RESIDENTS IN THE TIME OF SOCIAL MEDIA: USING SIMULATION TO EXPLORE EMERGING FRONTIERS OF PROFESSIONALISM IN THE LEARNING ENVIRONMENT

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OUTLINE

- Background
- Methods
- Results
- Conclusion
I have no conflicts of interest to disclose
Guidelines

In order to satisfy the above professional expectations while engaging in social media, it is recommended that physicians:

1. Assume that all content on the Internet is public and accessible to all.
2. Exercise caution when posting information online that relates to an actual patient, in order to ensure compliance with legal and professional obligations to maintain privacy and confidentiality. Bear in mind that an unnamed patient may still be identified through a range of other information, such as a description of their clinical condition, or area of residence.
3. Refrain from providing clinical advice to specific patients through social media. It is acceptable, however, to use social media to disseminate generic medical or health information for educational or information sharing purposes.
4. Protect their own reputation, the reputation of the profession, and the public trust by not posting content that could be viewed as unprofessional.
5. Be mindful of their Internet presence, and be proactive in removing content posted by themselves or others which may be viewed as unprofessional.
6. Refrain from establishing personal connections with patients or persons closely associated with them online, as this may not allow physicians to maintain appropriate professional boundaries and may compromise physicians’ objectivity. It is acceptable to create an online connection with patients for professional purposes only.
7. Refrain from seeking out patient information that may be available online without prior consent.
8. Read, understand, and apply the strictest privacy settings necessary to maintain control over access to their personal information, and social media presence undertaken for personal purposes only.
9. Remember that social media platforms are constantly evolving, and be proactive in considering how professional expectations apply in any given set of circumstances.

Doctors must remember that social media can be used to engage in public communication, but it is not appropriate for private conversations. Social media may be ideal to connect with patients collectively on issues such as general health promotion or office administration, but you must not communicate specific patient health information to an individual over social media. While some sites appear to facilitate private conversations through direct messages, content communicated via social media is unprotected and publicly accessible. Confidentiality of patient information can be placed at risk.
OBJECTIVES

- To explore how residents navigate circumstances in which their professional boundaries are challenged by technology and social media practices.
METHODS – DATA COLLECTION

- 8 Canadian Ob/Gyn residents from 4 centres across Canada attending national Ob/Gyn conference
- Simulation session
  - Disclosure
  - Picture
  - Social Media request
- Semi-Structured Debrief
- Audio transcripts
METHODS – ANALYSIS

- Qualitative approach based on constructivist grounded theory
- Open coding
- Descriptive Qualitative Analysis
RESULTS

FOUR key themes:

1. Common issue
2. Uncertainty
3. Tension between enforcing professional boundaries and maintaining rapport
4. Having an approach
   - Strategies
   - Exceptions
1. COMMON ISSUE

“That comes up commonly, I have so many selfies of babies” (S4P2)

“We’ve talked about it, we’ve had a couple requests for social media friends…” (S1P2)
2. UNCERTAINTY

“Yeah I agree, I think it’s **difficult to know where to draw the line**, and to know what are the consequences if things go sideways” (S1P1)

“I don’t think I’ve come across it enough to have a prepared, like, spiel. So I don’t, so it was very much on the spot” (S1P1)

“I don’t think there are any rules against it… it’s not something we typically do, but I **don’t think there’s any policy** against it, in our hospital at least” (S3P2)
3. PROFESSIONALISM VS. MAINTAINING RAPPORT

“I think rapport is very important especially if you’ve had a complication because then the patient already has some trust in you and that will foster the discussion and they’ll feel comfortable” (S4P1)

“Trying to be professional, respectful, nice and also making sure to be firm” (S1P1)
4. HAVING AN APPROACH

“I feel like it was an in the moment thing and not so much of an ‘approach’ and, which is what I would like to change” (S1P2)
STRATEGIES

▶ Depersonalizing
▶ Controlling your online presence
▶ Invoking the rules
▶ Making up the rules
▶ Expressing gratitude
▶ Providing professional means of communication

▶ I’ll try and explain like this is how I do it for every patient, like I keep these two separate, don’t take it personally (S2P1)
STRATEGIES

- Depersonalizing
- **Controlling your online presence**
- Invoking the rules
- Making up the rules
- Expressing gratitude
- Providing professional means of communication

Some people have like professional Facebook accounts…that could be a potential way to kind of add patients if they want to follow your things (S2P2)
STRATEGIES

- Depersonalizing
- Controlling your online presence
- **Invoking the rules**
- Making up the rules
- Expressing gratitude
- Providing professional means of communication

I could just be more explicit like now this is our policy now in the hospital we don’t engage in this kind of thing (S3P1)
STRATEGIES

- Depersonalizing
- Controlling your online presence
- Invoking the rules
- Making up the rules
- Expressing gratitude
- Providing professional means of communication

I guess I could just be more explicit like now this is our policy now in the hospital we don’t engage in this kind of thing (P1)
P2: I don't think we actually have policies…
P1: ...yeah but that would help you get out of it [laughs]... (S3P1)"
STRATEGIES

- Depersonalizing
- Controlling your online presence
- Invoking the rules
- Making up the rules
- Expressing gratitude
- Providing professional means of communication

This is a big compliment, like thank you very much, I do like you, if we were, if this was a different time, if we met at the gym, or if we met in different circumstances, like I think we would be great friends, but I just can’t do this, (S4P2)
STRATEGIES

- Depersonalizing
- Controlling your online presence
- Invoking the rules
- Making up the rules
- Expressing gratitude
- Providing professional means of communication

we would be happy to provide other ways to follow up and be in contact (S3P2)
EXCEPTIONS

- Practice setting
- Peers as patients
- Perceptions of patient intention

The intentions is clearly there, like, what did these guys do to me, and I need information about them (S3P2)
CONCLUSIONS

- Novel educational and research tool
- Current lack of training and policies
- Ongoing issue
Questions?