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REALLY GOOD STUFF

A 'brown envelope' intervention for digital professionalism training

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1 | WHAT PROBLEM WAS ADDRESSED?

Reports are emerging that since the publication of regulating bodies guidance on using social media, there have been small, but rising numbers of Fitness to Practise cases made against health care professionals relating to its use. Digital professionalism training is increasingly recognised as an important part of the undergraduate curriculum, but more work is required to determine the most effective way to do this. In our Faculty, initial pedagogic efforts to address this issue included invited lectures from guest speakers on professionalism and ethics. However, these received poor student feedback, failing to incite a level of reflection about online activities which corresponded to little to no change in their online behaviours (eg posts and security settings).

2 | WHAT WAS TRIED?

A previous study¹ demonstrated that by incorporating student-submitted social media examples into professionalism training heightened interest and engagement, which led to the development of our 'brown envelope' intervention. Year 2 dental students ($n = 68$) receive a seminar as an introduction to professionalism, during which time 30 minutes is spent specifically on digital professionalism. This includes a talk from a member of Faculty, reviewing current social media guidelines, examples of real-life social media faux-pas made by health care professionals and online risk management techniques. Each student also receives a personal concealed 'brown envelope' containing a one-page

investigative summary of their publicly available online profile. Two faculty members conducted online Facebook searches of each registered student, using their name. Examples of inappropriate or unprofessional online behaviour were recorded. Data collection is minimally resource intensive but still requires time and effort, in addition to minor administrative costs for paper, printing and envelopes.

3 | WHAT LESSONS WERE LEARNED?

Eight weeks following the intervention, students were invited to participate in focus groups to examine the impact of the 'brown envelope' using the theory of planned behaviour as an interpretive framework for behaviour change. The intervention did appear to generate long-term actionable change in students' online behaviour, reported as alterations in privacy settings or through restricting access to their own 'friends lists'. Despite being aware of the 'brown envelope' from previous year groups, students were surprised that their profiles were still accessible to both tutors and the general public.

Given its positive reception amongst students, we recommend the 'brown envelope' for use in undergraduate health care professional education, which could form part of a larger, more interactive training programme delivered at multiple time-points. Incorporating a 'Google' self-search into training could potentially offer the same effect, with even less preparation time. However, it may not create the surprise element induced by the knowledge that tutors have already accessed the information. Another criticism of

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the current training was a lack of content on the positive use of social media, which could be blended into the programme. Given resource limitations, only Facebook online profiles were reviewed, but as students informed us, the use of other platforms such as Instagram is becoming more popular and could be where most misuse is occurring. Going forward, therefore, we need to capture data on a wider range of platforms, to ensure intervention remains contemporary.

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