Social media for a clinician in training

Rapid advances in technology and an evolving media-sharing market make it difficult to provide a comprehensive definition of social media. Social media encompasses user-generated online content often termed Web 2.0. It includes blogs, microblogs and Twitter, media-sharing platforms including Snapchat, Instagram and Figure 1, professional networks such as doctors.net and social networks such as Facebook and LinkedIn. Many of the aforementioned social media platforms did not exist 5 years ago, so it is unsurprising that the use of social media in medicine continues to be controversial (Gholami-Kordkheili et al, 2013).

Social media in medical education

Increasingly popular social media platforms designed for health-care professionals allow doctors to share medical cases and discuss complex medical issues. Figure 1 is an application often referred to as 'Instagram for doctors' which allows the sharing of interesting pictures of atypical skin rashes, body scans and rare disease presentations. It currently has more than a million health-care professionals using it daily and it is particularly loved among medical students. Moreover, it allows young doctors to page senior medical specialists and ask for help in challenging situations at work.

This demonstrates how social media can facilitate learning for health-care professionals as well as improve the quality of care. Nevertheless, numerous clinicians, particularly in Europe, still hold justified concerns over patient confidentiality, given that anyone can join this social network and potentially identify the patient. It appears that both cultural and technical security issues need to be addressed to enable wider adoption of this useful resource (Ahn, 2013).

Ms Dina Radenkovic, Medical Student, University College London Medical School, London WC1E 6BT
(dina.radenkovic@gmail.com)

Even media-sharing platforms that were not designed with education in mind may find a useful application in medicine. Snapchat, a platform popular among the younger population which allows users to share instantaneous pictures and video, has been used by a British surgeon Shafi Ahmed. Mr Ahmed used Snapchat spectacles to livestream a hernia repair operation via Snapchat in a series of short videos to over 200 medical students and surgical trainees. Every video was accompanied by clear medical explanations and was later watched by thousands of trainees across the world (Laurent, 2016).

Use of popular and freely available social media platforms could provide wider and easier access to medical education, particularly in developing countries where safe surgery is often limited by inadequate training (Linden et al, 2012; Mutabdzic et al, 2013).

Patients and social media

Doctors are not the only stakeholders in health who are using social media – patients are also using social media in health care (Susskind and Susskind, 2015). The greater availability of information and online patient groups has empowered patients to find information and support outside the GP surgery. I will never forget the first patient with Parkinson's disease I met during a clinical attachment 2 years ago, who told me that doctors diagnosed him with Parkinson's disease, but it is the Parkinson's Disease Society that has helped him adapt his favourite hobbies like gardening to his condition and gave him tailored support. He said it was 'Parkinson's disease adapted for me'.

The human contact and social interaction during a consultation are irreplaceable and online support communities can never provide the same psychological and emotional relief. However, in a system with limited resources, social networks may help provide the feelings of empathy and support for patients living with a chronic condition (Irizarry et al, 2015).

In addition, peer-to-peer support groups may promote healthy lifestyle changes that may be particularly useful in combating obesity and diabetes. A meta-analysis of studies using online support groups to facilitate weight loss showed very varied results, indicating that this approach may not work for everyone (Williams et al, 2014). Nevertheless, with the threat of diabetes affecting one in five people in the world, a low-cost intervention such as a patient social network may still be a potent weapon in our arsenal (Sepah et al, 2015; Michaelides et al, 2016).

Challenges for doctors

Web 2.0 has not only opened up new opportunities but has also created new challenges for health-care professionals. There is an increasing amount of information available online and it is difficult to maintain the boundaries between personal and professional information. Studies have found that medical students are particularly at risk from posting inappropriate content online (Chretien et al, 2009). The use of offensive language, nudity or pictures taken while in an intoxicated state can potentially become available to patients and damage the trust in the profession (Kitsis et al, 2016).

In addition, patient identifiable information may become available online. Most reported incidents were committed without any malicious intentions, but as information online is immediately available to a wide population, can be shared and reposted and is difficult to remove, these incidents escalate quickly. It is not uncommon to find medical students and doctors on social networks under initials, middle names or pseudonyms. The General Medical Council (2013) states that if a person identifies as a doctor, he/she must use a real name and that even anonymously uploaded content can often be traced back. No one expects doctors not to use social networks to share personal content with family and friends, but because of the importance of

patient confidentiality and the public trust in the profession and the dynamic nature of social media, these platforms should be used with caution.

Some studies have shown that patients' health and wellbeing could be monitored via social media (Sarker et al, 2015). It was suggested that tracking of concerning suicidal posts could create a new opportunity for life-saving interventions (Peters et al, 2015). However, current technical tools cannot reliably interpret the context of posts and this application would raise serious concerns over privacy and autonomy (O'Dea et al, 2015).

Conclusions

Social media has become so diverse that it can no longer be classified as good or bad, a friend or a foe. It is so deeply integrated into our society that it cannot simply be ignored in fear of the inevitable risks associated with its adoption. Clinicians should embrace social media to advance and widen the access to high-quality medical education, share clinical knowledge and enable patient support services while maintaining strict rules for patient confidentiality and professionalism. Health care would benefit from more comprehensive guidelines with specific examples, to ensure appropriate behaviour of doctors in the digital age. **BJHM**

KEY POINTS

- Social media holds great potential for medical education, particularly in a resource-limited setting.
- Patients are using web platforms to search for information and find support and empathy.
- The wider adoption of social media does not go without risks; the public trust in the profession may be harmed by inappropriate online content and patient confidentiality may inadvertently be compromised on medical education platforms.
- Updated guidelines incorporating the most recent technological developments would be useful to ensure the appropriate behaviour of medical students and doctors in the digital age.

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