On Blast: A Framework for Monitoring and Responding to Online Comments About Your Graduate Medical Education Program

Ryan J.J. Buckley, MD, MPH
Charles Brown, MD, MPH
Samantha Stringer, MD
Tatiana Moylan, MD
Robert Huang, MD
Mary Haas, MD

To be put "on blast" means to be publicly denounced on social media. In the era of Web 2.0, it's not uncommon for graduate medical education (GME) programs to be put on blast. Medical students comment on the residency application process[1,2] in anonymous online community (AOC) forums.[3–5] Examples of forums include: (1) Reddit, which houses forums related to nonmedical and medical topics; (2) Student Doctor Network (SDN), which provides a forum for premedical students and trainees; (3) Scutwork.com, which collects reviews of GME programs from trainees; and (4) specialty-specific sites such as the radiology-focused "AuntMinnie." These communities discuss programs' academic strengths and weaknesses, and serve to call out programs for perceived mistreatment toward applicants and/or residents.[6,7] Reddit's /r/medicalschool community represents a particularly large audience that discusses GME programs and medical education, including over 211 000 members.[8] The designation of "/r/" indicates a "subreddit," where individuals subscribed to a specific community discuss topic-specific content. The online supplemental material explains unique terminology used within Reddit communities.

Annually, /r/medicalschool creates a "Name and Shame" thread that encourages medical students to share criticism of specific residency programs. Comments address topics ranging from interview day food quality, specific identification of National Resident Matching Program (NRMP) Match violations, unprofessional behavior of program representatives, and even accusations of sexual misconduct.

Perceived Match violations during interview days can negatively influence applicants' rank decisions.[9,10] AOC comments, representing accusations rather than indisputable truths, can smear programs' reputations regardless of their merit. This commentary is publicly discoverable through internet search engines and remains on the internet indefinitely, potentially influencing future applicants beyond annual cohorts. Despite potential misgivings, such commentary may also provide valuable and actionable program feedback.

The COVID-19 pandemic may amplify the influence of AOCs in the transition to virtual recruitment. Virtual recruitment has highlighted the importance of program "branding," which represents a program's intended mission and values.[11] AOC commentary, however, has the allure of an "inside scoop" and might not align with a program's desired image. Some medical students may seek such commentary to fulfill an unmet desire for candid perspectives that differ from social media content curated by the program itself.[12,13]

On the same day as the American Medical Association webinar "Taking Care of Our Students: Preparing for the 2021 Residency Application Cycle,"[14] /r/medicalschool created the 2021 Name and Shame discussion thread ahead of its typical annual timeline. The post originator stated: "I find it especially important to aggregate our community's experiences into a single document so we can see past the facade they will present online this upcoming application cycle."[15] This comment conveys a lack of trust that programs will be authentic in a virtual format. Comments within AOCs may become proxies for a program's culture and influence applicants' perception of fit as they seek information to fill the void of in-person visits. Anonymous perspectives may influence applicant rank decisions as much as, or more than, their own experiences interacting with the program.[16,17] The spread of negative word-of-mouth associations with GME programs within these communities may undermine "official" messaging created by programs themselves—a well-recognized phenomena within the marketing industry that can lead to online "firestorms,"[17] a rapid dissemination of negative comments and resultant outrage toward the brand.

DOI: http://dx.doi.org/10.4300/JGME-D-20-00574.1

Editor's Note: The online version of this article contains explanations of unique terminology used within Reddit communities.

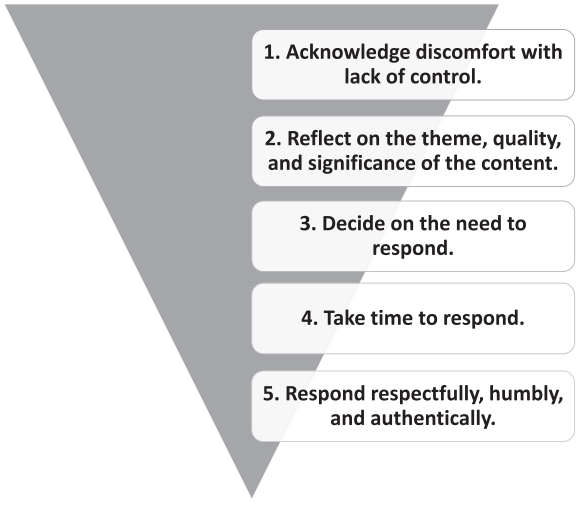

FIGURE
Framework for GME Program Leadership to Respond to Feedback About Program in Anonymous Online Forums

Although institutional social media guidelines for GME programs provide recommendations for non-anonymous social media accounts such as Facebook and Twitter,[18] minimal guidance exists for GME leaders navigating AOCs. We believe program representatives (ie, faculty, residents, fellows) should maintain awareness of this content and, in specific instances, consider responding to concerns raised. However, engaging this community without an approach that reflects authenticity, transparency, and desire for growth can backfire and result in inflammatory and unproductive discussion. Herein, we provide a framework for programs to identify and respond to AOC comments (FIGURE). We also provide examples of specific scenarios that may arise, with suggested program-level responses (TABLE).

Framework

Acknowledge Discomfort With Lack of Control

AOCs subvert traditional power dynamics. Program directors may find that their words bear no more weight than an anonymous naysayer or casual troll. Attempts to exert authority are typically counterproductive. Additionally, critical commentary regarding one's program can feel personal; recognizing this upfront can mitigate emotional responses.

Reflect on the Theme and Significance of the Commentary

For instance, is criticism directed at interview experiences, resident/fellow/faculty professionalism, or NRMP violations? Recurring patterns suggest legitimacy, while isolated criticisms may reflect the author's incompatibility with program culture rather than a weakness to be addressed.[19,20]

Decide on the Need to Respond

Not all commentary warrants a response. Some may prompt an *internal* response within the program as a quality improvement initiative. A subset may warrant an *external* (ie, public) response as an "official" program statement posted within the forum. Prior to responding publicly, consider the risks and benefits. Benefits include clarifying false information and/or demonstrating the program's commitment to applicants and trainees, thereby enhancing its reputation. Risks include being misinterpreted and/or inadvertently propagating inflammatory comments. Generally, specific, actionable feedback that maps to serious accusations more likely warrants a response than vague, impracticable feedback corresponding to minor issues.

Take Time to Respond

Blunt commentary from anonymous sources can elicit strong emotional responses from program representatives. Follow best practices for professionalism in text-based communication and avoid responding hastily when upset.[21]

Respond Respectfully, Humbly, and Authentically

Program leadership must recognize that they are interlopers in AOCs and avoid insincerity or defensiveness. Tone can overshadow the content of a response and *become* the response, undermining efforts to engage and learn. Vulnerability and humility can facilitate honest and productive discussion. Attempts at "spin" or "damage control" are often called out as inauthentic.

Logistical Considerations

Operating within AOCs can be resource-intensive and can vary according to individual programs' needs and bandwidth. We recommend creating a social media team (SMT), comprised of GME leadership and residents/fellows to champion social media–related efforts, including the development of guidelines to ensure a consistent approach. Designated members of the SMT should monitor the 2 largest and most used forums (Reddit and SDN) weekly by searching the program's name within the search function and reviewing results. Ideally, individuals assigned to this task will possess familiarity with the culture and conduct of the individual forums. Providing an initial training session can promote the team's shared understanding. The SMT can apply the proposed

TABLE
Anonymous Online Comments Encountered by GME Program Leadership With Suggested Responses

Category	Commentary	Suggested Response
Program behavior	"PD stated that if you didn't have good parents growing up, then you wouldn't be a good physician."	Enhance faculty mindfulness of implicit biases and carefully consider how applicants may interpret comments from program leadership.
Resident behavior	"The resident slammed several beers at the pre-interview social before his night shift."	Identify if this reveals important information about a resident in crisis. Consider broad messaging about interview day professionalism to residents.
NRMP	"My interviewer asked me, 'Do you believe in God?' and 'Where else have you interviewed?'"	Identify ways to train faculty on interview best practices and NRMP acceptable/unacceptable questions.
Interview organization	"I never received an email where I needed to go. I had to email repeatedly to get guidance."	Streamline process of communication from the program to applicants, while acknowledging that single mistakes naturally occur and do not define the program.

Note: These scenarios reflect real examples, edited for clarity and conciseness.
Abbreviations: GME, graduate medical education; PD, program director; NRMP, National Resident Matching Program.

framework to relevant commentary and determine response strategies. We estimate these efforts will require roughly 1 hour weekly, based on our experiences. Complex scenarios may arise which will require additional input from departmental and institutional leadership. For instance, when handling commentary with potential legal ramifications, including concerns about sexual harassment, discrimination, or drug or alcohol use, assistance from the institutional GME office should be immediately sought.

Conclusions

Our framework represents an approach for GME programs to monitor, reflect on, and respond to comments posted in AOCs. Although not without their challenges, AOCs provide opportunities to engage with applicants, gather feedback, and improve programs. Future research is warranted, including thematic analysis of commentary within these forums and formal evaluation of this framework's impact on programs and applicants.

Tl;dr: The truth, and the untruth, are out there on the internet about your program. How you interact with them influences reach and impact.

References

1. Schweitzer J, Hannan A, Coren J. The role of social networking web sites in influencing residency decisions. *J Am Osteopath Assoc*. 2012;112(10):673–679.
2. Sterling M, Leung P, Wright D, Bishop TF. The use of social media in graduate medical education: a systematic review. *Acad Med*. 2017;92(7):1043–1056. doi:10.1097/ACM.0000000000001617.
3. Jajosky R, Banks M, Jajosky A. Concerns about the pathology job market dominate a popular online pathology forum and likely deterred American medical students from pursuing pathology residency. *Heliyon*. 2019;5(9):e02400. doi:10.1016/j.heliyon.2019.e02400.
4. Sura K, Wilson L, Grills I. Comparison of self-reported data on Student Doctor Network to objective data of the National Resident Matching Program. *J Am Coll Radiol*. 2017;14(12):1594–1597. doi:10.1016/j.jacr.2017.08.011.
5. Kutikov A, Morgan T, Resnick M. The impact of residency Match information disseminated by a third-party website. *J Surg Educ*. 2009;66(4):212–215. doi:10.1016/j.jsurg.2009.03.034.
6. Yi P, Novin S, Vander Plas T, Huh E, Magid D. How does the current generation of medical students view the radiology Match?: an analysis of the AuntMinnie and Student Doctor Network online forums. *Acad Radiol*. 2018;25(6):699–707. doi:10.1016/j.acra.2017.12.031.
7. Kozin E, Sethi R, Lehmann A, Remenschneider AK, Golub JS, Reyes SA, et al. Analysis of an online Match discussion board: improving the otolaryngology—head and neck surgery Match. *Otolaryngol Head Neck Surg*. 2015;152(3):458–464. doi:10.1177/0194599814561187.
8. Reddit. /r/MedicalSchool. https://www.reddit.com/r/medicalschool/. Accessed October 28, 2020.
9. Peng J, Clarkin C, Doja A. Uncovering cynicism in medical training: a qualitative analysis of medical online discussion forums. *BMJ Open*. 2018;8(10):e022883. doi:10.1136/bmjopen-2018-022883.

10. Thurman R, Katz E, Carter W, Han J, Kayala E, McCoin N, et al. Emergency medicine residency applicant perceptions of unethical recruiting practices and illegal questioning in the Match. *Acad Emerg Med*. 2009;16(6):550–557. doi:10.1111/j.1553-2712.2009.00413.x.
11. Shappell E, Shakeri N, Fant A, Branzetti J, Gisondi M, Babcock C, et al. Branding and recruitment: a primer for residency program leadership. *J Grad Med Educ*. 2018;10(3):249–252. doi:10.4300/jgme-d-17-00602.1.
12. Charkhchi P, Sahraian S, Beheshtian E, Carlos RC, Yousem DM, Sair HI. Missed opportunity: neuroradiology training programs and social media. *AJR Am J Roentgenol*. 2019;212(5):1136–1141. doi:10.2214/AJR.18.20707.
13. Silvestre J, Lin IC, Serletti JM, Chang B. Geographic trends in the plastic surgery Match. *J Surg Educ*. 2016;73(2):270–274. doi:10.1016/j.jsurg.2015.10.015.
14. Skochelak SE, Smith L, Abdelfattah KR. Taking care of our students: preparing for the 2021 residency application cycle. May 18, 2020. https://cc.readytalk.com/cc/playback/Playback.do?id=95v85y. Accessed October 28, 2020.
15. Reddit. [residency] name and shame community spreadsheet for 2021 application cycle. https://www.reddit.com/r/medicalschool/comments/gm6gkn/residency_name_and_shame_community_spreadsheet/. Accessed October 28, 2020.
16. Luk L, Maher MD, Desperito E, Weintraub JL, Amin S, Ayyala RS. Evaluating factors and resources affecting ranking of diagnostic radiology residency programs by medical students in 2016–2017. *Acad Radiol*. 2018;25(10):1344–1352. doi:10.1016/j.acra.2018.05.001.
17. Pfeffer J, Zorbach T, Carley K. Understanding online firestorms: negative word-of-mouth dynamics in social media networks. *J Marketing Comm*. 2013;20(1–2):117–128. doi:10.1080/13527266.2013.797778.
18. Pillow M, Hopson L, Bond M, Cabrera D, Patterson L, Pearson D, et al. Social media guidelines and best practices: recommendations from the Council of Residency Directors Social Media Task Force. *West J Emerg Med*. 2014;15(1):26–30. doi:10.5811/westjem.2013.7.14945.
19. Nuthalapaty F, Jackson JR, Owen J. The influence of quality-of-life, academic, and workplace factors on residency program selection. *Acad Med*. 2004;79(5):417–425. doi:10.1097/00001888-200405000-00010.
20. Shappell E, Schnapp B. The F word: how "fit" threatens the validity of resident recruitment. *J Grad Med Educ*. 2019;11(6):635–636. doi:10.4300/jgme-d-19-00400.1.
21. Railey K, Tuttle B, Weiss J. Are you SURE you want to send that? A model for email professionalism in medical education. *J Physician Assist Educ*. 2017;28(4):205–209. doi:10.1097/jpa.0000000000000165.

Ryan J.J. Buckley, MD, MPH, is a Resident, Department of Emergency Medicine, Yale University; **Charles Brown, MD, MPH,** is a Resident, Saint Joseph Mercy Health Department of Emergency Medicine, University of Michigan; **Samantha Stringer, MD,** is a Resident, Saint Joseph Mercy Health Department of Emergency Medicine, University of Michigan; **Tatiana Moylan, MD,** is a Resident, Department of Emergency Medicine, Yale University; **Robert Huang, MD,** is Assistant Professor and Program Director, University of Michigan Medical School; and **Mary Haas, MD,** is Instructor and Assistant Program Director, University of Michigan Medical School.

Corresponding author: Ryan J.J. Buckley, MD, MPH, Yale University, Department of Emergency Medicine, 464 Congress Avenue, New Haven, CT 06519, 203.909.7845, fax 203.785.4580, ryan.buckley@yale.edu