Social media pervade today’s world. Facebook has more than 600 million daily users [1]. LinkedIn, a professional networking site, houses almost 200 million professional profiles [2]. Twitter, the popular microblogging website, logs almost 340 million daily tweets (short online posts) [3]. In addition to teenagers, corporations, politicians, social organizations, and entertainers have turned to these tools for communication. Medicine, including radiology, has been slower to embrace these media to communicate with others, including our patients.

We briefly review the key features of social media sites, how one can use these sites, the potential benefits and drawbacks as well as resources for those who want to learn more.

WHAT ARE SOCIAL MEDIA?
Unlike more traditional websites, on social media sites (including Facebook, Twitter, and LinkedIn), content is created by the users themselves. The more users there are and the more connections formed, the more successful the social media experience. In addition to a large user base, the key features that tend to be part of a successful social media site are the following:

1. The ability to connect with people: Facebook and similar sites allow users to connect with family, friends, coworkers, classmates, and so on. “Friends” (as connections are typically called) can be categorized and users can control the information shared with different categories of friends.
2. A communication hub: Social media sites often embed communication tools into their sites, including messaging functions, chat programs, and sometimes teleconferencing or video chatting programs. Although these sites are unlikely to replace dedicated e-mail or video chat websites and programs, these tools offer convenience to users of social media sites.
3. Profiles: At the core of most social media sites are individual profiles. Name, contact information, hometown, current location, schooling, past and present employers, and so on, can all be entered and shared. Well-designed sites use this information to help predict other users you may know, automatically organize your contacts into lists, and facilitate communication.
4. Connecting with and expressing interest in activities and organizations: Users of social media sites can indicate their interests, personal and professional, to connect with other users who share these interests.
5. “Newsfeed”-type announcements: The most common user interaction with most social media sites is reading “newsfeeds” (aka “feeds”). These constantly updated streams of information are generated by one’s contacts. For example, a newsfeed can contain short text updates, photos, and current online activities of friends in one’s social media network (eg, “checking in” at a restaurant or reading a news article).
6. Photo and video sharing: Social media sites allow users to share photos and videos uploaded directly from mobile devices and computers, which can be archived into albums.
7. Applications: Similar to “apps” on a computer or smart phone operating system, these add-ons can offer other functions or features not originally programmed into the site.

HOW ARE SOCIAL MEDIA SITES CURRENTLY BEING USED BY RADIOLOGISTS?

- Individual radiologists can post personal or professional profiles of themselves on a variety of websites. For example, LinkedIn has an online profile template that mirrors a curriculum vitae or résumé, allowing professionals to post information about themselves and connect with other professionals. Some radiology organizations also have social media–style profiles and interaction between users, for example, the ACR’s Radiology Leadership Institute [4]. More commonly, individual radiologists use social media to remain up to date about their profession.
- Radiologic societies, particularly larger societies, have created social media–style experiences on their websites, although they tend to have smaller user bases and more limited features than the most popular social media sites. More commonly, societies have a chosen to have a presence on existing social media sites such as Facebook and LinkedIn. In a recent ACR Intersociety Committee survey, 21 of 40 responding organizations indi-
cated that they have a presence in social media [5].

• Radiology departments and practices have been slower to establish a social media presence, with the primary goal of reaching patients and referring physicians. Other professional organizational uses of social media include research subject recruitment [6-8], medical school curriculum delivery [9], and continuing medical education [10].

SHOULD MY PRACTICE, MY DEPARTMENT, OR I BE USING SOCIAL MEDIA?

For individuals, social media outlets represent a new way to connect with other professionals and stay abreast of professional societies, journals, and the field as a whole. When used with caution, social media can be used to enhance one’s brand and professional presence. For departments and practices, using social media requires more strategic decision making. There are distinct advantages and disadvantages to both individuals and practices:

• Reach a large audience for low cost: As YouTube has shown, it doesn’t take much to become famous. A widely followed Twitter account or Facebook page has the potential to reach large numbers of users with relatively little effort compared with traditional means of advertising and communicating. However, uninteresting, poorly written, or simply unlucky social media efforts may result in very small followings, thereby wasting resources spent creating the social media presence. Generally, starting a feed or page is not terribly expensive or time-consuming, but large enterprises sometimes hire consultants and social media experts that can be unjustifiably expensive if the results are poor.

• Reach a new audience: The internet age has resulted in a web-savvy generation, including patients. Connected customers increasingly learn more about companies from social media feeds than they do from traditional outreach methods such as television or print media. Social media allow practices and departments to reach new, often younger, audiences. However, we may be reaching the same group of individuals we would have reached through traditional means. Also, the first followers on social media sites tend to be true believers (and employees). Generating new followers beyond this group requires a compelling message that users cannot get elsewhere or as easily. Furthermore, successfully reaching a new audience may not translate to a practice goal of attracting new patients, referring physicians, or contracts, given the complicated landscape of modern medicine. Health maintenance organizations, accountable care organizations, and referral networks represent significant practical barriers.

• Control the message: Social media content can be carefully crafted by users to create specific brand appeal. However, users may find an overly crafted message (which amounts to advertising) uninteresting, resulting in few followers. Furthermore, social media sites, by definition, allow users to interact with one another, including the ability to make comments, some of which may not be favorable, leading to loss of message.

Despite the potential drawbacks, social media have become ubiquitous, such that individuals, practices, and departments should develop strategies for developing and maintaining a social media presence.

I’D LIKE TO TRY! WHERE DO I START?

To complement traditional print and online articles with digital media, JACR will present a series of “how to” videos with step-by-step instructions on using social media sites for professional purposes. Visit http://www.jacr.org to learn how to use Twitter and participate in a JACR tweet chat.

REFERENCES


David M. Naeger, MD, and Emily M. Webb, MD, are from the Department of Radiology and Biomedical Imaging, University of California, San Francisco, San Francisco, California.

David M. Naeger, MD, University of California, San Francisco, Department of Radiology and Biomedical Imaging, 505 Parnassus Avenue, M-391, Box 0628, San Francisco, CA 94143-0628; e-mail: david.naeger@ucsf.edu.