OPEN



#SocialMedia for the Academic Plastic Surgeon—Elevating the Brand

Laura S. Humphries, MD* Brandon Curl, MA† David H. Song, MD, MBA, FACS*

Summary: The link between social media and surgery has been under increasingly popular discussion. This article discusses the potential role of social media in creating and maintaining the brand of an academic plastic surgeon. (Plast Reconstr Surg Glob Open 2016;4:e599; doi: 10.1097/GOX.000000000000000597; Published online 27 January 2016.)

ACADEMIC PLASTIC SURGEON—THE BRAND

Social media pose unique opportunities and challenges to the plastic surgeon. Within the literature on plastic surgery, social media have primarily been discussed as a link between patient and surgeon.¹⁻⁴ The goal of a plastic surgeon establishing a prominent social media presence has been described as "maximize[ing] exposure to the potential patient base,"⁵ in other words, advertising. Although connecting with a potential patient base may be a goal for academic plastic surgeons, social media also provide unique opportunities for the academic plastic surgeon to impact the academic community.

Social media, in general, are an exercise in branding. A brand can be defined as the total sum of all thoughts or feelings about a person or thing at any given time.⁶ In most contexts, a brand is associated with a product or product manufacturers; in this context, we must consider the brand of a plastic surgery practice or a plastic surgeon individually.

Any attempt to shape a brand is an attempt to influence action. If trying to sell something, you want to positively impact potential purchasers' perceptions

From the *Department of Surgery, Section of Plastic and Reconstructive Surgery, University of Chicago, Chicago, Ill; †GSD&M, Chicago, Ill.

Received for publication August 30, 2015; accepted December 8, 2015.

Copyright © 2016 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons. All rights reserved. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially.

DOI: 10.1097/GOX.0000000000000597

of the product—the fundamental objective of advertising is to produce positive thoughts and feelings, which lead to action. In the context of most products, action is a purchase; in the plastic surgery world, it may be choosing a specific procedure or giving a positive referral. Any attempt to shape feelings and drive action, be that buying a car or referring a friend to a physician, is, on some level, an exercise in branding.

Before social media, branding was essentially considered a 1-way interaction. Advertisers bought advertising space during television programs, in print media, or on billboards and used *content*, such as a visual advertisement, to convince the public how to think or feel about the brand in question. People were either swayed by the arguments the advertisers and their clients made or they were not. Social media have opened up the possibility of a 2-way interaction. Advertisers are no longer the only ones capable of speaking widely (as in, speaking to thousands or millions of people) about a product or a person—consumers can as well.

This change has led many companies to shift some focus from creating content around a brand to creating a community around a brand. Sullivan, the Chair of Advertising at Savannah College of Art and Design, elaborated upon the concept called "brand generosity"—the idea that a brand "should be out there adding good things to people's lives and to the culture." He identifies 6 facets of brand generosity that help build community around a brand (Fig. 1). Brand experts have also defined "rules" for what percentage of social posts should be devoted to what type of content. Sullivan refers to Mullen's Boches' recipe of "one-third questions and conversation; one-third useful content; one-third a little bit of selling."

Disclosure: The authors have no financial interest to declare in relation to the content of this article. The Article Processing Charge was paid for by the authors.

Inspire: Give them something beautiful or emotive. Within the context of plastic surgery, this might be relaying a particularly positive patient outcome.

Provoke: Give them something that makes them think. Within the context of plastic surgery, this might be considering ways that a given piece of research could be applied to one's own practice.

Entertain: Give them something that's fun to do. Within the context of plastic surgery, this might be sharing stories of entertaining interactions with other members of the hospital staff, such as photos from a ward that's been decorated for a holiday party.

Status: Give them something that confers kudos among their community. Within the context of plastic surgery, this might be offering public praise of another institution or researcher.

Utility: Give them something that makes their life easier. Within the context of plastic surgery, this might be sharing a tool that has made one's own work more efficient – for instance, sharing how one manages a research reading list would be a way to share utility.

Access: Give them something they couldn't otherwise get. Within the context of plastic surgery, this might be a "behind the scenes" tour of an interesting part of one's practice.

Fig. 1. Sullivan's 6 facets of "Brand Generosity" that help build community around a brand. From Sullivan, *Hey Whipple, Squeeze This*, 4th Edition. Copyright © 2012 by John Wiley Sons, Inc. Reprinted with permission from John Wiley & Sons, Inc.

Then, what is the role of social media for an academic plastic surgeon? The same principles apply. The academic plastic surgeon is the brand and wants to affect how people think and feel about the surgeon and their practice. "Academic Plastic Surgeon—The Brand" has many rungs, much like the reconstructive ladder (Fig. 2). Your brand includes you, the plastic surgeon, but you are also a steward of other brands, including your department, institution, field, and profession.

Who is the academic plastic surgeon marketing to—whose thoughts or feelings do you want to change? The target community could include patients, current and prospective residents and fellows, other plastic surgeons, the public—in other words, close to "everyone." It is hard to be all things to all people. One might try and narrow focus or at least prioritize what percentage of communication will be directed at each group. The "rule of thirds" could probably apply here too—spending one-third of social media posts on the public, one-third on the academic community, and one-third on patients.

What should an academic plastic surgeon do to change the feelings toward their brand? This occurs through the generation of content and through the specific ways in which the content is shared with target communities. Goal #1 is to become a desirable brand—that is, brand with which communities are more likely to engage. This is where brand generosity applies; by inspiring, provoking, entertaining, conferring status, providing utility, or granting access, you establish yourself as an engaging, desirable brand. Goal

#2 is to establish oneself as a specific kind of community member (ie, brand "positioning"^{8,9}). Specifically, for academic plastic surgeons, it is important to establish awareness of oneself as a "thought leader" among their target communities. Social media provides a unique opportunity to help achieve these goals.

ACADEMIC PLASTIC SURGEON— #THOUGHTLEADER

A natural goal for many academic plastic surgeons is to cultivate a personal or institutional brand

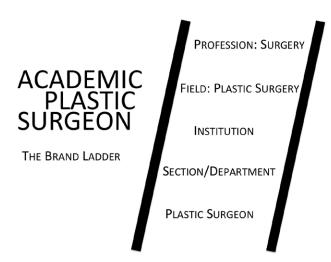


Fig. 2. "Academic Plastic Surgeon—The Brand" has many rungs, much like the reconstructive ladder. Your brand includes you, the plastic surgeon, but you are also a steward of other brands, including your department, institution, field, and profession.

associated with "thought leadership." This happens in multiple settings, most obviously through publications and academic presentations at national meetings. But, publishing an article in a journal is not enough—ideally, the article will also be widely read and, just as importantly, widely cited. Many refer to this as the "impact factor," that is, the number of times an article is cited by other publications, and consider this a measure of academic influence relative to other publications in the field. The same goals apply in building a "thought leader" brand through social media—to be widely read and referenced.

Twitter is one effective avenue for this. Twitter is an online social networking platform that allows users to post short, 140-character messages called "tweets" (Fig. 3). Users may also tweet photographs and online links to different Web sites. Tweets are visible to both registered and nonregistered users of the site. Users can "follow" other users and their tweets, which appear in a continuous list of tweets known as a "Twitter Feed." Users may also read a series of tweets that are grouped based on topic, designated by a hashtag (eg, #PlasticSurgery). One would apply the # if they aim for a specific tweet to appear within a group of tweets based on the topic. People use Twitter to establish community and exchange information with each other, and companies use it to build community and share information about their brand.

There is an existing Twitter community centered on plastic surgery. Within academic plastic surgery, individual academic surgeons are on Twitter, as are academic journals (eg, PRS/PRS-GO), and plastic surgery associations and organizations (eg, ASPS, ASAPS). But, how does one develop a reputation as a thought leader within the academic plastic surgery Twitter community? And how does one measure the "impact factor" of this leadership within the context of Twitter?

One way to start or lead conversation within the academic plastic surgery community via Twitter is to tweet a link to and comment upon online publications of academic plastic surgery journal articles. The Twitter platform provides opportunity for users to engage in a posted tweet. A single tweet, if read and referenced, may impact the academic community in at least 2 ways. It achieves Goal #1 by demonstrating the individual's engagement in the community and it achieves Goal #2 by increasing readership and, hopefully, driving future citations of specific academic journal articles, including the plastic surgeon's own. One can assess the impact factor of a tweet within one's community of followers. Twitter provides users with personalized statistics on user engagement-showing which tweets users are clicking and interacting with and which are falling flat. "Twitter Analytics" provides statistics such as how many impressions (or views) tweets are getting, how often people are engaging in tweet content through action (clicks or favorites), and how often people are responding to tweets (retweets and replies; Fig. 4). These may be good proxies for analyzing one's impact on the academic plastic surgery community in the social media setting.

To become a thought leader via social media will take more than just retweeting journal articles in attempts to increase readability/future citations. At best, if we refer to brand generosity, you are only providing utility or provoking thought with this strategy. Creating content, not just relaying it, is important to the development of one's position as a thought leader. For example, instead of retweeting an article, you may respond to the journal articles, present opinions about the content, or pose questions to other leaders in the community to stir conversation. The conversation may extend beyond discussing single

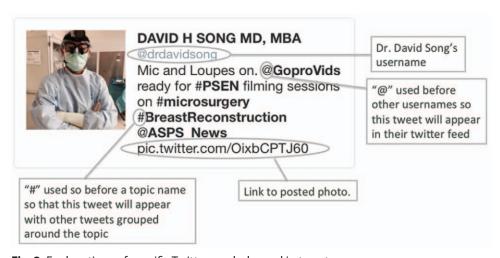


Fig. 3. Explanations of specific Twitter symbols used in tweets.

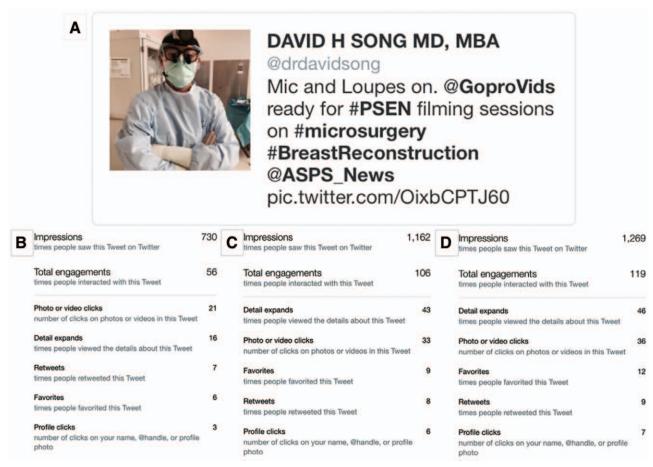


Fig. 4. Personalized statistics provided for a single tweet by Twitter Analytics. A, Initial tweet by Dr. David Song at time 0. Statistics for tweet at time (B) 3.5 hours; (C) 10.5 hours; and (D) 18 hours.

journal articles and may grow to include other issues that face the field of plastic surgery.

ACADEMIC PLASTIC SURGEON—POSITIONING THE BRAND

A brand, Sullivan points out, is a noun, but it is also an adjective. As an academic plastic surgeon, you want to establish yourself as an engaged community member and a thought leader—but what kind of a community member? What kind of a thought leader? This is where Trout's⁸ concept of "brand positioning" comes in—that is, the creation of the perception of a brand and the position that the brand holds in relation to other brands within the minds of the target community.9 In the process of creating your specific brand, you will make choices about creating content that frames your brand in a certain light—that is, positioning. Thus, social media, and Twitter, specifically, have the potential as an avenue by which academic plastic surgeons establish themselves as a brand to their various communities. It is clearly neither the most important nor the only way in which an academic plastic surgeon may become a thought leader or position themselves as a certain kind of thought leader among their communities, but rather social media, and Twitter specifically, could be useful adjunct to this endeavor.

It is worth considering, though, that any brand, including the brand of an academic plastic surgeon, entering the social space for the first time may benefit most by being an active listener first. Find out what conversations are already taking place among other academic plastic surgeons, pay attention to the industry leaders, look at their content, search for hashtags, and join communities. Perhaps, the best piece of advice with social media is not to treat those so differently from the real world. Sullivan recommends treating the world of social media as if it were a party, and you are its guest. You arrive, survey the scene, mingle, and engage other attendees. You make someone laugh, tell a story, and join a group conversation. You make an impression and establish yourself as a specific type of party attendee. Trying to sell something (ie, your brand) as soon as you walk through the door, on the other hand, will be difficult.6

Platform	Main Goal	Advantages	Disadvantages	Recommendations
Twitter twitter.com	Users send 140-character messages ("tweets"). Users "follow" other users, to view their tweets in series called a "twitter feed."	Users post links to photos, videos, articles, other online media Provides analysis of user engagement with posted tweets Groups posts around related themes with common "#"	Discussion limited to <140 characters	Reach out to Plastic Surgery community as a whole, develop thought leadership via posts with links to journal articles, longer discussions
Facebook facebook.com	Users create online profile, on which other users can post photos, videos, messages, links. Users can become "friends" with other users to view/engage with their profiles.	of real-time information Users post links to photos, videos, articles, other online media Provides space for longer commentary/ discussion, or engagement with "friends"/"fans"	Organizes photographs into albums Allows for more elaborate creation of a personal profile	Reach out to specific community members/fans Post a series of photos from your practice
tumblr. Tumblr tumblr.com	Allows short-form blogging, and posts of photographs.	Space for posted opinion pieces in blog format	Contains mainly opinion posts, short quotes, photos and videos.	Post longer opinion pieces re: articles, practices
Instagram instagram.com	Allows posts of photographs, and 15-second videos.	Limits posts to photographs and videos.	Limits posts to photographs and video.	Share elements of your practice in photograph or video form
Vine vine.com	Allows posts of 6-second videos in loop.	Limits posts to short videos	Limits posts to short video.	Share elements of your practice in short video form

Fig. 5. Advantages, disadvantages, and recommended uses of different social media platforms available to the plastic surgeon.

ACADEMIC PLASTIC SURGEON—#SUSTAININGYOURBRAND

The half-life of one's brand in this new era of data exchange and ubiquity of messaging is short. To not only grow but also sustain one's brand, the academic plastic surgeon must persist and echo her or his brand. This takes constant attention to the message and production of content that the community finds engaging. Content tailored for a community is the key lever in social media. Even short lapses in content output

can have lasting negative effects on the decay of one's brand. One method of having an echo effect of your brand is to link to other social media platforms, for example, Facebook, Instagram, the Vine, or Tumblr platforms, thereby reaching a larger community base in different ways (Fig. 5). Another strategy is not only to adopt a central theme of plastic surgery but also to touch on other topics, for example, wellness, beauty, recovery, and overall health care. Expanding the centrally themed topics with which you engage, and linking them up to trending topics on Twitter, will help sustain

and grow an audience, thereby sustaining the growth of the academic plastic surgeon's brand.

We recognize, however, that the multitude of available social media platforms has strengths and limitations in helping one achieve the branding goals of an academic plastic surgeon. In our opinion, Twitter is an effective place to reach out to the plastic surgery community as a whole and to develop thought leadership. In addition, it is a good practice to not overextend oneself by managing a number of social media platforms at once—alternatively, it is better to choose 1 or 2 social media platforms, make a consistent effort toward engagement and content creation on those platforms, and work to make those great.

Social media are now intimately a part of branding and positioning not only for the corporate and retail worlds but also ultimately for anyone who desires to build, grow, and sustain a brand. Have your brand be the kind of person you would want to be at work, home, and even a dinner party and you will be just fine.

David H. Song, MD, MBA, FACS

Department of Surgery, Section of Plastic Surgery University of Chicago 5841 S. Maryland Avenue MC 6035, Chicago, IL 60637 E-mail: songd@uchicago.edu

ACKNOWLEDGMENT

We would like to thank Alec Kaplan for his thoughtful contribution to this article.

REFERENCES

- 1. Mohan AT, Branford OA. iGuide to plastic surgery: iPhone apps, the plastic surgeon, and the health care environment. *Aesthet Surg J.* 2012;32:653–658.
- 2. Wong WW, Gupta SC. Plastic surgery marketing in a generation of "tweeting." *Aesthet Surg J.* 2011;31:972–976.
- Vardanian AJ, Kusnezov N, Im DD, et al. Social media use and impact on plastic surgery practice. *Plast Reconstr Surg*. 2013;131:1184–1193.
- 4. Chang JB, Woo SL, Cederna PS. Worth the "likes"? The use of Facebook among plastic surgeons and its perceived impact. *Plast Reconstr Surg.* 2015;135:909e–918e.
- Dauwe P, Heller JB, Unger JG, et al. Social networks uncovered: 10 tips every plastic surgeon should know. *Aesthet Surg J.* 2012;32:1010–1015.
- Sullivan L, Bennet S. Hey Whipple, Squeeze This. Hoboken, NJ: Wiley; 2012:18–153.
- Boches E. Five things that work in social media. Creativity Unbound; 2010. Available at: http://edwardboches.com/ five-things-that-work-in-social-media. Accessed May 15, 2015.
- 8. Trout J. "Positioning" is a game people play in today's me-too market place. *Industrial Marketing*. 1969;54: 51–55.
- 9. Ries A. *Positioning: the Battle for Your Mind.* New York, N.Y.: Warner Books, Inc.; 1981:6–9.