Opting in to Online Professionalism: Social Media and Pediatrics

INTRODUCTORY COMMENTARY

The Council on Medical Student Education in Pediatrics (COMSEP) is committed to excellence in medical student education in pediatrics. This article continues our series on skills of, and strategies used by, great clinical teachers. Kind et al argue that the digital world provides a great opportunity for clinical educators to promote and enhance student education and model professionalism. They provide resources and tips to get started using this domain.

—Susan Bannister, MD
Editor-in-Chief, COMSEP Monthly Feature

Social media can be described as a digital space for creating and sharing information with others, disseminating it widely and rapidly. It can extend real-life learning and relationships into a shared space to foster online connections and learning. Physicians and physicians-in-training are entering this digital environment with little guidance on best practices. Professionalism lapses online can have consequences not only for individuals but also for public trust in the medical profession. And yet, when used well, social media enriches the personal and professional lives of clinicians and learners. We’ll consider the risky (red) zone, the safe but go slow (yellow) zone, and the opt in to opportunity (green) zone to explain the challenges students may face and to outline how to teach and model professionalism in the use of social media.

WHERE AND HOW ARE PEOPLE CONNECTING ON SOCIAL MEDIA?

Several studies describe social media use by medical students, physicians, and medical educators. In 2012, 67% of online adults reported using Facebook, 20% LinkedIn, 16% Twitter, 15% Pinterest, 13% Instagram, and 6% Tumblr. These and other platforms allow users to connect through words, photos, audio, or videos in various ways: privately or publicly, synchronously or asynchronously, and uni- or multidirectionally. There are also less public avenues, such as secure or physician-only networks where credentials are verified, such as Doximity, QuantiaMD, Sermo, and forMD. The decision to use an invitation-only, secure forum or a more publicly available domain depends on one’s goals.

THE GUIDELINES: MAINTAINING ONLINE PROFESSIONALISM

Organizations, including the American Medical Association (AMA), the Canadian Medical Association, the Federation of State Medical Boards, and some medical schools, have guidelines regarding professionalism in the use of social media, emphasizing pitfalls and benefits of engagement. Modeling and teaching this dimension of professionalism, online, digital, or e-professionalism, is increasingly important. The AMA recommends that physicians with a social media presence maintain patient privacy, routinely monitor their presence, maintain appropriate boundaries just as they would in other contexts,
consider separating personal from professional, and recognize the impact their actions and those of their colleagues can have on public trust.

Although social media use with patients is beyond the scope of this brief piece, we note that the American Academy of Pediatrics has recognized the impact of social media on pediatric patients and families, and an extensive review of the ethical implications of social media and clinical care was recently published. Many pediatric patients and medical students have grown up with technology and are comfortable in the social medial realm. Clinical educators benefit from understanding the online challenges and opportunities presented by social media and, by modeling professional behaviors, they can assist their students in exchanging ideas and learning to use social media safely and professionally.

ONLINE AND OFFLINE

Just as one’s online identity can be appraised in the context of one’s offline identity, online professionalism may be seen in the context of traditional tenets of professionalism in pediatrics. Clinical teachers must recognize what platform they are on, how public it is, and who is welcome; they also need to know when to listen, when to contribute, what relationships to forge, and when to point out how others might behave more professionally.

RED ZONE: RISKS

Breaching patient privacy on social media (and offline) is unacceptable. Because digital content is highly accessible, easily disseminated, and often indelible, professionalism lapses online can loom large. Users must be aware of and heed their employer’s, hospital’s, or school’s policies. Opting for anonymity is risky because one may not truly be anonymous. Moreover, physicians posting with or without their names still risk diminishing public trust in the profession, particularly if they are perceived as unprofessional (eg, if depicted as intoxicated, using profanity, and/or making disparaging remarks about patients).

YELLOW ZONE: CAN BE SAFE IF YOU GO SLOW

Clinical educators should develop their own rationale for online interactions with learners, colleagues, and/or patients and be aware of the public nature of these interactions. Tips include the following: having separate accounts or using different platforms for the personal and the professional, thinking before you post, using humor cautiously, and recognizing and managing your digital footprint.

GREEN ZONE: BENEFITS AND OPPORTUNITIES TO ADD VALUE

Positive uses include disseminating accurate information, countering posted inaccuracies, modeling professionalism (including explicitly protecting patient privacy), and engaging learners and the public outside traditional classrooms or offices (Table 1). Share research, network, and find out what else is going on in pediatrics. Tweeting at a meeting is a way to reflect-in-action, share questions publicly, and find others with similar interests. Online, you can mentor and be mentored. Consider joining an online community (chat) or using social media to augment traditional teaching such as with flipped classroom techniques.

PROMOTING PROFESSIONALISM AMONG STUDENTS

By being responsible and professional in one’s own social media use, or by recognizing challenges and opportunities,
clinical teachers can serve as mentors for students. Invite discourse when opportunities arise (eg, when you see questionable posts by physicians or physicians-in-training or controversial news reports involving social media), and engage in discussions with students using real or hypothetical cases, rather than blocking their social media access altogether. If you come across unprofessional content by your students, you should bring it to their attention, ask for their analysis of the professional implications, encourage reflection, and help them recognize potential consequences of their actions. Residents may be involved as near-peer mentors for students regarding responsible social media use because they may be closer in age and attitude.17

GOALS DRIVE SOCIAL MEDIA USE
If as a clinical educator your goal is to develop a resource guide for students, a wiki where multiple contributors can update entries would work well. If you want to foster reflective practice among students, secure invitation-only blogs, where learners post and comment on one another’s reflections are good choices. If you want to counter inaccuracies, you could have students find misinformation about a topic (eg, vaccination) and create a “myth-busting” blog post or YouTube video. If your goal is to chat openly across medical specialties throughout the country (and world), a live/synchronous chat on Twitter may be the answer. Or, individual physicians may look to secure “verified” physician-only networks as the best option to discuss pediatric care–related questions with other physicians.

SELECTED RESOURCES
• Pew Internet and American Life Project (www.pewinternet.org):

descriptive statistics on how people use social media, including for health.
• Medical education (www.twitter.com/MedEdChat) and other health care–related tweet chats (www.symplr.com/healthcare-hashtags/tweet-chats): Tweet chats are open, synchronous, virtual conversations on Twitter, prearranged to occur at recurring time periods. Predefined hashtags index the content (eg, #meded for medical education–related discussions).
• Social media outlets from the American Association of Medical Colleges (https://www.aamc.org/about/follow): explore how the American Association of Medical Colleges uses social media for discussion among applicants, students, residents, physician–educators, and advisors.
• The AMA on professionalism in the use of social media (http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9124.page): physicians should be aware of these ethical considerations when maintaining an online presence.

CONCLUSIONS
Increasingly, students will have grown up interacting through social media well before they become professional adults. It is the clinical educator’s responsibility to help them apply principles of professionalism that exist offline to the online arena. One way to better understand and help is to opt in to responsible social media use, being cognizant of pitfalls as well as opportunities to connect, learn, teach, and model professionalism. Another way is to engage in explicit discussion with students, sharing examples of responsible social media use and critiquing examples of irresponsible social media use. If you feel stuck at the red light, skeptical about commingling social media and your career, first explore and observe. Soon you will want to move with the traffic, get into the green zone and opt in online, modeling professionalism and making productive use of social media.

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