5/st GLOBAL CONGRESS ON MIGS

December 1–4, 2022 | Gaylord Rockies Resort and Convention Center | Aurora, Colorado

SYLLABUS

Panel 7: Social Media in Mainstream Medicine

Table of Contents

Financial Disclosures	3
Course Program: Course Description, Learning Objectives, Course Outline	4
Bringing the Heat in Social Media: Social Media in Mainstream Medicine J. Shepherd, S. Ghofrany, K.Y.S. Yang	5
Cultural and Linguistic Competency & Implicit Bias	10

Disclosure of Relevant Financial Relationships

As an ACCME accredited provider, AAGL must ensure balance, independence, and objectivity in all CME activities to promote improvements in health care and not proprietary interests of an ineligible company. AAGL controls all decisions related to identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons in a position to control content, selection of educational methods, and evaluation of the activity. Course chairs, planning committee members, faculty, authors, moderators, and others in a position to control the content of this activity are required to disclose all financial relationships with ineligible companies. All relevant financial relationships are appropriately mitigated, and peer review is completed by reviewers who have nothing to disclose. Learners can assess the potential for commercial bias when disclosure, mitigation of conflicts of interest, and acknowledgment of commercial support are provided prior to the activity. Informed learners are the final safeguards in assuring that a CME activity is independent from commercial bias. We believe this mechanism contributes to the transparency and accountability of CME.

Asterisk (*) denotes no financial relationships to disclose.

PLANNER DISCLOSURE

The following members of AAGL have been involved in the educational planning and/or review of this course (listed in alphabetical order by last name).

Linda J. Bell, Admin Support, AAGL*

Linda D. Bradley, MD, Medical Director, AAGL*

Erin T. Carey, MD, MSCR Honorarium: Med IQ Research Funding: Eximis Mark W. Dassel, MD*

Linda Michels, Executive Director, AAGL*

Vadim Morozov, MD Speaker: AbbVie

Consultant: Medtronic, Lumenis

Erinn M. Myers, MD

Speakers Bureau: Intuitive Surgical

Amy J. Park, MD Speaker: Allergan

Nancy Williams, COO, CME Consultants*

Harold Y. Wu, MD*

Jessica Shepherd, MD, MBA – Speakers Bureau: Abbvie; Medtronic; Hologic; Cynosure; Scynexis

SCIENTIFIC PROGRAM COMMITTEE

Andrew I. Sokol, MD - Medical Legal Defense: Johnson & Johnson

Angela Chaudhari, MD - Consultant: Johnson &

Johnson Cara R. King, DO*

Mario Malzoni, MD – Consultant: KARL STORZ Jessica Opoku-Anane, MD, MS – Consultant: Boston

Scientific; Myovant Sciences; AbbVie Shailesh P. Puntambekar, MD, PHD*

Frank F. Tu, MD, MPH*

Jonathon M. Solnik, MD – Consultant: Olympus; Medtronic; Stockholder: Field Trip Health, Inc.; Felix

Health

Linda D. Bradley, MD, Medical Director* Linda Michels, Executive Director, AAGL*

FACULTY DISCLOSURE

The following have agreed to provide verbal disclosure of their relationships prior to their presentations. They have also agreed to support their presentations and clinical recommendations with the "best available evidence" from medical literature (in alphabetical order by last name).

Shieva Ghofrany, MD – Speaker's Bureaus: Aspira Women's Health

Jessica Shepherd, MD, MBA - Speakers Bureau: AbbVie; Medtronic; Hologic; Cynosure; Scynexis Karen Tang, MD, MPH - Speaker's Bureau: AbbVie

Panel 7: Social Media in Mainstream Medicine

Chair: Jessica A. Shepherd, MD, MBA

Faculty: Shieva Ghofrany, MD, Karen Y.S. Tang, MD, MPH

Course Description

In this provocative course, we will share insight into the way we communicate in the 21st century with the advent of social media. Social media use is pervasive and can be difficult and tricky to navigate. Throughout this course we will have live demos on social media integrations with multiple platforms and to discuss how to be engaging and safe, while allowing patients to seek medical knowledge and health-related content through these platforms.

With thought leaders in this industry, this course will show how social media and healthcare can be a powerful combination. We will look at the many benefits of using social media in healthcare. We also provide some tips on how to keep your social channels engaging, compliant, collaborative and how to diversify your portfolios in social media.

Learning Objectives

At the conclusion of this course, the participant will be able to: 1) Recognize how social media and healthcare can be a powerful combination; 2) Cite the many benefits of using social media in healthcare; and 3) Integrate information learned on how to keep social channels engaging, compliant, and collaborative, and how to diversify your portfolios in social media.

Course Outline

3:15 pm	Welcome, Introduction and Course Overview	J.A. Shepherd
3:20 pm	Bringing the Heat in Social Media: Social Media in Mainstream Medicine	J.A. Shepherd/ S. Ghofrany/K.Y.S. Yang
4:10 pm	Questions & Answers	All Faculty
4:20 pm	Adjourn	

BRINGING THE HEAT IN SOCIAL MEDIA: SOCIAL MEDIA IN MAINSTREAM MEDICINE

Jessica Shepherd MD, MBA, FACOG Karen Tang, MD, MPH, FACOG Shieva Ghofrany MD, FACOG



DISCLOSURES

Speaker's Bureaus:

QUESTIONS

- Why should Gynecologic Surgeons (or any physician) be concerned about social media?
- What are the unexpected benefits of being active on social media?
- How do you use the new video-based platforms such as TikTok and Instagram Reels?
- What are the "secrets" to social media success?

WHY SOCIAL MEDIA?

- Practice marketing, branding
- Professional networking
- Educating the lay public
- Advocacy (reproductive rights, maternal mortality, LGBTQ+ issues)

WHY SOCIAL MEDIA?

The world gets its health information on social media now

Doctors / public health officials are losing the war against misinformation / disinformation

- COVID
- Vaccines
 Mistrust of doctors
 Disease management

- · Go where your (potential) patients are
- Social media can be integrated smoothly into your general marketing strategy. Use it to reach the kind of people you know are your patients—or could potentially be ones in the future.

WHY SOCIAL MEDIA? UNEXPECTED

BENEFITS

- Create business pages when possible
- Use account names that reflect your practice and make sure to use high-quality images.

WHAT ARE THE SECRETS TO SOCIAL MEDIA SUCCESS?

- Social media platforms reward consistency.
- Consistency:Post regularly
 - Use your analytics to see when followers are active
- Be consistent
- $^{\circ}$ Plan how much you can commit to posting weekly—and follow through.
- Find your voice and be consistent in your voice, tone and visual style.
- · Consistency is also seen in your engagement

WHAT TO DISCUSS?

- Facts and advice around seasonal conditions relevant to your audience.
- Reminders about regular health checkups and the services offered by your practice.
- Information about new drugs and medical treatments for people with chronic conditions.
- Nutrition, exercise and other healthy living advice.
- Answers to common healthcare questions and concerns.
- Suggestions for preparing for a healthcare appointment.

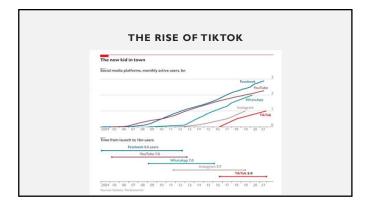
MEDICAL INFORMATION STUDIES NEW TECHNIQUES



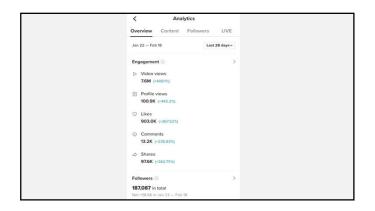
DISEASE AND CONDITION STATE EDUCATION













SHORT FORM VIDEO CONTENT (TIKTOK, REELS)

- · Conducive to 'virality' and sharing
- Being promoted by platforms for marketing
- Potential for enormous viewership reach and rapid growth
- Brief (usually < 30-60 seconds)
- Utilize audio clips and special effects
- Wide variety of content: education, cooking, "BookTok"

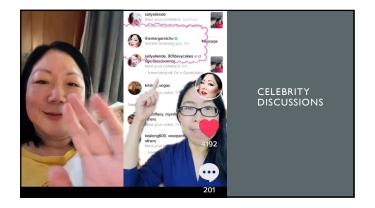


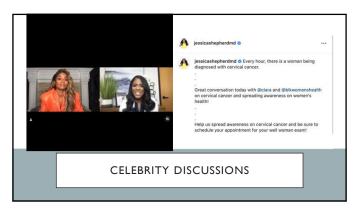


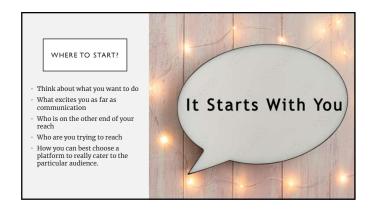














THANK YOU! QUESTIONS?

CULTURAL AND LINGUISTIC COMPETENCY & IMPLICIT BIAS

The California Medical Association (CMA) announced new standards for Cultural Linguistic Competency and Implicit Bias in CME. The goal of the standards is to support the role of accredited CME in advancing diversity, health equity, and inclusion in healthcare. These standards are relevant to ACCME-accredited, CMA-accredited, and jointly accredited providers located in California. <u>AAGL is ACCME-accredited and headquartered in California</u>.

CMA developed the standards in response to California legislation (<u>Business and Professions (B&P) Code Section 2190.1</u>), which directs CMA to draft a set of standards for the inclusion of cultural and linguistic competency (CLC) and implicit bias (IB) in accredited CME.

The standards are intended to support CME providers in meeting the expectations of the legislation. CME provider organizations physically located in California and accredited by CMA CME or ACCME, as well as jointly accredited providers whose target audience includes physicians, are expected to meet these expectations beginning January 1, 2022. AAGL has been proactively adopting processes that meet and often exceed the required expectations of the legislation.

CMA CME offers a variety of resources and tools to help providers meet the standards and successfully incorporate CLC & IB into their CME activities, including FAQ, definitions, a planning worksheet, and best practices. These resources are available on the <u>CLC and IB standards page</u> on the CMA website.

Important Definitions:

Cultural and Linguistic Competency (CLC) – The ability and readiness of health care providers and organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities and behaviors, in order to meet social, cultural and linguistic needs as they relate to patient health.

Implicit Bias (IB) – The attitudes, stereotypes and feelings, either positive or negative, that affect our understanding, actions and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability and other characteristics.

Diversity – Having many different forms, types or ideas; showing variety. Demographic diversity can mean a group composed of people of different genders, races/ethnicities, cultures, religions, physical abilities, sexual orientations or preferences, ages, etc.

Direct links to AB1195 (CLC), AB241 (IB), and the B&P Code 2190.1:

Bill Text – AB-1195 Continuing education: cultural and linguistic competency.

Bill Text – AB-241 Implicit bias: continuing education: requirements.

Business and Professions (B&P) Code Section 2190.1

CLC & IB Online Resources:

Diversity-Wheel-as-used-at-Johns-Hopkins-University-12.png (850×839) (researchgate.net)

Cultural Competence In Health and Human Services | NPIN (cdc.gov)

Cultural Competency – The Office of Minority Health (hhs.gov)

Implicit Bias, Microaggressions, and Stereotypes Resources | NEA

Unconscious Bias Resources | diversity.ucsf.edu

Act, Communicating, Implicit Bias (racialequitytools.org)

https://kirwaninstitute.osu.edu/implicit-bias-training

https://www.uptodate.com/contents/racial-and-ethnic-disparities-in-obstetric-and-gynecologic-care-and-role-of-implicitbiases

https://www.contemporaryobgyn.net/view/overcoming-racism-and-unconscious-bias-in-ob-gyn

https://pubmed.ncbi.nlm.nih.gov/34016820/