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## **e-Professionalism: A New Frontier in Medical Education**

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**Background:** This article, prepared by the Association of Professors of Gynecology and Obstetrics Undergraduate Medical Education Committee, discusses the evolving challenges facing medical educators posed by social media and a new form of professionalism that has been termed e-professionalism. **Summary:** E-professionalism is defined as the attitudes and behaviors that reflect traditional professionalism paradigms but are manifested through digital media. One of the major functions of medical education is professional identity formation; e-professionalism is an essential and increasingly important element of professional identity formation, because the consequences of violations of e-professionalism have escalated from academic sanctions to revocation of licensure. **Conclusion:** E-professionalism should be included in the definition, teaching, and evaluation of medical professionalism. Curricula should include a positive approach for the proper professional use of social media for learners.

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## INTRODUCTION

While medical educators were defining, evaluating, and teaching medical professionalism, social media proliferated during a digital explosion. Social media, such as social networking, media sharing, blogging, and tweeting, impacted medical professionalism, ethics, and privacy. Consequently, a new form of professionalism, “e-professionalism,” has emerged.<sup>1</sup> Cain and Romanelli<sup>2</sup> defined e-professionalism as the attitudes and behaviors reflecting traditional professionalism paradigms but manifested through digital media.

E-professionalism encompasses yet extends far beyond appropriate e-mail or online communication etiquette commonly referred to as “netiquette.”<sup>2</sup> It includes an online persona and online information in any format that displays cues to professional identity, attitudes, and behaviors.<sup>2</sup> Spector et al.<sup>3</sup> made a clarion call for medical educators to inform students, residents, and faculty about e-professionalism. They recommend raising awareness, developing policies, creating and evaluating case-based curricula, identifying and tracking behaviors, developing remediation strategies, establishing best practices, and staying current with cutting-edge technologies.

A century after the Flexner report, the Carnegie Foundation for the Advancement of Teaching released its report on *Educating Physicians: A Call for Reform of Medical School and Residency*.<sup>4</sup> This report asserted that professional identity formation and development of professional values, actions, and aspirations should be a major focus of medical education. Accordingly, e-professionalism should be incorporated in medical education. It should be included in not only professional identity formation (online persona) but also the development of professional values, actions, and aspirations (online behavior).

In this article, we further characterize e-professionalism and review data on use of social media as it relates to medical professionalism. We discuss appropriate use of social media as well as consequences of inappropriate use. We review medical and nonmedical existing policies on social media utilization and

conclude with a discussion of how this information can be used to help our learners.

## “PROFESSIONALISM IS PROFESSIONALISM”

Even though various authors and organizations have focused on different aspects of medical professionalism, there are some common themes in these different perspectives on medical professionalism. Swick et al.<sup>5</sup> characterized medical professionalism as the ability to subordinate one’s self-interest to that of the patient, the adherence to high ethical and moral standards, an appropriate response to societal needs, and the practice of humanism including empathy, integrity, altruism, and trustworthiness. The Accreditation Council on Graduate Medical Education expects residents to demonstrate integrity and compassion; to subordinate their needs to the needs of patients; to respect patient diversity, privacy, and autonomy; and to be accountable to patients, society, and the medical profession.<sup>6</sup> *Professionalism in the New Millennium: A Physician Charter*<sup>7</sup> delineates important responsibilities of physicians, including respecting boundaries of the physician–patient relationship.<sup>7</sup> All of these aspects of medical professionalism are impacted by use of social media.<sup>8,9</sup> Therefore, e-professionalism should be incorporated in the contemporary definition, teaching, and evaluation of medical professionalism.

## SOCIAL MEDIA AND GENERATIONAL DIFFERENCES

There are generational differences in use, perception, and acceptance of social media and of digital information sharing.<sup>1,2</sup> Current learners have grown up with liberal information sharing.<sup>10</sup> Consequently, they tend to apply the same attitudes and behaviors to all opportunities to share digital information. In addition, it may be difficult for these learners to determine boundaries between their personal and professional lives.<sup>2</sup> Moreover, younger generations of learners who have been utilizing social media for personal purposes prior to establishing a professional life may not see social media as related to their professional identity. This lack of recognition of the role of social media in one’s professional identity is reflected in the violations of online professionalism reported in a survey of executive directors of state medical and osteopathic boards.<sup>11</sup>

As a result of the blurring of boundaries between their personal and professional lives,<sup>12</sup> the attitudes and behaviors of current learners may not be consistent with professionalism policies of accrediting and specialty organizations. The Liaison Committee on Medical Education standard MS-31-A states, “A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).”<sup>13</sup> The American Board of Pediatrics, in conjunction with the Association of Pediatric Program Directors, developed a guidebook for teaching and assessing professionalism in pediatric residencies. Despite these strides, Spector et al.<sup>3</sup> concluded that although much has been written

and discussed about professionalism, e-professionalism has not been addressed because lapses in professionalism in the electronic realm are just beginning to be appreciated.

Most of the current learners in medical education are facile users of social media. Thompson et al.<sup>14</sup> reported that nearly 45% of its medical students and residents had a Facebook account. More medical students than residents had a Facebook account (64.3% vs. 12.8%,  $p < .0001$ ). For both medical students and residents, there was a gradient of Facebook use, with use declining as graduation approached. The majority of learners in both groups, 62.1% of students and 67.5% of residents, kept their Facebook accounts “public” and widely accessible, because they did not change the default privacy settings. Examination of the content revealed that 70% had photographs depicting alcohol consumption (10–50% implying excess drinking), and three profiles contained unprofessional content including excessive drinking, overt sexuality, foul language, and patient privacy violations that occurred outside of the United States. When the Thompson et al. article<sup>14</sup> was published, there were an estimated 100 million Facebook users.<sup>15</sup> In the interim, the number of Facebook users grew to approximately 845 million, with 46 million users checking their profiles daily and 82% of 18- to 19-year-olds using some type of social networking.<sup>16,17</sup> Given the proliferation of social media, the Thompson et al.<sup>14</sup> data underestimate the scope and magnitude of current social media use by learners in medical education.

In a national survey of accredited U.S. allopathic medical schools,<sup>18</sup> 60% reported having incidents of students posting unprofessional content online, with some violating patient confidentiality. A number of these incidents lead to dismissal. These authors<sup>18</sup> postulated that medical students may not be aware that online postings may be unprofessional or may jeopardize careers. Fortunately, they were able to demonstrate that implementation of privacy settings for Facebook decreased publically accessible accounts by 80%.

Concerns associated with publically accessible social networking include online friendships with patients. A 2010 national, random, stratified survey<sup>19</sup> found that 1.2% of medical students, 7.8% of residents, and 34.5% of practicing physicians received friend requests from a patient or a patient’s family member. It is important to note, however, that this study had only a 16% response rate. Guseh et al.<sup>20</sup> reported that these “friendships” may lead to interactions extraneous to the patient–doctor relationship, may not prioritize the therapeutic interests of the patient, and may lead to potentially problematic physician self-disclosure. Guseh et al.<sup>20</sup> warned that interacting with patients on social networking sites can create potential clinical and ethical dilemmas.

Somewhat reassuring is a recent survey of French residents and fellows.<sup>21</sup> Seventy-three percent of those surveyed had a Facebook profile, but only 3% reported having accepted a friend request from a patient. When queried about the hypothetical receipt of a friend request from a patient, none of the French

residents and fellows reported they would automatically accept a friend request from a patient, 85% reported they would automatically decline such a request, and 15% reported they would make decisions on an individual basis.<sup>21</sup> “Friending,” which in Facebook parlance is accepting a friend request that initiates a two-way sharing of private profile information,<sup>10</sup> can extend beyond patient relationships. It may involve residents and attending physicians or students and faculty. In a 2010 survey of internal medicine clerkship directors, Chretien et al.<sup>22</sup> ascertained that 53% reported receiving a friend request from a current student and 63% from a current resident. Among these clerkship directors, 19% accepted the student request, whereas 48% accepted the resident request. Such “friending” may be viewed as questionably ethical. Natural personal barriers exist between learners and teachers at all levels, and these barriers may break down with extensive “friending.”<sup>22</sup>

### SEQUELAE OF SOCIAL MEDIA POSTINGS

Cain maintained that in health care, organizational concerns about social media postings fall into three classifications: reputation, privacy, and productivity.<sup>23</sup> An organization’s reputation depends on the attitudes, behavior, and work ethic of its individual members, who may include learners in medical education. Patients and others may make judgments about an organization’s quality based on conventional and digital interactions. Cain<sup>23</sup> cautioned that communication that may be innocuous in traditionally private settings can be judged differently when made available to the online public. Discourse in social media is accessible to a much wider and often unknown audience and can linger in perpetuity. Privacy concerns arise because social media do not meet the technical criteria for secure communication of patient information. In health care settings, social media distractions can result in not only lost productivity but also medical errors.<sup>23</sup>

Posting digital media identifying a particular institution may be interpreted as an endorsement by that institution,<sup>24</sup> and thus affect that institution’s reputation. Cell phones equipped with cameras have made it easy to obtain digital photographs or videos from the operating room or labor suite. The unauthorized posting of those images online violates patients’ privacy under the Health Insurance Portability and Accountability Act (HIPAA).<sup>24</sup> Likewise, tweeting or even texting unauthorized disclosure of protected health information constitutes a HIPAA violation.<sup>4</sup>

Sharing information via social media also can result in violations of medical professionalism. These violations of professionalism involve lapses in integrity or honesty, morality and ethics, self-regulation, responsibility to society, and responsibility to the profession.<sup>25</sup> The consequences of these violations of e-professionalism have escalated from academic sanctions to revocation of licensure.<sup>11</sup> Guseh and colleagues<sup>20</sup> recommended that a physician should never initiate an invitation to become an online friend with a patient. Guidelines for physicians who

TABLE 1  
Guidelines for using social networking sites

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- Avoid entering into dual relationships by not automatically accepting an invitation to become an online friend with a patient.
  - Respect patient privacy by carefully managing any information obtained on social networking sites or from other online sources.
  - Exercise restraint when disclosing personal information on social networking sites or any other Internet site.
  - Read and understand the site's privacy settings in order to maintain control over who can access one's online profile.
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*Note.* Adapted with permission from Guseh II et al.<sup>20</sup>

receive invitations to become online friends with patients and who may consider participating in a social network are presented in Table 1.

### POLICIES ON SOCIAL NETWORKING

Healthcare institutions have formulated and implemented policies on social media, but what guides the use of social media in U.S. medical schools? Kind et al.<sup>26</sup> accessed the publically available websites of all 132 accredited allopathic medical schools for existing social media policies. Of the 128 schools who had policies publically available online, only 13 (10.16%) had guidelines and/or policies explicitly mentioning social media. Five (38.46%) defined unacceptable or strongly discouraged online behaviors, whereas seven (53.85%) encouraged thoughtful and responsible use of social media.

Several industries actively participate in online social networking and have policies on the use of social media. Many companies publish "personal" guidelines for their employees as well as guidelines for the public's use of their social media sites. Some publish "institutional" guidelines or best practices for creating online social networking accounts representing the company in the Social Media Governance<sup>27</sup> catalog. We summarize several selected institutional policies. This list is not intended to be comprehensive or representative. The examples were chosen to highlight differences in specificity and acceptance of social media in the workplace.

At Ohio State University Medical Center, the Social Media Participation Guidelines<sup>28</sup> state that employees should not engage in use during work hours, the work e-mail address should not be provided for social media credentials, and posted opinions or comments should not be attributed in any way to Ohio State University Medical Center. At the Mayo Clinic,<sup>29</sup> similar policies are in place. Employees are allowed the use of online social networks as long as it does not "interfere" with work. All participation is subject to the same rules and policies pertaining to patient and employee interactions offline. Specifically, patient information, legal information, and copyrighted materials cannot be posted. Posting chain letters, advertisements, and solicitations on networking pages is prohibited, and the institution reserves the right to edit, reproduce, or delete any posts. The University of Maryland<sup>30</sup> described the repercussions for policy violators such as exclusion from future access to or posting on the institutional networking sites.

The policies of Kaiser Permanente<sup>31</sup> and Sutter Health<sup>32</sup> are phrased in terms of best practices and guidelines. Kaiser includes policies and procedures for social media use at work and home, if associated in any way with Kaiser. This approach implies that it is acceptable to use social media at work. A list of best practices for blogging is included. Sutter Health's policies acknowledge online networking as a tool changing the culture of our workforce. Their policy includes "rules of engagement," general suggestions, rules for personal use of e-mail, and other Internet tools; their policy states that the use should not be "excessive," or privileges may be revoked.

Vanderbilt University has an extensive Social Media Handbook.<sup>33</sup> It covers topics such as unlawful use, specifically outlining rules related to online harassment and copyright infringement. It describes institutional rules and appropriate student conduct. It also includes a how-to guide for departments and individuals for establishing online networking pages.

### DISCUSSION AND CONCLUSIONS

The post-Flexerian role of medical education entails professional identity formation and development of professional values, actions, and aspirations.<sup>4</sup> Because e-professionalism includes an online persona,<sup>2</sup> e-professionalism is an essential and increasingly important element of professional identity formation in medical education. Similarly, e-professionalism encompasses behaviors involving social media and, therefore, should be included in the development of professional values, actions, and aspirations in medical education. The prominence and frequency of use of social media in the lives of current learners illustrate the need for e-professionalism to be included in the definition, teaching, and evaluation of contemporary medical professionalism.

Curricula should include a proactive approach for the proper use of social media for learners.<sup>34</sup> We suggest integrating multiple strategies into medical education. Explicit curricula should be developed that provide learners with examples of acceptable and unacceptable online professional behaviors. These examples should be supplemented with structured opportunities for learners to scrutinize the words and images they post and consider their potential perception by colleagues and the public.<sup>35</sup> Moreover, these educational activities should be informed by the American Medical Association's policy on professionalism and social media<sup>36-38</sup> (Table 2), as well as the Federation of

TABLE 2  
Summary of AMA policy on professionalism and use of social media

- Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient–physician relationship in accordance with professional ethical guidelines just, as they would in any other context.
- To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.
- When physicians see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.
- Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students) and can undermine public trust in the medical profession.

*Note.* Adapted from Opinion 9, 124: *Professionalism in the Use of Social Media*. Available at: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9124.page#>

State Medical Boards' Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice.<sup>39</sup> The Federation of State Medical Board guidelines include interacting with patients, discussion of medicine online, privacy/confidentiality, disclosure, posting content, professionalism, and medical board sanctions and disciplinary findings. Because these policies do not address online interactions with learners, Farnan and Arora<sup>12</sup> advised maintaining professional-only relationships with trainees on social media platforms as the safest current stance.

Any strategy for assisting learners with professional identity formation should include time for discussion and consideration of how public postings of learner experiences reflect on themselves, their peers, and their institutions. As learners move into clinical care, further opportunities should be created for assessment and reinforcement of how their professional personae are developing along with their expanded clinical roles and responsibilities. In addition, these strategies and opportunities should incorporate the harsh reality that state boards have the authority to discipline physicians for unprofessional behavior relating to the inappropriate use of social networking media.<sup>39</sup>

In an open letter to new medical students, Kanter<sup>40</sup> wrote that the socialization and acculturation of a future member of the medical profession should begin at medical school matriculation. In our increasingly online world, we believe that guiding students to develop appropriate online professional personae and responsible use of social media also should begin at medical school matriculation.

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