professional online profile.
Extend traditional expectations of professionalism to online behavior, content, and engagement.
Don’t lie, 
Don’t pry, 
Don’t cheat, 
Can’t delete, 
Don’t steal, 
Don’t reveal

Farris Timimi, MD)
@FarrisTimimi  Follows you

Medical Director, @MayoClinic Social Media Network; Passion-Fatherhood/Wife/Patient Engagement; Heart Failure/Transplant Cardiologist; Tweets Mine-not Mayo’s

📍 Rochester, MN
🔗 socialmedia.mayoclinic.org

Timimi F. The 12-word social media policy
Mayo Clinic Social Media Health Network
https://socialmedia.mayoclinic.org/2012/04/05/a-twelve-word-social-media-policy/
Niraj J. Gusani, MD
@NirajGusani

Be careful - no one will notice what you do [on #SoMe ]- until you make a mistake - then everyone will #SC08 @Skepticscalpel #SN4S

Dr. David Tom Cooke
@DavidCookeMD

1. Say unto others what you would want others to say unto you
2. Remember HIPAA
3. Sarcasm may not come off well
Policing Patient Privacy

Stung by Yelp Reviews, Health Providers Spill Patient Secrets

The vast majority of reviews on sites like Yelp are positive, but in trying to respond to critical ones, some doctors, dentists and chiropractors appear to be violating the federal patient privacy law known as HIPAA.

By Nikita Schwartz

ProPublica, npr.org, 2011

#ShareAStoryInOneTweet

- 2%: Patient names included
- 32%: Friends or family could likely identify clinical scenario
- 47%: of tweets about potentially living patients likely identifiable by patient
- 7%: tweets deleted but still viewable on analytics software dataset

Ahmed W et al JMIR 2020

doi:10.2196/19746
(A) Compose new Tweet

Today, I treated a patient who developed malignant hyperthermia. It turns out they had a family history of this. It didn’t go so well...

😊

(B) Compose new Tweet

Malignant hyperthermia is a clinical challenge. Don’t forget to also ask about family history of anesthetic complications—this is part of the value added of a through preop history & physical

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Arizona ER doctor says he was fired for tweeting about coronavirus surge

An ER Doctor Lost His Job After Criticizing His Hospital On COVID-19
Now He’s Suing

TeamHealth doctor loses job after criticizing hospital's virus response

OXFORD, Miss. — An Oxford doctor filed a lawsuit after she said she was fired for speaking out about a shortage of equipment at Baptist North Mississippi.
Matthew Katz MD @subatomicdoc
www.slideshare.net/subatomicdoc
Twitter 103: Trolls, Malware and Spam
Robert J. Mahoney, MD @mahoneyr · Dec 18, 2016
Repeating to @pfanderson
Social media does not kill careers. People kill careers. Social media just makes it incredibly easy. @pfanderson @BillWongOT #hcsm

Lee Aase @LeeAase · Aug 19, 2014
We trust physicians with sharp instruments and narcotics; with proper training, they can handle Facebook and Twitter too. #TTHC2014
Emerging Diagnostic and Treatment Opportunities for Neuroendocrine Tumors of the Gastrointestinal Tract
Thursday, March 11

https://www.facs.org/quality-programs/cancer/events/crp-webinars
Cancer Programs Webinar Series

- Better Data; Better Quality; Better Outcomes Webinar Series – 8 webinars
- NAPBC Best Practices Webinar Series: Quality in Action – 6 webinars
- NAPRC: Practical Tips, Pearls, and Advice from the Trenches – 1 webinar
- CAnswer Forum LIVE 2021 – 6 webinars

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