GUEST EDITORIAL

Social Media in Urology – A U.S. Resident's Perspective

Social media has become a global phenomenon over the past decade, fueling historic moments from the Arab Spring to Occupy Wall Street. Unsurprisingly, social media has also revolutionized the way medical communities communicate internally and to the outside world. According to a 2018 MedScape survey of over 5000 practicing physicians, 71% of physicians under the age of 40 use social media regularly. Half of physicians aged 40 to 49 years and over one third of physicians over the age of 60 also use a social media platform. Social media use statistics are similar in urology. In a 2013 American Urological Association (AUA) survey, over 74% of respondents use social media. Social media has greater uptake among residents and fellows (86%) compared with attendings (66%). Much has been deliberated about the potential utilities, benefits, and risks of social media use in healthcare. I recommend our readers to refer to the AUA social media best practices for guidance and advice on how to effectively use social media in the urologic community. In this editorial, we present a U.S. resident's perspective on how social media affects our training, dissemination of information, and participation in scientific meetings.

The explosion of social media platforms such as Facebook and Twitter have democratized the dissemination of scientific knowledge. Medical trainees can now directly follow and interact with thought leaders around the world. (Social media users can even engage in civil discourse directly with the President of the United States via his Twitter account whether or not he likes it.)⁴ Residents can learn of groundbreaking research or changes in practice guidelines as they are released in real time by following major journals' Twitter feeds, urology attendings who are active on Twitter, or often directly from the authors themselves. Prior social studies have shown that everyone on the planet is connected to everybody else by six other people. The degree of separation of the global community is even less on social media. Based on a 2016 study by Facebook, among 1.59 billion active Facebook users, everyone is connected to every other person by an average of 3.5 people.⁵

Besides connecting with fellow residents and attendings in the urologic community and staying up to date on clinical and scientific developments, social media also allows users to navigate scientific conferences. At the recent AUA 2018 annual meeting in San Francisco, conference attendees shared commentaries, posted questions, scheduled meetings, and even shared local travel tips using meeting specific hashtags, such as #AUA2018. Meeting organizers made announcements regarding ongoing scientific programs, special events, and asked for participants' feedback via Twitter. Importantly, those who could not attend the meeting in person were able to participate virtually, in real time, via social media platforms.

Finally, there are online communities that allow users with similar personal experience, clinical focus, or research interests to exchange idea, collaborate, or provide support on a given social media platform. One such community is the Women Docs in Urology group on Facebook. Formed in 2015, the group now has 566 members and counting. The group fosters a safe environment for women in urology at different stages of their training to share challenges they face in their careers, in addition to discussing routine clinical practices or challenging cases. (While the first rule of Fight Club is you do not talk about Fight Club, my hope is to highlight this important social network so that female urology residents and attendings who have not joined the group can reach out and engage).

Social media has emerged as an integral part of how we communicate and engage in urology. Used with discretion and common sense, it is a powerful tool that has and will continue to change the landscape of medical training and healthcare.

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