

Original Publication

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# Social Media: Social Intelligence Training Module

Morgan Robertson, MS\*, Mindy K. Shoss, PhD, Matthew A. Broom, MD

\*Corresponding author: [mrober58@slu.edu](mailto:mrober58@slu.edu)

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## Abstract

**Introduction:** Physicians' posts on social media have the potential to impact the patient-physician relationship, interpersonal relationships at work, institutions' reputations, and the public's trust in health care professionals. Empirical research, along with several very public cases of unprofessional behavior by physicians on social media, suggests that resident physicians are not always aware of the implications of their actions online. Residency programs are being charged with ways to model positive online presence. The goal of this project was to develop a social media training program that emphasized perspective taking and fostered appropriate social media use. **Methods:** This training program involves an interactive lecture and discussion, with approximately 20 minutes of content, 20 minutes of small-group discussion, and 10 minutes of large-group discussion. We evaluated the effectiveness of this program by asking participants to complete presession and postsession surveys of social media knowledge, attitudes, and behaviors. **Results:** Survey responses ( $N = 16$ ) suggest that the social media training program was successful. Participants demonstrated an increase in knowledge of social media policies, ability to identify potentially inappropriate media interactions, ability to identify appropriate responses to such interactions, and understanding of how their actions on social media affect others. **Discussion:** We believe that the social media module is an effective and useful tool for members of the medical community as the internet and social media continue to grow in popularity and lines between professional and personal realms are continually blurred. While the effectiveness of this program was established with first-year pediatric residents, the module material is applicable to a broader medical audience.

## Keywords

Internship and Residency, Communication, Professionalism, Residency, Social Media, Emotional Intelligence, Social Intelligence, Interpersonal Interaction, Professional Image

## Appendices

- A. Social Media Module Slide Deck.pptx
- B. Social Media Module Faculty Guide.docx
- C. Social Media Module Handouts.docx
- D. Social Media Module Evaluation.docx

*All appendices are peer reviewed as integral parts of the Original Publication.*

## Educational Objectives

By the end of this session, learners will be able to:

1. Apply the American Medical Association's social media policies when using social media.
2. Apply institutional social media policies when using social media.
3. Identify potentially inappropriate social media interactions.
4. Describe how their online actions using social media affect others (colleagues, attendings, institution, the medical profession as a whole, etc.).
5. Identify appropriate responses to potentially inappropriate social media interactions.

## Introduction

The use of the internet has changed the essence of social interaction such that "every social issue that we are familiar with in the real world will now have its counterpart in the virtual world."<sup>1</sup> Before the internet, individuals shared their experiences with others in small-group settings, in such places as homes, offices, and break rooms. However, the internet and numerous social media sites have changed disclosure by facilitating the sharing of experiences with a much larger audience (e.g., online friends, the internet as a whole).<sup>2</sup> Research suggests that the nature of the internet may lend itself to individuals providing a greater amount, depth, and breadth of self-disclosure.<sup>3</sup> As a consequence, the internet is "a place where people

often end up revealing themselves far more intimately than they would be inclined to do without the intermediation of screens and pseudonyms.”<sup>4</sup>

In 2011, the American Medical Association (AMA) issued a formal statement on professionalism in the use of social media.<sup>4</sup> Via six core principles, the AMA attempted to guide physicians by highlighting the strengths of social media along with the pitfalls, particularly related to privacy and protected health information, that encircle the online environment. This framework has subsequently served as a reference for health care organizations looking to balance physician online presence with clinical services and patient expectations. Academic institutions and health care systems are often partners in providing clinical services; however, they may have different expectations and guidelines with regard to online presence, particularly among physicians. At Saint Louis University (SLU), the institutional social media policy is very clear regarding the merger of personal and professional responsibilities.<sup>5</sup> The policy is outlined following six general principles:

1. Protect your identity.
2. Be respectful of others.
3. Respect University property and resources.
4. Protect confidential and proprietary information.
5. Use of University e-mail address.
6. Use good judgment and think twice before you post.

Overall, the policy allows for individuality and expression with a positive light, being mindful of institutional interests and patient/personal confidentiality. The document is very clear and resonates with the following theme: “Individuals are personally and legally responsible for everything that they post.”<sup>5</sup>

The challenge for health care professionals is that social media create instances where social and professional worlds collide.<sup>6</sup> This raises concerns about potential negative consequences of social media posts, including potential damage to the patient-physician relationship, damage to interpersonal relationships at work, damage to institutions’ reputations, and damage to the public’s trust in health care professionals.<sup>7-10</sup> One study investigated perceptions and acts of unprofessional behavior on Facebook amongst health care profession students (e.g., medicine, nursing, dentistry, physical therapy).<sup>11</sup> Forty-four percent of students (out of 682) reported having observed posts that involved alcohol/drugs, sexual content, patient information, and criticism of others, and 27% of students had posted such material themselves. Such findings are not unique to students: Unprofessional content has been identified in blogs of health care professionals as well.<sup>12</sup> As of 2012, 71% of state medical boards had investigated doctors for professional breaches online.<sup>13</sup> Clearly, these issues are not going away. Hence, it is important that training environments educate trainees on the appropriate use and implications of behavior online.

The Accreditation Council for Graduate Medical Education has milestones linked to specific competencies (patient care, medical knowledge, system-based practice, practice-based learning and improvement, professionalism, and interpersonal communication) for which residents are evaluated throughout their training.<sup>14</sup> Milestones (basic knowledge, skills, and attributes) allow residents to be evaluated on behaviors and performance, with the goal of clear progression during residency. Professionalism, system-based practice, and interpersonal communication skills are competencies that allow for a clear linkage to social media behavior in residency (see [Table 1](#)). Reviewing clinical examples and discussing possible methods of response and interaction with colleagues, coworkers (e.g., nursing staff), patients, and families on social media are critical to exposing trainees to the world of medical social media in which they live. Understanding how online presence can affect patient care, team dynamics, professional image, and communication is an important aspect of medical training for the millennial resident. Residency programs are being charged with ways to model positive online presence (embracing the good aspects of social media for physicians) and also develop systems and feedback mechanisms to teach residents about potential negative consequences of social media presence and behavior.

**Table 1.** Milestones<sup>14</sup>

Competency	Milestone	Description
Professionalism	PROF1	Professionalization: a sense of duty and accountability to patients, society, and the profession.
Professionalism	PROF2	Professional conduct: high standards of ethical behavior, which includes maintaining appropriate professional boundaries.
System-based practice	SBP3	Work in interprofessional teams to enhance patient safety and improve patient care quality.
Interpersonal communication skills	ICS1	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

Thus, the current project aimed to address some of the previously mentioned challenges via a social media training program that would provide medical residents with academic and practical knowledge regarding the effective use of social media. Moreover, this module contributes to the broader objective of developing insight into the emotions and behaviors of self and others in order to promote empathy, understanding, and effective action.

## Methods

Participants ( $n = 16$ ) were first-year pediatric residents at SLU. The social media module was incorporated into the standard curriculum for SLU's annual orientation program for first-year pediatric residents. This module focuses on issues surrounding social media use by physicians and contributes to the broader objective of developing insight into the emotions and behaviors of self and others in order to promote empathy, understanding, and effective action.

The social media module was designed for one facilitator with the option of cofacilitators and is 1 hour in length. The lead facilitator for the current project was the medical director of the primary care clinic in the SLU Department of Pediatrics. Two cofacilitators who were more involved with content development also attended the social media training. The cofacilitators' roles during the facilitation involved ensuring the PowerPoint technology worked properly as well as distributing and collecting training materials. It is preferred that the facilitator of the social media module be someone with a medical background and/or reputable medical knowledge. Moreover, the content may be best received if given by a facilitator whom the participants have a working relationship with and/or interact with regularly.

The current module's educational approach includes the following: (a) completion of a presession survey assessing social media knowledge, attitudes, and behaviors; (b) participation in a 1-hour training session; and (c) completion immediately following the session of a postsession survey that evaluates knowledge and attitudes.

Upon arrival at the social media training, participants were asked to complete the Social Media Training Evaluation–Pre-Survey (included in Appendix D). This presession survey is 38 items long and captures typical social media behaviors for the self and others (e.g., “How frequently have you posted or observed a colleague posting a picture of an individual having one alcoholic beverage?”) as well as general attitudes and beliefs towards and overall knowledge of social media use (e.g., “Please indicate the extent to which you agree or disagree that having stringent privacy settings ensures social media posts are only shared with your intended audience”). Participants had 5 minutes to complete the presession survey. To maintain anonymity regarding potentially sensitive content, participants were not asked to provide their names or any demographic information. Presession surveys were collected upon completion.

Once participants had completed the presession survey, the social media module handout packet was given to them, and the lecture began. The packet included the following: a description of AMA's policy regarding professionalism in the use of social media, SLU's social media policy, and small-group facilitation questions. Note that future facilitations of the current module will include the respective institution's social media policy in place of SLU's social media policy. The lecture was designed to be interactive, with approximately 20 minutes of content, 20 minutes of small-group discussion, and 10 minutes of large-group discussion. The content provided participants with information regarding perspective taking, social media policies (both our institution's and AMA's), and recommended responses to observing inappropriate social media activities. The small-group discussion involved the introduction of case studies where

participants were asked to apply perspective taking and social media policies to consider appropriate courses of action. Lastly, large-group discussion offered the participants the opportunity to consider potential situations that may lead individuals to act unprofessionally on social media (e.g., stress) as well as strategies to more appropriately manage these situations. Note that the PowerPoint presentation was organized so that small-group discussion and large-group discussion were mixed in with the delivery of content.

Upon conclusion of the lecture portion of the social media training, participants were asked to complete the Social Media Training Evaluation–Post-Survey (also included in Appendix D). This postsession survey is 38 items long. The measure evaluates overall module content. Specifically, the participant is asked to evaluate the facilitator, seminar content, presentation slides, activities, and training environment as well as to provide written answers regarding how his/her opinions of social media usage changed as a result of the training program. This measure also reassesses participants' general attitudes and beliefs towards and overall knowledge of social media. Consistent with presession survey methods, participants had 5 minutes to complete the postsession survey, and identifying information was not collected. Postsession surveys were collected upon completion.

Attachments for the current module include a faculty/instructor guide (Appendix B), the pre- and postsession surveys (Appendix D), PowerPoint slides (Appendix A), and a supplemental handout packet (Appendix C). The faculty/instructor guide provides clear instructions for successful implementation of the social media module.

## Results

### Presession Survey

Of participants, 75% (12 out of 16) reported that it would be helpful to have more information about how various groups of people might interpret different social media content. Furthermore, over half of participants reported having done the following or witnessed their colleagues doing the following: displaying current relationship status, making opinionated comments about controversial issues, and posting a picture of an individual having one alcoholic beverage.

### Pre-Post Comparisons

Presession to postsession survey comparisons (see Table 2) suggest that participants' awareness of both AMA's social media policy ( $p < .01$ ) and institutional social media policy ( $p < .01$ ) increased as a result of the program. Overall understanding of how to use both AMA and institutional social media policies to guide personal social media behavior also increased ( $p < .01$ ). Postsession survey results show that participants reported an increase in knowing how to respond to potentially inappropriate social media interactions that they observe ( $p < .05$ ) as well as increased confidence in their ability to identify appropriate responses to potentially inappropriate social media interactions ( $p < .05$ ).

**Table 2.** Presession and Postsession Survey Comparisons

Question	Survey Response ( $n = 16$ )			
	Presession	Postsession	$t(15)$	$p$
I am aware of AMA's social media policy.	2.94	4.19	-5.37	<.001
I am aware of my institution's social media policy.	3.63	4.25	-3.48	0.003
I understand how to use AMA's and my institution's social media policies to guide my social media behavior.	3.5	4.19	-3.47	0.003
I know how to respond to potentially inappropriate social media interactions that I observe.	3.13	4.19	-7.41	<.001
I am confident in my ability to identify appropriate responses to potentially inappropriate social media interactions.	3.63	4.13	-2.45	0.03

### Overall Program Evaluation

Of participants, 87.6% (14 out of 16) reported that they thought the seminar was worth their time, and 93.8% (15 out of 16) found the length of the program to be just right. Overall, evaluations of the facilitator, seminar content, presentation slides, activities, and training environment were positive. Additionally, an

analysis of the qualitative data suggested that the social media training program was received well and that the participants found the information presented helpful (see Table 3).

**Table 3.** Open-Ended Responses

Question	Response
What was the most important thing you learned in this seminar?	<ul style="list-style-type: none"><li>• "It is not what you mean, it's how someone perceives it. There's no such thing as free speech!"</li><li>• "Be mindful of what is on social media."</li><li>• "Don't post questionable content."</li></ul>
Did your opinion of social media usage change as a result of today's seminar? If so, how?	<ul style="list-style-type: none"><li>• "Yes, I will think more when posting."</li><li>• "Posts containing patient information can be damaging."</li><li>• "Don't vent on social media."</li></ul>

## Discussion

Research suggests that posts on social network sites can have potentially damaging consequences for the individuals posting, their respective organizations, and the larger groups that they represent.<sup>8,9</sup> The current module provided information to first-year pediatric residents at SLU regarding issues surrounding social media use by physicians. This module framed these issues in a manner to promote empathy, understanding, and effective action.

Responses to the presession survey questions are in agreement with research that suggests unprofessional disclosures online occur regularly.<sup>8,12,13</sup> The presession survey results also suggest that first-year resident students were not familiar with the AMA and institutional policies and procedures in place to regulate social media.<sup>4,5</sup> Moreover, first-year resident students had not taken time to consider potential social media challenges and their reactions to such challenges.

The current program aims to address these deficits. The social media training program includes approximately an hour of material. Specifically, participants complete a presession survey (the Social Media Training Evaluation–Pre-Survey in Appendix D), which is directly followed by an interactive lecture involving small- and large-group discussion. Lastly, participants are asked to complete a postsession survey to evaluate the training program (the Social Media Training Evaluation–Post-Survey in Appendix D).

Results from the postsession survey suggest that the current program was successful in meeting the learning objectives. Specifically, participants' knowledge of social media policies increased as a result of the social media training. Participants also reported an increase in the ability to identify potentially inappropriate media interactions as well as to identify appropriate responses to such interactions. Lastly, participants gained an understanding of how their actions on social media affect others.

We believe that the social media module is an effective and useful tool for members of the medical community as the internet and social media continue to grow in popularity and lines between professional and personal realms are continually blurred. While the effectiveness of this program was established with first-year pediatric residents, the module material is applicable to a broader medical audience. Future work is needed to examine this program in other groups and to evaluate the longer-term impact on larger samples of learners. Future work might also expand this program to consider scenarios dealing with different social media platforms as well as social media activities that cross platforms.

**Morgan Robertson, MS:** Doctoral Student, Department of Psychology, Saint Louis University

**Mindy K. Shoss, PhD:** Faculty Member, Department of Psychology, Saint Louis University

**Matthew A. Broom, MD:** Associate Professor of Pediatrics, Saint Louis University School of Medicine; Medical Director, Department of Pediatrics, Saint Louis University School of Medicine

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#### Ethical Approval

This publication contains data obtained from human subjects and received ethical approval.

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