

Social Media Milestones: Entrusting Trainees to Conduct Themselves Responsibly and Professionally

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In this issue of the *Journal of Graduate Medical Education*, Kesselheim and colleagues¹ report on a survey of pediatrics residency program leadership. The study found that approximately one-third of this group is very familiar with social networking sites (SNS), and approximately one-fifth of the respondents use it daily or often, which agrees with findings from other studies of educational leaders.¹⁻³ Their survey reveals that three-fourths of program directors think that inappropriate behavior by residents on SNS is somewhat or very prevalent and are concerned that the prevalence may increase. In an effort to address this concern, the study by Kesselheim et al¹ found that approximately half of residency programs educate trainees about SNS at intern orientation, some use written guidelines, and a subset of programs address the issue only when remediation becomes necessary.

Although the authors conclude that curricular efforts may be hindered by program directors' lack of familiarity with SNS, I suggest that reflecting on the Milestones pertaining to professional conduct and communication skills may provide additional insights. In demonstrating these core competencies, as they pertain to digital activity, SNS, and online sharing, we may find a way to entrust trainees with the professional activities relevant to these areas.

Taking a step back, let us first reflect on the past. It used to be, as the saying goes, "What a resident did during residency stayed in residency training"; then came SNS, blogging, tweeting, and smartphone-camera-in-your-pocket digital image/video sharing. Along with these came research that initially described some worrisome behaviors: unprofessional online posting and violations of all types (breaches of patient privacy, misrepresenting credentials, sexual misconduct, and more).⁴⁻⁶ Then there were publications dissecting humor and parsing profanity and research on the lack of common ground as to what is or is not professional in the SNS space.^{2,3,7} Some professional organizations, medical schools, and others developed guidelines and ethical considerations.⁸⁻¹¹ We also turned to

opportunities to opt in and use SNS in a beneficial manner, such as for trainee reflection.^{12,13}

I propose that it is time to view the use of SNS as an "entrustable professional activity" (EPA), in which residents can be entrusted to make use of social media competently, consistent with professional conduct, and ultimately without oversight. To use social media in this way, the resident would be enhancing learning and professional growth while maintaining public trust in the individual provider and the profession, as well as diligently protecting patient privacy. Instead of focusing on the hazards, let us consider the use of social media for opportunities—medical education and sharing, connecting, and understanding each other—while being mindful of the tenets that make us professionals and using the communication skills appropriate to health care providers.

Whether program directors, residency portfolio advisors, and clerkship directors make use of SNS, they can embrace the same key questions about how to conduct oneself professionally, even as the forum and platforms continue to change over time. We can situate discussions of competence in the use of SNS in the context of professionalism and communication core competencies. We can view the overall performance of the activity (ie, SNS usage) over time in terms of Milestones (ie, the developmental progression of knowledge, skills, and attitudes).

Excerpts from the Pediatrics Milestone Project can inform residents' use of social media.¹⁴ For example, in terms of professional conduct Milestones,¹⁴ early in the developmental progression, the Milestone narrative describes lapses in responsibility that are possibly "due to an apparent lack of insight about the professional role and expected behaviors." There may be causes for these lapses. For example, lapses may occur when trainees are fatigued, and there may be trainee insight into behavior, "but there is an inability to modify behavior when placed in stressful situations." When further along developmentally, the resident consistently "conducts interactions with a professional mindset, sense of duty, and accountability, has insight into his/her own behavior as well as likely triggers for professionalism lapses, and is able to use this information to remain professional." Still further along in development, the resident demonstrates an in-depth understanding of professionalism, helps colleagues with

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issues, identifies potential triggers for lapses, and uses this information preventively, as part of a duty to help others. Ultimately, the resident becomes a model of professional conduct, with “smooth interactions with patients, families, and peers, high ethical standards across settings and circumstances, excellent emotional intelligence about human behavior, and insight into self.” This insight is used to promote and engage in professional behavior and to prevent lapses in self and others. These residents are able to extend their “professional role beyond the care of patients” and see themselves as professionals who are contributing to something larger. Thus they can be entrusted with the use of social media to contribute to the greater community, including other medical professionals and the public.

In terms of the Milestone communication skills,¹⁵ initially residents may be rigid and rule-based, not aware of the social purpose of communication, and then begin to understand the purpose of communication and are able to adjust to context as appropriate. More advanced developmental Milestones include successfully tailoring communication strategies to “the audience, purpose, and context and can efficiently tell a story and effectively make an argument.” When attaining mastery, residents are able to deal with difficult communication scenarios and, ultimately, are recognized as role models and highly effective public speakers, with the ability to tailor messages for maximum effect. At the highest level, residents adjust communication scripts appropriately and connect in a way that fosters trust and effectively educates patients, families, and the public. These residents can be entrusted to communicate using social media effectively and appropriately as health professionals.

With any new technology or mode of communication comes challenge and opportunity. With change comes scientific inquiry, surveys of use, assessments of perceptions, and identification of discrepancies (among those who use and those who do not, older and younger, learners and teachers, those at differing levels of training, and different regions). Kesselheim et al¹ have added to this growing body of research. Now we should move to conceptualize use of social media as an EPA. This will mean assessing residents’ growth relative to the developmental professional and communication Milestones. We should focus further research and educational efforts on how to effectively teach

and assess developmental Milestones that will lead to entrustment decisions regarding use of SNS.

Residency program leadership will be critical to facilitating the attainment of Milestones and enhancing trainees’ trustworthiness in this social media arena. Some program leaders (and the number likely will grow over time) will serve as role models of social media use; all leaders should foster discussions pertaining to use of social media, anchored in the core competencies. It is time for the practical application of relevant Milestones and an EPA for social media use.¹⁶

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