



Social Media and Medical Students: a guide to online Professionalism for medical students in Graduate School of Medicine

Introduction

By studying at this University you will develop the distinctive qualities of a University of Wollongong graduate. These qualities develop as a result of interacting with academics, clinicians, peers, course resources, the community and your professional experiences. Developing these qualities enables you to take on your role in society and to become a valued professional.

The Graduate Qualities are:

- **Informed:**
Have a sound knowledge of an area of study or profession and understand its current issues, locally and internationally. Know how to apply this knowledge. Understand how an area of study has developed and how it relates to other areas.
- **Independent Learner:**
Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
- **Problem Solver:**
Take on challenges and opportunities. Apply creative, logical and critical thinking skills to respond effectively. Make and implement decisions. Be flexible, thorough, innovation and aim for high standards.
- **Effective Communicator:**
Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
- **Responsible:**
Understand how decisions can affect others and make ethically informed choices. Appreciate and respect diversity. Act with integrity as part of local, national, global and professional communities.

Graduate School of Medicine

As a medical student at UOW, the professional standards of doctors and medical students form the cornerstone of quality patient care.

The Graduate Qualities described above are developed and embedded in each of the four key curriculum themes; Medical Sciences, Clinical Competency, Research and Critical Analysis and Personal and Professional Development, all of which are taught and assessed from the first year of the medical program and continually re-emphasised throughout each of the Phases.

Of particular concern for this guide are issues dealing with:

- An understanding of the philosophical, scientific, legal and ethical principles underlying the practice of patient-centred medicine, as well as the ability to apply that understanding to problem solving in the medical environment.
- An ability to co-operate with colleagues as an effective member of a healthcare team, an understanding of the roles of other health professionals and the capacity to form appropriate interdisciplinary relationships for the delivery of health care.
- Dedication to forming therapeutic partnerships with patients that respect their specific cultural perspectives, ethnic background, age, gender, and socioeconomic status in order to optimise their health and well-being through patient-centred medicine.



These qualities are expanded by the Australian Medical Council in the “Good Medical Practice: A code of conduct for doctors in Australia” (“Code of Conduct”) who state:

- Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be ethical and trustworthy.
- Patients trust their doctors because they believe that, in addition to being competent, their doctor will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients also rely on their doctors to protect their confidentiality.
- Good medical practice is patient-centred. It involves doctors understanding that each patient is unique, and working in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient. This includes cultural awareness: being aware of their own culture and beliefs and respectful of the beliefs and cultures of others, recognising that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.
- Professionalism embodies all the qualities described here, and includes self-awareness and self-reflection. Doctors are expected to reflect regularly on whether they are practising effectively, on what is happening in their relationships with patients and colleagues, and on their own health and wellbeing.

In other words, you are expected to be ...

Compassionate, Sensitive, Trustworthy, Ethical and Culturally aware and display confidentiality in your dealings with patients.

Definitions:

Confidentiality is an ethical and legal obligation that requires doctors not to disclose any personal or health information given to them by patients for a purpose other than the purpose for which it was given; in most cases this will be the patient’s treatment. The obligation of confidentiality is stated in the Code of Conduct. Note that there are some statutory exceptions to this obligation for example, authorisation of the notification of information about certain infectious diseases to public health authorities and courts do have authority to subpoena information relevant to the resolution of disputes.

Health Information is a specific type of personal information which is information or an opinion about the physical or mental health or a disability of an individual, or about health services which have been or may in the future be provided to them.

Personal Information is defined by privacy law as information or opinion about a person whose identity is apparent or can be reasonably ascertained from the information or opinion.

Social Media includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously) and microblogs such as Twitter, content sharing websites such as YouTube and Instagram, and discussion forums and message boards.

Rationale:

The world to which the professional standards outlined in the Code of Conduct apply is expanding rapidly. Society has enthusiastically embraced user-generated content such as blogging, personal websites, and online social networking. Research shows that the use of social media by the medical profession is common and growing. Some doctors use social media to offer healthy lifestyle advice and public education. Others have set up Facebook and Twitter pages for their practices and hospitals, which they use to keep patients updated.



Anecdotal evidence may also indicate that social media offers an important way to engage younger doctors as well as help doctors in rural and regional areas and improve workforce retention.

As doctors and medical students are increasingly participating in online social media, evidence is emerging from studies, legal cases, and media reports that the use of these media can pose risks for medical professionals.

Even though medical students and doctors are entitled to a private personal life, online social media have challenged the concepts of 'public' and 'private' and, in turn, changed the way in which online aspects of private lives are accessible to others. Once information is online, it is almost impossible to remove and can quickly spread beyond a person's control. A moment of rashness now could have unintended and irreversible consequences in the future – inappropriate online activities can be detrimental to relationships with patients and colleagues, training and employment prospects, and personal integrity.

What are the areas of most concern?

Confidentiality:

Medical students have an ethical and legal responsibility to maintain their patients' confidentiality. "Patients" in the context of Graduate School of Medicine refers to contact with patients in hospitals, patient information used in seminars, research projects, GP clinics, community placements and simulated patients. This also extends to work with cadaveric specimens in the anatomy laboratory.

This obligation to maintain confidentiality applies when using any form of online tool, regardless of whether the communication is with other doctors, a specific group of people (e.g. 'friends' on social networking sites), or the public (e.g. a blog). Please be aware that a patient or situation can be identified by the sum of information available online and that use of pseudonyms alone may not necessarily protect patient confidentiality. The anonymity potentially afforded to you online is not an excuse for unprofessional behaviour, nor can you rely on it. Breaching confidentiality erodes the public's trust in the medical profession, impairing our ability to treat patients effectively.

Defamation:

Defamation is the publication, declaration or broadcast of material capable of lowering a person in the estimation of others.

Defamatory statements:

- Are published, spoken or broadcast to a third person or group of people;
- Identify a patient/colleague/person ('subject'); and
- Damage the reputation of the subject.

Professional codes of conduct specify that doctors should not engage in behaviours that can harm the reputation of colleagues or the profession – off or online. Be mindful about comments made about colleagues (medical or otherwise), employers, and even health departments. Defamation cases are civil claims, in which substantial monetary compensation can be awarded.

Doctor-patient boundaries:

A power imbalance exists between doctors and patients, and the maintenance of clear professional boundaries protects patients from exploitation. Doctors and medical students who allow patients to access their entire online 'profile' (or similar) introduce them to details about their personal lives well beyond what would normally occur as part of the usual doctor-patient relationship and this may be a violation of professional boundaries.

In general, it is wise to avoid online relationships with current or former patients. Boundary violations can occur very easily online, and serious indiscretions may result in disciplinary action against the doctor.

If a patient does request you as a friend on a social networking site, a polite message informing them that it is



your policy not to establish online friendships with patients is appropriate. Another mechanism used by some doctors, who often work privately, is to create an online profile that is maintained as their professional page only, or to join a professional social networking site.

Other boundaries:

Other professional relationships may also become problematic on social networking sites. Think carefully before requesting of others or allowing others (including employers, other doctors, nurses, allied health professionals, clerks, ancillary staff, students, or tutors) to access personal information.

What are some practical things you can do?

- Take control of your own privacy – Even with the most restrictive of privacy settings, content posted on social media sites should still be considered to be in the public domain. The size of the audience with access to the content is typically larger, and inevitably includes individuals to which the message is not directed. Privacy settings should also be customised and checked regularly.
- Have a look through your new and old online posts and blogs and check to see if you've: posted information about a patient or person from your workplace on Facebook/ added patients as friends on Facebook or LinkedIn / added people from your workplace as friends / made a public comment online that could be considered offensive or insensitive / become a member of any group that might be considered racist, sexist, or otherwise derogatory / Browse through all the groups that you have joined and consider whether these are an accurate reflection of the person you are, and the values that you hold / shared photos or videos of yourself online that you would not want your patients, employers or people from your workplace to see...

If you have done any of the above, it would be wise to remove the post or cease a suspect friendship or group membership.

Looking after colleagues is an integral element of professional conduct, so if you feel that a friend or workmate has posted information online that could be damaging for them or the person they have posted about, let them know in a discreet way.

The Consequences of inappropriate use of Social Media

General

Inappropriate online behaviour can potentially damage personal integrity, doctor-patient and doctor-colleague relationships, and future employment opportunities.

The University of Wollongong

Apart from the potential damage to your personal integrity, doctor-patient, doctor-colleague relationships and future employment opportunities, your behaviour may amount to misconduct under the Student Conduct Rules found at <http://www.uow.edu.au/about/policy/UOW058723.html>

The Graduate School of Medicine Assessment Handbooks state that the GSM Board of Examiners can award a subject grade of "Unsatisfactory" due to professionalism-related reasons including, but not limited to, a failure to demonstrate satisfactory professionalism in the learning-teaching and assessment settings. This would include in the online environment.

State and Commonwealth legislation

Medical students are not held to any lesser standards of professionalism than doctors. They may face disciplinary action from their universities and, in Australia where all medical students are registered with the Medical Board of Australia, from the medical registration authority.

State and Commonwealth legislation similarly obliges medical professionals to protect patient information. Further, the University is legally obligated to ensure that the collection, storage, use and disclosure of an



individual's personal and health information by the University complies with the law, specifically, the Privacy and Personal Information Protection Act 1998 (NSW) ("PPIPA"), the Privacy and Personal Information Protection Amendment Act 2022 (NSW) and the Health Records and Information Privacy Act 2002 (NSW) ("HRIPA").

Students with access to personal and health information need to ensure that their actions also comply with privacy obligations. Personal information about individuals must be protected particularly where their identity may be known or could be reasonably worked out. Medical history or other contextual information must also be protected. Indeed, the mere act of disclosing that a patient has sought a health professional's services may constitute a violation of the Information Protection Principles and Health Privacy Principles under PPIPA and HRIPA, even without any further detail being disclosed.

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