# Incorporating Social Media into Orthopaedic Surgery Resident Training

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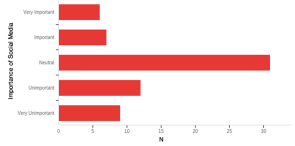
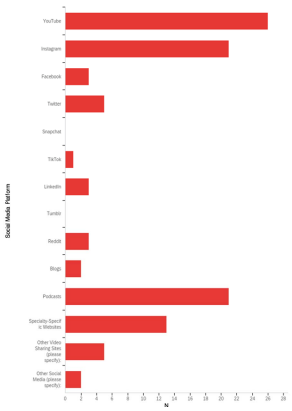
INTRODUCTION: Past studies have shown high usage of video-sharing platforms such as YouTube as surgery preparation tools for residents. The growth of social media presents opportunities in orthopaedic resident training, marketing, and networking. The purpose of this study was to determine how orthopaedic surgery residency programs are utilizing social media as a component of their educational curricula.

METHODS: An anonymous questionnaire was distributed to program directors for Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency programs who are also a part of the Collaborative Orthopaedic Education Research Group (COERG). Program directors completed the survey and forwarded a resident-specific link to residents in their program. Descriptive statistics were analyzed.

RESULTS: A total of 9 program directors (5 M, 4 did not report gender) and 71 orthopaedic surgery residents (53 M, 8 F, 2 non-binary/gender non-conforming, 8 did not report gender) participated in this survey with a majority of participants from the Northeastern U.S. (3 of 5 program directors, 60.0%; 42 of 64 residents, 65.6%) (Tables 1 and 2). Residents identified YouTube (24.8%), Instagram (20.0%), and podcasts (20.0%) as the most popular platforms (Figure 1). Four of 8 (50.0%) program directors felt that social media improved their residents' preparedness for cases, while 3 of 8 (37.5%) felt that it enhanced teaching. However, none of the orthopaedic residency program directors felt that social media use had any role in improving surgical outcomes achieved by residents. Concerns with social media incorporation included confidentiality and costs. Most residents (31 of 65; 47.7%) viewed the importance of social media incorporation into their training as neutral (Figure 2).

DISCUSSION AND CONCLUSION: Differences exist in the perceived benefits of social media use between orthopaedic surgery residents and program directors. While both groups felt that incorporating social media into training improved case preparedness, only residents felt that their surgical outcomes were improved due to social media use. This study highlights how social media platforms may provide helpful information to supplement orthopaedic resident education.




| Demographic Characteristic | N (%) |
|---|---|
| **Year of Orthopaedic Residency Training** | Total: 65 (100%) |
| PGY-1 | 16 (24.6%) |
| PGY-2 | 13 (20.0%) |
| PGY-3 | 13 (20.0%) |
| PGY-4 | 11 (16.9%) |
| PGY-5 | 12 (18.5%) |
| **Age (years)** | Total: 64 (100%) |
| ≤28 | 2 (3.1%) |
| 29-30 | 19 (29.7%) |
| 31-35 | 19 (29.7%) |
| 36-40 | 1 (1.6%) |
| 41-45 | 0 (0%) |
| 46-50 | 0 (0%) |
| >50 | 0 (0%) |
| **Gender** | Total: 65 (100%) |
| Male | 53 (81.5%) |
| Female | 8 (12.3%) |
| Transgender Male | 0 (0%) |
| Transgender Female | 0 (0%) |
| Non-binary/Gender Non-Conforming | 2 (3.1%) |
| Other (please specify) | 2 (3.1%) |
| Prefer Not to Say | 2 (3.1%) |
| **Race** | Total: 65 (100%) |
| White/Caucasian | 46 (70.8%) |
| East Asian/Pacific Islander/South Asian | 5 (7.7%) |
| Hispanic | 4 (6.2%) |
| Black/African American | 3 (4.6%) |
| Prefer Not to Say | 5 (7.7%) |
| **Region** | Total: 64 (100%) |
| Northeast: (CT, ME, MA, NH, NJ, NY, PA, RI, VT) | 42 (65.6%) |
| Midwest: (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI) | 16 (25.0%) |
| South: (AL, AR, DE, (D.C.), FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV) | 6 (9.4%) |
| West: (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY) | 0 (0%) |

| Demographic Characteristic | N (%) |
|---|---|
| **Experience as Program Director (Years)** | Total: 5 (100%) |
| 0-4 | 2 (40.0%) |
| 5-9 | 0 (0%) |
| 10-14 | 3 (60.0%) |
| **Age (years)** | Total: 5 (100%) |
| <30 | 0 (0%) |
| 30-35 | 0 (0%) |
| 36-40 | 1 (20.0%) |
| 41-45 | 3 (60.0%) |
| 46-50 | 1 (20.0%) |
| 51-55 | 0 (0%) |
| 56-60 | 0 (0%) |
| 61-65 | 0 (0%) |
| 66-70 | 0 (0%) |
| >70 | 0 (0%) |
| **Gender** | Total: 5 (100%) |
| Male | 4 (80.0%) |
| Female | 0 (0%) |
| Transgender Male | 0 (0%) |
| Transgender Female | 0 (0%) |
| Non-binary/Gender Non-Conforming | 0 (0%) |
| Other (please specify) | 0 (0%) |
| Prefer Not to Say | 1 (20.0%) |
| **Race** | Total: 5 (100%) |
| White/Caucasian | 5 (100%) |
| Black/African American | 0 (0%) |
| East Asian/Pacific Islander/South Asian | 0 (0%) |
| Hispanic | 0 (0%) |
| Prefer Not to Say | 0 (0%) |
| **Region** | Total: 5 (100%) |
| Northeast: (CT, ME, MA, NH, NJ, NY, PA, RI, VT) | 3 (60.0%) |
| Midwest: (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI) | 1 (20.0%) |
| South: (AL, AR, DE, (D.C.), FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV) | 1 (20.0%) |
| West: (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY) | 0 (0%) |