Attitudes and practices of medical students in relation to digital professionalism

Fiona Curtis & Julia Gillen#

*Lancaster Medical School, Lancaster University
Department of Linguistics and English Language, Lancaster University

Introduction

The General Medical Council (GMC) requires[1], and society expects, doctors to act professionally. Medical students are also expected to behave in a professional manner[2]. 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 online[3-6].

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 procedure[7].

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.

"I might have originally like before put something up I don't know about being drunk on a night out or something but now I wouldn't…"

"…so what you can never go out and have a drink and expect not to see (anyone)?"

"…but everyone knows you shouldn't say something about a patient or whatever on Facebook…"

[on challenging inappropriate online behaviour]
"…you probably wouldn't say anything to the person but say if it was like they're actually mentioning like a patient in hospital kind of a thing you might be a bit like - that's a bit dodgy don't do that"

"or if the picture they had was really bad hhh kind of a thing then you might sort of say that's not what you should have"

"…I don't think I feel like I have the authority…"

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.

References

1. General Medical Council. *Good Medical Practice*. London: General Medical Council; 2009
2. General Medical Council. Medical Students: professional values and fitness to practice. London: General Medical Council; 2009
3. Shore R, Halsey J, Shah K, Crigger B-J, Douglas S. Report of the AMA Council on Ethical and Judicial Affaris: Professionalism in the Use of Social Media. The Journal of Clinical Ethics. 2011;22(2): 165-72.
4. Thompson LA, Dawson K, Ferdig R, Black EW, Boyer J, Coutts J, et al. The intersection of online social networking with medical professionalism. J Gen Intern Med. 2008;23(7): 954-7.
5. MacDonald J, Sohn S, Ellis P. Privacy, professionalism and Facebook: a dilemma for young doctors. Med Educ. 2010;44(8): 805-13.
6. Ellaway R. Digital professionalism. Med Teach. 2010;32: 705-7.
7. Miles M, Huberman AM, Saldana J. (eds.) Qualitative Data Analysis: A methods sourcebook. 3rd Edn. Thousand Oaks, CA: SAGE Publications; 2013.

LANCASTER UNIVERSITY