Social portfolios supporting professional identity: Implications for education

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Introduction and purpose

Our starting point is reflection on the phenomenon of social networking websites in the context of personal identity. Before social networking sites existed, people's "electronic identity" seemed to be a matter of personal construction, whereas now, a personal profile may be contributed to by others, either through text or photographic images. In the e-portfolio for prospective employment or post-certification re-validation, health professionals normally want to display those qualities, including professional values and ethics, which they perceive as officially accredited in their work context.[1,2] It is to be expected that these qualities should overlap to a large extent with their own sense of professional and personal identity. For portfolio use, some evidence for claims of these qualities is needed, and what is presented can be freely chosen by the individual. In the worst cases, there is the opportunity for "evidence" to be invented, if that could avoid detection. A potential benefit for third parties reading personal profiles on social networking sites is that their dynamic means that people are generally more likely to be honest about themselves than might be the case in a CV. Indeed, people may inadvertently reveal profiles of themselves different from those intended to be public.

We aim to clarify the importance of bringing a clearer and more explicit awareness of social networking and its implications into healthcare education, on the grounds that healthcare professionals have a particularly trusted role in society, and need to take particular care with any information about themselves that might become available to others.

Method

This paper aims to raise awareness of issues which are seen by the authors as of increasing importance to healthcare education. The work is based on our knowledge of social networking sites and services, and much related practice in the world of technology supporting education, academic, personal, and professional development, and business processes. Information supporting our experience was collated from a combination of literature survey, contacts in healthcare professions including medicine, and our professional networks in the areas of educational technology supporting formal and informal learning.

Additionally, we searched through medical education guidance documents to discover the extent to which the issues we are raising are currently on the agenda for healthcare education curricula.

Progress / discussion

Social networks, professional identity, and the social portfolio

Employers in general are increasingly looking at the electronic social networks of prospective employees to get a better picture of their true qualities (see, e.g., Online Recruitment[3]). It is as if the social networking sites, including MySpace, Flickr and many others, but particularly at present Facebook, present a kind of "social portfolio", over which an individual is only partly in control. As well as the intrinsically social nature of the social networking services, allowing others to add information about one often without explicit consent, there is the even more open world of the public web, which anyone can access through search engines such as Google. Through these, using appropriate search terms, much information about individuals can sometimes be found.

In terms of Goffman[1], the social portfolio enables potential employers and others to sidestep the controls that actors place upon their performances to manage impressions. Thus, this kind of electronically available information, whether on social networking sites or elsewhere on the web, may have an increasing bearing on professional identity as it comes to be perceived by others, independently of the professional identity that the individual feels, and wishes to project.

The importance of other people's perceptions tallies with the significance of peer assessment, which has been used effectively in medical undergraduate education to develop ethical awareness and good practice (Boggis et al.[4]).

An important way in which social networking and the social portfolio can affect health professionals is through the impact on patients or clients. Trust and confidence in heath professionals is vital in any case in many aspects of face-to-face medical practice (Good Medical Practice[5], paras 20, 21, 56, 57), and indispensible when trust and confidence play an active role in the therapeutic process.

The extent to which employers use social portfolio information as part of healthcare recruitment is not yet clear, but given that there is a free way of gaining extra information about a candidate, it is likely to be an increasing temptation for medical recruiters as for others. For example, even if medical recruiters have no mandate to look at potential professionals' social portfolios directly, it would seem quite reasonable for there to be some kind of investigation that there is nothing publicly available that could have a negative impact on professional identity and reputation.

Many students and young professionals use social networking services, particularly (at present) Facebook, and most understand that information there is liable to be searched by potential employers and others. This is, however, no excuse whatever to leave these matters to chance.

Social portfolio issues in healthcare education

Ethical issues in medicine have a long history of being covered in the education process. However, it would appear that healthcare education has not caught up with the current realities of electronic identity, and the social portfolio.

Good Medical Practice[5] sets out how doctors should conduct themselves professionally, and states, for example, that “You must make sure that your conduct at all times justifies your patients’ trust in you and the public’s trust in the profession". However, the examples alongside that statement relate to professional practice, not explicitly to good conduct in personal or private life. The relationship with private life is more clearly spelled out in other guidance for medical students,[2] which includes (paragraph 16):

“Students must be aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their fitness to practise. Their behaviour at all times must justify the trust the public places in the medical profession.”

Reinforcing this, the guidance for GP training[6] includes this intended outcome.

“At the end of GP training the specialty registrar should be able to demonstrate:

- Awareness of his or her own capabilities and values
- Understanding that his or her attitudes/feelings/values are important determinants of how he or she practices
- Ability to clarify and justify his or her personal ethics
- Awareness of the interaction of work and private life, and the ethical tensions that this can create.”

But there is no evidence that the interactions considered extend yet to social portfolio considerations. Thus, the social portfolio extends a trend towards greater public accountability. Healthcare professionals are naturally early targets in this process, as they hold positions of responsibility and public trust.

Scenarios for social portfolios

How people see the effects of using the social portfolio strongly affects the kinds of recommendations that they would accept. Here we present two extreme versions of possible consequences.

In the positive scenario people accept that the social portfolio is a good way to display and assess aspects of professional identity. If assessors and others are realistic in what they expect, the social portfolio holders will be able to focus on a thorough and honest attempt to allow professional values to permeate their lives in a way that will be recognised by their peers as “good enough”, the social portfolio will be able to be used to give a solid and reliable impression of professional probity to senior health professionals, including potential employers, and to give an impression to patients and clients that is consistent with, and which encourages, trust and confidence.

In the negative scenario, assessors look only for the ideal “model practitioner” displayed through social portfolios, perhaps out of fear that relaxing norms will lead to mistakes, and blame. Those being assessed come to be highly cautious about everything they do or say electronically. Any aspects of their character which do not fit the professional ideal are hidden, perhaps leading to a refusal to participate electronically at all. Assessment becomes a game where the winners are those who can manipulate their social experiences to portray themselves in an “ideal” light. Competitive peers point out anything that could be negative, in an attempt to make themselves more attractive by comparison. Patients and clients are suspicious of anything out of the ordinary appearing in the public profiles of their health professionals, complain about it, and refuse to be treated.

Future reality is likely to lie somewhere between these scenarios.

Conclusions / recommendations

It is clear that there is scope for developing education related to social portfolios in healthcare education.

Healthcare students in education, professionals in training and CPD, and their educators, trainers, mentors, and other interested parties such as parents should be more aware of several issues.

- The persistence and pervasiveness of information that is put on the web in general or social networking sites in particular.
- The importance of preventing the dissemination of damaging information right from the start.
- The possibility of using social portfolio information for recruitment.
- The possible impact on reputation, face and effectiveness through patient/client perceptions.

The Online Recruitment article[3] lists 10 things to avoid, though these are not specific to any particular employment, and though they seem eminently reasonable, no empirical evidence is given to justify their prioritisation.

1. References to drug abuse
2. Extremist / intolerant views, including racism, sexism
3. Criminal activity
4. Evidence of excessive alcohol consumption
5. Inappropriate pictures, including nudity
6. Foul language
7. Links to unsuitable websites
8. Lewd jokes
9. Silly email addresses
10. Membership of pointless / silly groups

On the positive side, the same article says “Employers are looking for evidence of job skills, career history, a range of interests, strong writing skills, as well as other qualities and characteristics such as a confident and friendly personality.”

This advice is general, and does not explicitly consider healthcare professions. But as shown in Table 1, there is already significant overlap with the GMC/MSC guidance.

Online Recruitment article	*GMC & MSC guidance:* *Some areas of misconduct and examples*
References to drug abuse Evidence of excessive alcohol consumption	Drug or alcohol misuse Drunk driving; alcohol consumption that affects clinical work or environment; dealing, possessing or using drugs even if there are no legal proceedings
Extremist / intolerant views, including racism, sexism	Unprofessional behaviour or attitudes - including: unlawful discrimination.
Criminal activity	Criminal conviction or caution Child pornography; theft; financial fraud; possession of illegal substances; child abuse or any other abuse; physical violence.

Table 1: Comparison of general and specific issues which could have a negative impact.

These negative issues are clearly important, but there are also relevant issues which could have a positive impact, and need to be made explicit. Social portfolio education for healthcare professions could then encourage individuals to reflect carefully on the extent to which exposing or expressing their own personal behaviour, beliefs or experiences might positively or negatively affect their professional role.

Such considerations will not necessarily be obvious. One health professional may decide that their own religious beliefs are best kept entirely private. Another, equally conscientious professional may decide that they wish to be open their personal religious beliefs, and give evidence that this does not detract from accepted professional values and norms, or even supports them. One professional may see their voluntary work as adding to their professional, caring, image, while another may decide that it may appear biased or self-righteous, and decide to keep it private.

Because these decisions are inevitably personal, there is a need for individual support within an educational context, bringing together all of the considerations relevant to the social portfolio. This support should start at an early stage, so that individuals have the best chance of managing the presentation of their private persona in a way that is consistent with a desirable professional persona, with a positive impression/impact on potential employers, colleagues, patients / clients, and the public.

References

1 Goffman, E. The Presentation of Self in Everyday Life. 1959. Penguin Books. See p 45.

2 General Medical Council. Medical students: professional behaviour and fitness to practise. Jointly produced with Medical Schools Council, 2007. (http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/professional_behaviour.asp accessed 2008-01-07)

3 Online Recruitment. Employers use Facebook for further background checks. Onrec.com, 2007-07-18 (http://www.onrec.com/newsstories/17612.asp accessed 2008-01-07)

4 Boggis, C, Cooke, S, Richardson, H and Holland, M. Self and Peer Assessment for Student Doctors. In Innovations in Assessment, Symposium Proceedings, Teaching Research and Development Network, University of Manchester and UMIST (May 2003), p36, ISBN 1-903-640-10-5.

5 General Medical Council. Good Medical Practice. 2006. (http://www.gmc-uk.org/guidance/good_medical_practice/ accessed 2008-01-07)

6 Royal College of General Practitioners. Clinical Ethics and Values-Based Practice. 2007 version. Available through Postgraduate Medical Education and Training Board: GP Curriculum. (http://www.pmetb.org.uk/index.php?id=674 and directly at http://www.pmetb.org.uk/fileadmin/user/QA/Curricula/Approved_curricula/GP/3_3_Ethics_2006_01.pdf accessed 2008-01-07)