



Social Media Surgeon @socialscalpel · now

The role of social media in the lives of modern surgeons.

#socialmediaRCS #modernsurgeons

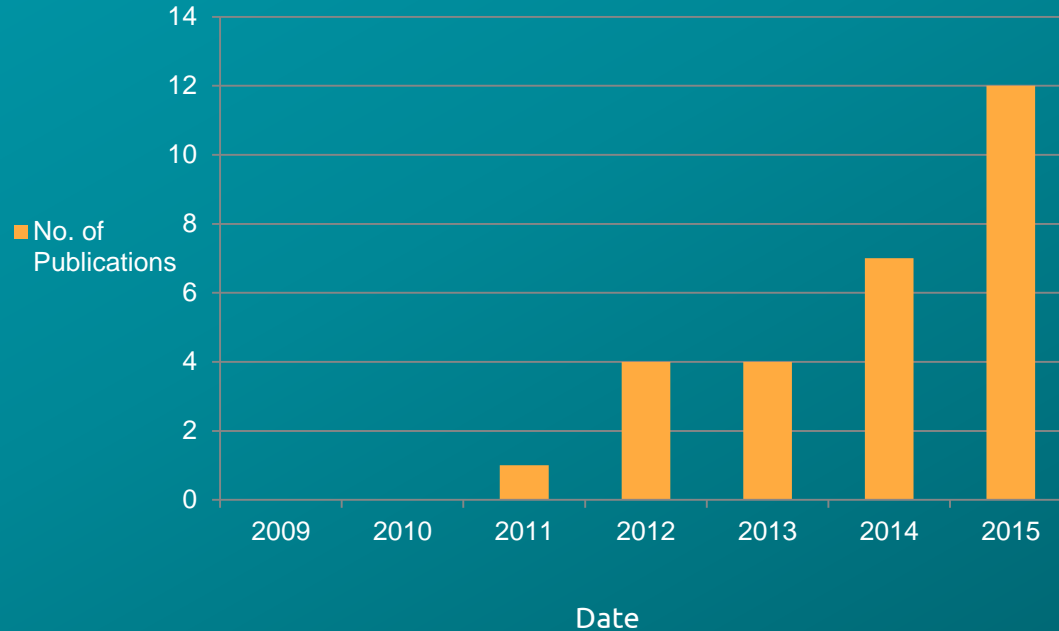


Jacob King

Peninsula College of Medicine and Dentistry, Cornwall

The Literature

Number of Medline/PubMed papers Published by Year ($\Sigma=28$)



The Literature

Transcontinental
mentoring²

Advertising for positions

Attracting new patients³

Keeping knowledge up to date

Receiving feedback

YouTube as an educational
platform

Health education

Health promotion

Platform for MDTs⁴

LinkedIn and surgical communities⁶

At Conference⁵

Share interesting cases

No ongoing social media projects.

**To follow surgical interests,
but no other indications of use.**



Social Media Surgeon

@socialscalpel

TWEETS
10

FOLLOWING
78

FOLLOWERS
14

Tweets

Tweets & replies



Social Media Surgeon @socialscalpel · 6 secs

Hi, I am the social scalpel.





Social Media Surgeon @socialscalpel · 5 secs

@Atul_Gawande Mr Gawande, do you think social media is important to the professional lives of modern surgeons?



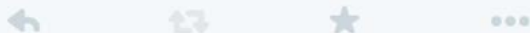
Social Media Surgeon @socialscalpel · 1 hr

@RCSnews RCS, do you provide any formal advice for surgeons on their use of social media, either to avoid risk, or promote the benefit?



Social Media Surgeon @socialscalpel · now

@RealBenCarson Dr Carson, what role should social media play in promoting health advice, encouraging compliance and the like?



Social Media Surgeon @socialscalpel · now

@galen How do you think social media has changed the way we practise surgery these days?



Social Media Surgeon @socialscalpel · 1 hr

@Jeremy_Hunt Mr Hunt, does Social Media have associated with it a greater risk to a surgeon's professional career than benefit?



Social Media Surgeon @socialscalpel · 5 secs

@bengoldacre Dr Goldacre, how do you think use of social media differs between medics and surgeons? Do historical cliches still apply?



Read Good medical practice (2013)

[Contents](#)[Duties of a doctor](#)[Introduction: Professionalism in action](#)[Domain 1: Knowledge, skills and performance](#)[Domain 2: Safety and quality](#)[Domain 3: Communication, partnership and teamwork](#)[Domain 4: Maintaining trust](#)[References](#)[Read the explanatory guidance](#)[Hot topics](#)[A-Z of ethical guidance](#)[Search the guidance](#)[Accessing the guidance on the go](#)[Learning materials](#)[Better care for older people](#)[Ebola advice for doctors](#)[What to expect from your doctor: a guide for patients](#)You are here: [Home](#) > [Good medical practice](#) > [Read Good medical practice \(2013\)](#) > [Duties of a doctor](#)

Duties of a doctor

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
 - Keep your professional knowledge and skills up to date.
 - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
 - Treat patients politely and considerately.
 - Respect patients' right to confidentiality.
- Work in partnership with patients.
 - Listen to, and respond to, their concerns and preferences.
 - Give patients the information they want or need in a way they can understand.
 - Respect patients' right to reach decisions with you about their treatment and care.
 - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Knowledge, skills and performance

Make the care of your patient your first concern.

Provide a good standard of practice and care.

Keep your professional knowledge and skills up to date.

Recognise and work within the limits of your competence.



RCollege of Surgeons @RCsnews · Sep 24

Learn a systematic approach to sports injuries, find out how, #meded, ow.ly/SBBmh



2



The Lancet @TheLancet · Sep 28

Delivering safe, affordable, and timely #cancer surgery: a new @TheLancetOncol Commission thelancet.com/commissions/gl...

Global cancer surgery: delivering safe, affordable cancer surgery

Richard Sullivan, Oluogun Isaac Alastie, Benjamin O Anderson, Riccardo Audisio, Philippe Autier, Ajay Aggarwal, Murray F Brennan, Anna Diaz, Anal D Cruz, Alexander M M Eggermont, Kenneth Fleming, Sergio Maguere Goyse, Cristian A Herrera, Hampus Holmer, Andrei M Blavu, Antero Järvenheimo, Jia-Fu Ji, Peter Kingham, Jonathan Li, John G Meza, Saugata Mukhopadhyay, Shilpa S Murthy, Sherif Omar, Graciele P Parham, C S Prameesh, Robert Luis Santini, Shailesh V Shrikhande, Mark Shiran, Robert Thomas, Audrey T Tsunoda, Cornelius van de Velde, Umesh Dehanamshaparambil Kottarathil Vijaykumar, David Watters, Shan Wang, Yi-Lang Wu, Marco Zetton, Annie Punathil

Surgery is essential for global cancer care in all resource settings. Of the 15.2 million new cases of cancer worldwide, over 80% of cases will need surgery, some several times. By 2030, we estimate that an additional 100 million procedures will be needed worldwide. Yet, less than 25% of patients with cancer worldwide have access to timely surgery. This Commission on global cancer surgery, building on the Global Burden of Disease state of global cancer surgery through an analysis of the burden of surgical disease and the economics and financing, factors for strengthening surgical systems for cancer with much research agenda, and the political factors that frame policy making in this area. We found gaps in global cancer surgery. Many patients throughout the world do not have access to surgery. A failure to train more cancer surgeons and strengthen systems could result in as much as a 50% cumulative gross domestic product by 2030. Many of the key adjunct treatment modalities—pathology and imaging—are also inadequate. Our analysis identified substantial issues, but solutions exist. Issues of access, a paucity of investment in public surgical systems, low investment in training and education gaps are remarkably widespread. Solutions include better international partnerships, super-centralisation of surgical services, novel surgical clinical trials to improve quality and scale up cancer surgical systems through education and training directed at many global stakeholders, but the central message is that to deliver safe, affordable surgery to all, surgery must be at the heart of global and national cancer control planning.

43 27



Social Media Surgeon @socialscalpel · 37 secs

My distress at whistleblowers being bullied in today's NHS | Rachel Pugh ow.ly/p/45p5b/stw



Association for Academic Surgery (AAS)

October 8, 2014 · 🌐

Like Page

Everyone please follow the #IGSJC hashtag on Twitter now to join the conversation on colorectal #cancer surgical outcomes. Niraj Gusani, MD is moderating, participating authors are David Berger, MD and Avo Artinyan, MD, MS. <http://ow.ly/CsfZJ>

#igsjc - Twitter Search

The latest Tweets on #igsjc. Read what people are saying and join the conversation.

KNOWLEDGE

Safety and quality

Take prompt action if you think that patient safety, dignity or comfort is being compromised.

Protect and promote the health of patients and the public.

Communication, partnership and teamwork

Treat patients as individuals and respect their dignity.

Treat patients politely and considerately.

Respect patients' right to confidentiality.

Work in partnership with patients.

Listen to, and respond to, their concerns and preferences.

Give patients the information they want or need in a way they can understand.

Respect patients' right to reach decisions with you about their treatment and care.

Support patients in caring for themselves to improve and maintain their health.

Work with colleagues in the ways that best serve patients' interests.

HEALTH PROMOTION



U.S. Surgeon General @Surgeon_General · Oct 3

#StepItUp Facts: #PhysicalActivity does not have to be strenuous to achieve health benefits.



U.S. Surgeon General @Surgeon_General · Oct 3

#StepItUp Tips: Been a while since you've gotten any #PhysicalActivity? Take it slow & start w/ a walk. #ActiveAging



18



18



HCT NEWS
PEOPLE STILL GET
ARTHROSCOPIC KNEE
SURGERIES!
2015-06-26

4:23

Arthroscopic Knee Surgery Isn't Going to Fix Your Knee

by Healthcare Triage ✓

3 months ago · 18,668 views

You can directly support Healthcare Triage on Patreon: <http://vid.io/xqXr> If you can afford to pay a little every month, it really helps ...

HD

PATIENT EDUCATION



Brisbane Plastic & Cosmetic Surgery

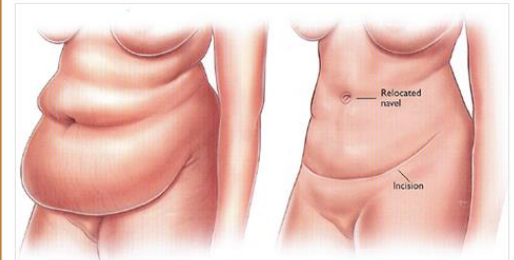
Like Page

Yesterday at 6:56am · *

#FAQ What is Abdominoplasty?

Abdominoplasty, also known as a Tummy Tuck, is a surgical procedure to remove excess fat and skin from the abdomen to achieve a more toned and tightened stomach. Patients undergo abdominoplasty for any number of reasons.

For more information on this procedure, send us a private message or call our office on 1300 789 240.



General
Medical
Council

GMC @gmcuk · Oct 3

#credentialing consultation closes tomorrow. Give your views on recognising drs capabilities bit.ly/1FXANre #meded



FEEDBACK



[Redacted] · Oct 6

Accompanied my dad for follow up post x4 bypass. Surgical skill & excellent communications from Mr Austin & team. Tx #BHSCT



[Redacted] · Oct 6

@BelfastTrust Thanks always good to hear **feedback** and delighted the care was excellent. Well done cardiac **surgery** team



Department of Health @DHgovuk · 6 hrs

We're seeking views on public health allocation formula for local authorities: ow.ly/TaqSs



To conclude...

1) **Effective social media use = “Good doctor”**

2) **Roles to play in 101 different causes**

3) **Stifled by computer illiteracy, and fear of professional damage**

Bibliography

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Questions and comments?



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