



The Well-rounded Applicant in a Square Hole: Social Media during the COVID-19 Application Cycle

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ith cancellation of away rotations and in-person ✓ interviews for the upcoming residency application cycle, programs must evaluate applicants solely by virtual means for the first time in history. This includes tele-interviews, virtual curricula, and most recently, social media profiles.¹ In recent video-series communications, the American Council of Academic Plastic Surgeons has advocated for increased social media engagement between prospective applicants and residency programs. For programs and applicants alike, social media as a formal assessment tool are an unknown frontier where norms, utility, and rules are currently unestablished. Although our field has recently accepted the use of social media for the applicant, a cautious approach has been taken: a large number of articles on this topic focus on professionalism, with half citing a potential negative impact.² No studies have examined its use to evaluate trainees.

As a marketing tool, social media can benefit applicants via curated profiles that reflect professionalism and positive values. With frequent updates, applicants can highlight new accomplishments and conference presentations in real-time. From a personal standpoint, posts of family and hobbies can visually highlight well-roundedness of a physician or trainee. This technology has been adapted for college applications, using apps such as ZeeMee.

However, this unregulated new front is not without risk. Exposing applicants to another system of evaluation calls for reassessment of utility and pitfalls. Importantly, there is literature pointing to broad gaps in gender and racial representation. He will the social media shift promote applicants equally, or will this become 1 more barrier for minority groups to overcome in hopes of gaining professional entry? The ERAS application system employed by the AAMC is careful to reduce these biases by blinding the applicant's image to the program until the applicant has been extended an interview. On a platform designed to judge posts on their aesthetic qualities, we must be wary of our heuristics that may influence assessment of applicants.

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Table 1. Recommendations for Social Media Use and Engagement

Profile Creation

All prospective plastic and reconstructive surgery applicants should make a public, professional account for select social media platforms. **Content**

Posted content should be limited to professional updates (manuscript acceptances, oral presentations, virtual conference presentations, etc.). Personal images and showcasing interests are acceptable when professionalism is maintained.

Interactions

Interactions between applicants and programs should be exclusively via professional accounts.

Interactions should be limited to following accounts, liking public posts, reposting or "retweeting" professional content, and viewing "stories" or "live streams."

Private prospective applicant and program interaction, such as "direct messaging," should be discouraged to limit unfair interactions. All interactions should be limited to the publicly monitored feed, similar to how interactions would occur in-person.

Safety
The "tag" setting should be placed in the "manually approve" setting to prevent public, professional accounts from being tagged in inappropriate content.

Messages from unknown accounts should be deleted without viewing. The recommended guidelines are related to social media use for both applicants and programs during the coming cycle. Although more formalized suggestions are needed, these guidelines provide an initial foundation.

The prior in-person system of assessment relied on comprehensive evaluations of students on away rotations and interviews. Social media are used for momentary judgment that triggers a "like" or cherished "follow," which comes down to an understanding of marketing and networking known as Social Media Optimization, a skill set not traditionally used in determining candidacy.⁵ As applicants build pages on social media, will the quality of their site take precedence over the other factors that are traditionally used to determine an applicant's ability to persevere through vigorous surgical training to one of momentary judgments of curated content?

At baseline, students should start with a separate professional account, to keep their personal lives separate. When considering posts, context, intent, content, and presentation should be considered. Professional societies must establish firm guidelines regarding the use of social media for applicants, with transparent statements before social media engagement for evaluation purposes. Interactions between applicants and programs should be via professional accounts, limited to following accounts, liking public posts, and viewing "stories." Suggested guidelines are listed in Table 1, but we call on our professional societies to formalize comprehensive recommendations.

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REFERENCES

 Association of American Medical Colleges (AAMC). Medical student away rotations and in-person interviews for 2020–21 residency cycle. Available at https://www.aamc.org/what-wedo/mission-areas/medical-education/away-rotations-interviews-2020-21-residency-cycle. Published 2020. Accessed June 10, 2020.

- 2. Economides JM, Choi YK, Fan KL, et al. Are we witnessing a paradigm shift?: a systematic review of social media in residency. *Plast Reconstr Surg Glob Open.* 2019;7:e2288.
- Messias J, Vikatos P, Benevenuto F. White, man, and highly followed: gender and race inequalities in Twitter. Proceedings of the IEEE/WIC/ACM International Conference on Web Intelligence. 2017;9.
- 4. Schradie J. The trend of class, race, and ethnicity in social media inequality. *Information, Commun Soc.* 2012;15: 555–571.
- 5. Quesenberry K. The Basic Social Media Mistakes Companies Still Make. Available at https://hbr.org/2018/01/the-basic-social-media-mistakes-companies-still-make. Published 2018. Accessed June 10, 2020.