

Social media in medical education: A case for a preparation approach

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Abstract

The response to social media by professional organizations in Canada focuses largely on preventing professional misconduct. The author discusses his experience with social media in medical school and details positive uses of social media in the literature. Education in social media and discussion around the technology should recognize and promote positive uses of social media to empower physicians to use the technology for health advocacy and promotion.

My journey into medicine has just begun, and already a common theme is emerging from my colleagues and professors: beware of social media. It comes up again and again from guest lecturers, speakers at our white coat ceremony and a lecture in our curriculum dedicated to online professionalism. The tone is sombre: be vigilant lest your professional career is whisked away by a Facebook photo gone wrong. I argue that teaching students to effectively use social media to connect with their family and peers, disseminate accurate medical information, and advocate for their profession would foster a more constructive dialogue surrounding social media usage by medical students.

The focus on potential harm of inappropriate social media use—both by physicians and patients—is well deserved. There have been many instances of unprofessional conduct by medical students and physicians documented in the literature.^{1,2} In response, the Canadian Federation of Medical Students (CFMS) produced the “CFMS Guide to Medical Professionalism: Recommendations for Social Media”, which details guidelines intended to protect students from unprofessional conduct online.³ The tone of the document prioritizes the protection of medical students in the online world. Similarly, the Canadian Medical Association (CMA) released a document that reminded physicians that social media is a public platform and the same rules that govern physicians having a conversation in a crowded cafeteria apply to posts on social media.⁴ The tenor of these discussions is geared toward preventing professional misconduct, rather than increasing health literacy, advocating effectively, or connecting with colleagues. The CanMEDS roles of health advocate and communicator can be applied to social media, but this dimension receives cursory attention from the CFMS and the CMA.

Already in my medical education it is clear that social media is the primary mode of communication between my classmates. Whether organizing fundraisers or sharing student-made study resources, social media has become an integral part of my medical school experience. Specialty interest groups have Facebook pages that make it easy to connect with the next suturing workshop or neurology guest lecture. Furthermore, connecting with my colleagues over Facebook helps us organize social events that foster collegiality and maintain a healthy school-life balance. My peers share articles and news stories they find interesting, generating dialogue about issues like indigenous health or the strengths and weaknesses of various clinical trials. The ease of communication between colleagues about health initiatives is a major

benefit of social media that will allow my class to stay connected as we progress through our careers.

Social media is also a valuable tool for practicing physicians. George and colleagues provide a compelling argument for how evolving privacy settings are allowing physicians to create “circles” of patients and control what information is disseminated to them, such as, “guidance on keeping blood pressure low, reminders of how to prepare for doctor’s visits, postings about the availability of seasonal vaccines, or even links to salient medical research, archives of healthy recipes, or podcasts about innovative exercise programs.”⁵ Another example of positive social media use is Alliance Urgent Care & Family Practice in Colorado, where they promote health by posting information on flu shot clinics or updated research on the human papillomavirus vaccine for males.⁶ These examples reinforce the idea that social media is built to connect people and is a valuable route for physicians to stay engaged with their patients.

Another benefit that social media gives physicians is the opportunity to curate their online image in a positive way.⁷ Regardless of subscription to social media, there is information available online about a physician’s education, training and disciplinary action from professional registries.⁸ A positive social media presence in the form of a blog or website gives the physician a voice in their online identity and can create, “understanding, reflection, and greater appreciation of the patient-physician relationship.”⁹ This online identity can then be used as a channel for health advocacy by engaging members of parliament, community groups, and other physicians in online dialogue about health. Social media is a powerful communication tool and the emphasis should be on using it to benefit the profession rather than censoring your material to avoid litigation.

The tone of the conversation around social media is important, as evidenced by Lerner when he states, “[the] emphasis on the perils of social media could also have the unintended effect of condoning unprofessional activities in a ‘don’t ask, don’t tell’ sort of way.”¹⁰ This analysis suggests the protection approach to social media posits that as long as it is not documented on social media, unprofessional conduct may escape notice and is, therefore, acceptable. Not only does an emphasis on consequences neglect the benefits outlined above, but it also reinforces a division between persons and their identity as a professional, a division that suggests a professional social media presence may be an effective substitute for a professional. While a positive approach to teaching online professionalism does not eliminate this risk, it reduces the legitimacy of this line of reasoning by insisting that the CanMEDS roles of health advocate and professional extend

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to social media, as they do to medical students in a public setting.

One cannot expect every medical student will use social media as an advocacy tool, or that every medical student will have social media. For those who are willing, however, discussion of social media should weigh the benefits and risks of such advocacy and provide suitable suggestions for mitigating risk while maximizing the potential benefit. The focus of professional organizations and the literature surrounding social media and medical students on dangers of social media neglects the evidence that social media can be used effectively by medical students and physicians to connect with patients and colleagues,^{5, 6, 7, 8, 9} leaving the impetus to individuals to decide if they want to “risk” using social media. Social media education in medical school should prepare students to use these technologies in a way that promotes health among health professionals, their families and friends, and the general public.

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