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EDITORIAL

Social networking and professional debriefing—Personal risk management

Debriefing is a healthy and necessary strategy for health professionals to deal with and reduce work-related stress, but context and content are critical. Traditionally, the tea room or change room was the hub of debriefing and for many remains so. Now, social networking sites (e.g. Facebook) are being increasingly used as an alternative communication means and often without regard to the permanence or access to personal comments; the reputation we create; or the ready access by patients, relatives, employers (current and prospective) and colleagues.

Recent incidents and comments in the general media have highlighted the use of Facebook by prospective employers to eliminate job applicants prior to interview and before even reviewing curriculum vitae.¹ Personal profiles and images on social networking sites impact professional life. Is such action discriminatory or illegal? We suggest it is not, given social networking profiles are self-created. Other incidents are reported where the use of phone-based cameras have been used to communicate “interesting” images of patients with “novel” health complaints.² The use of social networking sites have also been used to debrief over the behaviour of colleagues or patient’s relatives in explicit and unflattering terms which clearly identify both the correspondent and those in discussion. There seems to be a lack of understanding by some colleagues about the public nature of such actions and disclosures, and the breaches of both trust and professional ethics.³ Whilst the traditional example of breach of confidence may be the conversation in the lift of the hospital, it is now more relevant to discuss these issues within the context of social networking and mobile communication devices. Ultimately, we have the power to

maintain our own credibility and integrity by self-censure.

Any comments or reflections by health professionals in any context have professional, ethical and medico-legal implications. Yet, some of our colleagues are not applying these frameworks to filter their activities.⁴ Although many health agencies block social networking sites, such actions do not extend to internet enabled mobile phones (with or without cameras) or personal computers either at home or in the handbag. It is likely that a clinician in every intensive care unit has transgressed, and the literature is replete with examples of mild silliness through to appallingly unprofessional comments made online both in and out of healthcare contexts. In order for nurses to maintain their highly valued reputation as the most ethical professionals, what must be done to address this new communications phenomenon?

First, we need to acknowledge the need for clinicians to debrief and facilitate opportunities to do so in appropriate contexts. Leaders and experienced clinicians must role model ways to debrief about or discuss work pressures or frustrations professionally, ethically and constructively. To do so, clinicians in positions of influence need to be fluent with social media.⁵ Secondly, academics and clinical facilitators/educators must discuss professional debriefing methods with students on induction and regularly during educational programs in terms of their ethical responsibilities to individuals and groups who are entrusted with their care.⁶ Thirdly, the appropriate use of information needs to be shared with students when we teach how to access information. Such online literacy includes issues of trust, risk,

privacy, identity loss,⁶ ethics, professionalism, self-representation and understanding of the complete and absolute permanence of electronic information. Fourthly, all health professionals should decline invitations to join sites where dual or power relationships are potentially created, particularly where a current or former patient maybe involved.⁵ Fifthly, transgressions of ethical or professional standards by electronic or other means are dismissible offences and may lead to review of professional registration; these consequences must be clearly understood by students and clinicians.

Electronic media and communication devices have provided for an unparalleled explosion in access to information and the ability to link communication across the world. The World Wide Web is exactly that, a public space which is largely unedited and free of critical review. It therefore requires self-review and circumspection in any professional's use – it really is like having a football field audience focused on you with your front door wide open – so please think about what you put out there.

This edition of Australian Critical Care is the second "themed" edition and we are honoured to have Prof Wendy Chaboyer as the guest editor. In this edition we have focused on invited peer reviewed submissions which highlight aspects of quality and safety in critical care nursing. The edi-

tors and board hope you enjoy this themed edition and welcome feedback in the form of letters to the editor on any aspect of Australian Critical Care.

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