

Medical school applicants' attitudes about social media use in the admissions process

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ABSTRACT

Objective: Given the widespread popularity of social media and the increasing number of medical school admissions committees who research applicants using social media, the objective of this study is to determine how medical school applicants feel about the use of their posted social media information by medical school admissions committees to aid in admissions decisions and what changes they had made or considered making to their social media presence in preparation for the medical school application process. Methods: With the assistance of 6 different institutions, we recruited individuals applying to medical school during the 2014-2015 academic year with intent to enroll in Fall 2015 to respond to a 43-item web-based survey. Potential participants received electronic communications from their university's pre-medical advisor and/or pre-medical student group with a link to the survey. Results: Seventy-one completed surveys were returned. Only 25% (18/71) of participants had made changes to their social media in preparation for the application process; another 9% (5/53) planned to do likewise. While many felt it was acceptable for admissions committees to review applicants' social media pages (52/71, 73%) and use that information to inform admissions decisions (45/71, 63%), a large majority wished admissions programs would clearly inform applicants whether it might review and use information gained from an applicant's' social media profile (55/71, 78%). While many participants understood they may be evaluated by admissions committees based on perceptions of their professionalism on social media, there is still a need for education by undergraduate programs on the matter. Conclusions: Medical school admissions offices can use these results of this study to decide whether and how much to communicate with applicants about how online professionalism may be factored into the admissions process.

KEY WORDS: Premedical education; Premedical students; Professional ethics; School admission criteria; Social media; Undergraduate medical education

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INTRODUCTION

Social media is nearly ubiquitous in contemporary culture, especially with medical students [1]. Medical schools consider the content its students post online to be a reflection of these students' professionalism; 60% percent of medical schools surveyed in 2009 reported their students engaged in unprofessional behavior online[2]. More than half of medical school admissions and residency programs are using or considering using social media to assess applicants' professionalism[3]. The content applicants post can impact their admission into certain programs [4]. Approximately half of medical students have altered their profiles before the residency selection process to avoid judgment and subsequent rejection from a program based on their posts[5]. However, 63% of medical students surveyed in another study believed potentially inappropriate photographs on a residency applicant's Facebook page should not automatically result in rejection of that candidate from the residency program[6]. Such rejection is a concern, with one study finding over half of residency program directors would reject an applicant because of unprofessional conduct online[2].

Despite these data, we have not identified any studies that surveyed attitudes or behaviors of medical school applicants toward social media use in the assessment of professionalism in the medical school admissions process. Thus, we surveyed medical school applicants to learn more about their social media use and perceptions of the role their social media presence should play in medical school admissions.

METHODS

Survey Development

We developed a 43-item web-based survey on Qualtrics (Provo, UT), adapting many survey items from other studies about online professionalism, medical school, and the residency application process so they would be appropriate for our study population [2, 4, 5, 7]. We developed other original survey items to address gaps in the literature about medical school applicants and their behavior on and attitudes about social media. Six medical and eight undergraduate students pilot-tested the survey.

Participant Recruitment

Study participants were 18 years of age or older and applying to medical school (M.D. or D.O. granting) during the 2014-2015 academic year with the intent to enroll in Fall 2015.

We randomized the 50 undergraduate colleges/universities in the United States producing the most medical school applicants in 2012 according to AAMC data[8], and the first six institutions whose pre-medical advisor or director agreed to forward the survey electronically and whose research processes allowed for recruitment through that institution in a timely fashion were included for participation in the study. The advisors or directors forwarded their current or former students a link to the survey, and at two institutions a pre-medical society officer also forwarded its members the survey link. We requested 2 reminders be sent after the initial communications.

All IRB and other institutional requirements for the participating institutions were followed. The study was granted approval via expedited review by the University of Florida Institutional Review Board.

Statistical Analysis

All survey data collected by Qualtrics were exported into SPSS Statistics 21 (IBM Corp., Armonk, NY) for statistical analysis. Descriptive statistics were used to analyze responses to survey questions and participant demographics. A Pearson's correlation was used to identify correlations between responses to select questions.

RESULTS

At the end of the three-week survey period, we received 142 anonymous surveys. Of those, 71 were complete and included responses from participants meeting the inclusion criteria. Due to the small number of respondents, we consider this a pilot study.

Demographics

The majority of the respondents were male (43/71, 61%), white (59/71, 83%), enrolled in school (58/71, 82%), and applying to medical school for the first time (63/71, 89%). The mean age of the respondents was 22.87 (SD 1.95), the mean cumulative GPA was 3.70 (SD 0.232), and the mean total MCAT score was 31.5 (SD 3.8).

Social Media Use

All participants had created a social media profile at some point, most frequently on Facebook (69/71, 97%). How often participants posted on content on Facebook had a bimodal distribution: 29% (20/69) posted less than once a month while 22% (15/69) posted daily.

Changes to Social Media

Of the 71 participants, 18 (25%) reported having already made changes to their social media profiles at the time of the survey in preparation for the medical school application process. Five of the remaining 53 participants who had not yet made changes (9%, or 7% of the entire sample) said they planned to make changes in the future. When the remaining 48 participants were asked why they chose not to make

changes, the most frequently selected answer was their social media pages contained only information appropriate for the medical school admissions process (36/48, 75%).

Social Media and the Admissions Process

When asked how often they believed medical school admissions programs consider content posted on a medical school applicant's social media profile when making admissions decisions, 70% (50/71) of respondents said never, rarely, or sometimes. On the other hand, 30% felt admissions committees often or routinely did so. Participants who already made changes to their social media profiles or planned to but had not yet done so at the time of the survey were significantly more likely to be in the latter group (r = .277, p = .019).

The majority of participants felt it was acceptable for medical school admissions committees to review an applicant's social media profile (52/71, 73%) and to review and use that information to inform admissions decisions (45/71, 63%). More than three-quarters of participants believed admissions programs should clearly inform students whether these programs might review and use information on an applicant's social media profile to make an admissions decision (55/71, 78%).

At least 70% of respondents felt displays of illegal behavior, violations of patient confidentiality, discriminatory and/ or inflammatory comments, or inappropriate relationships found on an applicant's social media profile should be considered as part of the admissions decision. In contrast, nearly all participants believed an applicant's religious or political viewpoint as displayed online is inappropriate for consideration.

Social Media and Professionalism

About two-thirds of participants agreed the actions and behaviors displayed on social media reflect on an individual as a potential health care provider (69%, 49/71) and such displays should be fair game for judgment of an individual (68%, 48/71). Only 32% (23/71) of participants reported attending a college/university lecture, workshop, or other education session that addressed professionalism on social media. This result had a statistically significant negative correlation with whether participants had planned to make any changes to their social media profiles but had not yet done so (r = -.280, p = .018). Attending an education session was not correlated with whether the participants already had made any changes to their social media content (r = .150, p = .212).

DISCUSSION

Our results are consistent with and serve as a useful supplement to the current literature on medical student social media use and attitudes about it in admissions processes. The data reflect that attending an education session does not increase the likelihood that an applicant will make changes to his or her social media page or profile. Rather, the anticipation that an admissions committee will review an applicant's social media profile is more likely to result in an applicant making changes, or planning to make changes, to his or her social media page or profile social media profile in preparation for the medical school application process. Furthermore, given applicant perceptions of fairness of admissions programs considering social media content in their decision-making process, admissions offices should consider developing policies for their admissions committee members and program staff regarding the review and use of an applicant's social media information. These offices should then consider disclosing this information on their web sites, in presentations to prospective applicants, or in another forum to increase transparency and fairness to applicants, especially in light of how little control applicants may feel they have over the admissions process.

Although recent studies indicate medical students and physicians have different perspectives about what constitutes professionalism[9], our survey indicates medical school applicants are sensitive to the need to maintain professionalism online. However, while applicants acknowledge the importance of professionalism online, what they believe constitutes unprofessional behavior may be inconsistent with the views of admissions committee members.

There are some limitations to this study. Our respondents' average GPA and MCAT scores were higher than the 2014 national average [10] (3.70 versus 3.55, SD 0.34; and 31.5 versus 28.6, SD 5.5 respectively). Because the survey was distributed in the summer, we anticipate participants were at different points in the application process which may have influenced their thoughts about and behaviors on social media. Furthermore, some potential respondents may have decided not to complete the survey due to uncertainty about whether they were going to apply; others may never have received the survey link because they may not have been in contact with their institution's pre-health advisor or pre-medical group.

Further study is warranted to examine the actual behaviors of these individuals online. Their perceptions of their behavior and their actual behavior may be very different. Additionally, whether medical school admissions programs should consider social media presence in the admissions process is worth exploring; the ethics of using such information – which may or may not be available for each applicant – even if applicants do not express concern about this practice could be debated.

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