American Academy of Ophthalmology physician volunteers assisted by Academy staff create an enormous volume of new educational content every year, much of it influenced by emerging clinical research presented in the family of Ophthalmology journals. A virtual stroll through the Academy website reveals just how dense this content has become: in addition to EyeNet, Ophthalmology, and another 17 peer-reviewed journals, the Academy’s education site includes an extensive range of CME-granting courses with self-assessment tools, clinical case descriptions, tailored learning plans, tools such as simulators and risk calculators, disease reviews, and clinical webinars. It offers 1-minute videos, and longer instructional videos, basic skill and master class videos, interviews with experts, and resident lectures. Other sections of the website include the Preferred Practice Patterns, the Ophthalmic Technology Assessments, Compendium Guidelines, and an array of clinical statements. And there is yet more; it can be simply overwhelming.

Important as it is to generate and maintain a comprehensive, reliable, and authoritative repository of up-to-date clinical material, we also realize that we have a responsibility to help all ophthalmologists stay abreast of emerging information and current events relevant to our profession—and that merely posting this new content on a crowded website is probably not the most effective approach. We also recognize the reality of email fatigue, and the daily tedium of sifting through a spam-infested inbox. Thus, we have resolved to embrace the inescapable: social media. These channels offer the opportunity to present carefully curated material in a readily digestible format and offer timely updates directed to audiences who can select at their leisure their topics of greatest interest.

Given the breadth of the subject matter that will be of interest to as diverse a community as ours, we want to take care to avoid creating a plethora of confusing channels all at once. In a survey of our content, the Academy’s journal material presents itself as an ideal area in which to launch an Instagram channel for useful, timely, content-rich updates. This has prompted us to take the initial step of expanding our nascent journal social media activity to add an Ophthalmology family-of-journals Instagram account that will feature breaking material published in Ophthalmology, Ophthalmology Glaucoma, Ophthalmology Science, and Ophthalmology Retina.

Beginning this month, the Academy’s new journal Instagram page @aaojournal features current issue alerts, podcasts, and a highlight reel for each journal’s new issue. The primary goal is to create an easily accessible channel that showcases recently released articles with immediate clinical relevance, and facilitates a forum for an exchange of impressions, interpretation, and ideas.

Another area that is characterized by a steady stream of actionable news is government affairs, advocacy, and public policy. Launched in March on X (formerly Twitter), @eyeadvocacy serves as a forum to educate policy makers on the Academy’s advocacy efforts and priorities, while facilitating real-time cooperative action by the ophthalmology community. X is the space where our members and those policymakers and legislators who influence how we care for our patients currently exist together. Utilizing this medium, the Academy’s Division of Government Affairs will foster that connection so that breaking news and our activities in these areas can be coordinated year-round. As our Government Affairs team continues to build out the account, we encourage all Academy members to follow their updates, and make their voices heard as early and often as possible.

These new platforms will help keep Academy members current in two particular areas that are marked by rapidly evolving and actionable information. We recognize the opportunity that remains for many other important interests in our profession to be addressed, and we welcome your input and your engagement as we continue to develop these resources for all.