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Professionalism in Social Media Use for Medical Learners

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Introduction

Professionalism is one of the Royal College of Physicians and Surgeons of Canada's key competencies for physicians to develop through their training. This specifically extends to using technology-enabled communication including social media in a professional, ethical, and respectful manner. As social media use becomes ubiquitous, medical learners' online presences are increasingly in the public domain and normative behaviours of engagement as well as openness can threaten professionalism. This review's objective will be to better identify desirable professional behaviours and values for medical learners as well as considerations to guide them in avoiding unprofessional behaviours by synthesizing existing reviews as well as relevant grey literature.

Search and Inclusion

This study follows PRISMA guidelines and searched:

> "("medic*") AND ("student" OR "resident" OR "trainee" OR "learner") AND ("social media" OR "social network*" OR "digital") AND ("professional*" OR "ethic*")"

in Embase, ERIC, PsycINFO, and Scopus.

"Social media" and "online professionalism" were used as search strings to find documents from the CMPA, regulatory colleges, UGME, and PGME programs.

453 studies were identified from databases, 598 records were identified from grey literature sources. After screening, 9 systematic and 4 other reviews were included; 23 grey literature records were included with 18 from programs.

Quality

The quality of included reviews were relatively high for systematic reviews whereas non-systematic reviews did not clearly characterize their study designs or included studies which generated reporting/validity concerns.

CASP questions 9-11 ask if the intervention, social media in this case, is locally applicable, if benefits outweigh the harms and costs, and if it's superior to other existing interventions. Net outcomes from social media use have not been systematically presented and neither have head-to-head comparisons been conducted so its value is unclear despite low resource demands.

Table 1. Modified Critical Appraisal Skills Programme checklist for systematic reviews excluding questions relevant only to quantitative studies or those with meta-analyses or subgroup analyses. Green, red, and yellow boxes represent whether the study met, did not meet, or if it couldn't be determined if the study met the checklist's criterion, respectively.

	Design		Rigour		Report	Value		
	Q1	Q2	Q3	Q4	Q6	Q9	Q10	Q11
Cartledge et al., 2013								
Pander et al., 2014								
Balbona & Patel, 2020								
John et al., 2016								
Sterling et al., 2017								
Baer & Schwartz, 2011								
Guckian et al., 2021								
Frankish et al., 2012								
Schukow et al., 2023								
De Gagne et al., 2021								
Chretien & Tuck, 2015								
O'Connor et al., 2021								
Vukušić et al., 2021								

Narrative Synthesis

Scholarly and grey literature were largely prescriptive and cautionary in tone; 78% of included grey literature were policy and guideline documents. Four main themes arose in data extraction:

Limited Separation

Literature pointed to the longstanding tradition of physicians being held to a higher standard of professional behaviour across public forums even pre-social media. It also characterized the difficulty of using social media personally and truly divorced from one's professional identity. One of the key factors whether personal use of social media could have consequences on enrolment or employment was if the user could "reasonably" be known to be a member of the profession.

Duty to Patients

When using social media, a duty to not harm patients was invoked as a principle. This most obviously included not violating their privacy and confidentiality but also not damaging trust in the profession through spreading misinformation or depicting unprofessionalism that might negatively impact access to care or care itself. Avoiding the appearance of a patient-provider relationship on social media was also advised to avoid harm as this care would not meet standards.

Cautionary Advice

Threats to professionalism were seen to arise from casualness with which social media is typically used and a false sense of separation between the user's identities.

Expression deemed demeaning, insulting, intimidating, profane, explicit, or illegal is clearly unacceptable. Content that generated the greatest sense of unprofessionalism were patient privacy violations, sexually suggestive or explicit material, and negative comments about faculty staff, or colleagues. Social media use impacted rank order lists as well as termination though the preferred attitude towards concerns was remedial or educational.

Using Social Media Professionally

"E-professionalism" could be demonstrated to a high degree by improving patient care through disseminating evidence-based information or by supporting colleagues. Critically questioning one's message, how it might reflect, and how it might impact patient care was encouraged for social media use generally and for advocacy. Literature noted a relative lack of education and role modelling on using social media meaningfully as professionals.

Conclusion

Threats to professionalism through social media use is akin to other forms of communication but is intensified by the former's erasure of separate identities, permanence, and reach.

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