



Digital engagement

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Dear Colleagues,

Social media, described as “mediated opportunities for bringing people together and encouraging networking and dialogic communication,”¹ is transforming the way we relate to each other personally and professionally. It can affect how we relate to our patients, and how they engage with us and other health care providers. Academic institutions, hospitals, and professional organizations are also affected. Medical schools are looking at the use of social media in relation to curricula,¹ patient privacy, and professional behaviour. The CFPC never ceases exploring how to engage most meaningfully with members, the medical profession at large, and the public.

In addition to enabling immediate, instantaneous one-to-one and one-to-many connections, social media can facilitate novel knowledge translation opportunities and dissemination to larger groups of participants (eg, live streaming some of our Family Medicine Forum sessions).

The principles guiding the CFPC’s use of social media are similar to those that should guide individual physicians from a professional perspective. Although there are many frameworks, the University of Alberta’s *8 Ps* (modified)² come to mind: purpose (why are you sharing this information?), privacy (who will see it, and could they repost it?), patient (could patients or individuals recognize themselves?), personal (if this were about you, would that be OK?), professional (does this affect doctors’ or members’ reputations?), protect (are privacy settings strict and checked often?), permission (did you get permission to cite others?), and permanent (remember: you can never take it back).

In a recent commentary in the *Globe and Mail*,³ it is suggested that the ease of posting and the anonymity afforded by social media lowers the threshold for expressing feelings of outrage, and that this, taken to excess, might have negative societal consequences. Concerns regarding patient privacy issues are real and are considered in the policies of academic and health care institutions. A lack of consensus exists regarding the need for separating one’s professional and personal identity. From an ethical perspective, it might be best to consider that what appears on social media, irrespective of the medium or the type of identity it is under, becomes publicly associated with that person and reflects on his or her professional identity. Research looking at patients’ perceptions of professionalism in relation to physicians’ Facebook profiles showed that personal profiles that contained health behaviour were ranked as most

professional, followed by profiles that strictly showed professional content.⁴ Those that showed unhealthy behaviour were deemed least professional.

In addition to live streaming opportunities at Family Medicine Forum and some Chapter meetings, we are pleased to see the rise in popularity of eCFP as a family medicine knowledge dissemination vehicle of choice. As another example of online engagement, family physician members in their first 5 years of practice can share information and comments on a closed Facebook page (CFPC staff are administrators of the page) and many appreciate the opportunity to be able to do this. Through interactions with them and other family physician leaders, we are reminded of a few directions we need to take as an organization. They include the following:

- Use all media available to us to communicate with you, as you might use or prefer one vehicle over another.
- Communicate more often, in bite-sized, plain language. (For example, when disclosing financial statements, provide members with an easy-to-understand picture of how funds, including their membership dues, are used.)
- Communicate decisions and also be prepared to speak to directions being considered even if all answers to issues are not available. Seek member feedback and input in these areas.
- Sharing or pushing information on social media is fine, but heighten engagement by allowing members to pose relevant questions about a topic on social media.

Our social media policy (www.cfpc.ca/uploadedFiles/About_Us/Social-Media-Policy-Board-Committees.pdf) was recently updated to be more permissive of the engagement of the CFPC board and committee members on this medium. I welcome your feedback on how to improve how we connect with you. 

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References

1. Herron PD. Opportunities and ethical challenges for the practice of medicine in the digital era. *Curr Rev Musculoskelet Med* 2015;8(2):113-7.
2. Health Sciences Education and Research Commons. *Experiential learning activities. Savvy student’s guide to professional use of social media*. Edmonton, AB: University of Alberta. Available from: www.ualberta.ca/health-sciences-education-research/ip-education/viper/experiential-learning-activities. Accessed 2018 Mar 12.
3. Crockett MJ. Modern outrage is making it harder to better society. *The Globe and Mail* 2018 Mar 2. Available from: www.theglobeandmail.com/opinion/modern-outrage-is-making-it-harder-to-bettersociety/article38179877. Accessed 2018 Mar 12.
4. Clyde JW, Domenech Rodríguez MM, Geiser C. Medical professionalism: an experimental look at physicians’ Facebook profiles. *Med Educ Online* 2014;19:23149.

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