

STATEMENT ON BEHAVIOR OUTSIDE OF MEDICAL SCHOOL

The College of Human Medicine has a responsibility not only to its students, but to the profession of medicine, its students' future patients, and society as a whole. The profession has been granted special privileges that include public trust and an expectation of self-regulation. In turn, the behavior of professionals is subject to a level of scrutiny that is uncommon among non-professionals.

Outside Employment While in Medical School

As a general rule, students must devote approximately 60-80 hours of time per week to medical school academic activities, including class time. This leaves a restricted amount of time for outside employment. Some students, especially those with professional careers prior to medical school, are tempted to continue working while taking classes. While this may have been possible in undergraduate years or even in graduate school, the curriculum of medical school is fast-paced and the amount of content is often overwhelming. The primary job of every medical student is mastery of the curricular content (meaning achieving an average of 85% on content exams). Those students who continue to work excessive hours outside of medical school at the sacrifice of their schoolwork may be short-changing themselves, their future patients and the profession as a whole. As a general rule, 10 hours of outside work is reasonable if a student is otherwise mastering the curricular content.

Non-Clinical Activities While Identified as a College of Human Medicine Student

It is not uncommon to encounter people when you are engaged in outside activities who will recognize you as a medical student because of involvement in their care in the past. In addition, as a demonstration of pride, students often wear clothing that identifies them as a College of Human Medicine student, or display a sticker on a car that does so. It is therefore important for students to carefully monitor their public behavior so that it reflects the professional identity that is desired.

Detection of Inebriation While Engaged in Curricular Activities Involving Patients

Students who are reported to have alcohol on their breath or whose behavior is consistent with impairment while engaged in curricular activities involving patients, whether real or simulated, will be asked to leave the setting immediately and will be directed to meet with the Assistant Dean/Director of Preclinical Curriculum. Students will be required to undergo a substance abuse evaluation at their own expense. The evaluation must be reviewed in accordance with Policy Regarding Illegal Activity and Use of Alcohol and Drugs found in this manual before the student will be allowed to interact with any patient, be it in the hospital, in an outpatient clinic or in an LPCE experience or clinical skills setting.

Social Media Use

There are a number of sites on the Internet on which individuals can communicate with each other via posting of personal information, stories, photographs, jokes and other content. Unlike usual communication in medicine, these social media sites are not refereed, and people can generally post whatever they wish. Message boards, forums, blogs and YouTube are all forms of social media.

The MSU Guidelines for Social Media can be found at: <http://cabs.msu.edu/documents/msu-guidelines-for-social-media.pdf>

There are also guidelines for medical professionals regarding use of social media. Recently, the American Medical Association published its guidelines, and other publications have offered suggestions for appropriate use of social media by physicians and physicians in training, including medical students. The most important of them follow:

1. Medical personnel (including medical students) must be aware of patient confidentiality standards, and never post identifiable patient information online. This includes photographs, clinical information, the location where the patient was encountered, etc. Even if the patient is de-identified, simply providing some clinical details, time and setting of the encounter may be sufficient for someone to be able to identify the patient.

If a student had a moving encounter with a patient and wants to share that encounter with colleagues, there are venues such as refereed journals or websites (JAMA or Pulse magazine, for example) to which submissions about these encounters can be sent. As part of the submission, the student will be asked to provide a form signed by the patient indicating that the patient has read and approves of the submission.

It is often helpful to process emotionally intense information in written form. Another alternative to journal publication is to keep a journal. Many physicians keep personal journals for this purpose and share the writings only with a select group of people if they wish.

2. Never post information about fellow students, faculty, or staff without their explicit written permission to do so. Respect for colleagues' privacy is as important as respect for patient privacy. Basically, don't say anything online you would not be willing to say in person.
3. Medical personnel should maximize privacy settings, but need to realize that once information is posted on the Internet, it is there permanently and cannot be removed. Therefore, individuals should periodically review their Internet presence, both in terms of the content they posted themselves, as well as by others to insure it is "accurate and appropriate."
4. Physicians should consider creating separate personal and professional identities online. Some articles published on the subject recommend that a professional profile should have very little or no information about the individual's private life, whereas the personal profile should only be accessible to those of the individual's choosing (e.g., Facebook friends).
5. Physicians must recognize that posted content could have a negative effect on their reputations, have consequences for their medical careers and undermine public trust in the medical profession. For example, do they belong to groups that might be perceived to be racist or sexist? There have been documented situations where residency training program directors have used the web to prescreen candidates.

In general, think before you post. Reflect on how the general public could perceive the content of your posting. What may be funny to your fellow students may be horrifying to the general public. Always ask yourself: would you want this information to be posted on a billboard along a highway?