


Research Article

Social media a Game Changer or an illusion in Urology

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Abstract

Social media seems to have been a major disruptive technological by product that has definitely changed our lives over the past few years. Today it has established itself as one of the top sources of information about surgical procedures for residents and urologists across the world. Invariably, patients are also consumers of such digital content. Sometimes this might help the clinician since lacunae in communication might be bridged but unrealistic expectations might be an unwanted byproduct of this process. Hence, a lot would depend on the content that would be accessible to consumers of the service: both medical and non-medical. It is in our hands to make its use as a game changer in our urological career or live in bubble of illuded knowledge.

Keywords: Social Media (SoMe), American Urological Association (AUA), European association in urology (EAU)

Introduction

Social media or SoMe as it is popularly referred to today, includes popular applications YouTube, Facebook, Whatsapp, Telegram, Twitter, Streaming audio (podcasts, Clubhouse, twitter Spaces) LinkedIn, ResearchGate & Instagram. SoME seems to have been a major disruptive technological by product that has definitely changed our lives over the past few years. Today it has established itself as one of the top sources of information about surgical procedures for residents and urologists across the world. Invariably, patients are also consumers of such digital content. They might use it to learn about different options they have or to educate themselves about a health condition or the surgical procedure they are likely to undergo. Sometimes this might help the clinician since lacunae in communication might be bridged but unrealistic expectations might be an unwanted byproduct of this process. Hence, a lot would depend on the content that would be accessible to consumers of the service: both medical and non-medical [1].

Social media: The hero

The advantage of SoMe is that it is easy to access. Most health care professionals engaged in Urological care have a smart phone today. The SoMe app search button is a gateway to a multiverse of information that is just a tap away. Gone were the days where a difficult problem had to be solved with a mandatory trip to the library and searching volumes of reference books or journals physically. Now, popular textbooks are readily available as PDFs on social media such as whatsapp or Telegram. Journal articles can be easily transmitted in the digital format without geographical borders. Even a computer is not required for searching literature since the smart phone or tablet device can provide the same information. Today's resident would dish out facts and figures from SoMe and let the senior confirm them for him [2]. Surgical videos

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from Youtube or other video sharing platforms could guide the operating surgeon before a difficult or unfamiliar surgery. Many professionals find that it is easier to remember surgical facts when it is told by another person or is picked up during a discussion than traditional book reading. Twitter has the advantage that it allows concentrated, high yield information sharing for professionals. These advantages exist for both the instructor as well as the learner. Techniques or concepts can be easily shared and content can reach a wide audience instantly from any remote place in the world provided there is a stable data connection. SoMe can help advance clinical practice by helping disseminate information on Urological conditions to patients. Practice changing concepts for residents and practicing urologists could be assimilated from online videos or snippets in procedures and conditions via SoMe [3].

Today, there are multimedia based log book apps that help a Urologist record cases performed by him with radiological and clinical photos or videos so that the same maybe revisited anytime to analyse and learn from mistakes. This could be valuable data to present in conferences or to teach residents or colleagues, a far cry for the traditional pen and paper based log books! A study done by Mantica et al found that there were 521 apps today that served various purposes such as education (patient & clinician), practice tools, diaries/diets, rehabilitative exercises and communities. Most notable ones in the Indian setting are the Urostentz app for stent tracking, apps for conferences and Urology societies. Many local apps exist for follow up of treated patients. All of these involving setting up a profile on the app and engaging with others for a particular purpose that the app serves by its default design. Social media can serve as an extension of patient-clinician education beyond the clinic visit [4]. Research is an important part of academics and Urological education. As a research tool, institutions and practices can utilize social media to recruit patients for clinical trials or raise money for dedicated research efforts. Researchers can use social media to access a diverse group of stakeholders involved in specific disease processes and conduct digital surveys on publicly accessible forums to better understand patient experiences [5]. A survey was emailed to 19,840 American Urological Association (AUA) members in September 2017 and responses were compared their previous survey in 2013. Overall, 74% of 1731 respondents had a social media account. Facebook and YouTube were the platforms most commonly used. However, use of Instagram, LinkedIn, Twitter, and Pinterest significantly increased. Among social media users, 33% agreed that it had impacted their practice and one-third have followed a medical conference remotely. More than half of users were not familiar with professional guidelines on social media. The most common reasons for not using social media were not seeing any value and not wanting invasion of privacy. They concluded that social media use has increased

substantially in urology, providing opportunities for global conference participation and influencing clinical practice for a substantial proportion of users. Professional standards for online conduct should be integrated into medical education as use of social media continues to increase [6].

The EAU conducted an online survey distributed via email and social media in 23 European countries to urology residents and young urologists. A total of 316 young urologists with a mean age of 31.2±3.9 yr responded to the survey. Of the respondents, 99% used SoMe in a personal and/or professional way. YouTube and LinkedIn were the most frequently used platforms for professional use. Video content from YouTube or other sources was ranked as a preferred tool to see/understand surgical techniques ahead of websites and reference books. 61% followed urologic associations, 47% followed urologic events, 44% followed urologic journals and 39% followed urologic experts on SoMe. The perceived influence of SoMe on urology knowledge was rated as moderate to high by 63% and as low to none by 37% of young urologists. Of the respondents, 44% apply guidelines on the appropriate use of SoMe in urology. They concluded that SoMe played a significant role in knowledge acquisition by young urologists in Europe and advised that physicians, organizations, and institutions should strive to spread and provide valuable educational content through SoMe [7]. Parris Diaz et al have conducted a study assessing the quality of content on urolithiasis procedures posted on social media. They found that stone surgery content on social media has extensive shortcomings that may be poorly contributing toward the decisions of patients. The low quality could contribute to patient misinformation and the need for the creation of engaging, high-quality content as strongly felt. They opined that if urologists were to participate in such content creation, the quality could significantly increase patient knowledge of these procedures and push forward the effective management of stone disease [8, 2].

The very fact that such surveys could be conducted across countries and among such a wide population simultaneously shows the power of SoMe. As the survey by Parris Diaz et al showed, the importance of responsible content creation for both doctor and patients cannot be stressed enough. Medical journals today use social media to disseminate content [2]. Visual abstracts today provide shorter, crisp data to the clinician who is hard pressed for time. This benefits both the reader and the author. It has been observed that citations increase with SoMe content propagation. Twitter has a wider reach effect on visibility of papers, quality work can reach more people. It is a truth that many rarely read journals in hard print or by visiting their websites. SoMe will nudge the reader to go through and highlight important points [9]. Today we have even scoring systems available to predict citation counts based on online attention metrics. Online "Crowd sourcing" serves as an exchange of knowledge and clinical advice for

patient specific concerns. This also translates to improvement in patient care since the patient can now access information on various options available to him/her [16]. For early-career urologists seeking their colleagues' expertise or building their professional reputation, social media crowd sourcing can provide an efficient platform for continuous knowledge exchange outside traditional medical conferences and peer reviewed literature [10]. Online surveys could however be biased, data collection has recognised flaws in this mode of collection. SoMe could help disseminate news regarding new laws pertaining to Urology practice or educational programs, researchers collaborate without boundaries, achieve hybrid conferences and all these can be done over real time without geographical borders. There is a definite environmental benefit of these over the traditional ones [14].

Social media: The villain

However, use of SoMe does not come without its downsides. There can be information overload and the professional or a patient might find it difficult to filter out good content from the fake. Since anyone can share on such platforms, verifying a genuine profile is not easy. That is why, even today tweets by journals enjoy a special position among urologists since the information is reliable. Though content is inexpensive to create and access, the effort involved can be significant. There are still concerns about patient privacy, professional and ethical concerns. The new NMC guidelines and its interpretations only add to the confusion. To be noted here is that we still live in an unequal world where internet coverage is yet to be seamless in rural areas. The need to access information for healthcare professionals could be high in these areas due to lack of other facilities. Patients and professionals both, might be left wanting here. The lifestyle effects of SoMe addicted Gen Z and high screen times have been studied extensively and we should be aware of these [11]. In an evaluation of health care professionals disclosing patient information in 754 tweets using the viral hashtag #ShareAStoryInOneTweet done to discuss interesting learning points from cases, it was estimated that 32% of tweets would be recognizable by friends or families of the patient, 13% included the time frame of patient care and 2% included patient names in the tweet. These and other social media mistakes become permanent documentation of potential unprofessional behaviour and can undermine trust and loyalty. It is difficult to predict which unsatisfied patient would turn a litigant with dire consequences for the treating doctor [12].

A study done by Khan et al surveyed one hundred fifty-eight professionals at a hospital in Britain which included doctors, nurses and paramedical staff. Everyone had electronic devices and 145 (91.9%) used social media at work. This study suggests that nearly 55% of health care providers use social media for one to four hours every day

while being at work. It has been found that for every 15 minutes on Facebook, job performance was reduced by 1.5% in a healthcare setup. SoMe usage is a definite distraction at work. This survey also showed that health care professionals quite often use social media before going to bed. Sleep disturbances and deficient rest span are related to daytime sleepiness and a scope of chronic weakness. Levenson et al. found a strong association between lack of sleepiness and use of social media in a subject size of 1788 [13]. The other potential downside is the easy access non urologists could have to surgical videos, demonstrations of techniques and guidelines. Already Urologists face various problems due to non-qualified professionals practicing urology and this can only aggravate the issue [15].

Conclusion

Urology has always been technology driven speciality. The robot and our endoscopic equipment are good examples. When we combat diseases using these, our learning gets a leg up with SoMe derived education. AUA, BJUI, EAU have issued guidelines for social media interaction. With 5G and wide data coverage, SoMe is here to stay. How far we adapt, regulate and keep its educative value intact will determine its usefulness in the long run. Both educators as well as users should take up the responsibility. Technology such as robot, GPS, Mobile found only in novels and sci fi movies a few decades back are reality today that most of us have easy access to. As of today, SoMe is definitely a disruptive technology but it would remain so until the next idea comes along! However, we will have to remain cognizant of our personal and professional goals for using social media, our strengths and the audience we hope to connect with. Social media offer tremendous opportunities and potential challenges for urologists seeking to expand research impact, share clinical expertise or establish a distinct digital professional identity. The future of social media use in urology appears as bold and limitless as the decades of pioneering innovation that have defined our specialty

“With great power comes great responsibility”

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