

12 steps to smart and safe social media communication

By Dr. David Geier

Introduction

- Social media is no longer new.
- Doctors, surgeons, healthcare providers, hospitals, surgery centers, and practices have had 6 to 10 years to participate.
- No promise of benefit is likely to convince anyone now.

Levels of participation

- Avoiders
- Delegators
- Personal participators
- Believers and adopters

Leaders in healthcare will increasingly come from the last group.

- Communication skills - voice of healthcare
- Public will choose them as leaders.
- If you want to lead, you have to learn to communicate.
- This is no longer social media. It's communication.

Objective: You can communicate with the public in a safe, smart way by following these 12 principles.

- These principles are true for surgeons, physicians, nurses, practice managers, surgery center administrators, practices, surgery centers and hospitals.

See the benefits in social media instead of the risks.

- Get your message out to the public.
- Fear of social media likely misplaced.
- We have no ability to control what other people say.
- We can control what we say and what information we get out.
- If you don't participate, only what others say is available for people to find.

Understand and follow the social media guidelines of your institution.

- Personal vs. institution?
- Discuss your plans, vision, and goals up front.

You can participate without creating content.

- Content creation
 - Blog - write blog posts
 - Videos - live or recorded
 - Podcasts
 - Websites, magazines, newspapers, etc. - articles, interviews
- Content curation
 - Lists of articles from others
 - Sharing others' articles on Facebook or Twitter
 - Dispelling myths

Start slowly and build.

- Don't try to be everywhere online at first.
- Repurpose content.

Communicate to help others instead of promoting yourself.

- People don't care about you.

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- Create content that helps them in their lives.
- "Backside" branding

Look to role models, not medical organizations, for social media guidance.

- Medical organizations are not equipped to lead in social media.
- Reactive
- Based on existing platforms
- New platforms are created every few weeks.
- Guidelines largely based on mistakes people have made in the past.
- It is not possible to foresee every possibility.

Assume everything you publish online can be seen by everyone.

- Blog posts, podcasts, videos open to public
- Facebook, Twitter more time sensitive
- Even in "closed" platforms, information can be captured and shared.
 - Ex. Facebook personal profile vs. page

Decide what you want to share and what you don't.

- Acceptable if you want
 - Kids
 - Personal interests
- Generally not a good idea
 - Political views
 - Religious opinions
 - Not appropriate
 - Anger
 - Alcohol and other lifestyle choices

Avoid patient-specific discussions.

- No difference between physical environments and online
- Gray areas that don't technically violate confidentiality
- Examples to teach or illustrate points, not to assume or criticize

Avoid giving medical advice online.

- Existing patients
- General public - non-patients

Carefully consider online relationships with patients.

- Friends? Followers? Fans? Connections?
- Strict rules miss the point.
- What matters is how you engage with the public.

Avoid lashing out at people who leave negative reviews.

- Will only draw more attention
- Respond politely and offer to discuss offline.
- Fill the Internet with your content.
- Collect positive reviews.

Conclusion - last appeal to participate

- Losing our voice and autonomy
- Must get our voice out, heard
- Make the future better for ourselves and our colleagues.
- Make a difference in the lives of the public.