

For residents, technology can put professionalism and reputation at risk

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As mobile devices permeate our professional lives, resident disengagement, social media, and communications with patients all present a risk of breaches in professionalism for unwary trainees.

Encroaching technology and resident disengagement

It is pointless to be some kind of Luddite and reject the transformative tide of technology—mobile devices in particular—in psychiatry.¹ Yet commentators have remarked on the potential that technology has to damage the professionalism of physicians.²

We are dismayed to observe that, nationally, residents seem at times more absorbed with their social media accounts, e-mail, text messages, and Web browsers than by Grand Rounds and didactic lectures provided by faculty. We believe that this electronic preoccupation shows a level of disrespect; indeed, *self-control* does matter, and is an inherent facet of professionalism.³

We are under no illusion that, when we give small-group didactic presentations to medical students, they will stop surfing the Internet, e-mailing, and texting: Frankly, we aren't that riveting. We certainly appreciate, however, students' discretion by generally using their mobile devices out of our view.

Last, we find it interesting that, despite the greater formality of national medical meetings, we see more blatant use of

mobile devices by residents when greater respect is, arguably, warranted. Perhaps the anonymity of a larger audience is to blame for that phenomenon.

Social media

The rise of social media presents particular concerns for the professionalism of residents. In a recent study of applicants to residency, 46% of all applicants maintained a Facebook profile; 16% of those who maintained a profile have posted unprofessional content there.⁴ (In our experience, the percentage of residents who have a social media or other online presence is considerably greater than 46%.)

Using social media presents risks: for example, if a resident were to post to her (his) social media profile that she (he) was "tired" or had been out "partying with friends." Like it or not, we, as residents, speak not just as individuals but as representatives of our training program and institution. Should a resident's patient suffer an adverse outcome the day after the physician posts a 3 AM image of herself out drinking, she might be exposing herself, her institution, or both, to liability.

continued



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Clinical Point

Texting can blur the boundary between what is professional and what is purely personal

Correspondence with patients

E-mail and texting correspondence with patients present their own professionalism dilemmas, with regard to legal liability, confidentiality, boundary violations, and "netiquette" issues.⁵⁻⁷ In our experience, the rapid-fire nature of texting can lead a resident to write without appropriate deliberation or to respond outside of business hours. In doing so, the boundary between what is professional and what is purely personal can be blurred. Furthermore, unless our patients have signed a consent form that articulates the acceptable uses of e-mail and text communication,⁷ we risk exposing ourselves to liability if a patient notifies us of an urgent matter by e-mail at a time when we are inaccessible.

Our residency class is fairly divided on texting patients. However, we (the authors) sometimes feel comfortable exchanging text messages about scheduling with our psychotherapy patients.

Admittedly, texting with a patient can easily become a slippery slope when a patient texts about a scheduling matter well outside of business hours. The path of least resistance would be to reply at the moment, but we have learned that the wiser course is to wait and reply during business hours (even though that adds another item to the to-do list).

Even more challenging is when a psychotherapy patient pushes boundaries further, for example, by texting about a non-emergent psychotherapy concern that should be addressed in a therapy session. Although non-emergent texts about a psychotherapy matter clearly represent

a pressing concern to the patient, boundaries can be blurred if a resident, reluctant to risk offending a patient, addresses the matter directly. The benefit of having these experiences during residency is that a psychotherapy supervisor is available to provide guidance.

Better understanding of these risks is needed

Resident disengagement, social media, and correspondence with patients can present pitfalls for unwary residents. They have the potential to create a breach in professionalism and, as a result, increase our exposure to liability. The solution? We believe it isn't to restrict use of technology, but to continue to study these slippery slopes and how we should address them. Ultimately, by continuing to embrace professionalism, we enhance the reputation of psychiatry and of medicine broadly.

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