# To tweet or not to tweet, Grammable MedEd LinkedIn with Facebook: exploring the role of social media in Professional Identity Formation of Doctors.

**Transcript of webinar:**

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| 00:00:04 | **JONNY**<br>Hello everyone, and hi Komal. Welcome everybody to this ASME BITESIZE session. Today we're talking about social media and professional identity. My name is Dr Jonny Guckian, I am the Director for Social Media and Communications at ASME and today I have a very special guest who is Komal Atta and she is the Assistant Director of Health Professions Education and Senior Co-ordinator of the School of Optometry at the University of Faisalabad. And she is a colleague of mine who's really interested in social media just like I am. I always love hearing her speak about social media and reading her work on social media. So, I'm really excited to hear about your thoughts on professional identity today. |
| 00:00:50 | **KOMAL**<br>Thank you so much Jonny, thank you for the lovely introduction. Hello everybody I hope you're all having a good day. So, today we're going to, as Jonny introduced, we're going to talk about social media. I should be sharing my screen now so that we start. I hope that this is visible to everyone, you can comment in the chat if you can see this. |
| 00:01:15 | **JONNY**<br>Just for anybody watching occasionally when we were practising it was a little bit off Zoom for me so if you're having any issues with the magnification of it if you look at the top of your screen where it says you are viewing Komal Atta's screen there's a button next to it t says three options and you can change the size. |
| 00:01:37 | **KOMAL**<br>Ok. So, people are saying they can see, that's lovely. Ok so the topic we chose was 'To tweet or not to tweet, Grammable MedEd linked with Facebook: exploring the role of social media in Professional Identity Formation of Doctors'. So basically, this is the road map of how we're going to go about it. We're going to be discussing a few introductory things about professional identities, communities of practice and how social media is factoring into all of it now. Particularly after the Covid-19 situation. Then we're going to be discussing some things out of a little research that I just did. We're in the second phase actually now. So, we'll be sharing some of the things about how worldwide practices regarding social media are shaping professional identity. Then we'll be discussing about the problems that we are facing with social media and solutions and best practices. And after that the forum is open for engagement you can ask questions, you can comment, you can debate as much as you like. So, starting off as you all know that we all being health professional educators, physicians, clinicians, we have certain communities of practice which we have been working with, which we have been part of and which have helped us grow throughout our time. Now with the advent of social |

media particularly with the advent of Covid-19 our communities of practise have become more global. So, once you log on to social media your community of practice is the whole world basically. So, that kind of influences your professional identity in a rather different way. So that's what we're going to be discussing. So, this is something I took out off an article by Yvonne Steinert and her colleagues that professional identity is basically a representation of yourself which is attuned to different stages, values and norms of the medical profession which you internalise with time. And this results in an individual thinking, acting and feeling like a physician. So, basically the end point is that these are the things you do, or subconsciously take or you consciously behave to actually become the doctor you want to become. Now there are two steps in professional identity formation. The first is at your individual level which involves the psychological development and the growth of a person. Lynn Monrouxe says that this starts even much before you actually join the medical professions so this is how you're shaping your society or your friends or your culture shaping your opinions from the beginning of your education. Now the second point is which we're going to be more focussing on today that is the collective level which involves socialisation of a person into appropriate roles and forms of participation in the community-based work. Now when it comes to social media this socialisation has taken a whole new meaning to it. So, this socialisation is now very global, it's very, very public. It's something which people can see, they can judge, they can actually internalise. So, professional identity formation has a digital component which is very, very much influenced by social media that is Twitter, or Facebook or Instagram or WhatsApp. So, that's why it's very important to understand how emerging doctors and medical students will actually be factoring into this new professional identity. That is your social media professional identity. So, we started off I did a small open-ended survey which because it was open-ended, I wasn't expecting a big response but we had a huge response we had about 200 people from around the world who actually responded to us. We're in the second phase so it's not published as yet. We found out that the most commonly used social media platforms they vary a little bit in the East and the West. In Asian nations we mostly are using Facebook which is followed by WhatsApp and then Twitter. This is for professional social media usage. In the West Twitter is more popular as compared to Facebook for professional social media usage, and podcasts are very popular like the one by HMI, Key LIME podcasts or like ASME BITESIZE. These are not a very big norm in Asia but we follow some of the big ones, however I think that this is very important and we need to actually indulge more in podcasts and webinars and things like this. So, these are just some of the uses in MedEd of social media that so far people have been using it for. I'm not going to go into much detail because I have referenced a lot of links so you can actually go into detail for that and see what all is being done. Obviously, it's for information sharing, it's for getting inspiration from your favourite bloggers or from your ideal practioners or from your favourite educationists. It's a source of clinical case discussion where you can actually share with each other about unique findings, where you can talk about difficulties that you face. It's obviously a big platform for mentorship, you can find people who can help you and inspire you from the same field or the same discipline, and it's huge now in research promotion. I would like to give a shout out to Dr Tony Artino over here because he has an article called to tweet or not to tweet and I didn't know that it had that name when I submitted this BITESIZE and I found out later on so the name is actually not inspired from there but yeah it happens to be the same. So, in his article he says that tweeting about your research actually helps in its promotion and dissemination so that's a big benefit of social media in medical education as well. Now, these are just some of the things that we are

discussing which take place and for which we have used social media. So, how does it factor in your professional identity? The first thing is that when you're on a platform, where you have like-minded people or where you have an audience the information dissemination is very fast. So, you can reach a lot of people throughout the world very easily so it's like your own branding. So, you can advertise yourself, your work and the positive things you do in a very, very good way. It promotes a lot of diversity because you can reach out to other people who are from other nationalities, other ethnicities, other schools of thought, it's a safer platform to engage with many, many different people. Then it's coming up as a big ground for mentoring and coaching. You can talk to different people from different parts of the world who you think happen to be working on a specific project that you're interested in or something that you want to do with. Then there's a lot of networking like me and Jonny we met over Twitter and we've been working together on a very big project so it's very exciting, so it's been one of the pros of social media. Now, moving onto the problems that we are facing, the things which hinder professional identity formation. The first thing is that there have been reports of cyber bullying. In the survey that I did there's a lot of problems faced by junior doctors as well as by female doctors all over the world with cyber bullying. There's a lot, a lot of them reported harassment, a lot of them reported that they did not want to participate in professional platforms on social media because they thought that they would be ridiculed or they would be thought of as too junior, or the females just said that they had a lot of inappropriate comments coming up in their DM, there was a lot of harassment coming up. So, that's actually hindering their professional identity formation online which is a bad thing because if you have some good research or you have something good going on as a doctor you should have the right to actually disseminate it. So, we'll be discussing shortly how to deal with that. The second problem which is faced by a lot of people is that social media is like a society, it's like a social platform so it's an environment in itself where you're actually having a lot of people with a lot of different opinions about everything under the sun. So, generally you're interested in not just, you know, completely medical talk, but you want to be, you have interests, you have ideas, there's a lot of personal and medical mixing going on over here. So, there's lot of blurring of the boundaries. So, that's something a lot of people have had issues with about the blurring of the private and the public persona or about the blurring of the professional and the private identity. So, that's just because it's a big place, it's a big platform and you know a lot of things have a lot of opinions and people do get involved in stuff. Another big problem which you have noticed with Covid-19, as well as you might have noticed with the United States elections just frequently is that a lot of fake news, a lot of fake things have been coming up on the social media. There've been a lot of fake facts unfortunately during the Covid pandemic. You've noticed that a lot of information there is not genuine and it sometimes becomes very hard to discern what's right and what's wrong and that also does affect your professional identity because if you're tweeting or your sharing something and you're not sure about the authenticity of that post that does reflect. Another thing which I noticed is it's quite interesting that this is not a big issue in most of the Western nations that I interviewed people from the UK, I got responses from a lot of European countries, I got responses from the US so they don't usually have this problem of people practising medicine on social media but it is an issue in the Middle East, in most Asian countries but particularly in Pakistan, in Bangladesh. I even had some reports from Malaysia that people are actually dispensing medical advice over social media which is not very safe in the first place and secondly it has a lot of legal complications, and it's not something that should be done to a live patient. So, again

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| | that's affecting your professional identity formation as a physician if you're dispensing medical prescriptions or medical advice online and then if they go wrong, that could actually get bad. So, Jonny would you like to join in or comment on something? |
| 00:12:15 | JONNY<br>I just saw one of the questions from the audience which asked regarding a question requesting more light on female harassment issues in the Western set-up, and I think that's a good question. And Komal you're about to demonstrate even more nice cultural differentiation between different parts of the world and I was just reading about a study, kind of a response to your question, and there was a study in 2015 which, it was in the States, and suggested about 20% of women in their study had received some form of obscene message and that's the people involved in education and I think that's probably under-reporting the numbers if I'm being cynical about that. I don't know what your thoughts on that would be Komal? |
| 00:13:08 | KOMAL<br>Yes, I think it's under-reported. I think one of the things I would recommend for them is to, if you go on Twitter and you can follow Simon Fleming, he has a lot of work on this. And he's also doing some continuous work on it about harassment so you'll see that there are a lot of cases. Secondly, I've noticed it happening in so many places people have now started to name and shame so you will see that there are so many cases of social media bullying particularly with females who have inappropriate messages coming in their DMs or underneath their comments on Facebook. I have a colleague who, she received a very inappropriate DM it was a video and it was after some comment she made on somebody's Twitter. So, these things do happen and yes there's a lot of shame associated to it so it is under-reported generally. And particularly in Asian countries because females here they are not as vocal about these things, so harassment does go under the radar sometimes. But yes, even in the West it is quite under-reported. So, that's why all these movements about naming and shaming, about hammering it out, about he for she they're all gathering momentum now because it does exist. |
| 00:14:28 | JONNY<br>Yeah and I mean just looking at the work that Simon pointed out, he's on @OrthopodReg on Twitter, from a survey of 186 respondents 59.1% had experienced some sexually implicit or offensive jokes. Now this isn't exclusive to social media but there is a significant aspect of social media which empowers people to be able to talk in that way, and to offend in that way and possibly because it de-personalises a lot of things. |
| 00:14:59 | KOMAL<br>Yeah actually when I was surveying, when I followed up with the interviews, I did ask a few women, they actually said something very interesting that on social media it's very easy to stay anonymous or it's very easy to harass somebody from a distance. So, there are people who are more predatory on social media. This is something which is a con, or it's bad backdrop for social media but there are people who have indulged in this practice because it becomes much more easy to get unidentifiable. There are people who have made accounts not by their real names. They have user names of other physicians at times, so these things have happened. |
| 00:15:42 | JONNY<br>Yeah. I think equally there are a lot of people now, as you pointed out correctly, there are a lot of people out there who are fighting against it and have actually made it part of their professional identity to seek these kind of negative behaviours out and fight |

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| | against it publicly and act as role models and leaders so that's quite a powerful process. |
| 00:16:02 | KOMAL<br>Exactly so that's, and we were going to come up to that in a later slide, but that's a very big plus point and a very big positive movement on social media that there are a lot of heroes there if you would like to say, and sheroes, who are actually advocating these things. So, they are really working for making it a more safe and more positive environment. Ok so, moving on to the cultural aspects. So, basically a lot of social media practices have been dictated by culture. I was doing my survey and I found out that there is a difference between the US and the UK system of training induction and in the US a lot of people who were expecting to get residency they actually do believe that social media is one of the factors in their resume. So, they tend to restrict their social media more or change their names, or as some of them said tend to clean up their social media more before residency because it may factor in their programmes. I did not find much literature on this but this is something that residents have reported. In parts of Asian countries there's a lot of difference regarding networking. Particularly in the clinical side people, because there's a gap between a teacher and a student so that gap also exists between a supervisor and a trainee. So, most clinical trainees say in Pakistan or Bangladesh or even in India, Malaysia, Iran they reported that if they would add their supervisor on social media they would be very, very careful about it and they would ideally not add them, or they would add them so it would be a very different sort of, they would keep it very restricted out of fear that they might say something which would offend them. That does not appear to be the case in the US or the UK where most of the people have added their supervisors and they're on pretty cordial terms with them. So, that's just a big cultural difference. There are other cultural differences going on like social media is used for teaching in almost all parts of the world which is good but there are certain qualms in some parts of Pakistan, for example, some of my own students they don't use social media because there is a sort of negativity associated with it in some factions over here that it's not a good thing to do, it leads to negative thoughts, it leads to bad things, it leads to harassment. So, there are people who actually discourage it completely. So, that hinders in teaching and learning activities on social media in this part of the world. However, that doesn't seem to be the case in a lot of other places. They're progressing in this sense. Then other cultural differences that I saw during reading up on things and on my own study were that people have a lot of communities of practice everywhere on social media like from all over the world, they have communities of practice, they're diverse and they're sharing things. However, some parts of the world are actually promoting a lot of tele-medicine and a lot of sharing of patient cases on social media. And I think that's basically places where they don't have a lot of set guidelines about residents sharing information or doctors sharing information on social media. Like I know Australia, the UK, the US they have set guidelines about what their residents are expected to share on social media. That's not the case with a lot of countries like Egypt or UAE or Pakistan so you will be having more information which may lead to a risk of breaching confidentiality on social media. Also, I think there's a trend of tele-medicine on social media in some parts of the world and that's very, very common in the Middle East I've noticed. It's also quite common in the South East of Asia, and from some parts of Africa. And I guess that stems from the fact that it's a free platform so, they think it's more convenient to use it for tele-medicine but it's not a practice I think that should be carried on. So, anything you want to say Jonny? |

| 00:20:24 | JONNY<br>No, I just think it's important to differentiate between tele-medicine which can be quite powerful in my speciality, dermatology, which has revolutionised quite a lot of work particularly during the pandemic and added a lot to things. With appropriate use with social media, so you have one hand which is appropriate systems and referrals from a general practioner to a dermatology specialist service. On the other hand, you have what I get two to three times a week which is an Instagram message saying oh can you look at my Gran's rash? You know, those are two very different things so, your professional boundaries and your professional identity absolutely are key there because in one hand you are using professional systems, professional pathways on the other hand I am sat there at home, watching a film, eating a bag of crisps, and I'm just Jonny not the Dermatologist. So, it's really difficult because I think as someone who has commented earlier there is a massive blurred boundary on social media. Who are you at that time? Are you the doctor or are you the mate? |
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| 00:21:33 | KOMAL<br>Yeah exactly. And that's also a thing with adding your patients on social media. That's also a thing over there that you know, there's blurred boundaries. And then you know there are places where there are few people and then they all know each other and then they become a patient someday so, those things they're actually, these are the blurry points in your professional identity. |
| 00:21:55 | JONNY<br>It's almost like an extreme expansion of that old classic little England, rural GP who knows everybody in their village. And that is held up often as the quintessential example of what general practice is but actually you expand that exponentially and you get social media which is probably in practice not all that necessarily professional. |
| 00:22:19 | KOMAL<br>Yeah exactly. |
| 00:22:26 | JONNY<br>We do have another question just professional identity formation of a health professional or any other is a continuity of an expansion of professional identity, do you think there's more of professional identity formation for individuals first through social media and then it leads to professional identity formation? |
| 00:22:44 | KOMAL<br>Yes, I think all professional identity formation like I cited in the beginning, I've added the Lynn Monrouxe article in the references also. It starts from the beginning; it starts from when you're very little so even on social media the survey I did I found out that most of the people who are using social media for medical education right now are between the age groups of 30-45. So, that's basically the age group of young residents and slightly senior people, not a lot of medical students are going on social media for medical educational purposes. So, as you know that most medical students right now, they're all digital natives so they've all been born and they're growing up with social media so they have their opinions and they've seen it and obviously they have an identity there. But I think it's on us to actually introduce some social media etiquette to them so that they can evolve a professional identity from there as well. And the best way to do that I think it's role modelling. If you're on social media so you develop practices which your students will eventually see, it gets around, they know you're there so if you don't add them, they're going to just look at your profile anyway. So, you know just it's going to be a factor so the best thing to do is to actually be positive |

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| | and a role model as much as you can, and network as much as you can so that they can see how it's used for furthering their professional identity. Ok. |
| 00:24:15 | JONNY<br>Shall we hear about the cultural aspects? |
| 00:24:17 | KOMAL<br>Yeah. So, I was talking about how different cultures they govern social media in different places and how it's very important for developing your professional identity to remember that context and culture will factor. So, for example if I'm practising in Pakistan, I have to know that there are certain things which will be inappropriate culturally over here which might be acceptable in say China or maybe in the US. So, developing my professional identity I will have to filter out and be aware of the things that my population, my students and my colleagues are more willingly going to hear instead of just putting out things which are from other places. I have to put them in context. So, I think that's something which has been done really well by a lot of places. I've talked to people from Malaysia who have very much internalised things into their own culture, Pakistan is doing a good job with that, the UAE does a very good job particularly in dermatology they've taken all the teachings and everything and they try to put it on their own population and then they try to propagate it on social media as such. So, I think it's very important and most of the people who are aware of this fact that the cultural part is very, very important. So, moving forward yes, like I briefly touched upon before there are hierarchical aspects in your professional identity development. A lot of people were reluctant particularly in Asian countries to add their boss or their teacher or their supervisors on social media. This was not the case in medical education or in basic sciences from where I basically belong but in the clinical side it was quite reported and even students from the US were reluctant to add supervisors or programme managers onto their social media for fear of being judged. So, there is a hierarchy that is existing there and it's something which needs to be decreased for proper professional identity formation because whatever your professional identity is factoring, whether it's on social media or it's in real life you do need to interact with all sorts of individuals. So, I think this is something that the more senior lot or supervisors, or programme directors they also need to factor into this that if they have students on social media they should try to be more welcoming, more warm and easing their fears, be less judgemental and say to the younger trainees and students that they have to have an open heart and not fear, and not be very judgemental if there's a senior person or somebody who's not that well-versed in the social media lingo or in the social media universe that they are from. So, I think it has to factor both ways otherwise it's going to be an impediment in their professional growth. Ok moving on to things that have come up on social media. Things which have gone wrong first so, this is a very famous, this is an abstract from the journal of vascular surgery it has recently become very famous so, basically this is about the MedBikini movement which most of you might be aware of. For those who are not aware of it this basically focussed on, there was a lot of issues with the ethical consent first because what they did was that they took up 235 publicly identifiable social media accounts of vascular surgeons and they identified potentially unprofessional and unprofessional content. Out of which some of the things were just those people being normal people. So, that's where the whole MedBikini movement started and social media played a huge role in it that you can't actually expect a doctor to just become a white coat for the whole of the time they are on social media. So, social media like most of the people in the chat are also discussing and how we've also pointed out there are some blurred out lines. So, there are people who have their own identity and |

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| | it's good to remember that professional identity has a strong personal component. So, if somebody chooses to wear a bikini and they have a picture it doesn't mean that they're going to be a bad surgeon. This is one of the classical examples of how something that had gone wrong was taken up on social media, a discriminatory point, and how the MedBikini movement it gained a huge, it was a huge stance and how later the Journal of Vascular Surgery also issued a reply and an apology, and they amended the whole article. So, Jonny do you want to say something before we move ahead. |
| 00:29:16 | JONNY<br>Yeah, I would say it's more infamous than famous really. I think there needs to be a wider discussion really about professionalism in social media and I know it's outside the scope of this talk but there is some relation to it in that one of my colleagues, Elliot, who will love that I'm giving him a shout out as he's in this chat, he and I worked together on a recent systematic review on social media and we found actually quite a few other articles similar to this that exist out there. There's not quite the degree of shaming as the MedBikini sort of thing but I think the whole idea of subjective judgement of professionalism by educators is very morally dubious and quite difficult. And whilst there is GMC standards of professionalism, evidence would suggest from our systematic review that there's not a great deal of consensus regarding that on behalf of educators, on behalf of clinicians or students. So, I think there needs to be a lot of work done in the future regarding professionalism and that educators and researchers, and doctors all need to bear their own professionalism in mind when undertaking investigations of professionalism. |
| 00:30:33 | KOMAL<br>Yes, I totally agree. I think this is one of the, this is actually a big example but you are right it exists throughout, there are other articles, and I think professionalism is something which needs to be formalised into the curriculum. It needs to materialise from the very starting point medical school and it needs to have open discussions. And particularly professionalism related to social media. I think we need to have this talk with our students and our graduates, and obviously at upper-levels as well like the physicians, doctors themselves have to engage in more discussion, more open debate about this that what do they think is professional on social media. You can't really expect a person to not have any individual life at all to be called a professional. So, yeah this warrants a very big discussion and it's not really part of this topic but it is completely related to professional identity. So, I think that it's important to remember that your professional identity does have two components and you have to balance between both of them. It's not just going to be about how much of a surgeon you look like. You have to balance a private and a professional life and you have to model that balance in front of others so that such things don't keep on coming up. We can take a question. I see the blinking. |
| 00:31:59 | JONNY<br>The last question there is that the article's had its negative effects and doctors use on social media and I think we have to bear this stuff in mind because you see negative use of social media all the time and you see people expressing bad professionalism a lot in various different aspects and I think that does put people off social media and I always want to try to get the message across that please don't undo the good work. The overwhelming amount of good work that's out there on social media, there is bad as Komal has so elegantly described but there is a lot of good. So, I think we should bear in mind and be careful about the badness and unprofessionalism, and the stuff that can impact professional identity negatively but also emphasise the good things too. |

| 00:32:50 | KOMAL<br>Yeah exactly. I think it's very, very important that we need to first of all recognise that social media is now essential. It's an essential for positive change. So, it's something which has revolutionised the world. It's something which is now revolutionising medical education. And it's something which is going to be staying there. So, we need to accept it and we need to use it as positively as possible. It's done wonders and with every good thing there is a little bit of bad but you have to realise with every movement it will decrease with time and you have to be conscious about that. So, moving on to the dos that we think you should do on social media for your professional identity formation, the things which will help. First of all, develop a code of conduct. So, a code of conduct like I mentioned before in some parts of the world you have set codes of conduct for residents but it's good to develop your own code of conduct, develop a personal code of conduct about how you want your social media to factor in your professional life. To what extent you are willing to share information, how professional you will be, what aspects of your personal life you are comfortable with sharing, what aspects of your professional life you're comfortable with sharing, how much trust you think you can garner. This is something which is going to vary for every individual. It's not going to be the same for me and Jonny, it's not going to be the same for other people so this is something you have to make for yourself. Secondly when you're on social media we all are basically agents of change because we're talking to a universal audience. We're talking to students, we're talking to potential people who will want to come into the medical field, we're talking to senior doctors, or people who might just change by something we say. So, always, always promote equality, inclusion and diversity. This is what we were discussing before, there's some fantastic work that's been done that's been carried on by the Black Lives Matter movement the Hammer it Out movement, HeForShe all of these are very, very pertinent here. So, if you are on social media use it as a positive change agent and promote equality, inclusion and diversity. Then one of the very important things here is share responsibly. If you want to share something, unless and until you're sure that it comes from a very credible source or something that you will personally endorse, something that you can debate about while you shared it, don't do it. If you can actually answer to why you shared it, it's credible or it's something you can own, only then share. Otherwise don't randomly share information that you'll find on the internet or on social media because it's a social platform, it's like something you are hearing in a gathering or in a party so, you can't actually go on sharing it around irresponsibly. So, you have to make sure that what you're sharing is, to some extent it's authentic. Then, you have to own it. So, this is very important. This is something that comes in most social media debate if you have shared something, or if you have written something or if you are participating in something you are solely responsible for that. So, make sure that what you are liking, what you are participating in. What you are sharing. You share those opinions and those talks and you will endorse it if it happens to you, or if it's something in which you are going to function or factor. Otherwise don't go for it. If you cannot own it, then do not be a part of such conversations. So, and this goes for everybody this has to be on a very personal level like I might actually like a page on cats because I think they're adorable but somebody who doesn't like cats or who doesn't know much about cats, or who doesn't want to, and then he shares one or two things about cats and says oh I just did that anyway. That's irresponsible because people will judge you for what you have put on your profiles or on your pages. So, to develop a strong professional identity you have to own what you write or what you share. Ok so, it's good to create some separation on SoMe. That means you have to create like, you can distinguish |
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between your private and professional social media. One way of doing that is you can use different platforms like if you have very informal completely private people you want to engage on social media by sharing your personal information, your pictures, your videos, whatever, you may use that on a separate platform from the platform you choose for a public profile. So, like I generally do not put a lot of private information on Twitter, I do sometimes but not to a huge extent. I use it as a professional social media. And I use my Instagram as the most private one, I don't have a lot of people who I don't know added on my Instagram, who I don't know personally. So, that's one of the ways in which people who find it difficult to distinguish between their public and private lives they could use it like that. Otherwise there are always privacy settings. Which comes to the next thing; know your platform. So, when you're using so something professionally for your professional identity know the nuances of that platform, know the glitches of your platform, know how to set privacy how to make a post public, how to block somebody, how to report somebody. Know all those things. So, this will actually facilitate you in whatever way you are planning on developing your identity or whatever way you are planning on indulging in discussions with people. For example, Facebook, you have to know how to operate it properly, it's one of those interfaces which keeps on changing face every few weeks. So, you have to know how to use it, how to block, there are different restrictions for different people there's a lot of ways to share. And always remember one thing about social media, this is like a rule of thumb, that nothing is private here. So, there is no privacy. No matter what they're saying it's not really private. So, just don't share anything which you're going to regret later. So, there's something Simon always says; don't share anything you don't want to show your Mum. So, yeah that's one of those things that you have to keep in mind, that there is no privacy. People will get around to what you share so be very, very responsible about it. It's good to have some legal awareness about, this is especially in regard to cyber bullying. You should know about the ways in which you can report cyber bullying and you can make your social media experience more comfortable and more helpful for example in my country there is the FIA, it has a cyber bullying unit so if somebody is getting bullied on Facebook or Twitter or on WhatsApp they can actually report there and if that's a Pakistani citizen who's bullying them they can be tracked down from their IP and they can be called out for different punishments of different levels of harassment. So, that's one of the things that people need to be aware of when they're using social media if they think that the problem is getting very serious they need to know where to go, what authorities to address and if for example you don't have any such rules or you don't think there's anything you can always name and shame. Because now there's a huge community which will come out to support you that's the beauty of social media that you have so many people who are looking out for you who are out there helping you. If you have one bad experience, you're going to have millions of people who will come to your support and nullify it. So, you've seen examples of that in the MedBikini article, if you log onto Twitter you will see multiple examples on Simon and Riya's work. They're actually working with people who are sharing bad experiences, not all of them are social media related but you will see the amount of support those people are getting on social media so, that's something that's commendable. Ok the last thing is that always share your story. That basically means that people are actually listening to you, they're reading what you write they're looking up to you. If they're following it means they're actually interested in what you're doing. So, share the good stuff that happens and also share the bad stuff. Share your failures, share your regrets, share things that didn't work out. Then you know you can actually influence people to work harder. One or two days ago I was reading Lara Varpio one of

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| | her posts of failure and I was just thinking that you know she's so iconic with so many articles and she's so eloquent in everything, and then you feel closer to that person when you realise that they've had these setbacks that you are facing. That this is just a part of the process and then you learn from them and how they got over that, and what they are using. You know, so, share whatever you think is helpful whether that's something that went wrong, something that went right, some new tech that you are using. So, do share and spread positivity as much as you can. So, these are the things that I think factor as do's in development of professional identity. Would you like to say something to this Jonny? |
| 00:42:14 | JONNY<br>No, I think that's good guidance. I think we should move quickly on so that we can get to questions and things. |
| 00:42:20 | KOMAL<br>Ok sure. Ok, so these are the main don'ts, the things that you shouldn't be doing on social media. The first is try not to dispense medical advice, it's not ethical, it's not right. You're not looking at the patient in real life, you don't know the background, the underlying problems. Particularly if you don't know the patient at all, you're not from the same area. Like there are websites actually and there are Facebook pages, and particularly Jonny might be aware of this more than I am, there's a lot for dermatology where you know people are putting up pictures of their acne and stuff and getting treated online. So that's just very, that's wrong. And if you're getting requests to actually treat someone online please try to deny that, it's not right, it's not legal, it's not good for the patient, it's not ethical. Apart from that don't use social media for discouraging, shaming or some personal vendetta against a particular group or against people. That stands against all the positive work that we are doing. So, we want to develop professional identities instead of impeding them. So, try not to go on with grudges or with shaming or discouraging a certain person or a certain group, or a certain community. That doesn't work well for anybody and it will actually hamper the whole movement in the long run. Also always remember that social media is very helpful, it is very positive, it is one of the best things that you can use for learning but it is never going to be a primary source of knowledge. It is not your go-to text book, it is not your consultant, it is not something that will teach you how and why to practice medicine, or how you can become a medical educationalist. It will facilitate but it can never be a primary source. So, don't consider it as your first go-to when you want to find new literature, or when you want to see the latest information or when you want to see a treatment you obviously have research articles for that, you have textbooks for that, you have your people for that. So, use it wisely, don't ever quote it as a primary knowledge source because that is something which it is not. Ok so, I think we're moving on to the end of the presentation. I have a special mention for Doctor Catherine Hennessey who was kind enough to share her work on social media. I have put her in the references, please do look her up. She was also kind enough to pilot my survey the first time. Dr Ming-Ka Chan was very, very kind to share her ICRE 2020 slides on social media and how to be an active proponent of change. These are wonderful it was worked on by Lyn Sonnenberg, Dr Simon Fleming and Ming-Ka Chan, it was very, very lovely. And thank you very much for sharing those with me and all the people who I have surveyed and interviewed over the subsequent past two/three months thank you very, very much. Finally, I would love to thank ASME for giving me this opportunity, I am very grateful to Leigh and Jenny who have put up with me over the last few weeks every now and then. And of course, to Jonny who's been a wonderful colleague and |

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| | who's been very encouraging and he's just an overall lovely, lovely person so thank you Jonny. |
| 00:45:43 | JONNY<br>How kind. Shall we do some questions. First of all, a really, really interesting presentation Komal and obviously lots of talking points. I'm sure people have loads of questions. So, please post all your questions that you can think of in the chat. The first one I was just going to address is one that's really interesting and really, it's a simple question but it's hard; what's your opinion on the use of 'views my own' in your bio? I know I've got an opinion on this but I'd be really interested in yours Komal. |
| 00:46:16 | KOMAL<br>Sorry can you repeat that? |
| 00:46:18 | JONNY<br>Yeah. So, what's your opinion on the use of 'views my own' in your bio? |
| 00:46:29 | KOMAL<br>Yeah that's a very interesting question. I think it's nice if people think they can do that because I'm not one of those people. |
| 00:46:47 | JONNY<br>I guess I look at it in kind of a risk management point of view. I used to be very flippant about this and just say look I don't put 'views my own' in my bio because who else's views are they going to be? But actually, that's the important point because actually they could be other people's views because let's say if you are running a social media account and you are just yourself, you don't represent any other organisations and you don't have a position of responsibility, fine, do your thing. But if you represent organisations, like for example I represent ASME, I represent the British Journal of Dermatology, I represent Medisense and if I post something ridiculously controversial then that reflects badly on those organisations. So, I have a responsibility. |
| 00:47:34 | KOMAL<br>Exactly, that's right. I agree with that. I think 'use my own' is one of those things that because again this is a collective platform so usually the views are not really just your own. You know they're influenced by your culture, by your ethnicity, you know, if you are working in Leeds the views might be of a collective hidden curriculum from your background. So, it becomes tricky to say 'views my own'. I think it's a very individualistic solution, people who are like solely if they can do that, you know, they can have views which are just restricted to them. So, I guess yes but otherwise most of us we are working at places and we're sent in different places so, yeah actually it would contradict a lot of things we stand for. |
| 00:48:21 | JONNY<br>Yeah, I guess it's a responsibility issue. And I think it brings us to another point made by Maya in the questions; do you think a separate social media account for professional use is better for the boundary blurring that we've been talking about? Because it will reduce the reluctance to add a superior for example and flatten that hierarchy. So, if you have your own professional account and then a social account. |
| 00:48:53 | KOMAL<br>Yeah actually I think that that's a good question. I think if you have a separate professional account it doesn't mean that you know you're not going to talk about anything else. So, it's just something which will be more focussed towards your profession and more focused on things which you want to do professionally as compared to your social life. Like for example you might be posting, you know, things that you're doing with your parents on your Instagram account or with your friends |

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| | and what do you want to do at the weekend, what you wore, outfit of the day and stuff like that that people do. But you might just not be going to that extent on your professional account. Like you might be sharing a nice picture of your house or your family, or your cat or you know anything else but you might want to make it more focussed towards a certain thing. And I think that's something which automatically happens more on Twitter because it's so restricted. You know it's just 140 characters so, usually you don't end up putting a lot of personal information there anyway. |
| 00:49:54 | JONNY<br>Yeah, I guess, well it's personal isn't it? Everyone's going to have their own way. Like you know if someone follows me on Twitter, they know they're going to get some MedEd stuff but they're also going to get me ranting about Man United as well. But I try to make my Instagram just work, just posting about work and I try not to post about my family or my cat, or anything like that. Some people are the other way around. You can't, I don't think you can every have guidance on this. |
| 00:50:27 | KOMAL<br>I think it's different for different medias, for different people. And I think you will always have a leaning towards you know one place will be more personal than the other. So, I think it's going to happen that way. But you have to show, what's important here is that you have to show a human side. You can't just keep on posting about you know what you did in medical education and nothing about as a person because that will cause problems with the professional identity, I think. |
| 00:50:56 | JONNY<br>I think some people take a very extreme view of it and would say look I'm only going to have this account for my medical education activity and I think that's fine if that's what works for you and if you've time for that, and you have the discipline for that. Because that's the ultimate, that's the safe way to do it. You're never going to get accused of you know being unprofessional that way but you're right it does kind of confuse the professional identity a little bit. So, the answer is there is no right answer on that. |
| 00:51:31 | KOMAL<br>It's a personal preference, I guess. |
| 00:51:34 | JONNY<br>You just definitely shouldn't set up an anonymous account because as hilarious as some of them are the GMC say no. |
| 00:51:41 | KOMAL<br>Yeah that's not right, that should not be done. No. |
| 00:51:46 | JONNY<br>Do we have any other questions from anybody in the chat? Otherwise I can ask a few questions. I've always got a few. We've a comment; keeping professional and personal accounts separate would be more helpful and then maintaining norms of professional account with professional and humane behaviour would help. Ok. Yeah, I mean I guess that's, Saadia, that's your preference and that's great. I think again it just comes down to your own institution, your own background, your own experience on social media because it's such a unique take. And then one more question from Amaya. Do you think having students and teachers connect on social media helps to reduce the power gap between them? That's a good question. |
| 00:52:39 | KOMAL<br>Yes, that's a very good question and yes, I think it totally does yes. |
| 00:52:43 | JONNY |

|  | I think it's interesting because let's say in the UK we've got a lot of teaching fellows - big phenomenon in the UK in terms of career wise. So, for people who aren't based in the UK these are junior doctors who are usually post-foundation so they're usually in their mid to late-twenties and they take on roles of teaching so they do 50% or even 100% teaching. And they will only recently have graduated themselves. For example, my old flatmate and best mate he was a teaching fellow, he was teaching his now fiancé. And so, I think when you get to this near peer level or even peer teaching that's where it gets really difficult with social media. You know, you can't tell people oh you can't add people on Facebook at that point because where do you draw the line? |
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| 00:53:43 | KOMAL<br>Yeah that's tricky but I think that's something we can still do with platforms. I think Twitter is one of those where you can actually get away with that or even Slack. And with Facebook what I did was, I do use Facebook in my actual teaching for Physiology but it just takes a lot more effort because you have to create a separate group and then you have to create moderators from between the students and you have to have a little bit more privacy settings. But I think it does in terms of the power gap I think it totally does reduce it because I think students, they see you as somebody who's also living and doing other stuff rather than just coming and giving a lecture and then going away. Or just coming and you know doing a surgery and going off. Because social media for them is now like eating and drinking because Gen Z and the Millennials and everybody after that, they're always on that. So, I think yeah in terms of the power gap it totally helps in reducing that. |
| 00:54:53 | JONNY<br>The whole basis behind social media theory is hierarchy flattening and by introducing that more kind of the friending or the following on social media you are by definition you are acting on, sometimes literally reducing that power gap. But some people don't like that and some people aren't ready for that. |
| 00:55:25 | KOMAL<br>Yes, I did tell you about that, it is cultural. In our culture there are a lot of conventional, you know, because it's a sign of respect to not speak too much in front of you elders, be very, very short and concise with them and you know share very little so, there are some professions more than others like some clinical rotations more than others where there is a gap between the supervisor and the resident. That's very cultural though I guess. |
| 00:55:56 | JONNY<br>We've got one more question from Alex. Hi Alex. She said could you do a little on notifications; on professional or semi-professional accounts it can mean you never really switch off. Do you have any tips for managing this balance between work-life balance and social media? |
| 00:56:15 | KOMAL<br>Hello Alex, that's a wonderful question. Yes, specifically after Covid 19 and we shifted all the teaching online so the notifications are endless. So, I think the only thing that you can recommend is you have to match scheduling and you have to draw boundaries between the times when you're going to be there. So, I guess if you can convey to your students that this is the time I'm available they will still keep on badgering you but after some time it will reduce. They'll stick to those times knowing you will respond in just that time. So, it's going to take a lot of discipline and a lot of ignoring that platform for the rest of the day. |
| 00:57:02 | JONNY |

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| | Yeah, I think it's difficult. We are a generation where we are constantly online. I would expect that when someone emails me or sends me a message about work, I will respond no matter what time it is but other people have different opinions. So, like I know in fact I've seen this on Prof Gabrielle Finn's emails and I think Megan Brown who's in the chat as well does the same, on emails having 'my hours may not be the same as yours so I may not reply' which I think is a really good way of levelling the playing field and accepting this new dynamic that we've got. The other thing I would just add is about social media is set up to be addictive. That's the whole point. It can completely change you, if I was to recommend any further listening or reading, I would recommend a podcast called Rabbit Hole, it's by the New York Times. It's about how YouTube algorithms can convert people to become extremists, because YouTube's a form of social media potentially as well depending on your definition. And it's designed to make you angry and I think if you get sucked in and if you're not disciplined, I've been there myself, where you just find yourself just sat staring at the screen getting more and more annoyed, and more and more angry and that kind of stuff can change people and can it change countries. So, just try your best to be disciplined and use it for work and use it for a little bit of social and then stop using it. |
| 00:58:38 | KOMAL<br>Yeah you have to have the discipline to stop and that's very, very hard. So, yeah that's the thing that you can't turn it off once it's there so that's one of the things. |
| 00:58:50 | JONNY<br>Yeah so perhaps we should be teaching our students and perhaps more importantly our colleagues, our educators, healthy social media practices rather than just throwing badness and risk and danger at them, teaching them how to do it well and how to do it healthily. |
| 00:59:06 | KOMAL<br>Exactly that's the need of the day that we need to learn how to do it properly. |
| 00:59:13 | JONNY<br>And that way you can maintain your best form of professional identity. Well I think that takes us up to our hour exactly. So not bad hosting in the end apart from a few mute escapades. So, thank you first of all to everybody's comments. I've just seen one last one from Laz about the GMC stance on social media made me terrified to use it at all, in practice I think a lot of it's very difficult to enforce Laz though we can perhaps take that conversation off onto Twitter so if anybody wants to continue the conversation and tweet us please do. |
| 00:59:52 | KOMAL<br>You're more than welcome yes. |
| 00:59:53 | JONNY<br>So, thank you to everyone who has been asking us questions, both on here and on social media, and thank you to Jenny and Leigh for facilitating and thank you to Komal for your amazing talk, it was lovely. |
| 01:00:05 | KOMAL<br>Thank you so much everyone and if you have any questions you can keep posting in the chat and I will answer them later. I will reply through the ASME platform. |
| 01:00:16 | JONNY<br>Thank you. |
| 01:00:17 | KOMAL<br>Thank you. |