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.