

Implementation of social media in health sciences education, practices and institutions: Points for considerations

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Abstract

Information Technology has given a number of tools and applications, which are making the life of human being more virtually available, shareable and transparent to the other counterparts. The stakeholders of health sciences education, practices and institutions i.e. doctors, patients, teachers and students of medical colleges & hospitals are becoming extensive users of smart phones, tablets, and computers for sharing of valuable health sciences information. They use various social media applications to exchange the information and data among peers for teaching, research and learning and for health care. These ways of sharing of thoughts to communicate with each other, have been the creation of human since the inception of life. Prior entering to the world of today's technology, people developed relationships using face-to-face interaction, which allows a person to respond in conversation utilizing verbal and non-verbal clues they may receive during the conversation. The present world of communication allows people to interact with each other at different settings that are not generally face-to-face. The smart phones and computers have paved the way for the most recent addition to communication—social media. The present paper is highlighting some points of considerations while using social media applications for health sciences education, practice and learning. On the basis of these facts, the authors will put light on the aspects and give some suggestions for best practice.

Keywords: Social Media, Internet, Blogging, Medical Professionals, Medical Education.

Introduction

The social media is a powerful tool and it has great potential to support and enable health sciences education to promote knowledge sharing, communication, networking, research and evaluation. Most of the health sciences professionals are using applications of social media in health education, research, practice and learning. The health sciences institutions are also in process to find pathways and to make policies to support social media use in health education. There is also a need to identify key issues that need further research and evaluation for evidence-based implementation of social media in health sciences education and practices.⁽¹⁾

The penetration of social media into educational realms provides the opportunity to shift learning paradigms from an individual, constructivist model, where knowledge is constructed by the learner, to a connectivist model, where knowledge is generated by information exchange and distributed across connections among peers, practitioners, researchers and learners.⁽²⁾

The aim of this paper is to discuss some of the points of considerations for implementation of social media in today's health care setting while highlighting some opportunities and challenges that already exist.

Need of Social Media in Health Sciences Profession

Although social media may be a relatively novel or unfamiliar tool for some educators, today's medical professionals are using it extensively as a communication tool throughout their personal, professional and educational lives. Social media enhances medical education by including teachers,

researchers, practitioners and students in the explicit creation of their own knowledge and by facilitating engagement, self-reflection and active learning. For example, medical fraternity may use Facebook or Google+ for online group collaboration, sharing of resources and virtual moral support from peers.⁽³⁾

The medical teachers and educational institutions may incorporate YouTube videos covering medical topics in classroom lectures to enhance concept delivery with animations or video demonstrations, and students may stream videos to review difficult concepts outside of class hours.⁽⁴⁾

Medical professionals may be encouraged to tweet questions during lectures or conferences, using hashtags to link related Twitter conversations.⁽⁵⁾

Some teachers, students and practitioners may be asked to reflect on their teaching, learning and practical experiences by writing blog posts that can then be made available to their peers for comment or feedback. Health sciences professionals may collaborate in the creation of wikis related to medical topics, synthesizing information and sharing knowledge. Podcasts, photo-sharing (e.g., through Flickr or the Figure 1 app) and file collaboration (e.g., through Google Drive or Dropbox) can also be used. In addition, this online milieu can stimulate peer and expert review of posted social media content (e.g., through a comments feature) on a global platform to ensure accuracy of information, and it facilitates rapid feedback to learners from within and outside of formal learning circles.^(6,7)

Knowledge translation and continuing professional development can be enhanced through the formation of collaborative, international online journal clubs.⁽⁸⁾

Social Media and Health Education and Practice

A recent survey reported that 94 percent of physicians stated they use smart phones to manage personal and business workflows and to access medical data.⁽⁹⁾

According to the survey, “growth in smart phone use is driven by physicians’ desire to in part improve communication and collaboration and improve patient care and safety.” The number of physicians who said they used this technology in 2010 had increased by 60 percent from 2006.⁽¹⁰⁾

Challenges of Social Media in Health Sciences Professional

Due to the distribution capacity of social media, a single individual can cause an amount of damage to an institution that only a few decades ago required access to a mainstream news media outlet. It must be accepted that one no longer needs to “know someone at the newspaper” to gain access to the public; all he or she needs to do is log-in to the Internet. As noted, Whoopi Goldberg’s and Jack Klugman’s YouTube video postings exerted a positive impact on how patients perceive periodontal disease and oral cancer and how their dentist may play an important professional role in treating these conditions. On the other hand, Matt Lauer’s comments made during his interview with the DeVore family may have had the opposite effect. Lauer implied that the dentist from the “David after Dentist” video may have been negligent in allowing the boy to leave the office “too early” in a seemingly dangerous state of mind. Celebrity comments such as these may quickly divert the listener, and the media at large, away from scrutinizing the parents in this case to second-guessing the dentist and his or her professionalism and expertise. One can imagine how these comments have the potential to create negative publicity about the medical profession as a whole.⁽¹¹⁾

Suggestions for Best Practices

It appears that traditional professionalism curricula should be augmented with a digital media component taught by knowledgeable health sciences professionals. Adopting a program that includes a self-searching action allows for assessment of professional competence to be measured through online peer searches targeted on compliance.⁽¹²⁾

As with any current topic in curricula, training and calibration of faculty and residents are critical to success. Although the use of social media among older adults is reportedly on the rise, only about half of the individuals between fifty and sixty-four years of age use social networking sites,⁽¹³⁾ emphasizing that it is important to recognize that medical faculty may require instruction before they can act as role models.⁽¹⁴⁾

In addition to curricular augmentation and faculty development, institutes need to consider crafting specific

social media guidelines that frame the expectations of future professionals. Students should be encouraged to think and reflect about their online activities and how these may be perceived. Social media policies should include examples of what is and what is not considered online professional behavior. Providing contact information to an overseeing presence or committee who developed these guidelines will allow arbitration in the often complex world of social media. Several suggestions endorse the concept that all stakeholders be represented during the development of the institution’s philosophy, policy, and procedures—to include students/residents, patients, faculty, and staff.⁽¹⁵⁾

Conclusion

The use of social media in wider term among medical professionals and the impact of this technology on medical education providing institutions are, however, strong motivators to initiate action. Social media are part of today’s world, from which health care is not excluded. There is a need to investigate the usage patterns of medical colleges through a thorough research and decide what action is required to ensure continue to meet the professionalism expectations of patients demand. Once these results are evaluated and thoroughly vetted, actions should be tailored to address the needs, minimize the threats, and maximize the opportunities that have already been noted by the medical profession.⁽¹⁶⁾

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