



Caught and taught: A call to improve digital professionalism among medical students
Attraper et enseigner : appel à l'amélioration du professionnalisme numérique chez les étudiants en médecine

Yao Kang Shuy et Lavisha S Punjabi

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Caught and taught: a call to improve digital professionalism among medical students

Attraper et enseigner : Appel à l'amélioration du professionnalisme numérique chez les étudiants en médecine

Yao Kang Shuy,¹ Lavisha S Punjabi²

¹Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore; ²Singapore General Hospital, Singapore

Correspondence to: Lavisha S Punjabi, Department of Anatomical Pathology, Singapore General Hospital, 20 College Road, Singapore 169856;

email: lavisha.s.punjabi@gmail.com; Twitter: @punjabiopsy

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The COVID-19 pandemic has necessitated abrupt changes to medical education, in particular the adoption of virtual methods of teaching and learning.¹ With an anticipated state of viral endemicity, however, many of these changes, initially implemented as interim measures, may themselves become “endemic.”² This raises the consideration of their wider implications on education and healthcare, which may have been blind spots when stopgap measures were enforced at the height of the pandemic. In this letter, we focus on one such area—personal conduct and professionalism in the digital space.

Good personal conduct on digital platforms has hitherto been “caught” through mistakes or embarrassment of oneself or one’s peers. However, the pedagogy of learning from one’s mistakes is inappropriate in this context, given the immortal nature of the digital footprint, capable of significant or long-term harm. Take for example a student who makes an inappropriate comment during a lecture. In the physical setting, the educator may consider nimbly addressing the classroom and subsequently bringing the student aside to reflect on the incident. In the digital space however, the student’s inappropriate comment may potentially be recorded and disseminated, either by formal lecture recording systems that are gaining popularity,³ or by the student’s peers. This illustrates the importance of developing strategies to inculcate professionalism in the digital space as well as the duty to methodically review and edit material before it is subsequently released for wider or public access. In healthcare education, there is an

additional facet of maintaining patient confidentiality which must likewise be respected in the digital space.

At the same time, we ought to also consider the end-goal of medical education—patient care. This wave of change presents an opportunity for educators to reflect on how to prepare students for healthcare of tomorrow. Telemedicine, proven to be non-inferior to face-to-face visits for certain conditions,⁴ has recently gained tremendous popularity as healthcare institutions defer non-critical patient care to increase capacity for COVID-19 patients.⁵ Educators thus have a responsibility to develop students’ competencies in telehealth. A robust curriculum would ideally incorporate learning outcomes in technical and interpersonal domains, with an emphasis on appreciating the differences between virtual and in-person consultations and developing empathy and non-verbal skills on this platform.

Evidently, there is immense potential for medical education to evolve alongside the changing demands of healthcare. As we transition towards an increasingly digitalized practice, a new set of rules define the gold standard of care and professionalism. These seemingly insignificant skills must be taught with intent, lest they get caught out by the unforgiving pace of medical transformation.

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