

# The Glass Houses of Attending Surgeons: An Assessment of Unprofessional Behavior on Facebook Among Practicing Surgeons

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**PURPOSE:** Our recent publication demonstrated that unprofessional behavior on Facebook is common among surgical residents. In the formulation of standards and curricula to address this issue, it is important that surgical faculty lead by example. Our current study refocuses on the Facebook profiles of faculty surgeons involved in the education of general surgery residents.

**METHODS:** The American College of Surgeons (ACS) web site was used to identify general surgery residencies located in the Midwest. Departmental web sites were then searched to identify teaching faculty for the general surgery residency. Facebook was then searched to determine which faculty had profiles available for viewing by the general public. Profiles were then placed in 1 of the 3 following categories: professional, potentially unprofessional, or clearly unprofessional.

**STATISTICAL ANALYSIS:** A chi-square test was used to determine significance.

**RESULTS:** In all, 57 residency programs were identified on the ACS web site, 100% of which provided an institutional web site listing the surgical faculty. A total of 758 general surgery faculty were identified (133 women and 625 men), of which 195 (25.7%) had identifiable Facebook accounts. In all, 165 faculty (84.6%) had no unprofessional content, 20 (10.3%) had potentially unprofessional content, and 10 (5.1%) had clearly unprofessional content. Inter-rater reliability was good (88.9% agreement,  $\kappa = 0.784$ ). Clearly unprofessional behavior was found only in male surgeons. For male surgeons, clearly unprofessional behavior was more common among those in practice for less than 5 years ( $p = 0.031$ ). Alcohol and politics were the most commonly found variables in the potentially unprofessional group.

Inappropriate language and sexually suggestive material were the most commonly found variables in the clearly unprofessional group.

**CONCLUSIONS:** Unprofessional behavior on Facebook is less common among surgical faculty compared with surgical residents. However, the rates remain unacceptably high, especially among men and those in practice for less than 5 years. Education on the dangers of social media should not be limited to residents but should instead be extended to attending surgeons as well. (J Surg Ed 72:e280-e285. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** professionalism, social media, Facebook, privacy, marketing

**COMPETENCIES:** Professionalism, Practice-Based Learning and Improvement, Interpersonal and Communication Skills

## INTRODUCTION

In recent years, there has been an increasing awareness of social media among medical professionals. However, the proper role of social media within surgery and surgical education still remains unclear. There are many proposed benefits to social media use among physicians, including marketing, peer networking, recruitment, and patient outreach. Along with these opportunities are many potential pitfalls that must be considered as well. Without an educated and thoughtful approach to social media, a physician's professional identity can be tarnished by his or her online activity, and the physician's digital presence may result in much more harm than good.

Although the number of social media outlets continues to grow, Facebook remains the most prominent and widely used, with an estimated 1.35 billion individual active users

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worldwide.<sup>1</sup> Among those with frequent Facebook use are medical professionals at all levels of training and experience.<sup>2</sup>

We recently published an assessment of unprofessional behavior among surgical residents on Facebook.<sup>3</sup> In that study, we found an alarmingly high prevalence of bad behavior, and we concluded that standards and curricula should be created within surgical education to address this problem. We also suggested that program directors may benefit from monitoring social networking web sites to identify gaps in professionalism among surgical residents that require correction.

Of course, it is important that one leads by example. Before any attempt to identify and react to unprofessional online behavior among surgical residents, it is essential that attending surgeons reflect on their own online behavior.

PURPOSE

The purpose of our current study was to evaluate the publically available Facebook profiles of faculty surgeons involved in the education of general surgery residents, and determine the incidence and degree of unprofessional behavior exhibited by them on Facebook. We hypothesized that the overall usage of Facebook would be lower in this group compared with surgical residents, and that unprofessional behavior would be less common than in the resident cohort.

METHODS

Application for internal review board human subject research exemption was reviewed and approved by the University of Nebraska Medical Center Internal Review Board, protocol #572-14-EX. All information gathered for this study was publically available on the internet.

Similar to our previous study,<sup>3</sup> we identified all accredited general surgery residency programs in the “Midwest region” of the United States using an interactive map on the American College of Surgeons (ACS) web site.<sup>4</sup> We chose the same geographic area as the previous study to match the students with their teachers. The following states Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin were included. Departmental web sites for individual

programs were then identified either from a direct link or from a Google search.<sup>5</sup>

Individual program web sites were searched for a faculty roster. As it is difficult to determine from these web sites how much exposure the residents get to specialty services such as cardiothoracic, plastic, and vascular surgery, we limited our search to faculty surgeons practicing general surgery. Surgeon names and pictures were then accessed. We determined faculty sex and the number of years in practice based on the biography or curriculum vitae listed on the web site. Whenever this information was not available on the institutional web site, we used the “education and medical training” section of the US News and World Report web site.<sup>6</sup>

Unique Facebook accounts were then created by all 6 authors, and none of the listed surgeons were “friended,” limiting our access to only material that was viewable by the general public. Surgeon names and pictures were used to determine if they possessed a Facebook account. If the surgeons’ identities could not be confirmed from the available personal details (name, picture, location, and institutional affiliation), they were categorized as not having a Facebook account.

To review Facebook pages, we used the same scoring system created for our previous study of surgical residents.<sup>3</sup> The 3 categories of professional behavior were (Table 1) the following.

- (1) Professional: no evidence of unprofessional content.
- (2) Potentially unprofessional: content that many be interpreted as unprofessional.
- (3) Clearly unprofessional: content universally accepted as unprofessional in nature.

Facebook profiles were accessed and the content was explored, including pictures, videos, comments, and quotes. Surgeons were placed into 1 of the 3 categories based on their Facebook profiles. Those with completely private profiles blocking public access were categorized as professional. In addition to the content that surgeons placed on Facebook themselves, they were also held accountable for any unprofessional content created by other Facebook users but viewed on the surgeon’s profile (e.g., shared pictures in which the surgeon was “tagged,” or comments made by others but posted on the surgeon’s page).

Screening and profile reviews of all 758 faculty were performed initially by 3 authors in a collaborative format

TABLE 1. Professionalism Categories

|                            |  |
|----------------------------|--|
| Professional               | No evidence of unprofessional content  |
| Potentially unprofessional | Alcohol or tobacco in hand, questionable attire (including costumes and revealing swimwear), polarizing political or religious statements, weapons |
| Clearly unprofessional     | HIPAA violation, inappropriate language, picture or reference to binge drinking, drug use, racist or sexist content, sexually suggestive material  |

HIPAA, Health Insurance Portability and Accountability Act.

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