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Contemporary Issues

Evidence-based strategies to create a culture of cybercivility in health professions education

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1. Introduction

The development and diffusion of new instructional technologies has rapidly changed the complexion of how students learn and what educators can do to promote their learning. As such, online interactive and social media platforms designed to facilitate collaboration and information sharing can enhance students' learning outcomes. For example, a small group 'virtual hangout' strategy was used in a professional course for developing medical students' empathy and self-reflection skills, and this virtual classroom using social networking and online learning management system was found to be effective in enhancing professionalism training for medical students (Duke et al., 2015). An exploratory case study incorporating Twitter as an assessment tool in the first-year nursing curriculum was also deemed to be feasible and worthwhile for introducing digital professionalism (Jones et al., 2016). Despite the pedagogical merits of such a technology-integrated approach in health professions education, such as nursing, medicine, pharmacy, and other allied health professions, strong evidence exists that students may share potentially uncivil content on social media while both students and faculty are experiencing common uncivil behaviors in online environments (De Gagne et al., 2016). Based on our literature review, we conceptualize that cyberincivility mainly takes place in three domains; social networking sites (e.g., Facebook, Twitter), online learning environment (e.g., discussion forums), and email use.

In health professions education, cyberincivility, defined as "direct and indirect interpersonal violation involving disrespectful, insensitive, or disruptive behavior of an individual in an electronic environment that interferes with another person's personal, professional, or social well-being, as well as student learning" (De Gagne et al., 2016, p. 2), has become a growing concern to many stakeholders—not only students, educators, and administrators, but also patients who may be affected by privacy breaches in cyberspace. Indeed, researchers and educators have come to a widespread consensus that cyberincivility has a negative impact on students' learning processes and outcomes, as well as the quality of their education (De Gagne et al., 2016). To date, however, research on cyberincivility has mainly focused on its prevalence and incident rates, direct and indirect consequences associated with such phenomena, and the extent of students' and faculty's experiences with such occurrences (De Gagne et al., 2016), with no synthesized knowledge on the effectiveness of cyberincivility interventions in health professions education. Using a critical analysis of the literature on those intervention studies, in this paper we address potential approaches to prevent cyberincivility and promote digital professionalism. The purpose of this contemporary article is to suggest practical and evidence-based guidelines on how to create a safe and civil online environment where students can effectively engage in the learning process while maximizing the advantages of online media and instructional technology.

2. Key focus areas and practical strategies

Professional and civic identities can only be formed through the use of a well-designed curriculum and culture that intentionally fosters professional development (Benner et al., 2010; Mueller, 2009). As such, interventions to promote professionalism or to prevent cyberincivility must not only develop knowledge and skilled practice but also socialize students to the necessary ethical and moral frameworks (De Gagne et al., 2016). Given this context, there are three key areas of strategies to prevent cyberincivility and promote digital professionalism: ethical

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knowledge and skills, curriculum development and content delivery, and the praxis of cybercivility.

3. Ethical Knowledge and Skills.

3.1. Develop students' ethical decision making skills and knowledge

The practice of ethical decision making in healthcare requires students and health professionals to interpret situations and integrate their knowledge in variable and often times unpredictable situations. Appropriate reasoning entails healthcare providers to draw from a foundation of knowledge, a strong value system, imagination, and experience (Benner et al., 2010). Lamentably, the nature of the virtual world makes it easier for students to violate academic, professional, and legal standards (Azulay Chertok et al., 2014; Bramstedt et al., 2014). Compounding this issue, the consensus in the literature is that students in health professions have little understanding of what is unethical, unprofessional, or illegal regarding academic civility in social media content (Bramstedt et al., 2014; Kung et al., 2012; Lie et al., 2013; Walton et al., 2015).

Studies indicated that online courses and resources, small group discussions, and online discussion boards can be effectively used to increase students' professional and ethical knowledge and skills (Azulay Chertok et al., 2014; Walton et al., 2015). Reflective writing and reflective group discussions regarding professional roles also showed a positive change in students' value systems, an increase in their new role awareness, an improvement in their understanding of professionalism, and a change in online posting behaviors (Kung et al., 2012; Lie et al., 2013; Walton et al., 2015). Video presentations by an ethicist regarding email correspondence, use of photography in the clinical setting, and ethical use of medical applications for smartphones can be employed to develop student awareness and future behaviors in online environments (Bramstedt et al., 2014).

3.2. Incorporate humanism into models of human behavior

Compared to face-to-face communications, the online environment poses a unique challenge in teaching humanism because of its limited non-verbal cues and emotional context. Disruptive or uncivil online behavior can manifest in a number of different ways: making verbal insults or rude comments; posting ambiguous or vague responses that do not add meaning to the online discussion; cheating on exams or quizzes, taking credit for others' work; breaching confidentiality (Clark, Werth, & Ahten, 2012); using profanity and discriminatory language; and posting depictions of intoxication and sexually suggestive materials (Chretien et al., 2009; Marnocha et al., 2015). Cyberbullying, deliberate and repeated harassment directed at individuals through information and communication technologies (Patchin and Hinduja, 2010), is regarded as a form or subset of cyberincivility (Clark et al., 2012).

Humanism is an attribute of civility and a necessary component of patient-centered care. The values of humanism include empathy, altruism, caring, integrity, and respect (Mueller, 2009). Incorporating humanistic values into a student's professional identity enhances the healthcare environment and improves patient care (Cohen and Sherif, 2014; Mueller, 2009). Thus, educators should provide adequate opportunities to learn about the importance of respect between colleagues, how patients feel about and experience illness, how to recognize and respond to the emotions presented in clinical situations, and how others respond to difficult clinical situations (Benner et al., 2010; Cohen and Sherif, 2014). The use of case studies gives students a chance to think through how they would react in certain situations and is even more salient when collected from their field of study (Gosselink, 2011; Kung et al., 2012). Online group discussions that focus on sharing personal experiences or describe difficult situations and on how others responded to such situations are particularly effective in teaching empathetic response (Lie et al., 2013).

4. Curriculum development and content delivery

4.1. Strengthen the formal curriculum on digital communication

Millennial students spend a significant amount of time using computers and social networking sites, which does not necessarily mean that they have attained knowledge and skills that underpin digital communication strategies. The formal curriculum is where faculty invest the bulk of their time planning, designing, revising, and reforming (Hafferty & O'Donnell, 2015). Through this codified curriculum, students can be formally assessed and evaluated, demonstrating the evidence of effective digital communication skills and confidence (Cohen and Sherif, 2014).

The majority of published studies describe strategies for promoting cybercivility implemented by faculty, the most prevalent being the incorporation of a teaching element either in a single class or an entire course. Some options to consider include inserting specific language, learning activities, and resources about digital professionalism during orientation or course introductions (Azulay Chertok et al., 2014; Morgan and Hart, 2013), integrating them into existing professionalism courses as a single session (Kung et al., 2012; Lie et al., 2013; Walton et al., 2015), or creating a short online module (Bramstedt et al., 2014). Faculty should assure that the content is readily accessible online to students and that the curriculum is feasible and effective to encompass the identified knowledge and competencies on digital communications, which would in turn help students understand the expectations and hold them accountable for their actions or lack of actions.

4.2. Make the hidden curriculum more visible

Contrary to the formal curriculum, which is well-organized and documented, the hidden curriculum consists of the unscripted and unintended formats of teaching and learning (Doja et al., 2015). This implicit curriculum offered by faculty has been linked to a wide range of challenges or emerging issues in health professions education, such as humanism, harassment and mistreatment, patient-centeredness, faculty development, and online learning (Hafferty and O' Donnell, 2015). It is commonly believed that the hidden curriculum allows educators to teach students "how things work around here" and to help them make sense of their learning environment, organizational culture, and the architectural layout of their professions (Hafferty and O' Donnell, 2015).

Student narratives can be powerful resources in the hidden curriculum to address academic dishonesty in the online learning environment, misuse of social media in the clinical setting, and failure of accountability and responsibility in the use of networking sites. For example, narrative weblogs were effective in debriefing students' stigmatized attitudes towards psychiatric disorders and identifying their emotions and thoughts (Gosselink, 2011). Kung et al. (2012) also found that self-reflective narrative writing was a successful technique to promote students' awareness on digital professionalism and to teach high standards of patient privacy and confidentiality, as well as appropriate boundaries of the patient-provider relationship. The process of writing and reflection has the potential to make the hidden curriculum more visible, offering students a way to learn how to avoid uncivil behavior online, thereby maximizing their learning experience in a constructive and safe environment.

5. Praxis of cybercivility

5.1. Assure a common understanding of the consequences of uncivil behavior

Students have varying degrees of awareness and perceptions of what would be considered civil versus uncivil behavior (Chretien et al., 2009; Marnocha et al., 2015). Studies have shown differences in gender, as well as differences among perceptions of accountability for