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Thou shalt not tweet unprofessionally: an appreciative inquiry into the professional use of social media

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ABSTRACT

Background Social media may blur the line between socialisation and professional use. Traditional views on medical professionalism focus on limiting motives and behaviours to avoid situations that may compromise care. It is not surprising that social media are perceived as a threat to professionalism.

Objective To develop evidence for the professional use of social media in medicine.

Methods A qualitative framework was used based on an appreciative inquiry approach to gather perceptions and experiences of 31 participants at the 2014 Social Media Summit.

Results The main benefits of social media were the widening of networks, access to expertise from peers and other health professionals, the provision of emotional support and the ability to combat feelings of isolation.

Conclusions Appreciative inquiry is a tool that can develop the positive practices of organisations and individuals. Our results provide evidence for the professional use of social media that may contribute to guidelines to help individuals realise benefits and avoid harms.

INTRODUCTION

Physicians, above all else, care for patients. Traditional views on medical professionalism focus on limiting motives and behaviours to prevent situations that may compromise this care. Digital age technologies, such as social media, have opened access to medical information and changed the nature of the patient–physician relationship.[1–4] Professional responsibilities are often the same, but the logistics of meeting them are more difficult in this increasingly less private world. It is not surprising that social media are perceived as a threat to professionalism.[5 6] If professionalism is a social contract between medicine and society,[7] and society is increasingly using social media,[8] is it a professional responsibility of physicians to consider the rewards and risks of social media in the care of patients, society and themselves, as well as the education of learners?

Learners are already using social media to enrich education. A systematic review of social media in medical education showed that they improved knowledge, attitudes and skills among learners through higher engagement, feedback, collaboration and professional development.[9] They also offer opportunities to improve learning at conferences, engage beyond formal education settings, keep current on literature and cultivate networks for career advancement.[10–12] In addition, a growing number of patients and providers from around the world are learning together through online communities using blogs, twitter chats and journal clubs.[13] Connections made online can translate to real-world opportunities for mentorship, scholarship and partnership. Increasingly, medical and healthcare conferences, meetings and organisations leverage social media to promote more effective engagement, networking, advocacy and learning among participants—both on-site and from a distance.[14] As learners strive to keep current and relevant, social media can extend their education beyond borders. However, professional barriers exist.

Risks of using social media in medicine are prevalent and varied in the literature. Concerns include compromising confidentiality, eroding public trust and loosening accountability.[15–17] Technical issues and lack of participation are also cited.[8] There is uncertainty on how personal moral behaviours should be related to professionalism.[18] In a study on the appropriateness of social media postings, physicians, trainees and the public agreed that obvious transgressions such as breaching confidentiality was inappropriate. However, they did not agree on other topics such as postings of alcohol and parties.[16] Risks form the basis of most guidelines used today, but may have unintended consequences.[19] In a study of perceptions of professionalism, trainees reported feelings of increased scrutiny and sacrificed freedom associated with a conflicted identity and resentment of guidelines and the administration behind them.[20] Without addressing both sides of the social media story, enabling discussion and reaching consensus, risk-averse guidelines may widen the rift between administrators and the populations they seek to serve, in addition to neglecting its rewards.

More recently, there has been a trend towards medical professionalism guidance that includes its benefits. Canadian students have recognised the need to balance developing professional responsibilities with their online presence.[21] The World Medical Association Junior Doctors Network worked with trainees around the world to develop a response to current guidelines.[22] The UK's Royal College of General Practitioners has developed guidance through a collaborative process with a range of stakeholders.[23] The Canadian Medical Protective Association even includes suggestions on how physicians can get started.[24] However, the

majority of evidence still focuses on the risks of using social media, leaving current guidelines imbalanced.

In this study we sought to develop evidence for the professional use of social media in medicine. We asked workshop participants to explore the topic through a positive lens using appreciative inquiry (AI).

METHODS

Participants

The workshop organising committee comprised two clinician educators and one medical trainee. There were 31 participants who were self-selected from the 90 attendees of the social media summit.

Process

A qualitative framework was used based on an AI approach to gather perceptions and experiences of the workshop participants.

Appreciative Inquiry (AI)

AI is a methodology that engages individuals with common experiences to take a positive approach to cultural change. It focuses on what works rather than fixing what may be wrong. This is encouraged through four phases in a cycle:

- Discovering best practices (Discovery)
- Envisaging processes that will work in the future (Dream)
- Designing effective development plans (Design)
- Implementing the proposed design (Delivery).[17]

Workshop

The workshop was conducted in five steps:

Step 1. Facilitators presented an overview of professionalism in social media to attendees based on a review of the literature.

Step 2. The AI framework was presented in the context of professionalism in social media.

Step 3. Participants were divided into four groups in a manner that allowed for diversity of representation in each group. Each group sequentially discussed the Discovery, Dream, Design and Delivery phases (the four-dimensional phases) and recorded their main ideas. Questions were used as prompts to stimulate discussion (box 1). Participants were encouraged to build on outcomes of previous phases to ensure continuity. Phases were changed every 15 min.

Step 4. After all AI phases were completed, the facilitators invited each group to present their findings for each phase. Responses were reviewed by all participants and they were given the opportunity to add additional ideas.

Step 5. The main ideas were analysed (see online supplementary appendix A) and common themes were developed for each phase of the AI process.

Box 1 Workshop questions

Phase 1: Discovery
What do you consider to be the most positive trends, events and developments on social media and professionalism?
Phase 2: Dreaming
Imagine a time in the future when people look to our community as a leader in social media and professionalism. In this exciting future, what are the stakeholders doing? What are we most proud of having helped the community accomplish?
Phase 3: Design
What are the areas where you feel we could have the most impact on improving professionalism in a digital world?
Phase 4: Delivery
What changes could we make that would really encourage more people to use social media professionally?

RESULTS

Thirty attendees from 17 different organisations and institutions as well as four countries self-selected to participate in this workshop: 19 attending physicians; 5 resident doctors; 2 non-physician educators; 2 administrators; 1 librarian; and 1 medical student.

The following themes were developed during each phase of the AI process. The main ideas from each group are included in online supplementary appendix A.

Discovery: Discovery of best practices, the most positive trends, events and developments on social media and professionalism

Participants believed the professional use of social media included building trusted online communities for learning, collaboration and to improve education resources. They cited examples of improving productivity (rather than detracting from it) by enabling access to educational resources when they wanted, from whom they wanted and from where they wanted across the world. Social media facilitated personal and professional development including finding mentorship for life choices, networking to build relationships and advocacy for their causes.

Dream: Processes that will work in the future

Looking ahead, participants envisaged supportive online medical education communities that provide equal opportunity for members to engage, recognise individual successes and leaders, help develop and sustain individual participation and recognise the importance of whole-person online interactions, including attention to individuals' well-beings. They wanted active permissive guidelines used universally not due to fear, but because of the clear benefits of social media, including improved safety and accountability for educators and trainees as well as the support of trusted medical education leaders. The participants thought that the benefits would outweigh risks due to the seamless integration of all social media platforms within their daily lives to increase productivity and well-being. They described how the positive impact would be clear through realised benefits in patient education and access to medical education resources from expertly curated material and the avoidance of unnecessary hierarchy.

Design: Designing effective development plans, areas where we could have the most impact

To achieve their dreams, participants felt that they needed methods to curate reliable medical education resources. They suggested that it would be effective to include information on using social media for peer reviewing available materials and for developing a system to provide users' and experts' endorsements of these materials. They discussed how the use of resources should be evidence-based, requiring scholarship in social media to develop metrics to assess real-world impact and facilitate

continuous quality improvement. The participants described how the development of resources should be guided by education theory (including traditional theory and evolving theory) that may be tested against its impact on learners. These processes would require multidisciplinary and cross-sectoral input, including input from patients, positive guidelines, new leaders in social media, as well as education for educators and trainees on digital literacy.

Delivery: Ensuring implementation through changes that we can make to ensure more people use social media professionally

To ensure that the abovementioned designs are implemented, participants believed that they needed active guidelines. More specifically, they thought that leaders—comprising institutional champions from representative organisations—could draw on positive guidelines to empower individuals and facilitate cultural change with regard to social media. They described how this change could be facilitated by institutions accepting social media for academic advancement, peer review, Continuing Medical Education/Continuing Professional Development and performance assessments. Essentially, they discussed how education on social media could be delivered across the continuum of medical education and integrated with accepted frameworks (eg, CanMEDS).

DISCUSSION

We used the AI framework to describe the professional use of social media. The main benefits of social media were the widening of networks, access to the expertise of peers and other health professionals, and the provision of emotional support which can combat feelings of isolation. Others researching this area have found that health professionals report similar benefits.[25] Of note, social media were not described as a place in which to interact with patients in the routine provision of healthcare.

Our results present an opportunity for those developing social media guidelines and education for health professions. Although AI is most often used as a tool for organisational development, it was used in this workshop to structure a diverse group of health professional leaders and enable them to reach consensus on ways for their organisations and membership bodies to embrace the professional use of social media. There was a consistent desire expressed for wide stakeholder involvement in the development of permissive rather than restrictive guidelines to aid health professionals. With these guidelines, strong leadership and role modelling along with constructive models of education could lead to a greater realisation of what some have already described as social media's 'golden age'.[26]

The workshop adopted the AI framework because it was thought that this would provide a positive environment where participants could consider how to move forward in an area which has been contentious.[11 15] However, this could also be seen as a limitation of the study, as the participants were reluctant to share negative experiences or attitudes towards social media.

We suggest that AI can be used by other organisations to further develop positive social media practices. We agree with Fenwick[15] that more nuanced critical research is needed into how professionals deal with dilemmas and experiences in social media, but in the meantime there is potential to capitalise on the knowledge and insights of those who are already living and learning in these spaces to develop guidance that can help others realise the benefits and avoid the harms.

Main messages

- Professional use of social media includes building trusted online communities for learning, collaboration and to improve education resources.
- Main benefits of social media are the widening of networks and the provision of emotional support, which combat feelings of isolation for educators.
- Use of social media tools should be evidence-based, requiring scholarship in social media to develop metrics to assess real-world impact and facilitate continuous quality improvement.

Current research questions

- What are the best methods to curate reliable medical education resources using social media tools?
- How can medical educators deal with dilemmas and experiences in social media?
- How can academic leaders facilitate institutions to accept social media for academic advancement, peer review, Continuing Medical Education/Continuing Professional Development and performance assessments?

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Contributors All authors made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; drafting the work or revising it critically for important intellectual content; final approval of the version to be published; and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Appendix 1 (Online Only)

Raw Data Tables

Discovery	
A	• sense of community • sharing of information - forums for residency information • knowledge translation - critical resources • open access - any time, place
B	• open sharing and collaboration • flatten hierarchy/remove boundaries • explores ideas that may not have been discussed before • explore trends st stages of career • combats isolation • supports offline relationships • finding new research - trends and application • time-saving for staying current • hearing stories from people we trust • faculty and patients becoming comfortable • shifting to positive tone • others joining because of fear of missing out
C	• Free • Access (Global perspectives, equal opportunity, timely) • Support for peers/systems • Patient experience-sharing • Interprofessional • App creation/clinical tools • Rolemodeling • Feedback • Mentorship • connectivity despite time & distance constraints (Ex. mentorship relationships learners on elective) • Dissemination of medical info, esp public health (ex. immunization, safety) • early examples of patient involvement
D	• Hashtags allow you to self-select ties to community participation • Student-created hashtags (#HowToBeAGoodDoctor) makes professionalism more democratic • No boundaries between trainer and trainee creates opportunity to mentor • Faster change, can adapt quickly
E	• Networking • Creating your own path (controlling your own image) • Variety of some environments • Choice (not control) over privacy • Multiple communities converging in advocacy over multiple

	environments/platforms

Dream	

A	• Use of SoMe by HCPs in a safe way
	  ○ Safe for patients (no confidentiality breaches, accurate online content, reliable online content)
	  ○ Safe for HCPs (no negative consequences for professional as a whole or medicolegally)
	• Enhanced collaboration (for scholarly work) and individual and group learning, especially for continuing professional development/education at any time or place
	• More blended learning (resources outside of textbook/lectures) including SoMe platforms enhanced by more open access resources (e.g. YouTube videoes to learn surgical skills, Khan Academy)
	• Enhanced opportunities for decentralization of education for distributed medical education or practitioners outside major urban cenres (e.g. at University of Calgary, weekly speakers are broadcast to Northern Communities).
	• Globalization of knowledge (e.g. CanMeds being used in many other countries). SoMe allows ongoing dialogue.

B	• There won't be a discussion of "professionalism and social media", just of professionalism • Benefits will be clear with less focus on risks • People will be respectful and responsible of info on SoMep • Clear impact • People won't change their name on facebook profiles. Will feel comfortable that off screen personality can also be online personal
C	• Create support network • Patient education • Increasingly global networks • Increasing e-access to conferences • Mod-moderated patient support networks • Vehicle for culture change • "e-debrief" – inclusive of involved providers, patients, and families • Nobel prize in social media
D	• Guidelines have been created and are active for MedEd • Large communities are collaborating • Universal use of social media in education and practice • Moved from "Don't" to "How" • Improve knowledge because of sharing of cases • Overcome barriers of privacy in a way that meets all stakeholders
E	• Disruptive change ○ Plus social change and global impact • Keyhole tracking across platforms • Customize your own feed and broadcasting across platforms

	• Multiple curation/expert curation • Would like to filter lists to receive tweets (“expert lists”) • Leverage platforms (e.g. blogs) to link w/different communities • Lead by example, reduce fear of SoMe [?? Transcription anomaly ??] • Helping patients see physician as a whole person – A GOOD thing

Design	
A	• Online content or SoMe content with patients will only be an adjunct to in-person contact between patient and HCP, but can improve MD-patient relationship • HCP-generated online content could be peer-reviewed in some way • Some universal evidence, quality measurement, or endorsement so patients can know the evidence is reliable ○ Ideally without compromising accessability • Use of technology to disseminate education to geographically diverse areas • Videoconferencing of rounds (e.g. at University of Calcary to 60 communities) • Use of SoMe for education is informed by educational theory • Learning by role models for professional use of SoMe for trainees • Facilitated virtual learning opportunities • “As a trainee I find it difficult to look to supervisors for online communication”
B	• Becoming / showing the person behind the avatar • Generate and benefit from data that is being shared • Measure impact in medical learning • how do patients view medical professionals who use SoMe • Demonstrate the benefit from patient perspectives • Maintain high standards when using (set the tone and standards) • Build and strengthen in-person relationships
C	• Culture change • Curation of content, but also repository of robust resources • System change/culture change ○ Canadian Medical Association could host a platform for a physician network, secure for discussions (e.g. adverse events)

D	• Guidelines with language that is more balanced, not so restrictive, and allows us to tailor practice
	• Teaching professionalism in SoMe as part of the curriculum
	  ○ Online tutorials
	  ○ Group work, case studies including SoMe
	• Role model in our own behavior and online activities
	• Celebrate/acknowledge individuals of communities positively demonstrating professionalism
	• We see the shift in conversation around professionalism and SoMe
	• Indicators for improvement
	• Keep professionalism in the conversation

	• Learn more about patients\ opinion and comfort with professionalism • Patient satisfaction
E	• Areas of impact ○ In medical school • "Village attitude" (Global Village Doctor concept) – someone is watching you • No anonymity • Consistent public profile across platforms, keep current & updated

Delivery	

A	• Balance between access and quality
	• Feedback for HCPs about degree of professionalism online
	• Clear example of "don'ts" to ensure everyone knows the dangers of unprofessional online behaviour (and driven by sources other than regulatory bodies)
	• Role modelling of e-professionalism by existing leaders and experts and regulatory bodies
	• Education for faculty regarding SoMe platforms and how to use
	• Institutions recognizing the value of SoMe in education and scholarship (there is evidence that impact factors have been tied to tweets in first few days after publication)
	  ○ Use and generation of free/open access content by academic faculty and students that is valued similarly to traditional academic deliverables (e.g. publications)
	  ○ Through a role for SoMe in institutional promotion
	  ○ Acknowledgement of academic productivity
	  ○ A new definition for peer review

B	• Taking an active role in the design of policies in privacy and SoMe • Encouraging SoMe champions to share and participate • Embrace changing culture • Open to teaching and learning from others at all levels and communities • Recognize leaders and empower conversation and engagement • The platypus!

C	• Through education
	  ○ At all levels
	  ○ Teach people how to use professionally, focus on positive, acknowledge risks and safety
	• Through role models and champions
	• Through institutional leadership and advocacy
	• Through a Good Samaritan Law ☺ (i.e. when written in good faith)
	• Move from a culture driven by law/fear of litigation to one of quality improvement, learning, support, mentorship, nurturing, and human connection

D	• Overcome privacy and confidentiality concerns • Overcome cultural boundaries • Through tools to help navigate the SoMe landscape

	• Promoting the gains/benefits of SoMe • Through safety in sharing your professional views (we don't want to "punish") • CPD incentive/MOC/Professional licensing could motivate use of SoMe through credits for use of SoMe • Performance assessment for MedEd should include SoMe innovation as a criteria

E	• Provide a pathway ("just start…")
	  ○ Look for examples
	  ○ Can start passively
	• Entrustable Professional Activities
	  ○ Portfolios
	  ○ Certificate of training on SoMe platform (e.g. Lynda.com)
	• Use for CME (personal learning projects)
	• Use metrics to determine impact. Can be competitive.