Socially Awkward Abroad: A Call for Social Media Policies in Residencies that Offer Global Health Electives

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Abstract. Both social media use and the popularity of global health electives (GHEs) have increased in recent years. Social media use during GHE is commonplace and has benefits, yet sharers may not consider the ramifications of these posts, including privacy violations. Social media policies—which have become more common in residency programs—may aid in providing clear expectations to trainees abroad. The authors aimed to determine the prevalence of social media policies among pediatric residency programs that offer GHE. The authors used a cross-sectional survey design in which educators at pediatric residency programs that offer GHE were surveyed using REDCap[®]. For all quantitative data, proportions of responses were calculated and analyzed using Microsoft Excel 2013[®]. The authors analyzed qualitative data using a conventional content analysis approach. The survey was sent to 74 educators; 39 (53%) responses were received. Most (62%; $n = 24$) of the pediatric residency programs that offer GHE reported that their institution had a social media policy. About one-third (34%; $n = 13$) of respondents stated that their programs had social media guidelines that pertained specifically to GHE and fewer indicated that social media guidelines were included in their programs' GHE predeparture curricula (32%; $n = 12$). This study found that most of the residency programs surveyed had social media guidelines, but few had guidelines applicable or specific to GHE. Informed by this study and a literature review, the authors propose template language for a social media guideline with considerations for social media use in the context of GHE.

INTRODUCTION

The twenty-first century has become the era of social media, with a generation who will be unable to imagine a time when they could not instantaneously share experiences with their networks. Formally defined as internet-based tools designed for the exchange of content allowing individuals to communicate electronically,^{1,2} social media is ever-evolving and far-reaching. The use of social media by the public has increased dramatically, from 7% in 2005 to 69% in 2018, with the highest rates of social media use in 2018 among young adults aged 18–29 years (88%).³

Health-care professionals and trainees are not immune to the growth in social media use. Social media offers many benefits to health-care professionals, such as enhancing professional networking, opportunities for advocacy, and sharing educational resources. Furthermore, social media has the ability to connect colleagues and international partners, and many partner sites rely on social media applications for communication over long distances. Social media posts that avoid disparaging programs or identifying patients, and highlight not just challenges but also strengths, can be an important way to engage with friends and colleagues during an international rotation. Despite these benefits, there are unique risks to social media use among health-care providers.⁴ These risks extend to both patients and health-care systems when confidentiality is breached, distributed information is inaccurate, professional image is damaged by unprofessional behavior, or personal-professional boundaries are violated.^{2,5}

Social media use has increased in parallel with medical trainee interest in global health electives (GHE). In the United States (U.S.), participation in GHE among medical students increased from 8% in 1986 to 31% in 2015.^{6,7} Meanwhile, a 2013 query of residency program websites across all specialties found that 20% offered global health programs,⁸ with at least half of residency programs in pediatrics,⁹ ophthalmology,¹⁰ neurology,¹¹ and plastic surgery¹² offering GHE.

Medical trainees completing GHE are known to experience a range of emotions such as homesickness, social isolation, and culture shock.^{13,14} Many trainees struggle with processing these emotions alone and may reach out via social media to a digital community. Although this allows trainees an opportunity to gain support from family and friends, it can also be a setup for challenges, which may forever be documented via an errant post (Figure 1). There have been calls in popular media to limit inappropriate social media use during GHE—including putting an end to the so-called “poverty porn,” where images of impoverished people or settings are posted, regardless of intention, to generate emotional reactions in the viewers.¹⁵ These types of posts made by trainees not only jeopardize the home institution but also risk harming institutional partnerships.

Many U.S. residency programs have created guidelines for appropriate social media use.^{16,17} However, to our knowledge, literature describing the extent to which residency programs have adopted social media guidelines for residents participating in GHE is lacking. Thus, an increasing number of technologically advanced trainees may be completing GHE with no specific guidelines regarding social media use while abroad, which could put them, their institutions, and their patients at risk.

In this article, we report the extent to which pediatric residency programs that offer GHE have social media guidelines in place and, when they exist, whether there are aspects that specifically address social media use while on GHE. We also

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FIGURE 1. Fictional examples of inappropriate social media use in a global health elective setting. This figure appears in color at www.ajtmh.org.

report how frequently social media guidelines are a part of GHE predeparture curricula in these programs. In addition, we provide a list of considerations for social media use for trainees in global health settings that could be addressed in predeparture preparation. Finally, we provide a social media guideline with considerations for social media use in the context of GHEs informed by this study and a literature review.

MATERIALS AND METHODS

We used a cross-sectional survey design. Our team, including individuals with survey design expertise, developed the survey through an iterative process after a literature review.^{16–21} All authors approved the survey (Supplemental Appendix), which included multiple-choice and free-response questions.

The research population was derived from a database maintained by the University of Wisconsin, created in 2013, by

global health educators within the Association of Pediatric Program Directors for the purpose of identifying residency programs with GHE offerings. We uploaded the survey onto REDCap software (version 6.10.11; Vanderbilt University, Nashville, TN, at <https://www.project-redcap.org/>) and distributed it via email to global health educators, program directors, residency coordinators, and/or chief residents at all known U.S.-based pediatric residency programs that offer GHE. The survey was open for 31 days in 2017; reminder emails were sent before survey closure. The Baylor College of Medicine Institutional Review Board approved the study. Individualized links were valid for a one-time response from each respondent. We removed incomplete surveys from analysis.

We managed data in secured Microsoft Excel 2013 (Microsoft Corp., Redmond, WA) spreadsheets, in which we pooled responses and performed descriptive statistical analyses.

We analyzed all qualitative data using a conventional content analysis approach to identify themes.²² One author reviewed the provided social media guidelines in their entirety to identify content specifically related to GHE. The author also looked for content that described how learners should appropriately use social media that may have applicability to global health settings, and identified illustrative quotes.

We used the results of these analyses to collaboratively propose a standard social media guideline with considerations for social media use in the context of GHE.

RESULTS

The survey was sent to 74 respondents. Useable responses were received from 39 (53%) individual programs across the country. Respondent demographics are found in Table 1.

General social media guidelines. Twenty-four (62%) programs reported that their institution had social media guidelines, whereas 13 (33%) were unsure if their program had them (Table 2). Two programs reported their institutions did not have social media policies. Nearly all programs with known guidelines (92%; $n = 22$) provided them for review.

Of the general social media guidelines provided, none included any language or policies pertaining specifically to global work. Some documents did include language that policies apply to employees “at and away from work” and that social media posts outside of the institution may reflect on the institution. Several suggested the use of disclaimer language to indicate that one is not speaking on behalf of the organization, although one guideline cautioned that one “must consider whether personal thoughts they publish may be misunderstood as expressing (institution) positions.” By contrast, one institution’s policy stated that it does not apply to social media use “on personal time.”

Common themes that emerged in social media documents include the needs to be aware of permanence of social media posts, display “respectful and professional behavior,” and limit contact with patients or parents/guardians of patients on social media. One guideline mentioned such contact “may

TABLE 1
Demographics of survey respondents

Respondent Demographics (n = 39)	Response	Frequency	Percentage
Role in program	Program director	7	18
	Associate program director	8	21
	Global health educator	22	56
	Residency coordinator	1	3
	Chief resident	1	3
	Other (global health coordinator, global health residency director, and faculty advisor)	3	8
Region where program located	Northeast	9	23
	Midwest	13	33
	South	11	28
	West	6	15
# Residents in program	1–20	5	13
	21–30	3	8
	31–40	6	15
	41–50	4	10
	> 50	21	54

TABLE 2
Social media survey questions and responses (not pertaining to global health electives)

Question (n = 39)	Response	Frequency	Percentage
Existence of social media guideline	Yes	24	62
	No	2	5
	I do not know	13	33
Residents made aware of guidelines	Addressed during intern orientation	15	39
	Online	16	41
	Emailled to residents	3	8
	Given to residents at another time other than orientation	6	15
	I do not know	14	36
	Other	3	8

inappropriately blur the personal and professional relationship, result in an invasion of privacy, or create potential liability for staff or the (institution).” Patient privacy was also highlighted in most guidelines, which discouraged staff from discussing the institution’s patients on social media. However, no document addressed patients not affiliated with the institution, such as those that may be seen during a GHE.

Global health-specific social media guidelines. Despite 13 of the survey respondents stating that they have guidelines on use of social media pertaining to GHE (Table 3), only two programs provided formal, written social media guidelines pertaining to residents completing GHE. For one institution, this content was in a separate document pertaining to risks associated with GHE rather than incorporated as part of the institution’s social media guidelines. Another respondent stated that residents are required to sign an agreement before travel that includes the following statements: “I will use discretion in taking photographs. I will seek permission (with full transparency of purpose) from individuals being photographed and my host institution before taking any photographs. I will respect the privacy of my host community and individuals, and will not post patient or facility photos or details in online venues (blogs, photo websites, etc.)” Two additional respondents replied via free text that guidelines pertaining to GHE are reviewed by informal discussion, rather than using a written document.

Blogs associated with GHEs and run by residency programs were rare, with only two respondents (5%) reporting they existed within their programs. One of these blogs was password protected, whereas the other was accessible by the general public. A global health educator monitored the content of posts on the password-protected blog, but not the publicly accessible blog.

Five respondents described challenges encountered regarding residents’ social media use during GHE. One respondent described an incident in which a resident befriended on Facebook the parent of a patient encountered on a GHE; this became an issue when the mother messaged the resident frequently when the child was ill. Another respondent commented that although the pediatric department has clear expectations for social media use while on GHE, not all departments within the institution follow these guidelines, and sometimes even faculty will violate the policies. A few respondents remarked that their programs encourage residents to adhere to the same standards regarding social media use

TABLE 3
Survey questions and responses pertaining to GHE preparation and guidelines

Question	Response	Frequency	Percentage
# Resident participants in GHE per year (<i>n</i> = 38)	0–5	18	47
	6–10	11	29
	11–15	3	8
	16–20	4	11
	21–25	0	0
	26–30	2	5
Who coordinates GHE predeparture preparation (<i>n</i> = 39)	Residency program director	2	5
	Associate program director	7	18
	Global health educator	28	72
	Chief residents	1	3
	We do not have a faculty assigned to global health education	1	3
Program guidelines or policies pertaining to GHE (<i>n</i> = 38)	Donations guidelines	6	16
	Social media use guidelines	13	34
	Risk reduction guidelines	20	53
	Occupational exposure guidelines	18	47
	Photography guidelines	13	34
	Professionalism guidelines	23	61
	Other (approval guidelines and evidence- based community health guidelines)	4	11
	I do not know	5	13
	Addressed during orientation for GHE	21	54
How residents are made aware of guidelines specific to GHE (<i>n</i> = 39)	Online	6	15
	Emailed to residents	7	18
	Given to residents at another time other than orientation	2	5
	I do not know	12	31
	We do not have guidelines	1	3
	Yes	12	32
Social media guidelines, a formal part of predeparture preparation curriculum for GHE (<i>n</i> = 37)	No	23	62
	I don't know	2	5
Residents disciplined for inappropriate use in a GHE setting (<i>n</i> = 39)	Yes	2	5
	No	29	74
	I don't know	8	21

GHE = global health elective.

abroad as they would in the United States. Another respondent expressed that some sharing of photographs is important for educating those at the home institution, provided photos are taken in a culturally appropriate manner.

DISCUSSION

To our knowledge, this is the first published study that quantifies the use of social media guidelines for GHE within pediatric residency programs. Although most of the programs surveyed had social media guidelines (62%, *n* = 24), these policies often did not adequately relate to social media use during GHE where several nuances might pose additional risk to stakeholders. Furthermore, few programs surveyed had GHE-specific social media guidelines and are not routinely included in programs' predeparture curricula. Our study suggests that although social media problems are rare, they do exist and were reported anecdotally.

Some respondents (33%, *n* = 13) were not aware whether their residency or institution had a social media policy, which suggests that programs need to increase awareness of such guidelines. In instances where an affiliated hospital has a

social media policy, but the residency program or affiliated academic institution that uses residents do not, residency program directors and GHE staff must be cognizant that hospital social media policies may not apply to the non-hospital patients for which residents on GHE provide care.

Although many of the guidelines reviewed mentioned that an employee's personal posts on social media may reflect on the institution, these documents centered around the risks to the institution itself and did not address risks to other parties. On a GHE, learner posts could reflect poorly not only on the sending institution but also on the host institution. These posts could negatively impact partnerships between sending and host organizations, damaging long-standing relationships.

Only about one-third (34%, *n* = 13) of respondents stated their programs had social media guidelines that pertained to GHE, and only two provided written documents for review. It is possible that respondents may not have had a physical copy accessible when completing the survey or, as two respondents stated, guidelines pertaining to GHE may have been discussed informally with residents and were not based on a written document. Regardless, these guidelines are important, as learners may use social media as a way to help with

TABLE 4
Considerations for social media use while on GHE*

Institutional Policies Contract for social media and photography use	Consider having learners sign a social media or photography contract before the GHE that makes clear expectations about appropriate use.
Speaking for yourself	Ensure learners know that they are speaking for themselves while abroad and not on behalf of their institution. Oftentimes adding a disclaimer such as “the views expressed on this page belong to me and do not reflect those of my employer” is appropriate.
Include social media in predeparture curricula	Include social media guidelines in pre-departure curricula and require reading related to responsible social media use and photography. This encourages learners to think about appropriate use of and consequences of social media use while abroad.
Individual policies Good judgment and checking accuracy	Remind learners that they alone are responsible for the content they post on social media. Stress to them the importance of respect and how others might perceive their post. Ask them to check the accuracy of everything they post, and understand that posts can damage relationships with host sites, undermine reputations, and discourage teamwork.
Appreciating permanency	Learners must understand that after being posted, content is difficult to remove completely. Even when deleted, often data are stored where the learner may not have anticipated. Future employers can often see this information and may use it to evaluate the learner.
Asking for help	Many institutions have social media policies, departments of communication, or global health departments who are available to provide guidance to learners regarding social media use. Consider contacting them.
Confidentiality policies Protecting patient privacy	Disclosing information about patients, including photographs, without permission is inadvisable and may go against local as well as home institution policies. Learners must know the seriousness of this offense.
Protecting learner privacy	Learner privacy is also a concern when learners are not aware of the privacy of sites where they are posting content. Even when one may think they are posting to a few trusted people, oftentimes the general public is still able to see this information.
Philosophical policies “Would I post this back home?”	With all posts, learners should ask themselves if they would feel comfortable posting the same information or photographs of people from their home institution. If the answer is no, the learner has no such business doing so in the host community.
Using other tools for processing emotions	Other avenues are available for emotional processing during GHE, such as a personal journal or personal communication including a phone call.

GHE = global health elective.
* Adapted from Lukolyo et al.²⁵

Social Media

I will respect the privacy of my host community and individuals, and will not post patient or clinical information on social media (e.g. public blogs, Facebook, Instagram, Twitter, etc.). I will pay special attention to the confidentiality of children and other vulnerable populations, and ensure that their rights are respected in every circumstance.

I understand that social media posts might be misinterpreted. I will use good judgement when posting about my host institution or colleagues on any social media, and will limit any negative comments about the experience to a personal journal or private communication with family and friends by phone call or text message.

I understand the importance of respect and how others might perceive my posts. I understand that posts can damage relationships with host sites, undermine reputations, and discourage teamwork. I will ensure that with all posts, I would be comfortable posting the same information about people from my home institution.

I will check the accuracy of everything I post. I understand that I am in-country on behalf of my institution and others may assume I am representing the views of my institution. I will be aware of the privacy of sites where I am posting content about my experience. I understand that posted content is difficult to remove completely, and that even when deleted the data may be stored where I may not have anticipated.

Photography

I will use discretion in taking photographs both for clinical and social media use. I will seek permission (with full transparency of purpose) from individuals being photographed and from my host institution prior to taking any photographs. I will be aware of and comply with my host institution's policy for taking photographs of patients and facilities, including obtaining informed consent from caregivers and assent from children if appropriate.

When taking photographs, I will protect patients' privacy by taking photos that do not show their faces or other identifying features. I will be considerate during private moments of grief and not be intrusive. I will build a relationship of mutual understanding with my subject and not be a stranger from a distance. I will not post a photo that may put the subject in danger, especially if the subject is a child.

I will examine my motives for taking a photograph. I will attempt to inspire hope or understanding, and not simply try to gain pity for my subjects, which is dehumanizing. I will never portray my subjects as useless or inadequate.

I will not stereotype or make false generalizations. I will use factually-accurate captions to contextualize images. I will use my photos to raise public awareness, not to exploit public sympathy. I will edit my photos carefully to avoid misrepresentation, and ensure that my photos document what I believe is the real situation of my subjects.

When taking clinical photographs to share with colleagues for educational purposes, I will seek informed consent for the use of each image, as well as explain the purpose and intended audience. The photo will be taken to respect the patient's dignity. I will maintain patient anonymity by only photographing a particular part of the patient's body and avoid inclusion of identifying features. Clinical case photographs will not be shared on social media.

Signed _____

FIGURE 2. Social media and photography contract for global health electives.

culture shock related to GHE, and their posted portrayals of their situation can at times appear judgmental, unprofessional, or may violate patient and institutional privacy rights.^{23,24} Thus, it is imperative that social media policies pertaining to GHE not only exist but also are made clear to learners before their elective.

Blogs associated with GHEs and run by residency programs were rare in our survey. Because blogging involves real-time

transparency of thoughts, even a well-intentioned post that lacks cultural understanding by a learner can come across as insensitive and undermine relationships with hosts.²⁵ If blogs are not monitored by global health faculty, it is possible that posted content could cause problems. Furthermore, U.S.-based faculty who monitor blogs may lack the same perspective as someone from the host site. Password protection and host faculty monitoring of GHE blogs should be considered.

Social media guidelines were reported to be a formal part of preparation curriculum for GHE in only about one-third of respondents. There is an increasing body of literature surrounding the importance of predeparture preparation for GHE.²⁶ Because of the unique challenges of social media use in GHE, social media guidelines should be included in such predeparture curricula.

Given the potential value of social media with respect to connectivity over long distances in global health partnerships, it should not be removed from learners' experiences completely. Rather, learners must have education, mentorship, and guidance to promote thoughtful social media use. There are few formal existing guidelines in the literature for responsible social media use for learners completing GHE. The following table of considerations for social media use while abroad is adapted from Lukolyo et al.²⁵ and several domestically focused guidelines on use of social media (Table 4).^{27–32} These considerations could be addressed in predeparture preparation before GHE.

Based on a literature review and results of this study, our group proposes the following social media and photography contract as a standard for preparation for social media use in GHE (Figure 2). It was adapted from St Clair et al., Lukolyo et al., Unite for Sight.org Bhattacharya, and also incorporates elements from the guidelines for ethical reporting on children from the United Nations Children's Fund.^{25,30,33–35}

LIMITATIONS

The database used to recruit respondents may not have been comprehensive and those who responded may have been compelled because of existing policies, thus leading to selection bias. Respondents were asked to recall institutional policies, making recall bias possible. In addition, program directors may not have been as familiar with the global health-specific social media guidelines, and global health educators not as familiar with the general program guidelines. It is possible that some respondents did not have knowledge of policies within their institutions, and thus may not have given accurate responses. In addition, because we were only provided two existing formal, written social media guidelines pertaining to residents completing GHE despite 13 programs reporting having them, we were unable to assess the overall quality or impact of most of the guidelines. Although we believe that the development of guidelines could be an important step for programs, without evaluating the content of these guidelines as a whole, we are not able to comment on potential unintended negative consequences related to guideline development and use. Finally, although we surveyed only pediatric residency programs, trends may be similar across specialties and the proposed contract remains relevant for learners completing GHE in many specialties.

CONCLUSIONS

As both social media use and GHE become increasingly common, attention to trainees' social media use is paramount. As shown in this study, guidelines for social media use for learners completing GHE are often overlooked, exposing residency programs and international partnerships to vulnerabilities. Furthermore, social media guidelines specific to GHE should be included in predeparture curricula. We provide a template social media guideline with considerations for social

media use in the context of GHE. As more social media guidelines pertaining to GHE are created, future research should focus on assessing the quality and impact of these guidelines.

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