



# Practical Advice for Clinicians on Interfacing with Social Media

■ Adam Goodcoff, DO

Did you know the average person spends over 2 hours on social media every day?<sup>1</sup> While it's clear that social media is here to stay, the impacts of social media usage on clinicians and patients alike is probably less apparent to you—but it is undoubtedly the reality we face. Today, 8 in 10 internet users search for health information online,<sup>2</sup> and 74% of these people use social media.<sup>3</sup> Perhaps more surprisingly, in a 2023 survey, 57% of physicians admitted to changing their perceptions of a medication or treatment based on content they'd seen on social media.<sup>4</sup> So, even if you're one of few healthcare workers who abstains completely from social media, it's important to appreciate the influence it has on your patients and colleagues.

At this year's Urgent Care Association (UCA) convention in Las Vegas, the keynote speaker was ophthalmologist William Flanary, MD, who has quickly risen to international fame through social media posts in the persona of his satirical alter ego, Dr. Glauckomflecken. In so doing, he's inspired clinicians to imagine how they might follow in his footsteps and build their own social media presences. As an urgent care clinician, you might wonder how engaged you should be in social media. It's critical, however, to recognize that involvement in social media has distinct implications for healthcare providers. For us, casual posting can have serious—and potentially irrevocable—professional implications.

As an emergency physician with more than 10 years of experience in social media content creation and as the founder and CEO of Medfluencers, a healthcare influencer marketing agency, I would like to share the top 5 lessons for UC clinicians, administrators, and clinic

owners to consider before logging in and posting on social media.

### Social Media Considerations

#### 1. Content is Forever

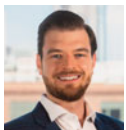
It may seem obvious, but it cannot be overstated: Once something is posted on the internet, it's out there forever. The implications of the permanence of social media posts are especially relevant for those in the healthcare space. For example, an emergency department nurse in a New York City hospital was fired in 2014 after posting a photo of a blood filled trauma bay after an intensive resuscitation. The patient was no longer in the trauma bay, so therefore, the post did not constitute a Health Insurance Portability and Accountability Act (HIPAA) violation. However, the post was brought to the attention of her hospital's administration who deemed the content insensitive. Ultimately, the action was viewed as sufficient grounds for termination. One thoughtless moment cost her not only her job but her professional reputation.<sup>5</sup>

A post may seem perfectly appropriate in the moment, but unlike a spoken comment, the captured words or photos will persist indefinitely and likely reach a larger audience. Certainly all of us are familiar with numerous examples of celebrities being “canceled” as the result of historic social media posts. As healthcare providers, we are held to much higher standards of conduct.

Additionally, modern cultural opinions on the appropriateness of language are changing quickly. A post that seems reasonable today may be considered objectionable or offensive several years in the future. Because content on social media can endure forever, one must remember that as frustrating as it may seem, posted content exists indefinitely.

#### 2. Content is Contextual

One of the greatest pitfalls of posting on social media comes from the failure to appreciate how comments,



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when seen out of context, may be misconstrued. English is an incredibly contextual language. A word or phrase out of context can convey something entirely different than the desired message. Once a post is live, the narrative is no longer in the hands of the individual who posted the content, but rather at the mercy of an uncertain audience who may find a well-meaning gesture offensive.

As an illustrative example, consider the real-life case of a freshly minted intern who recently started residency in a new hospital system. This individual already had millions of viewers and routinely posted lighthearted medical content on social media. At the time, a trend on social media had emerged soliciting small donations from followers to show appreciation. This intern jumped on the wave and recruited financial support for a janitor within the hospital's housekeeping staff to show support for the janitor's hard work.

At its core, this was seemingly a well-intentioned and charitable means of leveraging a large following for an act of kindness. Unfortunately, the context was not clear from the short video that was posted, and a few hostile viewers changed the narrative. The resident physician who created the video was white, and the custodial staff member was black. The timing of the post also occurred in the wake of several high-profile news stories that had fomented racial tensions. The post was judged in court of public opinion, and regardless of intentions, the intern nearly lost their position in the residency program.

It's also important to view this cautionary tale with a lens of compassion. When viewing content on social media, do not be too quick to assume negative intent. This sort of reactionary commenting is certainly not restricted to the realm of social or political debate. Many commenters jump in to criticize content creators on a post intended for medical education to point out all the small ways in which the presenter's technique is imperfect or their interpretation of a study is misguided. We should all ask ourselves before reacting: "Am I certain I understand this person's intention and the context fully enough to engage in disparaging the post?" and "Would I feel comfortable saying this to the person's face?" If the answer is no, the remark is usually best kept to oneself rather than further fomenting hostilities that already abound on most social media platforms.

### 3. Compliance is Complex

We have all been obligated to complete more compliance training modules than we care to remember. One of the most problematic pieces of legislation pertaining to social media posts is HIPAA. Indeed a

conservative, but not unreasonable position, would simply be to never post any content pertaining to patients. This is certainly the safest option to ensure HIPAA compliance and one that is almost universally recommended in compliance training.

Additionally, the notion of providing medical advice is another compliance consideration. Imagine that you are interested in creating content for patient or healthcare provider education. Perhaps you want to address common questions you encounter, such as when sutures should be removed from a repaired laceration or how to treat a partial thickness burn at home. It is logical to wonder if making a video about these topics while sharing an illustrative anecdote of a patient you have cared for is appropriate. Here, the considerations about the wisdom of making the post should extend beyond just protecting patient privacy. It is never advisable to give medical advice through posts on social media. Such activity is fraught with medicolegal risks, especially if any patient should act on your advice and suffer a negative outcome.

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This topic of compliance surrounding these issues is complex, but there are some simple ground rules that social media medical professionals can consider—albeit anecdotally, as the tips should not be construed as formal advice.

- Never post about specific patients you have cared for. We all have enough imagination, experience, and education to create hypothetical cases; we can also present cases that combine various details of a series of similar patients. We should be able to say with 100% confidence that the example we are posting was not any specific patient's story.
- Avoid speaking/writing in absolute terms, specifically avoiding the words "I recommend." To conceptualize this, revisit the suture example from above. Rather than saying "sutures on the arm are removed in 5-7 days," it would be more appropriate and defensible to say "in most cases, sutures on the arm are removed in 5-7 days, but this can vary depending on the patient's specific situation." The difference is subtle but important. It is also clearly true that guidance on any treatment decision requires consideration of the unique circumstances of each case.
- Never make a claim about any product without

direct council or supervision from specialists in this space. This might seem obvious, but doing so with incorrect language can expose you to considerable liability if a patient or healthcare provider views your video and has a bad outcome related to a comment that might be construed as a product recommendation.

#### 4. Creators Are a Community

Hopefully the stories above have not fully dissuaded you from engaging in social media entirely. It's indeed worth acknowledging one of the most positive aspects of healthcare-related social media as well: community. Healthcare influencers are more often and more appropriately labeled as creators, or digital opinion leaders (DOLs). This is because they create content with the goal of educating their audience rather than selling products or simply getting the most clicks or followers. Most clinicians who choose to dedicate their time and energy to content creation are doing so out of a passion for education. For some, like Dr. Glaucomflecken, it has even turned into a second career, but for most, it is simply a labor of love. These DOLs are the primary creators of what has been dubbed "edutainment," and by virtue of this shared mission, a community has emerged.

The online community of DOLs are fast replacing the group of users on X (formerly Twitter) who were at times known for aggression and petty bickering rather than furthering medical education and fostering useful forums for discussing controversies in clinical medicine. DOL content creators instead have largely moved to video based platforms such as Instagram, YouTube and TikTok and are refreshingly enabling much more positive interactions in the comments and discussion sections of their various posts.

Having worked with and advised a number of DOLs, I can say that this group of clinicians who voluntarily put themselves out there by creating video based content to educate and entertain their peers are generally supportive, industrious, creative, and invested in making a positive impact in the lives of fellow clinicians and patients alike. For those who might be considering creating content but are apprehensive about the reception or experience in general, I suggest taking confidence in knowing that this community has likely had the same feelings and will be there waiting to support you. For those who prefer to remain in the role of consumers of content, be mindful of the intentions and hard work of DOLs and consume their content with compassion. After all, these are your colleagues and they

are making tremendous sacrifices to enrich the work and lives of their audiences.

#### 5. Content is King

Before I was a consultant and adviser for content creators, I was a DOL myself. I still continue that role today and have more than 2 million followers across platforms. One of the most important lessons I've learned through this journey is that there is no magic formula for topic selection and no universally successful recipe for video scripting, camera positioning, or lighting. The truth is that content is king. Nothing is more guaranteed to woo new followers and keep their attention as compelling content.

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A natural follow-up question then is: What makes content compelling? This is indeed the hardest part of this work. Determining one's niche and finding one's unique voice requires a constant process of trial and error—creating posts, analyzing reactions, and revising strategy ad infinitum. In open platforms like social media, there are no formal gatekeepers. Rather, social media habitats are meritocracies where those who "edutain" in the most captivating fashion are rewarded. Everyone is equally free to create engaging content in their own creative fashion. It took years, but eventually I found my niche and the formula that worked for my goals and personality. The proof of this is in the audience of followers who I have been able to recruit and retain based on the value that they find in the content I create.

Each social media platform relies on algorithms that present material to the end user, which the algorithms predict the user will want to see. The beauty of these algorithms is "organic discovery," which refers to those experiences in which an amazing video might be suggested, even if the creator is rather unknown. For these creators, unfortunately, their excellent content alone is usually not sufficient to amass a large following. Creators who also devote energy into interacting with their followers to understand what they find valuable are the most likely to succeed.

In a way it's like the study of medicine itself because

perfecting content creation is endlessly iterative and never complete. Just as none of us can earnestly say that we have acquired all there is to know about medicine, a creator can never reach a comprehensive understanding of how to best engage with their audience.

Understanding the value of this investment in continuous improvement in the quality of content is fundamental to achieving recognition among the countless would-be DOLs participating in social media content creation.

The majority of readers do not aspire to a life as a DOL or content creator. However, as discussed earlier, many patients and clinicians (perhaps yourself included) are now expanding their knowledge and practice by engaging with the posts from these social media creators. I can attest from my work that none of the more prolific clinician-creators on social media with large followings got to where they are accidentally. Just as some clinicians dedicate their efforts to research, hospital leadership, or other entrepreneurial endeavors, healthcare content creators dedicate their time and energy to producing educational and entertaining material—usually with noble motives.

Warren Buffett famously said, “In order to succeed, you must first survive.” While successful creators have mastered their individual formula for compelling content, each of them have only been afforded the opportunity to do so by maintaining a vigilant awareness of compliance, context, and the enduring nature of every post. So whether you aspire to join the ranks of clinical DOLs or remain among the masses who are affected by their posts, remember that exceptional content is the final common pathway to success on social media, but also, regardless of your goals, posting conscientious content is the first and most important principle for clinicians who wish to survive and thrive in the age of social media. ■

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