

Social media use - case study

Sarah and Mohammed are third year medical students on the same course doing a clinical placement together. They are part of a WhatsApp group with other medical students on the same placement where they share stories about the patients and staff.

After a few months, Mohammed took a screen shot of a particularly funny story he wrote, and posted it on his Facebook page. He mentioned a patient he saw in A&E, dressed as an elf, who had injured themselves re-enacting a climactic battle scene from The Lord of the Rings. Although he didn't use the patient's name, he did describe their symptoms and circumstances.

Some friends, who were not medical students, shared the post. Another student who was friends with Mohammed on Facebook reported the incident to the medical school.

The medical school identified the students involved in the group, and shared the incident with medical school staff. Given the evidence, the school started a fitness to practise investigation^[5]. Sarah and Mohammed each received a letter outlining the allegations against them, the relevant guidance, and a copy of the student fitness practise processes at their school.

The medical school appointed an investigator who spoke with each of the students to get the facts of the case. They presented their findings to an investigation committee within the medical school. The school told Mohammed and Sarah about the student support services available to them and their personal tutors would be on hand to offer support where necessary.

How did Sarah and Mohammed react?

Sarah went to see her personal tutor. She was annoyed and felt she'd been unfairly treated. She said she only set up the group to have 'a laugh' in a private chat with her friends. She didn't think the tone of the stories posted were inappropriate or disrespectful. She thought the information would remain within the group. She thought Mohammed was to blame for sharing it and everything else was out of proportion.

Her tutor referred to the definition of social media in GMC guidance. The tutor also explained platforms like WhatsApp may not be secure and the incident could have breached patient confidentiality. The stories had also upset some medical school staff. Sarah was indignant despite her tutor's advice.

A few weeks later she met with her personal tutor again to review her thoughts on the situation and her actions. The tutor was surprised her attitude had not changed. Although she'd had time to think about her behaviour, she still blamed Mohammed and maintained she'd done nothing wrong. Her tutor was shocked by her lack of insight into why what she had done was unprofessional.

By contrast, Mohammed reflected on his behaviour and was mortified. He said he didn't appreciate snippets of information posted online could be compiled with other details and risk breaching patient confidentiality. He also didn't appreciate posting on social media could result in someone identifying a patient. The tone of the stories and his behaviour embarrassed him.

What happened next?

The investigation committee considered the evidence collected by the investigator such as:

- the reason the group was set up (to entertain the students)
- the length of time the group had been operating
- the tone of the material circulated
- the offence caused to hospital and medical school staff.

They acknowledged Sarah set up the group and enabled sharing inappropriate material in the first place, and Mohammed was a willing participant. It was clear to the committee the group's actions had the potential to bring the profession and the medical school into disrepute and their behaviour called into question their professional judgement. They referred Sarah and Mohammed, as well as the rest of the participants of the WhatsApp group, to a student fitness to practise panel.

The panel considered each case individually and weighed various factors including:

- the previous good standing of the student
- whether this was an isolated incident
- whether they had shown insight and genuine remorse.

All students were invited to attend a meeting with the panel, and were given the documents reviewed by the panel. Students were also encouraged to submit evidence, and to bring a representative, friends or relatives to the hearing^[4].

What happened at the hearings?

Sarah's case

The panel discussed Sarah's case first. They considered her previous good standing, looked at her role in the incident and her reaction since. Sarah came to the hearing and insisted she had not done anything wrong. The panel had concerns she had shown no insight into her behaviour, which was also reported by her tutor based on their regular meetings.

After careful discussion the panel decided Sarah's fitness to practise was impaired. They suspended Sarah for six months as a signal of the severity of her behaviour for public trust in the profession^[6].

The panel also imposed conditions. They asked Sarah to:

- undertake a series of reflective pieces of work on professionalism,
- complete an assignment on the importance of confidentiality and
- to attend regular meetings with her personal tutor to assess her progress in understanding why what she did was wrong.

Sarah would have to meet with the panel again when returning to the course, prove she had insight into her actions and could show she had met the conditions they placed on her^[7].

Sarah received a letter with the panel's decision and a detailed explanation of their reasoning.

Mohammed's case

The panel also looked at Mohammed's case. Although he contributed to the original group, and posted the story in question on Facebook, he had shown insight into his actions. Reports from his tutor and the student support services Mohammed had seen throughout the process to support him with his anxiety reassured the panel. The panel also heard Mohammed's testimony at the hearing and believed he showed genuine remorse for his behaviour.

The panel decided Mohammed's fitness to practise was not impaired. They felt it appropriate to issue a warning and required him to complete a piece of reflective writing on the events.

The rest of the group's case

The other students involved in the group also attended a panel hearing. They also showed insight into their actions and regretted the incident. Because of this, they received the same outcome as Mohammed.

The panel made it clear to all students who received a written warning that it may be taken into account if there is a similar incident in the future. The panel also explained that the warning will remain on their record. The students will need to declare it when completing their TOI form^[9] before their first foundation post, and when applying to the GMC for provisional registration^[8].

What to take away

- Students' willingness to reflect on their behaviour and accept responsibility for their actions shows they understand the impact and are willing to learn from their mistakes. This was a crucial difference between Sarah and Mohammed in the outcome of their cases.
- Students will see unusual medical conditions and situations when on clinical placement. It's normal to want to talk about it with colleagues or friends, but they must not share information about a patient without their consent^[1].
- Students should also make sure they never discuss patients in a public place or on social media. Even if the patient's name isn't mentioned, there's a chance someone might guess who the patient is^[2].
- Use social media to express views, but don't behave in a derogatory or discriminatory manner to other users. Once information is published on social media, users may not be able to control how others use it^[3].
- Be aware of the limitations of privacy online and review the privacy settings for your social media profiles. Social media sites cannot guarantee confidentiality whatever privacy settings are in place^[10].

References to the guidance

Achieving good medical practice: guidance for medical students

Domain 3: Communication, partnership and teamwork

1. [Maintaining patient confidentiality](#) (paragraphs 56-59)
2. [Practical tip #8: How does confidentiality apply to my placement?](#)
3. [Practical tip #9: Social media dos and don'ts](#)
4. [Annex: Professionalism and fitness to practise processes in medical schools and universities](#)

Professional behaviour and fitness to practise: guidance for medical schools and their students

5. [The threshold of student fitness to practise](#) (Question 6)
6. [What are the outcomes of a student fitness to practise committee or panel?](#)
7. [Reviewing a student's fitness to practise following a sanction](#) (paragraph 147)
8. [How fitness to practise affects GMC provisional registration](#) (paragraphs 17-22)
9. [Transfer of information as students move to F1](#) (paragraphs 51-56)

Other guidance

10. [Doctors' use of social media \(2013\)](#)