



A Society of Gastrointestinal and Endoscopic Surgeons (SAGES) statement on closed social media (Facebook®) groups for clinical education and consultation: issues of informed consent, patient privacy, and surgeon protection

James G. Bittner IV¹ · Heather J. Logghe² · Erica D. Kane³ · Ross F. Goldberg⁴ · Adnan Alseidi⁵ · Rajesh Aggarwal^{2,6} · Brian P. Jacob⁷

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Abstract

Introduction Closed social media groups (CSMG), including closed Facebook® groups, are online communities providing physicians with platforms to collaborate privately via text, images, videos, and live streaming in real time and optimize patient care. CSMG platforms represent a novel paradigm in online learning and education, so it is imperative to ensure that the public and patients trust the physicians using these platforms. Informed consent is an essential aspect of establishing this trust. With the launch of several of its own CSMG, Society of Gastrointestinal and Endoscopic Surgeons (SAGES) sought to define its position on CSMG platforms and provide an informed consent template for educating and protecting patients, surgeons, and institutions.

Methods A review of the literature (2012–2018) discussing the informed consent process for posting clinical scenarios, photography, and/or videography on social media was performed. Pertinent articles and exemplary legal counsel-approved CSMG policies and informed consent forms were reviewed by members of the SAGES Facebook® Task Force.

Results Eleven articles and two institutional CSMG policies discussing key components of the informed consent process, including patient transparency and confidentiality, provider-patient partnerships, ethics, and education were included. Using this information and expert opinion, a SAGES-approved statement and informed consent template were formulated.

Conclusions SAGES endorses the professional use of medical and surgical CSMG platforms for education, patient care optimization, and dissemination of clinical information. Despite the growing use of social media as an integral tool for surgical practice and education, issues of informed consent still exist and remain the responsibility of the physician contributor. Responsible, ethical, and compliant use of CSMG platforms is essential. Surgeons and patients embracing CSMG for quality improvement and optimized outcomes should be legally protected. SAGES foresees the use of this type of platform continuing to grow.

Keywords Facebook · Social media · Closed groups · Informed consent · Surgery · Education

Closed social media groups (CSMG) with regulated access are being used increasingly by doctors and surgeons to collaborate across the nation in a way that may improve patient care and outcomes. The evolution and rapid adoption of

this technology impacts all aspects of surgery, including the educational environment and decision-making processes. In the past, practicing physicians relied on local institutions to deliver continuing education and sought advice about difficult clinical situations from immediately available colleagues. Until recently, surgeons might attend a local surgical meeting or national conference, read published scientific articles, or discuss clinical vignettes with their practice partners to learn about and incorporate novel practice strategies and operative techniques. Today social media networking and CSMG provide continuing medical education resources

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✉ Brian P. Jacob
bpjacob@gmail.com

Extended author information available on the last page of the article

while simultaneously decreasing the time and cost of attending a surgical meeting or purchasing journal subscriptions. Through judicious use of CSMG platforms and technology, surgeons can connect with an international cohort of surgeons, scientists, and other colleagues in “real time” with the goal of improving patient outcomes.

The Society of Gastrointestinal and Endoscopic Surgeons (SAGES) initiated eight closed Facebook® (Facebook Inc., Menlo Park, CA) groups in 2017, covering all of the SAGES surgical disciplines including the SAGES Masters Program Foregut Group, the SAGES Masters Program Colorectal group, and The SAGES Masters Program Bariatric Group. These groups were inspired by and modeled after the success of the The International Hernia Collaboration (IHC), one of the first examples of a closed Facebook® group to utilize the CSMG platform [1]. Real-time, global input from IHC members allows for timely understanding of the current preferred practices in hernia disease, robust discussion about hernia management, and various types of hernia-related research. There are now over 6400 IHC members from 99 countries. With 9200 total unique posts to date, growing at an average rate of 180 unique posts per month, the members generate an average 16.3 comments per post, with some posts garnering over 200 comments. These posts and comments provide a continuous source of education for the engaged students, residents, surgeons, and industry colleagues. SAGES believes that such collaboration offers significantly increased value to contributors and participants. To help innovate and govern this Facebook® initiative, SAGES formed the Facebook® Group Task Force specifically to address any and all concerns surrounding these eight groups.

With the expanded use of social media into medical fields, there is some concern regarding the ability to maintain professionalism and patient confidentiality. While hospitals have general social media policies, few institutions specifically address the sharing of de-identified patient information on CSMG platforms designed to optimize outcomes. For example, information posted by IHC contributors must comply with the Health Insurance Portability and Accountability Act (HIPAA) and exclude Protected Health Information (PHI). It is the responsibility of the contributor to ensure that postings are compliant. The IHC administrators remove any posts violating these rules and the user is considered for removal from the group. Still, the medicolegal protection of both surgeon (contributor) and patient (health information) has been unclear and elusive.

The SAGES Facebook® Group Task Force aimed to establish a position on the addition of an informed consent specific to CSMG use, compile the necessary aspects of creating a CSMG informed consent document, address the value of CSMG for clinical practice and educational advancement, determine medicolegal responsibility of CSMG contributors, and create a dynamic, modifiable

informed consent template specific to the use of CSMG with language that can be optionally added to any institutional informed consent document if the surgeon is choosing to embrace a social media group with the intent of optimizing a patient outcome.

Methods

An online search of publications in the English language was conducted on April 16, 2018, using PubMed (US National Library of Medicine) indexed for Medline and the following search terms: “informed consent,” “informed consent video,” “social media,” “social networking,” “online ethics,” “surgical education,” “clinical photography,” and “surgical video.” All abstracts were reviewed then excluded if the study was conducted in a country other than the USA, written in a language other than English, published before 2013, and/or did not discuss informed consent relating to social media, photography, and/or videography. The remaining articles were read in their entirety and references were cross-checked for relevant publications. Summaries of the chosen articles were drafted by one author (JGB) and reviewed by all other authors. No additional studies were excluded after authors’ reviews. The articles mentioned key components of the informed consent process including, but not limited to, patient transparency and confidentiality, provider-patient partnerships, ethics, and education when using social media. Table 1 highlights the concepts and key points of each article. Institutional Review Board approval was not required.

In addition to the published literature, two exemplary legal counsel-approved CSMG policies and informed consent documents from Maricopa Integrated Health System, Phoenix, Arizona and Virginia Mason Medical Center, Seattle, Washington were reviewed. These exemplary policies and informed consent documents informed the creation of a broadly applicable policy and informed consent template for use when posting de-identified PHI to CSMG platforms. This investigation was exempt from Institutional Review Board approval.

After review of these exemplary policies and informed consent documents and the available literature and combined with practical experience using CSMG platforms, particularly the IHC and the eight SAGES closed Facebook® groups, the authors created policy and informed consent templates which were reviewed by members of the SAGES Facebook® Group Task Force and legal counsel, then approved by SAGES for endorsement, publication, and dissemination.

Table 1 Social media and informed consent

Author(s)	Year	Type	Summary
Colbert et al. [2]	2015	Review	Provides example of social media misuse by trainee Lists opportunities for social media to enhance clinical practice
Palacios-Gonzalez et al. [3]	2015	Review	Details the ethics of and legal issues surrounding clinical photography and social media
Steele et al. [4]	2015	Review	Describes the potential uses for social media in clinical practice Encourages forethought to limit liability and maintain compliance with IAS and ethical standards
Vohra et al. [5]	2015	Review	Provides rationale for why individuals use social networking for surgical education
Langenfeld et al. [6]	2016	Survey	Concludes that social media use by general surgery residency applicants may impact position on rank lists Shows that few program directors in general surgery are aware of social media policies
McLawhorn et al. [7]	2016	Review	Defines guidelines for properly de-identifying clinical information and obtaining informed consent prior to posting on social media
Rapp et al. [8]	2016	Survey	Concludes that trainees use online textbooks and videos to prepare for operations
Smith et al. [9]	2016	Review	Predicts social media algorithms can predict disease and healthcare utilization, study health communication, and target public health
Campbell et al. [10]	2017	Review	Details the current informed consent process Defines a Patient-Organization Framework for modernizing the informed consent process
Dorfman et al. [11]	2017	Systematic Review	Provides comprehensive literature review Determines significant ethical concerns exist about use of social media in Plastic Surgery
Hanson et al. [12]	2017	Review	Discusses assessment of risk and documentation of informed consent
Lui et al. [13]	2017	Survey	Concludes that social media engagement on one platform predicts engagement on multiple platforms among a cohort of hernia surgeons
Samuel et al. [14]	2017	Survey	Concludes that online clinical videos are increasing States that online videos should include statements of credibility and consent
Staccini et al. [15]	2017	Systematic Review	Determines formal requirements of data donation following informed consent

SAGES Facebook® group task force recommendations

- SAGES endorses the professional use of CSMG for medical and surgical education and quality improvement purposes. SAGES advocates for the additional educational and clinical value of CSMG beyond that of traditional means for information acquisition, dissemination, and peer review. Practitioners using CSMG can gain a superior education due to instantaneous, international access to topic experts, with minimal feedback and peer review of specific patient cases.

Unlike traditional means of continuing medical education and quality improvement, CSMG platforms offer surgeons a modern, immediate, and exceptional way to learn and collaborate. Since 2012 groups like the International Hernia Collaboration have increased in popularity and use by medical professionals has grown. In 2015, Steele et al. [4] stated that “social media is an essential component of surgery practice.” That same year, Vohra and Hallissey [5] proposed social networks and social media as the next innovation in surgical education. In 2018, the Resident and Associate Society of the American College of Surgeons published social media

best practices endorsed by the College [16]. Most recently, Ghanem and colleagues showed the feasibility of providing continuing medical education (CME) credit using closed Facebook® groups as the platform for providing medical education [17]. De-identified PHI is often presented in medical education conferences and reproduced online, so expanding this globally accepted practice into CSMG is logical [2]. According to Vohra et al., [5] surgeons and other healthcare professionals share clinical scenarios on social media with the goal of educating peers and the hope of receiving valuable information in return (anticipated reciprocity). Other benefits include personal recognition, a sense of community, and making a difference in the lives of patients [5]. Health information amassed through social media can also help predict and track disease, guide resource allocation, and study public health communication. Furthermore, health policymakers increasingly emphasize the potential for health information technology to lower costs of care and improve quality, safety, and efficiency. This presents a unique opportunity for health care organizations to utilize the benefits of CSMG via new quality measures, performance improvement metrics, and other value-based outcomes, leading to better patient comprehension, transparency, trust, and retention.

- SAGES supports the use of an additional informed consent policy and document, when one is optionally felt indicated by the surgeon, to promote transparency and patient autonomy when sharing of potential PHI on CSMG designed to improve surgical outcomes.

Patient confidentiality, process transparency, and informed consent are hallmarks of safe, quality surgical care. These principles should also guide surgeons' use of CSMG platforms. In addition to protecting patients, a broadly applicable policy for informed consent can protect surgeons and other care providers when posting to CSMG platforms.

Current models for informed consent highlight ethical, educational, and societal concerns, but do not mention CSMG use [4, 5, 9, 10, 12]. Campbell and colleagues [10] encourage providers and institutions to incorporate patient values and preferences in treatment decisions and to recognize and limit omissions or misunderstanding of information during the informed consent process so patients and their families feel fully informed about treatment options (risks/benefits). In turn, this open dialogue can improve patient-provider communication, enhance the patient experience, and promote patient values. The authors concluded that healthcare organizations are in a unique position to redesign the informed consent process to make it reflective of a modern patient-centered culture [10]. Hanson et al. [12] proposed a surgeon's checklist to facilitate risk discussion and informed consent (Fig. 1). It is important to recognize the necessary components of a properly obtained and documented informed consent, which must include comprehensive documentation of risks, as well findings of patient incapacity to understand. However, neither article addresses the need for discussion of social media use in the informed consent process. Moreover, too few publications address the

best practices of informed consent when posting to CSMG platforms.

The SAGES Facebook® Group Task Force agrees with the available literature that an informed consent document that includes a specific statement relating to use or online posting of clinical photography, videography, and/or audio recordings should be obtained and documented in the electronic medical record prior to posting to CSMG platforms [3, 9, 10, 12, 15]. In addition, each CSMG posting should include a brief statement that informs readers and contributors that the de-identified PHI is posted with the informed consent of the patient and/or legal appointee. The exact language of any disclaimer can be altered as desired by individual institutions.

Beyond drafting original language, or using the example provided (Online Appendix A), additional steps must be taken before any such document can be used to satisfy informed consent. Generally, an informed consent document should be written in the second person using lay language at a level understandable to people with elementary reading skills [18]. An informed consent document should be translated into multiple (or geographically pertinent) languages as well. Once drafted, the documents likely require review by legal counsel, subsequent modification, and ultimately submission for formal approval by institutional leadership and/or Institutional Review Board. Thereafter, the informed consent documents must be disseminated to key personnel and areas throughout the health system for in-service training and storage, respectively. Prudence suggests a review of the informed consent policy and documents after a pre-determined period to ensure patient understanding and user compliance.

- Contributors choosing to post to medical and surgical CSMG platforms own the responsibility and prerogative to decide if an additional informed consent is needed for the posting to CSMG. Not all posts require patient informed consent. It is the duty of the physician or practitioner to determine if the posted information requires informed consent. Those doing research need separate IRB consents.

Surgeons and other healthcare providers are well versed in the concepts of compliance, confidentiality, and informed consent. Though CSMG platforms provide a facile medium to discuss patient care, surgeons and other contributors have a duty to remain diligent, compliant, and transparent when posting de-identified PHI. Surgeons and contributors are responsible for informing patients about the way their de-identified PHI may be used and the potential exposure of their data to a broad group of practitioners and collaborators subject to different security standards and policies than that of a hospital or health care system.

Informed Consent Checklist

- Date
- Document parties involved
- Assess material risks
- Assess patient-specific risks
- Document patient-specific circumstances
- Document risk of not undergoing procedure
- Document consent given or refused (and how)
- Document patient incapacity (when pertinent)
 - Identify substitute decision-maker

Fig. 1 An informed consent checklist includes criteria necessary for assessment and documentation of risk during the informed consent process

Ideally healthcare providers can benefit from clinical collaboration on social media without compromising risk to themselves or their patients. In a review on the use of YouTube® videos for education in Neurosurgery, Samuel et al. [14] argue that hospitals and academic institutions have an obligation to ensure patient privacy and provide informed consent and release for all videos recorded at their facilities and shared online. Patients are frequently willing to share digital health information. Patients are frequently willing to share digital health information. Factors that affect this willingness include type and timing of data sharing, control over data sharing, and perception of some inherent benefit by sharing [9]. Despite patients' willful sharing of health information, it is imperative to ensure transparency of data sharing during the informed consent process.

- Practitioners using CSMG, specifically with the intent of optimizing patient care and clinical outcomes, should be protected from discoverability and other medicolegal standpoints, much like they are also protected using other quality assurance programs (morbidity and mortality conference for example). This provides that the practitioner is compliant with the rules and policies of CSMG platforms, institutions, and state and federal PHI confidentiality laws.

Posting to CSMG platforms means discoverability as comments and materials are directly and permanently linked to the responsible individual and/or institution. Virtual discussions transpire outside the purview of hospital security systems and established hospital decorum. Surgeons and contributors have a duty to familiarize themselves with policies, safety mechanisms, and medicolegal implications of CSMG platforms to which they post. Discoverability represents an additional rationale for including social media-specific language within informed consent documents, specifically about CSMG platforms [10].

CSMG help ensure compliance with HIPAA rules by developing clear policies and ensuring all vetted group members, administrators, and/or employees document some training in acceptable social media use, communicating potential penalties for violations, monitoring and removing posts and/or group members for violations, and reviewing and updating policies regularly.

In addition to compliance policies, CSMG platforms can create specific rules for use, as exemplified by the description and group rules of the IHC. Within the group description, the IHC states that all members must be vetted, posts must be professional and comply with HIPAA regulations, and any/all individuals must refrain from interpreting posts as standard of care or final medical advice. The group rules of the IHC are as follows: (1) never judge a surgeon for a post or comment, (2) screenshots and copying are prohibited

(never reproduce any material for any reason without written prior approval from the surgeon and from an IHC board member), (3) be kind and courteous, (4) no hate speech or bullying, and (5) no promotions or spam. These and other CSMG policies and rules governing acceptable use can help guide contributors and protect PHI.

- SAGES recommends the use of a public disclaimer on all medical and surgical CSMG. An example is found in Fig. 2.
- SAGES encourages the adoption of the included policy statement and informed consent template (Online Appendices A and B) as a part of the standard informed consent process and documentation when appropriate.

Policies and informed consent forms revolving around the use of CSMG platforms from Maricopa Integrated Health System in Phoenix, Arizona and Virginia Mason Medical Center in Seattle, Washington were reviewed. The following details the more stringent policy created by Virginia Mason Medical Center. The policy defines social media platforms broadly, including social networking services (Facebook®), video-sharing services (YouTube®), CSMG platforms, and means to cover all existing and future social networking media. Requisites of the policy include a definition of identifiable and de-identified PHI as well as definitions of collaboration, education, and performance improvement (both internal and external to the institution). The hospital legal counsel approved specific use of social media for clinical education and performance improvement. Photography, videography, and/or audio recordings are permitted when documenting patient diagnoses, care, or treatment (or abuse or neglect), creating internal or external educational or performance improvement presentations, making external promotional materials, and conducting research. However, only hospital-owned, practice-owned, or other approved recording equipment may be used (i.e., no mobile phones, personal cameras, or other individually owned devices).

At Virginia Mason Medical Center, when a patient signs an informed consent document to undergo a procedure, they are consenting to the recording of identifiable PHI for traditional means of clinical diagnosis, care, and/or treatment only. When a patient agrees to the recording of de-identified PHI for clinical collaboration, education, or quality improvement using HIPAA-compliant social media platforms, the patient must sign an additional informed consent form separate from the informed consent for procedure. In the event, a patient is unable to grant informed consent a priori, recordings cannot be used until a signed authorization is completed by the patient or legal representative. The policy requires that authors may only post images/recordings to HIPAA-compliant CSMG, those images/recordings (and all PHI) must be de-identified, and that the authors state that

Fig. 2 Example of a public disclaimer for a CSMG platform (modified with permission from Dr. Brian Jacob and the IHC)

This is an international platform for surgeons and other practicing physicians interested in optimizing outcomes in Acute Care Surgery to share and collaborate. Using this forum, we can more effectively and transparently obtain immediate global feedback, with the potential to improve patient outcomes and the quality of care we provide. Visit SAGES.org/membership to join SAGES.

DISCLAIMER: This is a private group; those wishing to join are vetted. Posts which are inappropriate or unrelated, violate USA HIPAA compliance rules, or are felt to self-promote or advertise a person or entity without prior consent from the group admin will be deleted without warning. Do not post any protected health information (PHI) at any time. Members who post/comment inappropriate content or language may be deleted from the group without warning. Posts/comments that infer a personal attack will be deleted and the member deleted without warning. Posts/comments must be own content, or written permission should be obtained from the original owner prior to posting. Liability to do this is solely the poster's or commenter's responsibility, and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) is indemnified from all liability as such. Posts are part of a social forum, and comments are individual opinions and not the opinions of SAGES. Posts do not constitute the appropriate standard of care nor are to be interpreted as final medical advice. Patients should always consult their own doctor, not these posts, for all specific medical questions and decisions. SAGES supports the use of this platform to enhance outcomes, but these posts are provided for informational purposes only and should not be used or considered for use in any other manner. Content posted is not a substitute for your own or patient's own physician's medical judgment, which should be used in evaluating the content of any individual posts. Medicine is a rapidly changing field and the content of any particular post may not reflect all recent developments or research. SAGES makes no representations or warranty regarding the accuracy, completeness, applicability or currency of any such content. There is no substitute for individual patient assessment and sound clinical judgment in considering objective data and other relevant data unique to the patient. You should determine if consultation with a specialist is required, and are solely responsible for your own professional judgments and for the care delivered to your patients. Reliance on any content that you obtain from the posts is strictly at your own risk. Users of the content obtained from the posts assume full responsibility for the use of the content and agree that SAGES is not responsible or liable for any claim, loss, or damage arising from the use of the content. You own the content you post entirely. However, posting or commenting here means you grant permission to SAGES to reproduce the content.

they are an employees of the hospital/practice complete with disclaimer.

Based on practical experience using CSMG platforms, particularly the IHC for collaboration and education, as well as key concepts from each of two exemplary hospital policies and informed consent documents, the SAGES Facebook® Group Task Force drafted a broadly applicable policy and informed consent template. SAGES approved the policy and informed consent template found in the appendices.

Summary

SAGES not only endorses the use of medical and surgical CSMG platforms for education, patient care optimization, and dissemination of clinical information, but it also supports its use as a platform for novel types of publications in the future. CSMG platforms can offer a transformative, dynamic tool for surgeons and allied health care providers to collaborate and educate. CSMG policies and informed consent processes are paramount to facilitate widespread adoption of these novel platforms when discussing clinical cases. Our recommendations are listed within.

While some publications address the growing use of social media in healthcare marketing and delivery, few detail the responsible use of CSMG platforms for surgeon collaboration and education. The small number of publications prevents a meaningful systematic review, which represents a limitation. Nevertheless, the SAGES Facebook® Group Task Force was also able to utilize previous experience with the eight SAGES Facebook® groups, as well as exemplary CSMG informed

consent policies and documents from other institutions, to develop consensus regarding the importance and appropriate use of CSMG.

SAGES endorses the safe use of medical and surgical CSMG platforms designed to help improve outcomes for the purposes of continuing medical education and performance improvement. The surgeon should make the determination regarding the need to seek patient permission when posting clinical case information. Our optional consent template was designed to facilitate the discussion of sharing of clinical vignettes, photography, and/or videography via CSMG platforms for the purpose of education, collaboration with other field experts, and quality and outcomes improvement.

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Compliance with ethical standards

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Affiliations

James G. Bittner IV¹ · Heather J. Logghe² · Erica D. Kane³ · Ross F. Goldberg⁴ · Adnan Alseidi⁵ · Rajesh Aggarwal^{2,6} · Brian P. Jacob⁷

¹ Department of Surgery, St. Francis Hospital and Medical Center, Hartford, CT, USA

² Department of Surgery, Sidney Kimmel Medical College, Thomas Jefferson University Hospitals, Philadelphia, PA, USA

³ Department of Anesthesia, Perioperative, and Pain Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA

⁴ Department of Surgery, Maricopa Integrated Health System, Phoenix, AZ, USA

⁵ Department of Surgery, Virginia Mason Medical Center, Seattle, WA, USA

⁶ Jefferson Strategic Ventures, Jefferson Health, Philadelphia, PA, USA

⁷ Laparoscopic Surgical Center of New York, Icahn School of Medicine at Mount Sinai, New York, NY, USA