The Case of the Facebook Faceplant

Case Written by Dr. Brent Thoma

Case
Dr. Brent Thoma

Objectives:
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Expert Responses
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Dr. Ken Milne

Curated Community Commentary
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Greg, a brand new Emergency Medicine attending, woke up from his nap after a long night shift and immediately was flooded with memories. It had been one of those nights where the patients never stopped coming. Worse, he had been on with one of the junior EM residents, Tammi, who the program director had flagged to Greg as a 'resident at risk.'

He had hoped to use the shift to build up her confidence, but near the end she got in a disagreement with one of the senior nurses. The nurse had held some questionable orders for Greg's approval, and Tammi did not take it well when she found out. Greg had tried to debrief the event with her before she went home, but they did not get very far as she seemed to be on the verge of tears. He figured he would give her a call today to talk about it after she had slept and all of the dust had settled.

Greg walked to the fridge, thinking of all the ways he could re-frame the problem to Tammi. He could role play the situation in reverse; he could have her reflect upon the words he had overheard… Hmmm.

But first… some Facebook time.

Typing in his password, he quickly scanned his wall to find some funny new memes, a few quasi-political rants from his college roommate, some cute pictures of his sister's cats in costume…
And then his face dropped as he saw the following message:

Questions for Discussion

1. As Greg's friend, what advice might you give him?
2. What are your own/local/hospital/state-wide/provincial/national policies for social media engagement?
3. How would you approach this scenario if you were Tammi's friend?
4. What advice do you have for educators who encounter social media transgressions?
5. Can you share your difficulties with confusion over the blurry border between virtual and real identities?

Usage

Competencies

ACGME	CanMEDS
Professional Values Interpersonal and Communication Skills Team Management	Professional Communicator Scholar (Teaching)

Intended Objectives of Case

1. Describe the similarities and differences between in-person and online communication
2. Derive a list of resources that can help physicians-at-risk
3. List key components of standard social media policies
4. Describe an appropriate strategy for approaching a learner who has behaved unprofessionally.

Expert Response

Thou shalt not be unprofessional: Offline or Online!

by Dr. Ali Jalali MD

Interesting case. Unfortunately, the lack of courses and policies on social media professionalism leads to the situations like this. The case also highlights the importance of "educating the educators" regarding social media tools integration in education.

This case is a reminder that ethical and professional standards also apply online, in the digital world. I would suggest to Greg that he start by discussing the disagreement with Tammi and listening to her side of the story. He should acknowledge that this must have been a difficult situation for her and see if he can help in anyway.

Afterward, Greg can discuss the Facebook status update with her. He should remind her of the public nature of Facebook posts and how such statements can reflect on her professional persona. Furthermore, he can discuss the potential of such posts in weakening public's confidence in the health care profession in general.

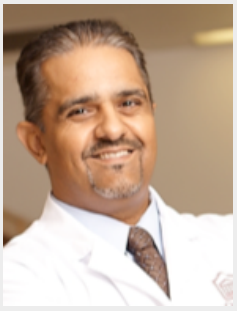
Greg should also check and see if there are any policies established by the hospital and/or university on such matters. If not, there are several provincial and national bodies that have developed such guidelines.

The Canadian Medical Protective Association (CMPA) guidelines indicate "Physicians who communicate through social media, on web portals, or via email should be mindful that they are governed by the same professional and ethical standards as would apply in a physical environment"

The Canadian Medical Association guidelines clearly name "Respect others" under their "Rules of engagement" for use of Social media.

The College of Physicians and Surgeons of Ontario encourages physicians to "Maintain professional and respectful relationships with patients, colleagues, and other members of the health-care team" when using social networking tools.
South of the border, the American College of Physicians and Federation of State Medical Boards have published a policy that calls on physicians to "pause before posting" and to avoid the "airing of frustrations and "venting"" that "may occur in online forums."

Greg should then remind Tammi that her professional identity maybe compromised by such postings and suggest that she edit or delete her Facebook post.



About the Expert

Dr. Jalali (ajalali.com) is a Distinguished Teacher and Teaching Chair of the Faculty of Medicine, uOttawa. Some of his selected works:

1. Alireza Jalali, Timothy Wood. Tweeting during conferences: Educational or just another distraction? Medical Education; November 2013; In Press
2. Alireza Jalali, Timothy Wood. Analyzing Online Impact of Canadian Conference of Medical Education through Tweets. Education In Medicine Journal; Sept. 2013, 5 (3).
3. Jeewanjit Gill, Timothy Wood, Alireza Jalali. Investigating the Use of Social Networking Tools Among Medical Students. Medical Education 2013; 47 (Suppl. 1).
4. Doctor, can I friend you on Facebook? http://www.gazette.uottawa.ca/en/2013/03/doctor-can-i-friend-you-on-facebook/

Expert Response

Facing this Facebook Faceplant

by Dr. W. Kenneth Milne MD, CCFP(EM)

This is an excellent case and brings up so many potential discussions. My advice is to prepare, consider the greater context, create a teachable moment, discuss acceptable practices and develop a forward facing plan. The following are some specifics related to this particular case.

1. Preparation

There are some great resources (listed in the resources section) available to prepare him, to use when he talks to Tammi. He can review some of these to help him think through various scenarios that could result in a problem learner. I would recommend that you read the paper in the 'Reading List' by Dr. Y. Steinert and also the other paper by Dr. S. Bernstein and colleagues.

2. Consider the Greater Context

The greater context may include a mental health or substance abuse problem. The combination of the social media outburst on Facebook and being flagged as a "resident at risk" could be signs of a bigger issue.

There are resources available for physicians with these problems (http://www.cma.ca/helping-others) and Greg might want to speak with the program director first before he approaches her to see if they are worried about that possibility.

If it is not a mental health/substance abuse problem then Greg should use this as a teachable moment. Turn it into something positive for Tammi. We, as a profession, should not eat our young. He could start by allowing Tammi to vent about the shift and nurse involved while validating any legitimate concerns she may have.This may help her to open up about other things going on in her life that are making work difficult.

3. The Teachable Moment: Discussing the Mistake

Then Greg should let Tammi know she made a mistake by ranting on Facebook. It might help to normalize the situation, and express that he too has felt frustrated and made mistakes. The social media aspect of this case has unfortunately spread that mistake to a much wider audience. He is best to point out that there are better ways to address concerns about staff than on Facebook.

4. Setting Norms: Outlining Acceptable Practices

Tammi needs to be told very early in the dialogue that unprofessional behavior is not acceptable. While it may not have been her intent, her Facebook post reflects poorly on her, the department, the program and the hospital. It breaches professional standards that have been set out by CMPA and CPSO. It may even break the university and hospital code of conduct. Perhaps most unfortunately, it could lead to a poisoned work environment.

5. Developing a Forward-Facing Plan

Next, I would start looking for some common ground. Focusing on patient care may be a good place to start as both Tammi and the nurse want patients to receive the best and conflicts like this can interfere with the safe delivery of care. By calling upon Tammi's intelligence and insight and getting her to reflect about what happened he will hopefully be able to discuss the issue without raising her defenses. It may also be worth speaking to the nurse because it is possible that she contributed to the development of the problem.

If Tammi is receptive to this approach I would provide her with some tools on how to better handle stressful situations. We are less defined by actions when things go well than when they go poorly. In the ER we can only control certain aspects of our job. We can't control who comes in the door, what RNs will be working and which consultants will be on-call. What we can control is our responses to the difficult situations that will inevitably arise.

Again, I would frame this in a positive light. It is much better for Tammi that this has happened now than 15 years into her career and when she would be at risk of being labeled a "disruptive physician" (Click here to download the CMPA discussion PDF paper on disruptive physicians). Tammi should be encouraged to apologize to the nurse involved. Greg can offer to meet with the two of them to facilitate this conversation.

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Conclusions

An open and honest dialog about the situation could foster deeper understanding and result in a stronger working relationship. Handled effectively, this difficult situation could be the tipping point that helps Tammi to transition from a "resident at risk" to a conscientious and effective physician.

About the Expert

Dr. Ken Milne is an experienced medical educator who is famous for his work as the Skeptics Guide to Emergency Medicine (www.thesgem.com)

He is also: *Chief of Staff at South Huron Hospital*
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Curated Community Commentary

By Dr. Teresa Chan HBSc, BEd, MD, FRCP(C), MHPE Candidate

A qualitative methodology was used to curate the community discussion. Tweets and blog comments were analyzed, and four overarching themes were extracted from the online discussions. Prior to publication, we sent this analysis to two of our community members to perform a "member check" to ensure credibility. Thank you to Elisha Targonsky and Amy Walsh for their participation in this process.

1.Mind your Digital Footprint

Multiple readers (RP, @ToxicTweets) suggested that social platforms like Facebook and Twitter are public platforms. Social Platforms are for sharing and should be treated as open, public spaces. As such, they may not be the best place to air grievances. Privacy statements and agreements are evolving, and anything in cyberspace might resurface. We need to ensure learners know the rules by making them aware of social media policies that exist.

2.Pre-Posting Checklist

Many participants has personal tips and checks that they use to screen their own posts. Here is a listing of common advice given.

Use common sense. (M.Lin)
2. When in doubt, leave it out. (M.Lin)
3. Trust your Gut. (E.Purdy)
4. Don't share/send/submit while angry. (Multiple)
5. Ask yourself 'Why?' and 'Why here?' before you post. (E. Purdy)
6. Consider debriefing offline first. (Multiple Comments)

Solicit, listen to feedback and give in in return (E.Purdy)

"If you are denting your keyboard keys...it's probably a sign you should pause and reflect."
- Rob Woods (@RobWoodsUofS)

3.What is the REAL issue here?

The temptation for many would be to take the present event as an 'issue' and to label it as a breach of professionalism. Multiple participants suggested that the issue raised by labeling Tammi as a "Resident-At-Risk" may introduce or hint at bias against Tammi. That said, reporting may help her supervisors to see a pattern of behavior. Many astute participants (who are also Program Directors for Residency Programs) pointed out that it is imperative for Greg (or any other faculty member) to empathize with the situation, but also debrief and support Tammi around her recent conflict situation. Keeping local policies in mind, remediation around any breaches may also be necessary. Many of our observant MEdICS participants aptly pointed out the myriad of possible underlying issues, including:

- Conflict between Tammi & her Nursing Colleague
- Cultural problems around Error Detection ('questioning orders' vs. double checking)
- The label of 'Resident at risk' becoming a self-fulfilling prophecy?

"Much more concerning is the attitude that physician orders cannot or should not be questioned." - Amy Walsh (@docamywalsh)

4. Nurses, Residents and the Culture around Errors

Many participants noted that communication difficulties between nurses and residents are likely an age old issue. Their occurrence is so 'classic' it has been prominently featured in medical pop culture ranging from 'ER' to 'Scrubs'. A lot of our readers (learners, docs and nurse) noted that it is imperative to look more carefully at the conflict situation that fueled the Facebook Faceplant by asking some difficult questions:

- Is the ED culture conducive of flagging errors?
- As 'to err is human' and 'we all make mistakes,' how are pharmacy technicians and RN's treated when they question orders?

Does the ED allow the collaboration needed to better our patients' lives?

What role does ego play in the ED?

Contributors

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References & Links

Useful Papers & Reflections

Bernstein, S., Atkinson, A. R., & Martimianakis, M. A. (2013). Diagnosing the Learner in Difficulty. Pediatrics, 132(2), 210-212.

Chretien, K. & Kind, T. Social media and clinical care: Ethical, professional and social implications. Journal of the American Heart Association, 2013, 127 (1), 1413–21.

Steinert, Y. (2013). The "problem" learner: Whose problem is it? AMEE Guide No. 76. Medical teacher, 35(4), e1035-e1045. PMID 23496125

Benike LA, Clark JE. "Bridging the Professional Divide Between Nurses and Medical Residents" Harvard Business Review Blog. September 30, 2013. Accessed last October 2, 2013.

Joshi N. "Feedback Loops: Why Doctors Write Stupid Things on the Internet." July 24, 2013. Last accessed on October 2, 2013.

Useful Links and Policies

Hyperlinks embedded in PDF. Just click the words to go to the linked document

1. Canadian Medical Protective Agency, Technology Unleashed - The Evolution of Online Communication, June 2012
2. Canadian Medical Protective Association, The Role of Physician Leaders in Addressing Physician Disruptive Behavior in Healthcare Institutions [PDF]
3. Canadian Medical Association, Social media and Canadian physicians - Issues and Rules of Engagement
4. College of Physicians and Surgeons of Ontario, Social Media - Appropriate Use by Physicians
5. Canadian Federation of Medical Students, Guide to Medical Professionalism: Recommendations For Social Media
6. Canadian Medical Association, Resources for Helping an At Risk Colleague
7. Policy Statement From the American College of Physicians and the Federation of State Medical Boards, April 16, 2013
8. Mayo's Social Medial Policy, April 5, 2012

About

The Medical Education In Cases (MEdIC) series puts difficult medical education cases under a microscope. We pose a challenging hypothetical dilemma, moderate a discussion on potential approaches, and recruit medical education experts to provide their insights. The community comments are also similarly curated into a document for reference.

Did you use this MEdIC resource?

We would love to hear how you did. Please email teresamchan@gmail.com or tweet us @Brent_Thoma and @TChanMD to let us know.

Purpose

The purpose of the MEdIC series is to create resources that allow you to engage in "guerrilla" faculty development – enticing and engaging individuals who might not have time to attend faculty development workshops to think about challenging cases in medical education.

Usage