Attitudes and practices of medical students in relation to digital professionalism

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Introduction
The General Medical Council (GMC) requires1, and society expects, doctors to act professionally. Medical students are also expected to behave in a professional manner2. Consequently, development of professionalism is a vital part of the undergraduate medical curriculum.

Social media and Web 2.0 tools are increasingly popular and this has blurred the boundaries between the personal and professional lives of healthcare practitioners and students, with serious implications for professionalism online3-6.

Aim
To investigate the ways medical students think, feel and behave with regard to social networking and communication.

Methods
• Students from the second year of the Medical degree at Lancaster Medical School, who have routine contact with patients, were invited to participate in focus group discussions.
• The focus group was audio recorded and transcribed verbatim.
• Initial analysis of a single focus group used an iterative coding procedure7.

Results
• Students view professionalism in digital and offline environments as broadly similar.
• They appreciate unique affordances of social networking sites.
• The experience of becoming a medical student had drawn participants’ attention to at least some of the issues involved.
• They considered some degree of leniency was extended to them as students.
• Students are highly aware of their responsibilities towards patients, including confidentiality, privacy and the need to present a professional image although they did seem uncertain as to how saccharine a professional personality needed to become.
• Students felt that if they were confronted by somebody else acting unprofessionally on a social network, that they would be unlikely to confront or report this to senior colleagues.

References
2. General Medical Council. Medical Students: professional values and fitness to practice. London: General Medical Council; 2009

Discussion
Students displayed a lack of appreciation of the implications of using social media in the future. They don’t see themselves as using social media when they become a practicing doctor, nor indeed being friends with other health professionals.
• They showed a reluctance to challenge or whistleblow inappropriate online behaviour. Although this was dependent on both the perceived severity of the comment/image and the relationship with the poster. Seniority was perceived as a significant barrier.
• Second year students have some understanding of digital professionalism, however it is unclear how this has emerged. Input during the course was not remembered by everyone.

Conclusion
Students are aiming to become highly professional, however their understanding of this pathway seems partially confused. It includes a saccharine idealised future identity combined with a reluctance to face up to the challenges which could arise such as challenging others’ inappropriate behaviour using social media.

These initial results contribute to the understanding of the development of a professional online identity in medical students. Many questions remain to explore, especially around the boundaries between the personal and professional spheres.

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