

ABSTRACT OF CAPSTONE

Stacy Gabbard

The Graduate School
Morehead State University
April 8, 2021

CLOSING THE GAP: A COURSE DESIGNED TO PREVENT SOCIAL MEDIA
MISHAPS IN THE CLINICAL SETTING

Abstract of Capstone

A Capstone Submitted in partial fulfillment of the
Requirements for the degree of Doctor of Education in the
Ernst and Sara Lane Volgenau College of Education
At Morehead State University

By

Stacy Gabbard

Richmond, Kentucky

Committee Chair: Dr. Daryl R. Privott, Associate Professor

Morehead, Kentucky

April 8, 2021

Copyright © Stacy Gabbard, April 8, 2021

ABSTRACT OF CAPSTONE

CLOSING THE GAP: A COURSE DESIGNED TO PREVENT SOCIAL MEDIA MISHAPS IN THE CLINICAL SETTING

Social media platforms are becoming increasingly ubiquitous in healthcare. The use of social media technologies allow individuals to communicate, collaborate, and share ideas freely. The social media participant has the freedom to paint a picture on a blank canvas for the world to see with few limitations. However, in healthcare, sharing information via social media can present challenges. In order to teach students of the advantages and disadvantages of social media use in healthcare, they must be educated in social media netiquette and digital professionalism prior to graduating the healthcare program. Hence, a social media netiquette and digital professionalism course will be designed to address the gap of learning for medical laboratory science (MLS) students at the University of Kentucky and provide them with the skills and tools needed to navigate the increased use of social media in healthcare (Gandolf, 2015). With the use of scholarly studies based on healthcare student social media surveys, curriculum studies, and examples of HIPAA violations via social media in healthcare, a new course was developed to target students within the MLS program and other healthcare students in the College of Health Sciences. The course will be piloted by the researcher in Spring 2021. The framework of the course is modeled from the existing *MLS 471 Professionalism in MLS* with modifications to include social media netiquette and digital professionalism modules

which may be taught consecutively or a la carte. The modules will help pave the way for healthcare students to have a successful professional career.

KEYWORDS: Social Media, HIPAA Violation, Netiquette, Digital Professionalism, Medical Laboratory Science, Healthcare Profession

Candidate Signature

Date

CLOSING THE GAP: A COURSE DESIGNED TO PREVENT SOCIAL MEDIA
MISHAPS IN THE CLINICAL SETTING

By

Stacy Gabbard

Approved by

Dr. Lee Nabb
Committee Member Date

Dr. Michelle McClave
Committee Member Date

Dr. Daryl Privott
Department Chair Date

Dr. Timothy Simpson
Department Chair Date

CAPSTONE

Stacy Gabbard

The Graduate School
Morehead State University

April 8, 2021

CLOSING THE GAP: A COURSE DESIGNED TO PREVENT SOCIAL MEDIA
MISHAPS IN THE CLINICAL SETTING

Capstone

A capstone submitted in partial fulfillment of the
Requirements for the degree of Doctor of Education in the
Ernst and Sara Lane Volgenau College of Education
At Morehead State University

By

Stacy Gabbard

Richmond, Kentucky

Committee Chair: Dr. Daryl R. Privott, Associate Professor

Morehead, Kentucky

April 8, 2021

Copyright © Stacy Gabbard, April 8, 2021

DEDICATION

First and foremost, I want to thank my Lord and Savior, Jesus Christ, who has given me the passion, determination, and will to pursue this dream. Only through and by His grace and mercy have I been able to accomplish this goal.

To my husband, Mark, my biggest supporter. Thank you for always believing in me, even when I did not believe in myself. No matter what challenges I faced, you are always there to support me. Thank you for encouraging me and being my biggest fan. Your unconditional love was the light to my path throughout this journey. To my children, Logan, Ethan, and Raelyn who have sacrificed many family dinners and game nights so that I may pursue this goal. I pray that each of you see that anything you set your mind to can be attained. Thank you for allowing me to share my journey with each of you and making me a better mother, wife, and professional. Each of you has taught me so much over the last three years and I thank you.

To my mom and dad who have passed, I know you would be so proud. I have always strived to make you see anything is possible even when life places you in the worst of circumstances. Socioeconomic status does not define whom we become. We can all rise up and pursue dreams even when the majority says, "You'll never make it". Thank you for putting a fire in my soul to always do more and be more. The person I am today is because of you.

ACKNOWLEDGEMENTS

Entering into this phase of my career has long been a goal. I always knew I wanted to pursue a doctoral degree but could not quite put a pulse on the specialty. Reflecting on my journey wherein I have documented my experiences throughout the Adult and Higher Education program, I am overjoyed and thankful for choosing this path. I have been most fortunate and blessed to have Dr. Daryl Privott, Dr. Lee Nabb, and Dr. Michelle McClave as the members of my doctoral committee. Dr. Daryl Privott has been a wonderful a mentor, guide, and cheerleader during my academic journey, especially during the COVID-19 pandemic. His sweet spirit of humility and kindness allowed me to be vulnerable and yet not feel judged. I will be forever grateful for the guidance you provided. Dr. Lee Nabb and Dr. Michelle McClave have provided the utmost support with their probing dispositions regarding how my project will better healthcare students. Thank you for the inquisitiveness and kind suggestions to improve my capstone. I appreciate each of you and hope that I can be the mentor to others that each of you have been to me. Because of your mentorship, you have helped make my impossible dream a possible.

Thank you to the BIG Cohort class! We will go down as one of the biggest classes that survived the pandemic, still managed to support each other and graduate. I am so thankful to have been on this journey with each of you.

TABLE OF CONTENTS

	Page
Executive Summary	14
What Is the Core of the Capstone?	14
Literature Review	17
Key Terms and Definitions	20
Social Media	20
Netiquette	20
Web 2.0 Technologies	20
Health Insurance Protection and Accountability Act (HIPAA)	20
Digital Professionalism	21
Medical Laboratory Science	21
Health Professions	21
Preceptor	21
Tag and Repost	22
Social Media in Review	23
Curriculum Gaps	24
Advantages of Social Media	27
Disadvantages of Social Media	28
Personal and Professional Boundaries of Social Media	29
Summary	32
Who Is the Capstone Meant to Impact?	35

Why Were this Capstone and Related Strategies Selected?36

How Was the Capstone Project Implemented?.....38

When was the capstone implemented?45

Impact of the capstone46

Limitations of the study47

Reflections47

Capstone Project49

Reference List59

Executive Summary Reference List.....59

Appendices.....71

Appendix A: Social media netiquette and digital professionalism
syllabus.....71

Appendix B: Bloom’s Taxonomy,,,,,,,,,,,,,.....80

Appendix C: Course schedule: MLS 471 Social media netiquette and digital
professionalism.....81

Appendix D: MLS 471 Social media netiquette and digital professionalism course
map.....82

Appendix E: Pre-Survey: MLS 471- Social media and digital
professionalism.....85

Appendix F: Post-Survey: MLS 471- Social media and digital
professionalism.....90

Appendix G: Social media netiquette and digital professionalism
pamphlet.....97

Appendix H: The 5 E Model of Instruction.....99

Vita.....100

Executive Summary

What Is the Core of the Capstone?

The core of this capstone is the development of a social media netiquette and digital professionalism course for the Medical Laboratory Science program at the University of Kentucky. Social media usage has become more acceptable in healthcare organizations, in part, due to the global pandemic of COVID-19 which began in 2019 (Pérez-Escoda, et al., 2020). Currently, there is not a course offered to the medical laboratory science students related to social media netiquette and digital professionalism. This course will bridge the gap and help healthcare students become more aware of their social media presence and provide the skills and tools needed for a successful, professional career. The course content will address the issues related to advantages and disadvantages of social media use, HIPAA and ethical violations, and explore why digital professionalism is critically important in healthcare fields. Because students lack didactic learning, they may find themselves in uncomfortable situations, which may have been avoidable, if a course were available (Patel & Sibbald, 2016). It is an obligation of the higher education institution to provide students with academic courses addressing social media netiquette and digital professionalism applicable to their field of study to help ensure success.

The lack of pedagogy related to social media and social networking, particularly Facebook and Twitter, may contribute to a healthcare student's unprofessional social networking behaviors. A study conducted by Banerjee et al. (2019), revealed healthcare students of the millennial generation (i.e. digital natives),

require new pedagogical strategies given they are technologically perceptive and driven. The traditional didactic methods do not allow for the digital natives to fine tune their technology skills that have been fostered over time.

Banerjee et al. (2019) further states that not providing social media pedagogy is a disadvantage to the talented and technology driven generation. Additionally, Mosher (2018) conducted a social media and professionalism survey on physician usage of Twitter in healthcare. The survey revealed the new generation of healthcare professionals (millennials) entering into healthcare are using social networking applications much more frequently than previous healthcare professionals. Inexperienced healthcare professionals lacking formal training have tweeted or posted patient information on social media sites which led to disciplinary action by the employer (Pershad et al., 2018).

The use of social media and social networking tools such as Facebook and Twitter are also being used more frequently in healthcare and by healthcare students than ever before. The increase in student use according to Prensky (2001) is related to the generation being digital natives. As social media use continues to evolve, the users private and professional life also changes. Instead of face-to-face meetings, relationships tend to be built over a social network application in which ideas, knowledge, and creativity are shared (Joosten, 2012). Furthermore, the majority of students currently enrolled in healthcare programs are being categorized as Millennials and Generation Zs. The 2020 Bureau of Labor Statistics review demonstrated the average age of the healthcare workforce is 43 years old and nearly

43% of the workforce is aged 44 and older (“Employed persons by detailed occupation, sex race, and Hispanic...” , n.d.) in the US. This group of individuals are considered digital natives because they have always been immersed in technology and never known a time where technology was not available to them (Prensky, 2001).

Griffin (2015) states social media use among healthcare students “increased over one thousand percent over the last eight years” (p. 4). With this increase of social networking platforms in the private and professional life, the social media netiquette and digital professionalism course will help to provide a bridge to the learning gap related to social media use for all healthcare students. Social media use is the “norm” among the millennial generation (Adilman et al., 2015); however, there is not a formal course related to social media use and digital professionalism offered to the future healthcare providers at most universities including the University of Kentucky.

According to the *Journal of Professional Communication* (Lefebvre et al., 2016; Mostaghimi & Crotty, 2011; Bottles & Kim, 2013a; Grajales et al., 2014, as cited by Mosher, 2018), the lack of a didactic course can lead to privacy issues, patient confidentiality concerns, and a lack of understanding related to online professionalism. A formal course will help provide students with the information and skills necessary to navigate social media based on healthcare regulations and avoid HIPAA and ethical violations. Additionally, the course content will provide guidance for maintaining personal and professional boundaries, understanding the appropriate

use of social media, and provide examples of inappropriate sharing of information in the healthcare environment.

Patient privacy is of the utmost importance. When a patient entrusts an organization with his or her healthcare, the HIPAA law states to protect the patient's privacy. One of the most common HIPAA violations is lack of employee training (Solutions, 2018). Students and healthcare professionals have been known to cross the personal/professional boundary line and forgo the patient's privacy (Feldman, 2012). By providing the course in social media usage and digital professionalism, students will be taught preemptively about the organizational and governmental rules and regulations in regard to healthcare.

In 2016, a nursing student at Platt College in Aurora, Colorado was suspended from the nursing program due to unprofessional behavior and HIPAA violations (Cannon & Caldwell, 2016). This is due in part to students not perceiving themselves as being a true professional (Kitsis et al., 2016). Students may not perceive their social behaviors as unprofessional if they have not been provided a social media course to bring awareness to behaviors and attitudes. A core course on social media netiquette and digital professionalism prior to the clinical rotation may help minimize this type of situation. As social media continues to shape healthcare and medicine becomes more digitalized (Pershad et al., 2018), the medical laboratory science program must also begin to teach students how to professionally use social media platforms for healthcare purposes.

Literature Review

Students entering into healthcare professions desire to make a difference in the world. They seek to find a purposeful and meaningful career. In the field of medical laboratory science, these professionals aid in the treatment and diagnosis of illness and disease. As such, it is essential to teach medical laboratory science students the importance of social media netiquette and digital professionalism while enrolled in the program. Prior to entering their twenty-week clinical rotation, students should be educated on the advantages and disadvantages of social media applications in healthcare. According to (Bagley et al., 2014) students may immerse themselves in social media applications (Facebook, Twitter, LinkedIn, and Instagram) which can cause them to be unaware of the pitfalls associated with social media use in a healthcare setting. As such, the University of Kentucky MLS Program has a duty to students, patients, and employers to provide a core content. Although social media curricula is sprinkled throughout various courses and programs within the College of Health Science, there should be a deliberate delivery of this important subject matter. The assumption that students understand the “do’s and don’ts” of social media (Zdravkova, 2016) given their social cultural privilege is a myth.

Research shows that healthcare students, healthcare professionals, and healthcare educators may access Facebook up to six times a day (Chugh & Ruhi, 2018) to remain connected with friends and coworkers. Of social media applications, healthcare students and healthcare professionals preferred Facebook 98.9 % of the time to LinkedIn, Instagram, YouTube, and Twitter (Kenny & Johnson, 2016; Usher et al., 2014). Nearly 85% of healthcare students and professionals state social

networking is a means of stress relief (Patel et al., 2012); however, the stress reliever may lead to inappropriate use.

For example, healthcare students entering a healthcare profession (medical doctor, nursing, medical laboratory science, etc.) attest to a “Code of Conduct and Ethical Standard which signifies s/he recognizes and understands the moral and ethical duties of the profession (Gaines, 2020) & Code of Ethics (n.d.). Although there is attestation to this standard, some students may not consider or believe social media networking falls within the “Code of Conduct and Ethical Standard”. The development of the course content will provide the students with the comprehensive understanding as the Code of Conduct and Ethical Standards of the profession are reviewed and discussed within the classroom. Fenwick (2016, p. 666) states some healthcare institutions will use social media to judge the student’s online behavior in accordance to his or her profession’s code of conduct. Research demonstrates that healthcare organizations are actively engaged in social media use (Junco et al., 2010; Halvei et al., 2018), and it continues to rise due to the younger generation of professionals entering into healthcare. The population of “C-suite” executives are from the digital generation and discover value in using social media technology (Halvei et al., 2018). Students must be aware of potential HIPPA violations, confidentiality breaches, and/or ethical violations as social media usage continues to increase in healthcare.

The literature review examined and shaped the understanding of the need for a social media netiquette and digital professional course for medical laboratory science

students at the University of Kentucky beginning with the definition of terms used, social media in review, curriculum gaps, an overview of the advantages and disadvantages of social media, and personal and professional boundary limits.

Moreover, a course which integrates how social media is used in healthcare should be developed to ensure future allied healthcare professionals understand how to respond to a social media converging healthcare society. Furthermore, students can now be aware of the pitfalls and setbacks due to noncompliance of policies and HIPAA violations that may occur to the healthcare student or new healthcare professional when using social media in healthcare.

Key Terms and Definitions

Social Media. Social media is internet-based applications that build on the ideas and technological foundations of Web 2.0 that allow users to create and exchange user generated content (Kaplan & Haenlein, 2010).

Netiquette. Netiquette is defined as internet etiquette. It is a form of polite behavior in an online format (Christensson, 2017).

Web 2.0 Technologies. Murugesan (2007) refers to a network that allows individuals or groups of people to interact and collaborate ideas across a social network by removing physical boundaries and allowing creativity to flow.

Health Information Portability and Accountability Act (HIPAA). HIPAA was passed by Congress in 1996 and has been revised several time to account for technology (2003, 2009, and 2013). It was created to protect patient privacy, confidentiality, maintain the integrity of the medical record, and limit who may

receive the patient's record. The law does not allow the disclosure of protected health information without the patient's consent.

Digital Professionalism. The use of technology in healthcare to communicate digitally while remaining morally and ethically responsible for patient information and professional reputation while engaged in social networking applications (Mather & Cummings, 2019).

Medical Laboratory Science. The collection, receipt, and preparation of human samples. Medical laboratory science also supports patient diagnosis, management, and treatment for the maintenance of health and well-being of patients (Medical laboratory science, n.d.).

Healthcare Profession. Health professionals who study, diagnose, treat, and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve. Healthcare professionals may advise on or apply preventive and curative measures, and promote health and meet the health needs and expectations of individuals and populations (World Health Organization, 2013).

Preceptor. The preceptor will provide direct clinical experience to the healthcare student as it relates to his or her field of study. Preceptors are the link between didactic learning and clinical experience. Preceptors provide students with the most current laboratory information so that they are prepared for the healthcare field (Josephat, 2019).

Tag and repost. The art of ‘tag and repost’ allows social media users to select content from another individual’s profile(s) and share with the masses or to a select group on social media. For example, when using Facebook, the user will find a feed or post s/he desires to share and place the friend(s) name or group name in the comment box. In doing so, the post will be available for viewing (WikiHow, 2020).

Social Media in Review

The development of social media applications has changed the way society as a whole communicates. Beginning in 1997 with the site SixDegrees.com, users would create profiles, share friend lists, and begin communicating with one another (Boyd & Ellison, 2008). The phenomenon of social media from 1997 to present day yields numerous social networking sites. According to Moorhead et al. (2013), social media applications can be the link for society to receive key information ranging from health crises, public awareness issues, government alerts, and more. Kind, Patel, & Lie, (2013); Napolitano et al. (2013) suggest that healthcare professionals, particularly physicians, often communicate with patients via a social media platform.

Moreover, social media platforms are a tool that can be used to recruit patients for medical research studies. Therefore, social media may be viewed as a tool that is beneficial to society. However, one must use caution when using social media applications in healthcare, as a mistake can be detrimental to one’s career. In 2019, a medical resident physician at Advent Health in Florida found himself in a predicament after posting the performance of a pelvic exam on social media (Miller, 2019). Feldman attempting to encourage male residents stated:

This one is for all the male medical students and residents that have been told to leave for the pelvic exam, who have been ignored during your OB/GYN rotation while the girls get to do all the learning. No more!!! Walk into that room with confidence! Show interest to your attending. You may never get another chance to learn this critical part of medicine! Don't blow it. Stand up for yourself (Feldman, 2019, as cited by Miller, 2019).

Dr. Jay Feldman was no stranger to using social media to post his feelings and thoughts in an unprofessional manner. "Watched my patient code and die right in front of me...Solid day." (Feldman, 2012, as cited by Miller, 2019).

Although he had not identified any patients, his social media posts were deemed unprofessional and a breach of privacy for any patient of that facility. Healthcare students and healthcare professionals which have grown up with social media as part of their daily experience, often do not realize this simple pitfall related to social media and the consequences that may ensue.

Of the social media applications, healthcare students and healthcare professionals prefer Facebook 98.9 % of the time to LinkedIn, Instagram, YouTube, and Twitter (Kenny & Johnson, 2016; Usher et al., 2014). Each social media application varies slightly and allows the student and professional to personalize, as s/he desires. Research shows that healthcare students, healthcare professionals, and healthcare educators may access Facebook up to six times a day (Chugh & Ruhi, 2018) to remain connected with friends and coworkers. Nearly 85% of healthcare

students and professionals' state social networking is a means of stress relief (Patel et al., 2012); however, the stress reliever can lead to inappropriate use.

Healthcare professionals and educators also use social media to connect with colleagues. According to Kind, Greysen, & Chretien (2011) healthcare professionals often create private groups on Facebook to share physician to physician information or to use it as a mechanism to run staff meetings when necessary. The 2020 Bureau of Labor Statistics review demonstrated the average age of the healthcare workforce is 43 years old and nearly 43% of the workforce is aged 44 and older ("Employed persons by detailed occupation, sex race, and Hispanic..., n.d.) in the US. For this reason, it has become necessary for healthcare workers to learn technology and a form of social media networking in order to stay current with the communications changes in healthcare.

Curriculum Gaps

The University of Kentucky Medical Laboratory Science program currently lacks any social media, social networking, nor digital professionalism curricula for the medical laboratory science students. According to Castaneda & Soto (2010), the current generation of students may have a working knowledge of Web 2.0 technologies, but healthcare educators should ensure students learn about the advantages and disadvantages of social media applications. Colleges and universities believe there is a dire need to have an online presence in order to remain competitive with other institutions. According to (Snyder et al., 2018), the offerings of online course have increased nearly fifteen percent in just twelve years and is expected to

continue to rise. Although students are taking courses online, they are often lacking the resources to fully understand the etiquette and skills needed to master the platform (Dumford & Miller, 2018). This gap of understanding may led to a lack of professionalism skills in the workforce.

In order to develop a social media netiquette and digital professionalism course, healthcare educators must be willing to listen to the students and try to understand their perspective (Mather & Douglas, 2017). It can be difficult trying to understand a different generational view (Bryden et al., 2010; Goldstein et al., 2006). To help students be successful, educators and students must work together and encourage dialogue around social media and professionalism (Hung, & Yuen, 2010). Using Facebook and Twitter within the classroom to communicate with the students is one way in which the educator can lean in to better understand how the students are using the platforms.

In a world that is ever changing, professionalism may be defined as a set of virtues or guiding principles (Fenwick, 2016). Additionally, there is a new layer, digital professionalism, which must be considered in today's world of technology (Fenwick, 2014; Wissinger & Stiegler, 2018), and it requires intentional training and practice. In a social media study conducted by Gomes et al. (2017) 65% of medical students made changes to their social media profiles and believed professionalism improved after taking a course. The course better prepared the students on professional versus personal postings using social networking sites. In the study,

educators discuss the use of technology around patients and the importance of patient confidentiality.

Additionally, in a survey conducted by Giordano & Giordano (2011), nearly 85% of healthcare profession students have a Facebook profile. The social media survey also discovered over 65% of healthcare students prefer receiving information online versus a traditional face-to-face method. With the survey data, educators can develop a detailed course on social networking sites so that students are professionally prepared to handle the information once in the profession.

Didactic courses related to social media networking surrounding the top social media/networking sites, Facebook and Twitter, (Kind et al., 2013) offers healthcare students an opportunity to develop, monitor, and master their digital footprint (Prensky, 2001); however, courses are lacking for the medical laboratory science profession. According to Surmelioglu & Seferoglu (2019), students do not recognize how or even when they are leaving a digital footprint due to being constantly engaged and living in a technology driven society; thus the action reveals human behavior both consciously and unconsciously.

The capstone project, which is the development of a social media netiquette and digital professionalism course for MLS students, will provide students with real examples of how improper use of technology can be devastating to one's career. Furthermore, the course will provide students with the skills and tools necessary to be successful and have longevity in their career by teaching the do's and don'ts of social media. The use of Facebook, Twitter, and Zoom are all methods which students and

healthcare providers will embrace at some point. The course will offer the MLS students an advantage over others who must learn the do's and don'ts of social media in healthcare in the workplace.

Advantages of Social Media

There are several reasons individuals choose to use social media as a means of communication. Social media offers a quick release of information to a mass of individuals. As such, social media allows the users to promote and respond to a variety of causes be it personal or professional. In addition, social media allows for real-time engagement with others and offers opportunities for networking. Social media has made networking and connecting with people much simpler (Chen & Byer, 2012). Users can build strong personal and professional networking relationships through the use of social media.

Social media can also be used as a resource tool for many individuals belonging to various professional societies. According to Kind et al., (2011), 61% of the American population now use social media to research health information. Of the social media platforms, 67% of adults report using Facebook to connect with others and to find health related information (Kind et al., 2013). Clement (2020) states that Facebook users are expected to increase 13 million users in just 5 years. Facebook has become the most popular social media tool, accounting for nearly 61% of all users. Furthermore, the Millennial and Gen Z users are gravitating toward YouTube at an accelerated rate with 95% of male and 92 % of female having a video platform (Tankovska, 2021). Given this information, it is crucial for healthcare students,

healthcare professionals, and healthcare organizations to be diligent and purposeful when engaging in social networking platforms.

Furthermore, many college students prefer using social media applications to discuss class assignments or projects (Manca & Ranieri, 2016) instead of the traditional face-to-face conversation. As noted by Duke et al. (2017), nursing students use Facebook for both educational and social interactions and YouTube, texting, and Twitter for social interactions. At the end of the day, social media can provide healthcare professions students and healthcare professionals with an inclusive society.

Finally, another advantage to social media is the ability to provide clinical education. According to Hao & Gao (2017), social media platforms have become a popular tool to offer clinical education to healthcare professionals. Reflecting on the current coronavirus pandemic and the inability to gather socially, many educational opportunities have been via social networking. As this pandemic continues, social media use continues to be on the rise due to the self-quarantines, mandated lockdowns, and school and government closures (Aghadjanin, 2020). Moreover, social media has been a key resource for updating local, state, and national agencies related to the status of the COVID-19 virus (Merchant & Lurie, 2020). Social media applications were a life-line for many individuals.

Disadvantages of Social Media

Healthcare students can also use social media inappropriately and doing so can lead to consequences. Inappropriate use of social media for healthcare students

may include posting slanderous comments about a professor, the college, or program (Jain et al., 2014). Other issues may be posting inappropriate behaviors such as drinking, obscenity, slanderous organizational comments, or facilitating rumors (Safran, 2010). Furthermore, students may unintentionally violate ethical standards and HIPAA laws related to patient privacy when engaged in clinical rotations. Educators and administrators have a duty to the students to ensure a safe learning and working environment and prevent social media errors in healthcare. According to (“The Pros and Cons of Social Media”, 2018), the use of social media may lead to poor time management and increase stressed.

Healthcare students may not have a complete understanding of the implications which may lead a corporate violation of privacy by using a hashtag to a location and event, especially if unprofessional. Additionally, social media can induce inappropriate behaviors (“The Pros and Cons of Social Media”, 2018) if the healthcare student/profession engages in a heated topic. Social media is a platform which individuals share opinions and ideas. If the students chooses to agree or disagree and then engage in an argument, the employer may view this as unprofessional (Gawkroger, 2019). Social media actions will always follow the individual.

Personal and Professional Boundaries of Social Media

Defining social networking boundaries can be challenging for a typical college student. Cain (2008) states the desire for the college student to “fit in” often overrides his or her rational thinking. Defining boundaries for healthcare professions

students can be more complex due to the use of social media and mentoring the student may see during the clinical rotation. In fact, Cain (2008) indicates that pharmacy students have a gap in understanding the implication in which social media applications such as Facebook and the lack of privacy setting may have on their academic and professional career.

In the medical laboratory science setting, clinical preceptors may solicit to using social media applications while training students, thus setting the example it is okay to use the applications during working hours. The healthcare preceptor is assigned to the student for the duration of the clinical practicum and will oversee the student's clinical laboratory experience and provide cognitive and behavioral assessments to the sponsoring university at five-week intervals. The student views the preceptor as the clinical professional guide to employment. Positive preceptor relationships produce quality hires (Bratt & Felzer, 2012). A study conducted by Van Patten and Bartone (2019) demonstrated less stress on newly hired students which experienced a positive preceptor training relationship and also showed a higher retention rate.

Nonetheless, all [students and professionals] should abide by the healthcare code of conduct and ethical standards of that specific profession. The use of social media may often blur the boundary lines. Healthcare profession students may have difficulty drawing the line between personal use of social media and professional use of social media. Additionally, they often want to practice dual citizenship (Pereira et

al., 2015; Gagnon & Sabus, 2015). The healthcare profession student and healthcare professional must approach the use of social media applications cautiously.

For example, if a healthcare professional chooses to remain active on Facebook using his or her personal account for professional use, he or she must remember there is not an on/off switch to professionalism (Finn et al., 2010). Once a message is posted, it can potentially be viewed by anyone. Even though the user can delete a post and limit privacy settings, other users can tag and repost. The tag and repost action can be detrimental to the healthcare profession student and healthcare professional. According to Kenny & Johnson (2016), 64 % healthcare students reported seeing unprofessional postings such as inappropriate pictures or excessive drinking by peers. Unprofessional behavior can be diminishing to the creditability of the healthcare profession student and healthcare professional. This is in addition to being a poor reflection on the student's program and organization.

When the coronavirus pandemic began in March 2020, healthcare institutions were forced to rethink the traditional healthcare model and how to deliver care to patients. According to Hughes et al. (2008) from the *Journal of Internet Medical Research*, Health 2.0 has emerged. Much like Web 2.0, Health 2.0 is defined as the use of a specific set of Web tools (blogs, podcasts, tagging, search, wikis, etc.) by actors in healthcare including doctors, patients, and scientists, using principles of open source and a generation of content by users, and the power of networks in order to personalize health care, collaborate, and promote health education.

Given this definition and the current pandemic, healthcare students need a pedagogical foundation in healthcare social networking now more than ever. Garbowicz (2020) implies the coronavirus pandemic has increased social media use at an accelerated rate due to quarantine and shelter in place orders issued by local, state, and federal governments. Additionally, patients seeking healthcare were required to use telemedicine (Lawrence et al., 2020), yet many of the residents and physicians had minimal training in the platform. The sudden shift in healthcare practices further supports the proposed curricular course for healthcare students.

Healthcare professionals must assume a sense of professionalism along with privacy and confidentiality to patients when they choose to enter the field of healthcare; after all, healthcare is to help better the lives of others. Nonetheless, the boundary lines for the healthcare profession students and professionals may be blurred when engaging in social media as the environment is about connecting and sharing with others (George, 2011).

Summary

Technology is a valuable resource for healthcare educators and healthcare organizations. As the next generation of medical laboratory scientists emerge from college into the workforce, it is imperative to provide social media and social networking guidelines, especially as healthcare delivery is changing before our eyes (Yoo et al., 2020). The year 2020 taught everyone in healthcare that change can happen at a moment's notice. As the year 2019 ended, no one knew that March 2020

would bring a pandemic that would change everything, everywhere. Healthcare organizations and healthcare programs all had to adjust.

While there have been many things learned, it is apparent that students will need to have a solid pedagogical foundation to avoid falling victim to unprofessional behaviors on social media and in the workplace. A former study conducted with P1 pharmacy students based on a social media scale demonstrated that student attitudes toward social media professionalism improved post education (Chisolm-Burns et al., 2015). With the continued advancement in technology and new social media sites, health profession programs need to continue to explore ways to teach professionalism; however, there is minimal literature to support other allied health professions (medical laboratory science, radiology, respiratory therapy). According to Chisolm-Burns et al. (2015) the use of social media professionalism metric scales can provide a pulse on student perceptions and attitude toward social media use.

The medical laboratory science students at the University of Kentucky, like many other healthcare programs, were forced to learn remotely. Under this umbrella, students were given freedoms that they normally do not have. Granted, a pandemic is something that none of us have ever dealt with; nonetheless, healthcare students seem to struggle. For example, as our students were forced to learn remotely, there was clearly a lack of professional behavior demonstrated to the faculty and preceptors. Students would enter the remote learning environment late or be inattentive during the sessions. The professional ethic needed to learn in a remote setting for a clinical profession was lacking.

However, as discussed, social media and social networking have advantages and disadvantages, all of which became abundantly clear during remote learning. Due to the availability of social media platforms and applications, students were able to continue learning a virtual setting. Nonetheless, the reverse is also true; the platforms and applications allowed for distraction, disrespect, and unprofessional behaviors.

In a practical application, the UK MLS program has two cohorts each year, a junior and senior class. The juniors within the program seemed to lack an understanding of personal and professional boundaries while engaged in remote learning. It is the goal of the UK MLS program to instill professionalism into each and every student. Although not a direct correlation, the remote environment demonstrated the students' lack of professionalism and inability to remain focused on the professors' instruction. The seniors within the clinical setting were continuously exposed to COVID related information as it pertained to the clinical site. Several students lacked professionalism related to the information and organizational policy. One preceptor noted a student with decrease scores in behavioral and technical attributes due to lack of professionalism, tardiness, and increased usage of personal devices.

Healthcare profession students have new ways to interact and provide care to patients. Resource access and availability are limitless to the student, professional, and educator. With the assistance of the educator, students should understand professionalism and use social media to advance their knowledge for the well-being

of the patient. The lack of pedagogy related to social media and social networking c, particularly Facebook and Twitter, for medical laboratory science students may contribute to an unprofessional social networking behavior. The development of this course will provide MLS students at the University of Kentucky with the information and skills necessary to be successful while using social media and social networking platforms in healthcare, understand digital professionalism, and also provide tools for adapting to immediate change.

Who Is the Capstone Meant to Impact?

The social media netiquette and digital professionalism course is designed to educate and empower medical laboratory science students at the University of Kentucky. Research indicates there is a lack of pedagogy related to social media netiquette and digital professionals for healthcare colleges including pharmacy, allied health, and medicine (D'Souza et al., 2017); however, positive results were yielded when social media courses were provided to healthcare students (George Washington University, 2017). The course will inform student of the advantages and disadvantages of social media use in healthcare, prevent HIPAA and ethical violations, and empower the student to use social media in a professional manner. The capstone will also provide other allied healthcare instructors with a modular course which may be integrated into other healthcare programs. The course modules would be used to educate any future healthcare professional of the advantages and disadvantages of social media, HIPAA and ethical violations, and digital professionalism.

Why Were this Capstone and Related Strategies Chosen?

The Medical Laboratory Science Program at the University of Kentucky does not have a social media netiquette and digital professionalism course available to the healthcare students. The pedagogical need stems from observations and social interactions of MLS students in both classroom and clinical rotation settings prior to the onset of the COVID -19 pandemic. It was then exacerbated by the pandemic.

All medical laboratory students receive sixteen months of didactic in-classroom learning prior to his or her externship. Student schedules are similar to a typical work week schedule: Monday through Thursday 8:00am- 4:30pm. During the course of the day, several lectures and clinical laboratories are taught. It was during the lecture/lab transition that observations of excess social media interaction, unprofessional conduct, and unprofessional conversational would occur. Students did not always correlate classroom behavior as a prelude into professional behavior. Furthermore, the twenty-week clinical externship was off the university campus and accountability rested solely upon the students' shoulders.

As the Clinical Practicum Coordinator, it was required to observe and interview students and preceptors at their clinical sites. During the clinical site visit, students discuss personal strengths and weakness discovered during the rotation and elaborate on observations related to training. Additionally, preceptors note students' performance, both cognitively and affectively, and would provide reviews of the students' face to face interactions pertaining to professionalism. Discussions with the preceptors provided the following: excessive phone use, unprofessional

attitude and work ethic, tardiness, and social networking during clinical hours. Given there is a shortage of medical laboratory scientists in the healthcare field (Scott, 2020) all potential scientists need to be trained and retained upon entry into the field, so the coordinator must intercede. When the student(s) was questioned by the clinical coordinator, the student(s) would indicate the trainer would also be on his or her cellular device and assumed the practice was acceptable. While employees of the clinical site may have been violating the policies of the organization, it was not acceptable or permitted for students to have devices in the laboratory.

As the clinical coordinator continued to receive face to face feedback related to social media use and digital professionalism, there was a lack of the required documentation to support preceptor concerns. The reality of a needed social media netiquette and digital professionalism course became apparent based on direct communication and lack of willingness to appropriately document behaviors. The students' use of social media during clinical rotation demonstrated the need for a social media netiquette and digital professionalism course (Pizzuti et al. 2020; Antheunis et al., 2013; Jones, 2012).

As technology continues to advance, social media applications will migrate into healthcare at a faster pace (Jones, 2012). Pérez-Escoda et al. (2020) recounts how the COVID-19 dramatically increases the use social media in healthcare. Because healthcare organization were not prepared for such a time as this, social media use was the quickest method of communication. However, fake news and

stories also tagged along (Pérez-Escoda et al. (2020). Students need to be versed in social media applications for healthcare purposes.

MLS students, as well as other healthcare students, are inundated with patient health information as soon as the clinical practicum begins. Students may encounter a familiar name of a patient and ponder on his or her reason for presenting to the facility which may lead to an unintentional HIPAA violations through a social media post by acknowledging the patient's location. Therefore, it is imperative to introduce the course for the MLS program. Social media training and professionalism should be part of the student's education to ensure success (Griffith, 2012).

How Was the Capstone Project Implemented?

The clinical coordinator was hired by the University of Kentucky in summer 2017, as the Medical Laboratory Science Clinical Practicum Coordinator and Instructor. After facilitating student placements and teaching several courses, it was determined that the *MLS 471-Professionalism in MLS* course needed a revision to include social media netiquette and digital professionalism so to address the current needs of the MLS students as it pertained to social media use and digital professionalism in healthcare,

Prior to the revision of *MLS 471- Professionalism in MLS*, the course primarily focused on healthcare disparities in Kentucky, particularly Appalachia. There was also a module discussing disparities across the nation in regard to urban versus rural America so that students can explore the differences in equity and equality in healthcare. Additionally, *MLS 471* offered students an opportunity to

enhance their understanding of general healthcare customer service from a laboratory perspective as well as craft and create a professional resume for their future healthcare career. Finally, each student underwent a mock interview in preparation for their new career.

While the attributes of MLS 471 were meeting a portion of the student needs, the course modification ideas were discussed within the Department of Clinical Health Sciences. The purpose and goal of the dialogue was to understand and identify how to offer a social media networking and digital professionalism course to all healthcare students, not just medical laboratory students. In the session, it was determined many healthcare courses currently sprinkle social media and/or professionalism in various courses, but there is not a dedicated course within any program. Through collaboration, the MLS 471 course was revised to include social media netiquette and digital professionalism modules using the Constructivism Learning Theory and the 5 E Model.

The constructivism learning theory was pioneered by John Dewey (1938), Jean Piaget (1970), and Lev Vygotsky (1978). Each educator believed the individual learner possessed innate knowledge and learning comes from doing (Mascolo & Fischer, 2005). According to John Dewey, students that actively engage in activities with other individuals demonstrate more knowledge (Behling & Hart, 2008). Constructivism is based on the learner taking an active and reflective role in the learning process (Mensah, 2015). In a tradition classroom setting, the teacher feeds the material to the student body with minimal student participation. In a constructivist

classroom, a “student-centered” approach may be incorporated in which the pupils “learn by doing” (Bobish, 2010, Yager, 2000). Students are actively engaged in discussions which reinforces social engagement of the learning theory. In order to fully implement the constructivist learning theory in the course redesign, the 5 E Model was selected.

The founder of The 5 E Model is Roger Bybee (Northern, 2019). Driven to provide students with an active and engaging role in their learning process, the cyclic model was created. According to the Biological Science Curriculum Study (BSCS), the 5 E Model, solidifies the constructivist approach in the classroom (Constructivism in the classroom, n.d.). Based on the constructivist theory, the 5 E Model leads students through five phases of learning: engagement, exploration, explanation, elaboration, and evaluation. The model allows for educators to draw connections to the students thus leading to positive outcomes by “promoting of experiential learning and engaging students to use a higher order of thinking” (Northern, 2019; Ergin, 2012, p. 15). Moreover, the 5 E Model uses a scaffolding technique which builds on previous knowledge and skills being learned. Students are required to engage, explore, explain, elaborate, and evaluate the topics of discussion through reflection of personal experiences, open dialogue, and collaborative work.

The 5 E Learning Cycle Model

Engagement

- *Object, event or question used to engage students.
- *Connections facilitated between what students know and can do.

Exploration

- *Objects and phenomena are explored.
- *Hands-on activities, with guidance.

Explanation

- *Students explain their understanding of concepts and processes.
- *New concepts and skills are introduced as conceptual clarity and cohesion are sought.

Elaboration

- *Activities allow students to apply concepts in contexts, and build on or extend understanding and skill.

Evaluation

- *Students assess their knowledge, skills and abilities. Activities permit evaluation of student development and lesson effectiveness.



Adapted from Bybee, R.W. et al. (1989).

Figure 1. A graphical view of the 5 E Model: engage, explore, explain, elaborate, evaluate.

Umerjanjua11(2013). The 5 Es. [PowerPoint slides]. SlideShare.

<https://www.slideshare.net/umerjanjua11/the-5-es>

Based on the 5 E Model, modules were created to include each stage: engage, explore, explain, elaborate, and evaluate. The first step of the model was engage the students. Medical laboratory science professionals are a critical asset to healthcare. As noted earlier, there is a vast shortage of MLS professionals in the workforce (Scott, 2020) and more professionals are exiting the field than entering (Walker, 2020). Given that MLS professionals aid in the treatment and diagnoses of disease

and illness (Walker, 2020) students must understand the importance of the topic at hand. In the *engagement stage*, the key topic will be introduced to the students. It is during this phase, the instructor allows the students to ask questions, brainstorm, and discuss peer to peer and peer to instructor in order to begin connecting previous knowledge [constructivism] to current learning (Constructivism in the classroom, n.d.).

In the *engagement stage*, students become motivated drivers of their learning experience. Additionally, the framework for the classroom is established to help students become comfortable in the learning environment. The classroom is a safe zone for learning and sharing knowledge. The engagement stage is incorporated throughout the redesign of the course. Each session will begin with a “small talk” as well as a question and answer session to see how previous knowledge connects to current learning. For example, the use of social media platforms varies for different students. Some students prefer Facebook over Twitter, Twitter over Instagram. The process of reviewing this information in relation to personal and professional boundaries will help students link previous knowledge to current learning and allow for modifications if necessary (Module 4: Personal and Professional Boundaries). Additionally, a process known as KWL (know already, want to know, and learn) will be implemented (Umerjanjua11, 2013). Students will reflect on previous knowledge, discover what information he or she would like to know, and then discuss how to learn about the subject. This process leads directly into the *explore* stage.

In the *explore stage*, students will be provided with resources and material related to the topic of discussion. Students will begin an independent think session on the key topic and formulate his or her own idea(s) and then find a partner or group to explore the subject further. As noted in the constructivist theory, “learners construct their own knowledge, individually and in a social context” (Bobish, 2011). In this stage, the instructor is allowing the student to learn by doing. In Module 2: HIPAA violations and Ethical Standards, students will actively engage and explore in a reflective process of HIPAA violations and ethical standards. This module will require students to not only garner from previous knowledge but also provide a pathway to new discoveries through investigation. The purpose is to prevent students from making the same errors as those being presented in the case study.

The third stage of the model is *explain*. During this stage, students will begin to express a level of understanding to the instructor. The instructor is a facilitator of the classroom and allows the “student-centered” environment to ensue. Students are encouraged to explain the topic by designating a “lead” speaker or as a group. During this stage, students will ask clarifying questions of peers and the instructor to establish a connection with the topic of discussion. In the redesign of the modules, an example of this stage is in Module 1: Historical perspective and views of social media and digital professionalism in healthcare. Students have the opportunity to work independently, in pairs, or in groups and explain the advantages and disadvantages of social media use in healthcare. This process of explaining “helps learners internalize and reshape new information” (Brooks & Brooks, 1993, p.15).

The fourth stage of the 5 E Model is *elaborate*. In this stage, students continue to build on the concepts being framed in the previous three stages of engage, explore, and explain. Throughout the learning model, the process of scaffolding is occurring. As students use previous knowledge to bridge the gap from where they are to where they need to go (Pedmon, 2020), the use of peer group feedback (engage), group work (explore), and class participation (explain) reinforce the student's ability to elaborate via assignments. Small discussions and reflective essays will help provide evidence to the instructor that the topic has been understood.

The final stage of the model is *evaluate*. During this stage, the instructor is provided with the opportunity to evaluate the student's understanding of the concepts and objectives presented in the modules in a formal assessment. As discussed in the beginning, the students are not novice to social media platforms (Prensky, 2001); however, students may not have the skills needed to navigate social media for healthcare and professional use. Thus, students will use previous knowledge to construct new ideas.

Evaluation of the student's learning is based on class participation (Modules 1-5), reflective essays (Module 1 and 4), case study development and reflective interpretation (Module 2), digital footprint mapping (Module 3), and the process of composing a resume and cover letter (Module 5). All modules and course material was implemented in fashion which allowed students to expand on their innate skills through critical thinking, self-reflection, open dialogue, and group participation. Students as well as the instructor drive the teaching process for the social media

netiquette and digital professionalism course when the constructivism learning theory is implemented.

The modules provide students with the opportunity to reflect on real-life situations or similar case studies as it pertains to social media netiquette and digital professionalism and identify issues and possible solutions based on previous life experiences and learned knowledge. Moreover, the presentation of case studies and the digital footprint demonstrate the student's ability to understand, process, and relay knowledge to others in order to help solve issues (Kanter, 2013). Finally, the active engagement in group work such that experiences are shared solidifies the principles of the 5 E Model of the Constructivism Learning Theory.

MLS 471's structure transitioned from a healthcare disparity, professional resume building, and interviewing skills to a well-rounded modular course to include the aforementioned, in addition to, social media netiquette and digital professionalism modules. The new structure will provide students with the foundational framework for understanding healthcare disparities, building a resume, provide interview techniques and enhance the students understanding via modules of social media netiquette and digital professionalism.

When Will the Capstone Be Implemented?

The capstone project will be piloted and implemented in the Medical Laboratory Science Program within the College of Health Sciences at the University of Kentucky in the Spring 2022. This is with the intention to promote social media netiquette and digital professional use of social media applications among MLS

students. The goal is to educate the students of the advantages and disadvantages of using social media in healthcare, prevent unethical behaviors in healthcare, ensure a successful career, as well as promote a positive clinical experience. The MLS Program currently offers a course titled *Professionalism in MLS*; however, this course is strictly designed for healthcare cultural awareness and healthcare disparities.

While students must be aware of the differences within populations, professionalism is much more than cultural and healthcare disparity awareness in the twenty-first century. The course will be revised to include social media networking, digital professionalism, and personal and professional boundaries. Students will gain a deeper understanding of the appropriate and inappropriate uses of social media in healthcare from the professional viewpoint.

Impact of Capstone

The capstone project will have a primary emphasis on the students in the Medical Laboratory Science Program at the University of Kentucky, as the course will be a curricular requirement. Additionally, the curricular course will be available to other healthcare programs (Human Health Science, Communication and Science Disorders, or Clinical Leadership and Management) as an elective through the MLS program.

The course has been designed to offer modular topics into social media netiquette and digital professionalism needs which healthcare students are engage in active and leading role of learning. Additionally, as an elective course other healthcare programs can encourage their healthcare students to participate in the

course. In solidifying the constructivist theory, learning amongst others, as well as different professionals, will continue to increase one's knowledge.

Limitation of Study

This project is limited in scope and it will focus solely on one institution – University of Kentucky. The project will remain within the College of Health Sciences and findings, suggestions, or proposals may not be applicable or operational at other institutions. The social media netiquette and digital professionalism pamphlet is applicable to all students within the College of Health Sciences and can be distributed to other colleges on the campus of the University of Kentucky.

Reflection

The development of a course for social media netiquette and digital professionalism for the program of Medical Laboratory Science at the University of Kentucky has been a wonderful experience. The faculty and staff within this college have been exceptionally supportive of this journey. As a medical laboratory scientist, by background, I believe our students should be well equipped for all aspects of the healthcare profession. Students are given a wealth of information to prepare them didactically for laboratory, nursing, physician, physical therapy, etc. An area that has been overlooked, yet is growing and becoming a large portion of the work, is social media and digital professionalism.

I have been blessed to teach at the University of Kentucky and be a Director of Laboratory Services in a large hospital system. During my tenure of teaching and clinical management, I have witnessed students' behaviors that were not professional

including but not limited to tardiness, use of social media during clinical rotation, and lack of professional work ethic. Students are often unaware of any issue due to social acceptance of the behaviors. Nonetheless, as a healthcare professional and instructor, students must have the skills and knowledge regarding social media netiquette and digital professionalism to help ensure longevity in the healthcare field.

Over the last twenty plus years of my career, I have witnessed healthcare employee terminations due to inappropriate behaviors and ethical violations which were posted on social media accounts. Today, more than ever given the coronavirus pandemic, healthcare students need to have a foundational and functional knowledge of the dos and don'ts of social media netiquette and digital professionalism in healthcare. I am more passionate than ever to share my knowledge with each MLS student to ensure s/he does not have any unintended social media post which results in disciplinary action in a future workplace.

Medical laboratory science programs are often overlooked, but this profession is much needed. I believe this course will help prevent the MLS student from making an error in judgement, and it will serve as a mechanism to brand the laboratory profession. Used in the right context, social media can be one of the powerful tools available. By educating and teaching MLS students the appropriate techniques of social media netiquette and digital professionalism, I believe each student will have a long a prosperous career if he or she so chooses. Furthermore, the students can help brand their profession for the good of the people. As stated, laboratorians are essential to population health. My passion has and will remain in teaching and

securing the futures of any laboratory and healthcare professional. Social media can be a friend or foe. My job and purpose for developing this course is to make it a FRIEND!

Capstone Project

Using the findings from literature reviews, discussions amongst program faculty, and the life experiences of the researcher as a clinical practicum coordinator and laboratory manager, a syllabus that addresses core skills for social media netiquette and digital professionalism was developed. The syllabus was designed to be applicable to any student at the University of Kentucky but specifically created for healthcare students. The syllabus allows a complete course to be taught related to social media netiquette and digital professionalism but is nimble enough to be incorporated into healthcare policy, human and health science, and communication and science disorder introductory courses. It is imperative to reach healthcare students early in their academic years to set the framework for social media netiquette and digital professionalism for future healthcare professionals. Finally, a tri-fold pamphlet was created and given to the student as a “best tips reference guide” related to social media netiquette and digital professionalism.

Overview: Students will participate in various assignments which require verbal communication, active and reflective thinking, analysis of ethical boundaries, and personal and professional boundary lines, and the development of professional resume and cover letter. Each assignment aligns with constructivism using the with a 5 E Model approach.

Time: Full semester course

Student Learning Outcomes: After completing this course, the student will be able to:

1. Define the use of social media in healthcare
2. State the most widely used social media platform in healthcare
3. Identify advantages and disadvantages of social media use in healthcare
4. Analyze an ethical healthcare issue and healthcare disparity
5. Develop a healthcare ethical violation case study for discussion
6. Prepare and map a personal digital social networking footprint
7. Compare and contrast personal vs professional boundaries as related to social media profiles
8. Create a professional resume and cover letter

Assignments/Description:

- Class participation- 10 points
- Pre and post-survey- 5 points each
- Reflective essays-15 points each
- Ethical violation case study- 20 points
- Digital footprint project- 20 points
- Resume and cover letter-10 points

Pre and post survey: Students will participate in a Survey Monkey to provide information related to the students' social media use, platform preference, time spent,

and whether or not social media is used for educational purposes at the beginning of the semester.

At the end of the semester, students will participate in a Survey Monkey to provide information related to perceived knowledge gained from the course. The purpose of the pre and post survey is to further the development of course content.

Reflective essays: Given assigned readings and class discussions, students will respond to the assigned prompt to demonstrate understanding of the module topic.

Ethical violation case study: With a partner, students will develop a case study in which a healthcare ethical violation has occurred. Students will also identify how the violation may have been avoided.

Digital footprint project: Prepare and map a personal digital footprint presentation using PowerPoint or Prezi presentation.

Resume and cover letter: Complete a resume and cover letter to promote understanding of skills.

Course Structure

Pre-Survey (Social media netiquette and digital professionalism)

The pre-survey is designed to understand to get a pulse of the students' social media use, platform preference, time spent, and whether or not social media is used for educational purposes. "Social media platforms have grown into a habitual activity" (Pituzzi et al., 2020, p. 2) and healthcare professionals are as susceptible as anyone else is. According to a survey conducted by Pituzzi et al. (2020), many healthcare professionals believe social media can be used as an educational tool.

The pre-survey, which all MLS 471 students will provide insight on their perceived opinions and beliefs related to social media netiquette and digital professionalism. The capture of previous knowledge to gain more learning is the goal of the survey. Survey responses will be used for further development of the course.

Module 1: Historical Perspective of Social Media

In this module we will review the historical perspective of social. We begin by discussing the popular social media platforms used today requiring students to *engage* in the topic. We will then *explore* the origin of social networking and the meaning of what digital professionalism. We will conclude with how social media platforms have changed communication methods and discuss the preferred platform(s) by students. The final stage of the class period includes breakout sessions amongst the students to *explain and elaborate* on their perspectives based on previous knowledge and experiences. Students are encouraged to take notes for the formal assessment of the written reflective essay which closes the loop of the Five “E” model *evaluation* for this module.

Assessment: After students and the instructor have openly discussed in group settings the historical perspective of social media to determine what social networking platform(s) are predominantly used in healthcare, students will confirm discussion through research to determine if ideas were accurate.

In the first reflective essay, students will explain the historical perspective of social media, digital professionalism, and popularity of social platforms in healthcare and identify why s/he prefers a particular social media

platform.

The second reflective essay requires the student to research his or her social media platform of choice to identify an advantage and disadvantage of that particular platform's use in healthcare. This essay will involve *engagement, exploration, explanation, and elaboration*.

Module 2: HIPAA violations and ethical standards via social media platforms

In this module, conversation will continue on the advantages and disadvantages of social media in healthcare. Students will *engage and explore social media use via group discussion* to begin content. A volunteer will be requested to record the advantages and disadvantages on the white board (*explore*). Social media is widely used across the globe, thus all viewpoints are critical to understanding the impact on healthcare (*explore*). We will review and discuss the HIPAA and Ethical violations as well as healthcare disparities. Students will be partner on the case studies to identify if a HIPAA and/or ethical violation occurred. One student from each group must present to class and explain findings (*explain*). The last phase will be to *elaborate* on the healthcare disparities identified in the case studies via in class discussion.

Assessment: *Evaluation* of the students understanding of HIPAA violations and ethical standards will create a case study with a partner. This assignment is two steps to ensure understanding. First, create a case study in which an ethical violation occurs, then describe the ethical violation and how it may have been

avoided. Students may recall friends or family members in healthcare that have been victim to a social media mishap. The process of active learning and reflection is key in the constructivist learning theory. This process of creating a case study involves all five stages of the Five “E” learning model (engage, explore, explain, elaborate, and evaluate).

Module 3: The Digital Footprint

In this module, the digital footprint will be introduced. We begin by *engaging* in open discussion to define the meaning of “digital footprint”. The digital footprint begins as soon as an individual embarks into social networking. Then we will *explore* when the footprint begins and *explain* how it may impact one’s career. Students will be placed in group to *elaborate* on their individual footprint to jumpstart the *evaluation* process.

Assessment: Students will create their digital footprint using a PowerPoint or Prezi presentation. The digital footprint should begin with your first social media encounter. Students must reflect on when he or she first began using social media. Students will use previous knowledge and learn something new through the creation of the digital footprint. While some encounters may have a negative appearance, it is important to document the encounter in some fashion. Learning is in the doing (Bobish, 2011). The purpose of the digital footprint is to bring awareness to you as you begin your professional career. *Exploration* of current social media posting may promote negative or positive outcomes, thus *evaluation* is necessary.

Module 4: Defining personal and professional boundaries in social media

In this module, we will *engage* on the topic of personal and professional boundaries as it relates to social networking. We begin the session by posing the question: **how many use privacy settings?** From here students will take the lead on discussing the use of privacy settings for social media applications in a general setting. Then we will discuss the process of ‘friending’ someone on social media platforms. Through dialogue, students will *explore* their own use of social media which is a reflective process and then explain the purpose of privacy settings and friending individuals. The discussion will conclude with defining how blurred boundaries [personal and professional] may affect one’s career.

Assessment: In a reflective essay, students will use a compare and contrast method. Students may use the information from class discussions related to personal and professional boundaries. The reflective essay must compare and contrast personal and professional boundary guidelines as it relates to social media platforms for healthcare professionals. Students must also address the following question **“Why are social media boundaries important in healthcare?”**

Module 5: Professional Resume: Resume building and interviewing techniques

In this module, professional resume writing and interview skills will be introduced. We will begin the session with open discussion related to interviews. This

engagement will help set the students at ease and allow for previous knowledge to be shared in the classroom. Next, media presentations of resume building and interviewing will be reviewed and discussed allowing for exploration and feedback of the material. We will then discuss what should be included on the resume and provided interviewing tips. The discussion will close with group mock interviews. Students will engage in mock interview session in class and practice interviewing skills with a peer.

Assessment: Students will compose a professional resume and cover letter. The resume should include any applicable jobs which will highlight the student's talent and attributes. This exercise allows students to actively reflect from learned experiences and record them in an effort to garner new knowledge. This is a simulation of the Five "E" model of the constructivist learning theory as students must explore work history (to date) and explain applicable job experiences. The process of elaboration provides the potential employer a peek into the young professional work ethic.

The cover letter should be addressed to a potential employer in the medical laboratory science field (i.e. University of Kentucky Clinical Laboratory Director).

Wrap Up and Post-Survey

During the final week of the course, students and the instructor will reflect on the previous lessons of social media netiquette and digital professionalism history, ethical boundaries, advantages and disadvantages of social media use in healthcare, personal and professional boundary lines, and the digital footprint. The goal of the

wrap up module will be for students to realize where their baseline was related to social media netiquette and digital professionalism and how much growth has occurred in the semester. In an effort for students to have a visual learning, a post-survey will be given to the students. It is believed that all students who take the course will benefit greatly and have a better understanding of how social media use can influence his or her career path. The pre and post surveys are to help evaluate and modified the course over time.

During the last class period, all students will receive the social media netiquette and digital professionalism ‘Quick Tips’ pamphlet. The tri-fold pamphlet can be a reference tool for students throughout their college experience as well as a guide when entering the professional world. Using literature, research, and personal experiences, the pamphlet should prove to be helpful to all students. The pamphlet will allow for a “stop and think” opportunity to the student before posting and/or responding to social media interactions. In doing so, the digital professionalism will remain intact.

Post-Survey (Social media netiquette and digital professionalism)

The post-survey will be distributed the last day of class. During the semester, the students and instructor will have discussed the history and growth of social media in healthcare by using constructivist learning way of the Five “E” model (engage, explore, explain, elaborate, and evaluate). The topics of networking platforms, purpose and usefulness of each as it relates to healthcare, ethical issues, and boundaries have been discussed. Students should know and understand the

advantaged and unintended consequences that may occur when using social media in healthcare. Students should understand ethical violations and moral principles as it relates to social media, and explain a case study in which one occurred. Lastly, the course should have provided students with digital professionalism boundaries for personal and professional use, and the meaning of a digital footprint. Each of the student learning outcomes should be achieved through use of the constructivist learning theory which was a model in every module and assessment. The Post-survey will enlighten each instructor as to where course modifications may be needed for future classes based on the responses given by the students.

Pre and post survey questions were modified from a cross-sectional survey performed by the Universities of Georgia, Maryland, South Carolina, and Wisconsin Health Colleges (Pizzuti, et al., 2020). The survey questioned various healthcare professions across four states creating a large sample size, thus collecting viewpoints of social media application use in healthcare. There were 1,644 participants surveyed with 1,455 responses from nursing, physician, administrators, and pharmacists on various questions.

Reference List
Executive Summary Reference List

- Aghadjanian, N. (2020, March 17). *Social media consumption grows amid coronavirus*. AList. <https://www.alistdaily.com/social/coronavirus-social-media-increase/>.
- Bagley, J. E., DiGiacinto, D., Lawyer, J., & Anderson, M. P. (2014). Health care students who frequently use Facebook are unaware of the risks for violating HIPAA standards. *Journal of Diagnostic Medical Sonography*, 30(3), 114-120. doi:10.1177/8756479314530509
- Behling, K. & Hart, D. (2008). Universal design: A model for professional development. In S. E. Burgsthaler & R. C. Cory (Ed). *Universal design in higher education: From principles to practice*, (pp.109-125). Harvard Education Press.
- Bobish, G. (2011). Participation and Pedagogy: Connecting the social web to ACRL learning outcomes. *The Journal of Academic Librarianship*, 37(1), 54-63.
- Boyd, D.M. & Ellison, N. B. (2008). Social networks sites: Definition, history, and scholarship. *Journal of Computer-Mediated Communication*, 13, 210-230.
- Boyden, C. (2015, February 10). *5E lesson plan model*. BetterLesson. <https://betterlesson.com/lesson/resource/3165063/78530/5e-lesson-plan-model>.
- Brooks, J., & Brooks M. (1993). *The case for constructivist classroom*. Alexandria, Va.: ASCD

- Bratt, M. M., & Felzer, H. M. (2012). Predictors of new graduate nurses' organizational commitment during a nurse residency program. *Journal for Nurses in Staff Development: JNSD : Official Journal of the National Nursing Staff Development Organization*, 28(3), 108-119.
doi:<http://dx.doi.org.ezproxy.uky.edu/10.1097/NND.0b013e31825515c4>
- Bryden, P., Ginsburg, S., Kurabi, B., & Ahmed, N. (2010). Professing professionalism: Are we our own worst enemy? Faculty members' experiences of teaching and evaluating professionalism in medical education at one school. *Academic Medicine*, 85(6), 1025-1034.
- Cain, Jeff. (2008). Online social networking issues within academia and pharmacy education. *American Journal of Pharmaceutical Education*, 72(1), 10.
- Cannon, A. A., & Caldwell, H. (2016). HIPAA violations among nursing students: Teachable moment or terminal mistake-A case study. *Journal of Nursing Education and Practice*, 6(12). doi:10.5430/jnep.v6n12p41
- Castaneda, L. (2010). "Building personal learning environments by using and mixing ICT tool in a professional way," *Digital Education Review*, 18(1), 9-25.
- Chen, B. & Bryer, T. (2012). Investigating instructional strategies for using social media in formal and informal learning. *International Review of Research in Open and Distance Learning*, 13(1), 87-104.
- Christensson, P. (2017, December 30). *Netiquette definition*. <https://techterms.com>
- Chugh, R., & Ruhi, U. (2018). Social media in higher education: A literature review of Facebook. *Education and Information Technologies*, 23(2), 605-616.

Clement, J. *Topic: Social media usage in the United States*. Statista.

<https://www.statista.com/topics/3196/social-media-usage-in-the-united-states/>.

Code of Ethics. (n.d.) retrieved from ascls.org

D'Souza, K., Henningham, L., Zou, R., Huang, J., O'Sullivan, E., Last, J., & Ho, K..

(2017). Attitudes of health professional educators toward the use of social media as a teaching tool: Global cross-sectional study. *JMIR Medical Education*, 3(2), E13.

Dumford, A. D, & Miller, A. L. (2018). Online learning in higher education:

Exploring advantages and disadvantages for engagement. *Journal of Computing in Higher Education*, 30(3), 452-465.

Duke, V. J. A., Anstey, A., Carter, S., Gosse, N., Hutchens, K. M., & Marsh, J. A.

(2017). Social media in nurse education: Utilization and E-professionalism. *Nurse Education Today*, 57, 8-13. <https://doi:10.1016/j.nedt.2017.06.009>

Employed persons by detailed occupation, sex, race, and Hispanic.

<https://www.bls.gov/cps/cpsaat11.pdf>

Ergin, I. (2012). *Constructivist Approach Based 5E Model and Usability Instructional*

Physics, 14–20. <https://doi.org/10.1.1.669.7595>

Fenwick, T. (2014). Social media and medical professionalism: Rethinking the

debate and the way forward. *Academic Medicine*, 89(10), 1331-1334.

Fenwick, T. (2016). Social media, professionalism, and higher education: A

sociomaterial consideration. *Studies in Higher Education*, 41(4), 664-677.

- Finn, G., Garner, J., & Sawdon, M. (2010). 'You're judged all the time!' Students' views on professionalism: A multicentre study. *Medical Education*, 44(8), 814-825.
- Gaines, K. (2020, September 4). What is the nursing code of ethics? <https://nurse.org/education/nursing-code-of-ethics/#:~:text=According%20to%20the%20American%20Nurses,how%20a%20person%20will%20conduct.>
- Garbowicz, R. (2020, September 10). How COVID-19 has changed social networks and online engagement. <https://coruzant.com/opinion/how-covid-19-has-changed-social-networks-and-online-engagement/>
- Gandolf, S. (2015, October 13). Social media is changing healthcare. <https://healthcaresuccess.com/blog/doctor-marketing/social-media-is-changing-healthcare.html>
- Gawkroger, P. (2019, January 20). *Advantages and disadvantages of social media*. Medium. <https://medium.com/@clinguen/advantages-and-disadvantages-of-social-media-47cd957b73d5>
- George, D.R. (2011). "Friending Facebook?" A minicourse on the use of social media by health professionals. *Journal of Continuing Education in the Health Professions*, 31(3), 215-219.
- George Washington University. (2017, March 27). Study finds social media course impacts online behavior in first-year medical students. *ScienceDaily*. Retrieved March 20, 2021 from www.sciencedaily.com/releases/2017/03/170327165020.htm

- Giordano, C. & Giordano, C. (2011). Health professions students' use of social media. *Journal of Allied Health, 40*(2), 78-81.
- Gomes, A., Butera, G., Chretien, K., & Kind, T. (2017). The development and impact of a social media and professionalism course for medical students. *Teaching and Learning in Medicine, 29*(3), 296-303.
- Goldstein, E.A., Maestas, R.R., Fryer-Edwards, K. D., Wenrich, M. A., Oelschlager, A., Baernstein, A., & Kimball, H. (2006). Professionalism in medical education: An institutional challenge. *Academic Medicine, 81*(10), 871-876.
- Griffin, R. (2015, July 22). Social media is changing how college students deal with mental health, for better or worse. https://www.huffpost.com/entry/social-media-college-mental-health_n_55ae6649e4b08f57d5d28845.
- Griffith, R. (2012). Duty of confidence and the use of social networking sites. *British Journal of Nursing, 21*(16), 988.
- Hughes, B., Joshi, I., & Wareham, J. (2008). Health 2.0 and Medicine 2.0: Tensions and controversies in the field. *Journal of Medical Internet Research, 10*(3), e23. <https://doi.org/10.2196/jmir.1056>
- Halevi, G., Liu, A. C., & Yoon, J. H. (2018). Social media utilization by healthcare leaders. *Journal of Scientific Innovation in Medicine, 1*(1), 3. <http://doi.org/10.29024/jsim.4>
- Hung, H., & Yuen, S. (2010). Educational use of social networking technology in higher education. *Teaching in Higher Education, 15*(6), 703-714.

- Jain, A., Petty, E., Jaber, R., Tackett, S., Purkiss, J., Fitzgerald, J., & White, C. (2014). What is appropriate to post on social media? Ratings from students, faculty members and the public. *Medical Education*, 48(2), 157-169. <https://doi.org/10.1111.medu.122282>
- Jones, C. (2012). Social networking in the health professions. *Essentially MIDIRS* 3(7), 32-36.
- Joosten, T. (2012). Social media for educators: *Strategies and Best Practices*. Jossey-Bass.
- Josephat, F. (2019). The value of the clinical laboratory science preceptor. *ASCLS Today*, 33(5), 1.
- Junco, R., Heiberger, G., & Loken, E. (2010). "The effect of Twitter on college student engagement and grades," *Journal of Computer Assisted Learning*, 27(2), 1-14.
- Kantar, L.D. (2013). Demystifying instructional innovation: The case of teaching with case studies. *The Journal of Scholarship of Teaching and Learning*, 13(2), 101.
- Kaplan, A. M. & Haelein, M. (2010). Users of the world, unite! The challenges and opportunities of Social Media. *Business Horizons* 53, 59–68.
- Kenny, P. & Johnson, G. (2016). Social media use, attitudes, behaviors and perceptions of online professionalism amongst dental students. *British Dental Journal*, 221(10), 651-655.

- Kind, T., Greysen, S., & Chretien, K. (2011). Advantages and challenges of social media in pediatrics. *Pediatric Annals*, 40(9), 430-434.
<https://doi.org/10.3928/00904481-20110815-05>
- Kind, T., Patel, P. D., & Lie, D. A. (2013). Opting in to online professionalism: Social media and pediatrics. *Pediatrics*, 132(5), 792-795.
- Lawrence, K., Hanley, K., Adams, J., Sartori, D. J., Greene, R., & Zabar, S. (2020). Building telemedicine capacity for trainees during the novel coronavirus outbreak: A case study and lessons learned. *Journal of General Internal Medicine*, 35(9), 2675-2679. <https://doi:10.1007/s11606-020-05979-9>
- Manca, S., & Rainer, M. (2016). Facebook and the others. Potentials and obstacles of social media for teaching in higher education. *Computers & Education*, 95, 216-230. [https://doi.org/10.1016.j.compedu.2016.01.012](https://doi.org/10.1016/j.compedu.2016.01.012)
- Mascolo, M.F., & Fischer, K.W. (2005). Constructivist theories. Cambridge Encyclopedia of Child Development (pp.49-63). Cambridge University Press.
- Mather, C. A. & Cummings, E. (2019). Developing and sustaining digital professionalism: A model for assessing readiness of healthcare environments and capability of nurses. *BMJ Health & Care Informatics*, 26(1), E100062.
- Mather, C., & Douglas, T. (2017). Identifying opportunities to integrate digital professionalism into curriculum: A comparison of social media use by health profession students at an Australian University in 2013 and 2016. *Informatics*, 4(2), 10.

Medical laboratory science. (n.d.). University of Kentucky.

<https://www.uky.edu/chs/medical-laboratory-science>

Merchant, R., & Lurie, N. (2020). Social media and emergency preparedness in response to novel Coronavirus. *Journal of American Medicine*, 323(20).

<https://doi.org/doi:10.1001/jama.2020.4469>

Miller, N. (2019, December 14). Advent Health resident in hot water for social media

posts, side-gig <https://www.orlandosentinel.com/news/os-ne-jay-feldman-adventhealth-social-media-posts-20191214-cjdkmjv3qbbv7hkt4gg43gbq6u-story/.html>

Mosher, A. (2018). Healthy discourse: How Canadian physicians use Twitter to communicate in healthcare. *Journal of Professional Communication*, 6(1), 79-91.

Murugesan, S. (2007) "Understanding Web 2.0," in *IT Professional*, 9(4), 34-41.

<https://doi.org/10.1109/MITP.2007.78>

Moorhead, S., Hazlett, D., Harrison, L., Carroll, J., Irwin, A., & Hoving, C. (2013).

A new dimension of health care: Systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of Medical Internet Research*, 15(4), E85. <https://doi.org/10.2196/jmir.1933>

Napolitano, M.A., Hayes, S., Bennett, G.G., Ives, A.K., & Foster, G.D. (2013).

Using Facebook text messaging to deliver a weight loss program to college students. *Obesity*, 21(1) 25-31.

- Northern, S. (2019, August 27). *The 5 E's of Inquiry-Based Learning*. Knowledge Quest. <https://knowledgequest.aasl.org/the-5-es-of-inquiry-based-learning/>.
- Patel, K., Nadel, J., West, M. (2014). Redesigning the care team: The critical role of frontline workers and models for success. *Engelberg Center for Healthcare Reformat Brookings*, 1-27.
- Patel, P., Roberts, J., Miller, K., Ziegler, C., & Ostapchuk, M. (2012). The responsible use of online social networking: Who should mentor medical students? *Teaching and Learning in Medicine*, 24(4), 348-354.
<https://doi.org/10.1080/10401334.2012.715260>
- Patel, P. & Sibbald, S.L. (2016). Using social media as a pedagogical tool in graduate public health education and training. *Journal of Healthcare Communications*, 1(1:2). doi: 10.4172/2472-1654.100012
- Pedmon, M. (2020, September 9). Everything you need to know about scaffolding in education. <https://www.prodigygame.com/main-en/blog/scaffolding-in-education/>
- Pereira, I., Cunningham, A., Moreau, K., Sherwin, J., & Jalali, A. (2015). Thou shalt not tweet unprofessionally: An appreciative inquiry into the professional use of social media. *Postgraduate Medical Journal*, 91(1080), 561-564.
- Pérez-Escoda, A, Jiménez-Narros, C., Perlado-Lamo-de-Espinosa, M., & Pedrero-Esteban, L. M. (2020). Social networks' engagement during the COVID-19 pandemic in Spain: Health media vs. healthcare professionals. *International Journal of Environmental Research and Public Health*, 17(14), 5261.

- Pizzuti, A. G, Patel, K. H, McCreary, E. K, Heil, E., Bland, C. M., Chinaeke, E., Bookstaver, P. B. (2020). Healthcare practitioners' views of social media as an educational resource. *PloS One*, 15(2), E0228372.
- Prensky, M. (2001). Digital natives, digital immigrants part 1. *On the Horizon*, 9(5), 1-6.
- Scott, K. (2020, July 6). Solving the clinical laboratory workforce shortage. *Clinical Lab Manager*. <https://www.clinicallabmanager.com/trends/laboratory-staffing/solving-the-clinical-laboratory-workforce-shortage-23189>
- Surmelioglu, Y., & Seferoglu, S. S. (2019). An examination of digital footprint awareness and digital experiences of higher education students. *World Journal on Educational Technology*, 11, 48-64.
<https://doi:10.18844/wjet.v11i1.4009>
- Social Media Policy. (n.d.). <https://www.maryville.edu/policies/social-media-policy/>
- Solutions, I. (2018, March 19). 5 most common HIPAA violations.
<https://www.insynchcs.com/blog/5-most-common-hipaa-violations>
- Snyder, T., Brey, C., & Dillow, S. (2018). *Digest of Education Statistics 2018*.
<https://nces.ed.gov/pubs2020/2020009.pdf>
- Tankovska, P.(2021, January 28). *U.S. Gen Z & Millennials social network reach by gender 2019*. Statista. <https://www.statista.com/statistics/471543/millennials-usa-social-media-reach-gender/>.

The pros and cons of social media for healthcare professionals. (2018).

HospitalCareers.Com. <https://www.hospitalcareers.com/blog/pros-and-cons-of-social-media/>

The Profession of Medical Laboratory Science. (n.d.).

<https://www.msacouncil.org.nz/for-practitioners/definitions-and-qualifications/the-profession-of-medical-laboratory-science/>

Transforming and scaling up health professionals' education and training: *World*

Health Organization Guidelines 2013. Geneva: World Health Organization; 2013. Annex 1, Definition and list of health professionals

<https://www.ncbi.nlm.nih.gov/books/NBK298950/>

Umerjanjua11(2013). The 5 Es. [PowerPoint slides]. SlideShare.

<https://www.slideshare.net/umerjanjua11/the-5-es>

Usher, K., Woods, C., Casella, E., Glass, N., Wilson, R., Mayner, L., Jackson, D.,

Brown, J., Duffy, E., Mather, C., Cummings, E., & Irwin, P. (2014). Australian health professions student use of social media. *Collegian (Royal College of Nursing, Australia)*, 21(2), 95-101.

<https://doi.org/10.1016/j.colegn.2014.02.004>

Van Patten, R.,R., & Bartone, A. S. (2019). The impact of mentorship, preceptors, and debriefing on the quality of program experiences. *Nurse Education in Practice*, 35, 63-68.

doi:<http://dx.doi.org.ezproxy.uky.edu/10.1016/j.nepr.2019.01.007>

Walker, T. (2020, January 23). aspyra.com.

https://aspyra.com/aspyra_blog/laboratory-workforce-shortage/.

White, J., Kirwan, P., Lai, K., Walton, J., & Ross, S. (2013). ‘Have you seen what is on Facebook?’ The use of social networking software by healthcare professions students. *BMJ Open*, 7, 1-8. <http://dx.doi.org/10.1136/bmjopen-2013-003013>

WikiHow. (2020, August 28). How to repost on Facebook.

<https://www.wikihow.com/Repost-on-Facebook>

Wissinger, C. & Stiegler, Z. (2018). Using the extended parallel process model to frame e-professionalism instruction in healthcare education, teaching, and learning in medicine. *Teaching and Learning in Medicine*, 1-7.

Yoo, J. (2020, August 14). Healthcare: The great unlock.

<https://a16z.com/2020/08/07/healthcare-technology-great-unlock/>

Zdravkova, K. 2016. “Reinforcing social media based learning, knowledge acquisition and learning evaluation”. *Procedia – Social and Behavioral Sciences*, 228,16-23

Appendix A

Social Media Netiquette and Digital Professionalism in Healthcare

Semester/Term: Spring 2022

Credit Hours: 1

Meeting Days/Time/Location: Monday/ 9am/CTW 411

Instructor Information

Instructor: Stacy Gabbard, MA, MLS (ASCP)

Office Building & Room Number: Charles T. Wethington, C127

Email: stacy.gabbard@uky.edu

Office Hours: By appointment only

Course Description

This course is designed to teach students, with an emphasis in healthcare, the knowledge and skills needed to be social media literate and digitally professional. In order to be media literate, students must be able to access, process, analyze, and produce media. Students will explore social media netiquette, digital professionalism, the digital footprint, and ethical issues which arise due to social media use in healthcare. This course will help students define social media use in healthcare, identify personal and professional boundary lines, define and analyze ethical violations, and create a personal digital footprint based on social media and networking usage.

Course Prerequisites

N/A

General Course Objectives

The objective of this course is for students to:

- 1) Gain knowledge and practical application skills in the areas of social media netiquette and digital professionalism in healthcare.
- 2) Demonstrate competence in usage of social media in healthcare settings
- 3) Are competent and socially aware of HIPAA and ethical violations which occur with social media platforms
- 4) Engage and collaborate with healthcare students and professionals to discuss the advantages and disadvantages social media platforms presents for the 21st century.
- 5) Master content knowledge of resume writing and interviewing techniques.

Specific lecture objectives are provided for each topic presented/discussed in MLS 471.

Student Learning Outcomes

After completing this course, the student will be able to:

1. Define the use of social media in healthcare
2. State the most widely used social media platform in healthcare
3. Identify advantages and disadvantages of social media use in healthcare
4. Analyze an ethical healthcare issue and healthcare disparity
5. Develop a healthcare ethical violation case study for discussion
6. Prepare and map a personal digital social networking footprint
7. Compare and contrast personal vs professional boundaries as related to social media profiles
8. Create a professional resume and cover letter

Required Materials

Laptop

McDaniel, A. & Goldsmith, M. (2013). *The Young Professional's Guide to the Working World: Savvy Strategies to Get In, Get Ahead, and Rise to the Top.*

(Paperback or Electronic.) ISBN-13: 978-1601632425

Topical Outline:

Module 1

- Social media: Historical perspective of social media and digital professionalism in healthcare

Module 2

- HIPAA violations and ethical standards via social media platforms

Module 3

- Digital Footprint

Module 4

- Defining personal and professional boundaries of social media

Module 5

- Professional resume: resume building and interviewing techniques

Technology Information and Requirements

Technology Requirements

Minimum technical requirements for UK courses and suggested hardware, software, and internet connections are available at [ITS Student Hardware & Software Guidelines](#).

Share any additional technology requirements, such as required software, and your preferred procedure for resolving technical complaints for each service or software used in the course.

Technical Support

For account help, contact UK's [Information Technology Customer Services online](#), by [email](#), or by phone at 859-218-HELP (4357).

Submission of Assignments

All assignments will be submitted on-line via Canvas.

Course Grading

- Class participation- 10 points
- Pre and post-survey- 5 points each
- Reflective essays-15 points each
- Ethical violation case study- 20 points
- Digital footprint project- 20 points
- Resume and cover letter-10 points

Brief Assignment Description:

Pre and post survey: Students will participate in a Survey Monkey to provide information related to the students' social media use, platform preference, time spent, and whether or not social media is used for educational purposes at the beginning of the semester.

At the end of the semester, students will participate in a Survey Monkey to provide information related to perceived knowledge gained from the course. The purpose of the pre and post survey is to further the development of course content.

Reflective essays: Given assigned readings and class discussions, students will respond to the assigned prompt to prompt understanding of the module topic.

Ethical violation case study: With a partner, students will develop a case study in which a healthcare ethical violation has occurred. Students will also identify how the violation may have been avoided.

Digital footprint project: Prepare and map a personal digital footprint presentation using PowerPoint or Prezi presentation.

Resume and cover letter: Complete a resume and cover letter to promote understanding of skills.

**Grading follows a 100 point system. The sum of all the points for all assignments in the class equals 100 points.*

Grading scale for undergraduates

90 – 100 = A

80 – 89 = B

70 – 79 = C

60 – 69 = D

Below 60 = E

SLO	Class Participation	Reflective Essays	Case Study Development and Presentation	Digital Footprint Map Presentation	Resume and cover letter
1	X	X	X	X	X
2	X	X			
3	X	X	X		
4	X		X		
5	X		X		
6	X			X	
7	X	X			
8	X				X

Mid-term Grade

Midterm grades will be posted in myUK by the deadline established by the University Senate and published in the [Academic Calendar](#).

Questions Concerning Grades

All assignments and exams will be evaluated. Any assignment graded incorrectly or questions concerning the grading must be brought to the instructors' attention within one week of the grade being posted/returned. One week after grades have been posted/returned they become final and no corrections will be made.

Attendance Policy

Attendance and punctuality will be considered part of your grade. Tardiness is defined as arriving 10 minutes after class begins or departure before the end of the class session. Three tardies constitute one unexcused absence. Each unexcused absence will result in a 1% deduction in your attendance grade.

Excused Absences (Senate Rules 5.2.5.2.1)

Senate Rules 5.2.5.2.1 defines the following as acceptable reasons for excused absences: 1. significant illness; 2. death of a family member; 3. trips for members of student organizations sponsored by an educational unit, trips for University classes, and trips for participation in intercollegiate athletic events; 4. major religious holidays; 5. interviews for graduate/professional school or full-time employment post-graduation; and 6. other circumstances found to fit “reasonable cause for nonattendance” by the instructor of record. Students should notify the professor of absences prior to class when possible.

If a course syllabus requires specific interactions (e.g., with the instructor or other students), in situations where a student’s total EXCUSED absences exceed 1/5 (or 20%) of the required interactions for the course, the student shall have the right to request and receive a "W," or the Instructor of Record may award an “I” for the course if the student declines a “W.” (Senate Rules 5.2.5.2.3.1)

If an attendance/interaction policy is not stated in the course syllabus or the policy does not include a penalty to the student, the Instructor cannot penalize the student for any unexcused absences. (Senate Rules 5.2.5.2.3.3)

Verification of Absences (Senate Rules 5.2.5.2.1)

Students may be asked to verify their absences in order for them to be considered excused. *Senate Rule 5.2.5.2.1* states that faculty have the right to request appropriate verification when students claim an excused absence due to: significant illness; death in the household, trips for classes, trips sponsored by an educational unit and trips for participation related to intercollegiate athletic events; and interviews for full-time job opportunities after graduation and interviews for graduate and professional school. (Appropriate notification of absences due to University-related trips is required prior to the absence when feasible and in no case more than one week after the absence.)

Programs with learning activities mandated by accreditation or licensure agencies may establish, as a matter of policy, educational consequences for students who have so many excused absences that they cannot complete the mandated learning activities. Pursuant to Senate Rules 6.1.1, the published program policies and individual course syllabi must describe these consequences, which may include the student being moved to a different graduation cohort.

Religious Observances (Senate Rules 5.2.5.2.1(4))

Students anticipating an absence for a major religious holiday are responsible for notifying the instructor in writing of anticipated absences due to their observance of such holidays. Please check the course syllabus for the notification requirement. If no requirement is specified, two weeks prior to the absence is reasonable and should not be given any later. Information regarding major religious holidays may be obtained through [the Ombud's website](#) or calling 859-257-3737.

Make-Up Work (Senate Rule 5.2.5.2.2)

Students missing any graded work due to an excused absence are responsible: for informing the Instructor of Record about their excused absence within one week following the period of the excused absence (except where prior notification is required); and for making up the missed work. The instructor must give the student an opportunity to make up the work and/or the exams missed due to the excused absence, and shall do so, if feasible, during the semester in which the absence occurred. The instructor shall provide the student with an opportunity to make up the graded work and may not simply calculate the student's grade on the basis of the other course requirements, unless the student agrees in writing.

For students who add a class after the first day of classes and miss graded work, the instructor shall provide the student with an opportunity to make up the graded work (quiz, exam, homework, etc.). The instructor may not simply calculate the student's grade on the basis of the other course requirements, unless the student agrees in writing.

Excused Absences and W/I, All Students (Senate Rule 5.2.5.2.3.1)

If a student has excused absences for more than one-fifth of the required interactions for a course, the student can request a "W." If the student declines a "W," the Instructor of Record may award an "I" for the course.

Excused Absences Due to Military Duties (Senate Rule 5.2.5.2.3.2)

If a student must be absent for one-fifth or less of the required course interactions (e.g., class meetings) due to military duties, the following procedure apply:

1. Once a student is aware of a call to duty, the student shall provide a copy of the military orders to the Director of the Veterans Resource Center. The student shall also provide the Director with a list of her/his courses and instructors.
2. The Director will verify the orders with the appropriate military authority and on behalf of the military student, notify each Instructor of Record via Department Letterhead as to the known extent of the absence.
3. The Instructor of Record shall not penalize the student's absence in any way and shall provide accommodations and timeframes so that the student can

make up missed assignments, quizzes, and tests in a mutually agreed upon manner.

Classroom Behavior Policies

Classroom behavior should comply with the student code of conduct. Full details can be viewed at: <http://www.uky.edu/StudentAffairs/Code/part1.html>. Consistent with this policy, student behavior that detracts from the educational environment will not be tolerated. Examples of inappropriate behaviors include engaging in disrespectful or uncivil discussions, holding disruptive discussions, or sleeping. Disruptive students will be asked to leave the classroom and re-admittance is at the discretion of the instructor.

Accommodations Due to Disability

If you have a documented disability that requires academic accommodations, please see me as soon as possible during scheduled office hours. In order to receive accommodations in this course, you must provide me with a Letter of Accommodation from the Disability Resource Center (DRC). The DRC coordinates campus disability services available to students with disabilities. Visit the [DRC website](#), [email the DRC](#), contact them by phone at (859) 257-2754, or visit their office on the corner of Rose Street and Huguelet Drive in the Multidisciplinary Science Building, Suite 407.

Non-Discrimination Statement and Title IX Information

The University of Kentucky (UK) is committed to providing a safe learning, living, and working environment for all members of the University community. The University maintains a comprehensive program which protects all members from discrimination, harassment, and sexual misconduct. For complete information about UK's prohibition on discrimination and harassment on aspects such as race, color, ethnic origin, national origin, creed, religion, political belief, sex, and sexual orientation, please see [the electronic version of UK's Administrative Regulation 6:1 \("Policy on Discrimination and Harassment"\)](#). In accordance with Title IX of the Education Amendments of 1972, the University prohibits discrimination and harassment on the basis of sex in academics, employment, and all of its programs and activities. Sexual misconduct is a form of sexual harassment in which one act is severe enough to create a hostile environment based on sex and is prohibited between members of the University community and shall not be tolerated. For more details, please see [the electronic version of Administrative Regulations 6:2 \("Policy and Procedures for Addressing and Resolving Allegations of Sexual Assault, Stalking, Dating Violence, Domestic Violence, and Sexual Exploitation"\)](#). Complaints regarding violations of University policies on discrimination, harassment, and sexual misconduct are handled by the Office of Institutional Equity and Equal Opportunity (IEEO), which is located in 13 Main Building and can be reached by phone at (859) 257-8927. You can also visit [the IEEO's website](#).

Faculty members are obligated to forward any report made by a student related to IEEO matters to the Office of Institutional Equity and Equal Opportunity. Students can *confidentially* report alleged incidences through the Violence Intervention and Prevention Center, Counseling Center, or University Health Services.

Academic Integrity– Prohibition on Plagiarism (Senate Rules 6.3.1)

Per University policy, students shall not plagiarize, cheat, or falsify or misuse academic records. Students are expected to adhere to University policy on cheating and plagiarism in all courses. The minimum penalty for a first offense is a zero on the assignment on which the offense occurred. If the offense is considered severe or the student has other academic offenses on their record, more serious penalties, up to suspension from the University may be imposed.

Plagiarism and cheating are serious breaches of academic conduct. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the [Code of Student Rights and Responsibilities](#). Complete information can be found on the [Academic Ombud](#) page. A plea of ignorance is not acceptable as a defense against the charge of academic dishonesty. It is important that you review this information as all ideas borrowed from others need to be properly credited.

Senate Rule 6.3.1 (see current [Senate Rules](#)) states that all academic work, written or otherwise, submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research, or self-expression. In cases where students feel unsure about a question of plagiarism involving their work, they are obliged to consult their instructors on the matter before submission.

When students submit work purporting to be their own, but which in any way borrows ideas, organization, wording, or content from another source without appropriate acknowledgment of the fact, the students are guilty of plagiarism.

Plagiarism includes reproducing someone else's work (including, but not limited to a published article, a book, a website, computer code, or a paper from a friend) without clear attribution. Plagiarism also includes the practice of employing or allowing another person to alter or revise the work which a student submits as his/her own, whoever that other person may be, except under specific circumstances (e.g. Writing Center review or peer review) allowed by the Instructor of Record or that person's designee. Plagiarism may also include double submission, self-plagiarism, or unauthorized resubmission of one's own work, as defined by the instructor.

Students may discuss assignments among themselves or with an instructor or tutor, except where prohibited by the Instructor of Record (e.g. individual take-home

exams). However, the actual work must be done by the student, and the student alone, unless collaboration is allowed by the Instructor of Record (e.g. group projects).

When a student's assignment involves research in outside sources or information, the student must carefully acknowledge exactly what, where and how he/she has employed them. If the words of someone else are used, the student must put quotation marks around the passage in question and add an appropriate indication of its origin. Making simple changes while leaving the organization, content, and phraseology intact is plagiaristic. However, nothing in these Rules shall apply to those ideas, which are so generally and freely circulated as to be a part of the public domain.

Please note: Any assignment you turn in may be submitted to an electronic database to check for plagiarism.

Academic Integrity – Prohibition on Cheating (Senate Rules 6.3.2)

Cheating is defined by its general usage. It includes, but is not limited to, the wrongfully giving, taking, or presenting any information or material by a student with the intent of aiding himself/herself or another on any academic work which is considered in any way in the determination of the final grade. The fact that a student could not have benefited from an action is not by itself proof that the action does not constitute cheating. Any question of definition shall be referred to the University Appeals Board.

Academic Integrity – Prohibition on Falsification/Misuse of Academic Records (SR 6.3.3)

Maintaining the integrity, accuracy, and appropriate privacy of student academic records is an essential administrative function of the University and a basic protection of all students. Accordingly, the actual or attempted falsification, theft, misrepresentation or other alteration or misuse of any official academic record of the University, specifically including knowingly having unauthorized access to such records or the unauthorized disclosure of information contained in such records, is a serious academic offense. As used in this context, "academic record" includes all paper and electronic versions of the partial or complete permanent academic record, all official and unofficial academic transcripts, application documents and admission credentials, and all academic record transaction documents. The minimum sanction for falsification, including the omission of information, or attempted falsification or other misuse of academic records as described in this section is suspension for one semester.

APPENDIX B

Bloom's Taxonomy of Cognitive Learning

As instructors, we should strive to push students from Knowledge to Synthesis and Evaluation. It is not enough for students to demonstrate Knowledge or Comprehension. They should also be able to demonstrate that they can use this knowledge in higher order thinking and problem solving.

Competence	Skills Demonstrated and Action Verbs for Learning Outcomes
Knowledge	Skills: observation and recall of information; knowledge of dates, events, places; knowledge of major ideas; mastery of subject matter Action Verbs: list, define, tell, describe, identify, show, label, collect, examine, tabulate, quote, name, who, when, where, etc...
Comprehension	Skills: understanding information; grasp meaning; translate knowledge into new context; interpret facts, compare, contrast; order, group, infer causes; predict consequences Action Verbs: summarize, describe, interpret, contrast, predict, associate, distinguish, estimate, differentiate, discuss, extend
Application	Skills: use information; use methods, concepts, theories in new situations; solve problems using required skills or knowledge Action Verbs: apply, demonstrate, calculate, complete, illustrate, show, solve, examine, modify, relate, change, classify, experiment, discover
Analysis	Skills: seeing patterns; organization of parts; recognition of hidden meanings; identification of components Action Verbs: analyze, separate, order, explain, connect, classify, arrange, divide, compare, select, explain, infer
Synthesis	Skills: use old ideas to create new ones; generalize from given facts; relate knowledge from several areas; predict, draw conclusions Action Verbs: combine, integrate, modify, rearrange, substitute, plan, create, design, invent, what if?, compose, formulate, prepare, generalize, rewrite
Evaluation	Skills: compare and discriminate between ideas; assess value of theories, presentations; make choices based on reasoned argument; verify value of evidence; recognize subjectivity Action Verbs: assess, decide, rank, grade, test, measure, recommend, convince, select, judge, explain, discriminate, support, conclude, compare, summarize

Bloom B. S. (1956). *Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain*. New York: David McKay Co Inc.

Appendix C

Course schedule: MLS 471 Social media netiquette and digital professionalism

Module # and Title	Week	Readings	Assignment
1: Social media: Historical perspective of social media and digital professionalism in healthcare	1 & 2	Read: <i>The Young Professional's Guide to the Working World</i> Read: Social media use in healthcare and digital professionalism articles loaded in Module 1 of Canvas. Social media perspective	1) In a reflective essay, students will explore and explain the historical perspective of social media use in healthcare. Students must also identify his or her preferred platform of choice. 2) In a reflective essay, students will elaborate on his or her platform of choice and state the advantages and disadvantages of the platforms use in healthcare. SLO 1,2,3,7
2: HIPAA violations and ethical standards via social media platforms	3, 4, & 5	Read HIPAA and ethical violation case studies located in Module 2. Readings and videos related to healthcare disparities in the U.S. Video: Social media ethics: Social media ethics Six real world example of social media HIPAA violations	1) In a reflective essay, students will elaborate on his or her social media platform of choice and list the advantages and disadvantages of the social media platform use in healthcare 2) Students will work with a partner to create a case study in which a HIPAA and/or ethical violation occurs paying particular attention to any healthcare disparities. The case study must list clearly the ethical violation and healthcare disparity and identify the social media platform is involved. 3) Presentation of case study to classmates. SLO 1,2,3,4, 5,7
3: The Digital Footprint	6, 7, & 8	Read: Pros and Cons of your digital footprint: https://www.vivint.com/resources/article/pros-and-cons-of-your-digital-footprint Leaving a digital footprint https://www.digitalcitizenship.nsw.edu.au/articles/leaving-a-digital-footprint . Video: Social media professionalism 4 Reasons to care about your digital footprint	1) Drawing from prior experiences and previous knowledge, students will create his or her digital footprint. The footprint will provide a roadmap of where the student's social media journey began and continues to evolve. SLO 1,6
4: Defining personal and professional boundaries in social media	9 & 10	Articles are loaded in Module 4 Read: Professional branding Read: To Tweet or not to tweet? Video- Professional Boundary lines Video: Boundary lines of social media	1) Students will evaluate the personal and professional boundaries of social media. In a reflective essay, students must compare and contrast the personal and professional boundary guidelines of social media use in healthcare. The following question must be answered in the essay: Why are social media boundaries important in healthcare? SLO 1,2,3,7
5: Professional Resume: Resume building and Interviewing techniques	11	Articles located in Module 5 Interview readings Video: Resume writing and interviewing Guide to writing the perfect resume Interviewing Tips and Tricks	1) Compose a professional resume and cover letter which is addressed to a medical laboratory director. 2) Participate in mock interview sessions with classmates. SLO 1,8
Wrap-up Week and Review	12		1) Learned material will be reviewed to reinforce social media netiquette and digital professionalism. 2) Students will be provided with a quick tip sheet for future reference. 3) Post survey SLO 1-8

Appendix D

MLS 471 Social Media Netiquette and Digital Professionalism Course Map

Module #	Module Title	Module Overview	Module learning Objectives	Learning Activities & Assessments
1	Social Media: Historical perspective of social media and digital professionalism in healthcare	In this module we will review the historical perspective of social. We begin by discussing the popular social media platforms used today. We will then discuss the origin of social networking and what digital professionalism means. We will conclude with how social media platforms have changed communication methods and discuss the preferred platform(s) by students.	By the end of this module, you will be able to: <ul style="list-style-type: none"> Define how social media is used in healthcare Identify popular social media platforms used in healthcare (Knowledge) 	<p>Learning Activity</p> <ul style="list-style-type: none"> In class, students will discuss and explain various social media platforms, including his or her preferred platform of use. Students will determine the most popular network. Students will discuss digital professionalism as it relates to healthcare. <p>Assessment</p> <ul style="list-style-type: none"> Students will compose a reflective essay stating the most widely adopted social media platform in healthcare and identify his or her preferred platform. The essay must also reflect on the importance of digital professionalism as it pertains to healthcare.
2	HIPAA violations /Ethical Standards and Healthcare Disparities	In this module we introduce the advantages and disadvantages of social media in healthcare. We will review and discuss the HIPAA and Ethical violations as well as healthcare	By the end of this module you will be able to: <ul style="list-style-type: none"> List the advantages and disadvantages of social media use in healthcare Analyze an ethical healthcare issue and healthcare disparities and develop a case study for discussion <p>(Comprehension, Analysis, Synthesis)</p>	<p>Learning Activity</p> <ul style="list-style-type: none"> Students will research a social media platform of choice to identify an advantage and disadvantage of social media use in healthcare as it pertains to HIPAA and

		<p>disparities. We will then discuss related case studies to identify if a HIPAA and/or ethical violation occurred. Healthcare disparities will also be identified discussed in a group setting.</p>		<p>ethical violations.</p> <ul style="list-style-type: none"> Students will read the given assignment and identify an ethical violation <p>Assessment</p> <ul style="list-style-type: none"> Analyze the ethical issue in healthcare found on social media. Describe how the ethical violation could have been avoided With a partner, create a case study in which an ethical violation occurs. Describe the ethical violation and how it may have been prevented.
3	Digital Footprint	<p>In this module, the digital footprint will be introduced. We begin by defining the meaning of “digital footprint”. Then we will discuss when the footprint begins and explore how it may impact one’s career.</p>	<p>By the end of this module you will be able to:</p> <ul style="list-style-type: none"> Define the meaning of digital footprint Explain how the digital footprint can promote or hinder the professional career Prepare and map a personal digital footprint <p>(Knowledge, Analysis)</p>	<p>Learning Activity</p> <ul style="list-style-type: none"> Students will reflect on his or her personal use of social media platforms currently and retrospectively. After analysis, students will create their digital footprint. <p>Assessment</p> <ul style="list-style-type: none"> Create your digital footprint using a PowerPoint or Prezi presentation. The digital footprint should begin with your first social media encounter.
4	Defining personal and professional boundaries	<p>In this module, personal and professional boundaries will be introduced. We begin by discussing the use of privacy settings for social media applications. Then we will discuss</p>	<p>By the end of this module you will be able to:</p> <ul style="list-style-type: none"> Compare and contrast personal vs professional boundaries as it relates to social media profiles Explain why social media boundaries are important in healthcare 	<p>Learning Activity</p> <ul style="list-style-type: none"> Students will be placed in pairs to discuss personal and professional boundaries as it relates to social media platforms. Students are encouraged to

		<p>how one selects to ‘friend’ someone. The discussion will conclude with open dialogue around boundaries, friending, and healthcare.</p>	<p>(Comprehension, Analysis)</p>	<p>share experiences.</p> <p>Assessment</p> <ul style="list-style-type: none"> In a reflective essay, students will compare and contrast personal and professional boundary guidelines as it relates to social media platforms for healthcare professionals. Students will address the following question “Are boundaries important in healthcare?”
5	<p>Professional Resume: Resume building and interviewing techniques</p>	<p>In this module, professional resume writing and interview skills will be introduced. We will begin by reviewing the assigned readings and discuss the importance of the first impression. We will then discuss what should be included on the resume and provided interviewing tips. The discussion will close with group mock interviews.</p>	<p>By the end of this module, you will be able to:</p> <ul style="list-style-type: none"> Compose a professional resume and cover letter Describe interviewing techniques and tips to help on be successful (Knowledge, Synthesis) 	<p>Learning Activity</p> <ul style="list-style-type: none"> Students will participate in open discussion to provide ideas and perceptions of resume writing and interviewing techniques Students will participate in a mock interview session. <p>Assessment</p> <ul style="list-style-type: none"> Prepare a resume and cover letter

Appendix E

Pre Survey**MLS 471 Professionalism Course: Social media and digital professionalism**

Q1 In this course of MLS Professionalism 471, we will explore social media netiquette and digital professionals as it relates to healthcare. In an effort to meet the needs of the students, this pre-survey will provide a baseline of what social networking applications are being used and for what purpose. As healthcare is rapidly changing, social media and technology is being used more than ever. As healthcare professionals, we have a due diligence to ensure we use it appropriately while in the workplace.

This short survey should take you no more than a few minute to complete. We will ask you for some high-level demographic information to help us take follow-up action based on your feedback. **It will not be possible to identify any individual respondent from this survey.**

Q2 We want to learn a little more about you.

Q3 In which location are you?

▼ Traditional student on campus (1) ... Other

Q4 Age: Select the appropriate age range

18 - 24

25 - 34

35 - 44

45 - 54

55 - 64

Q5 I am a user of social media.

Yes

No

Q6 If you use social media, select the platform(s) in which you have an active account.

Facebook

Twitter

SnapChat

LinkedIn

Instagram

Q7 What percent of your time do you spend on social media?

- 0-10%
 - 11-30%
 - 31-50%
 - >50%
-

Q8 Which platform is most of your time spent on?

- Facebook
 - Twitter
 - SnapChat
 - LinkedIn
 - Instagram
-

Q9 Do you use social media for educational purposes?

- A great deal
 - A lot
 - A moderate amount
 - A little
 - None at all
-

Q10 Should social media use be allowed in healthcare?

- Strongly agree
 - Agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Strongly disagree
-

Q11 Why should social media use be allowed in healthcare?

Q12 Should personal and professional boundaries exist in reference to social media for healthcare professionals?

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

Appendix F

Post-Survey**MLS 471 Professionalism Course: Social media and digital professionalism**

Q1 In this course of MLS Professionalism 471, we will explore social media netiquette and digital professionals as it relates to healthcare. In an effort to meet the needs of the students, this post-survey will provide a foundational framework of what social networking applications are being used for. It will also provide the instructor with information for future topics for preparing healthcare students for the digital age in healthcare. As healthcare is rapidly changing, social media and technology is being used more than ever. As healthcare professionals, we have a due diligence to ensure we use it appropriately while in the workplace.

This short survey should take you no more than a few minute to complete. We will ask you for some high-level demographic information to help us take follow-up action based on your feedback. **It will not be possible to identify any individual respondent from this survey.**

Q2 We want to learn a little more about you.

Q3 In which location are you?

▼ Traditional student on campus... Other

Q4 Age: Select the appropriate age range

- 18-24
 - 25-30
 - 31-35
 - Older than 35
-

Q5 I am a user of social media.

- Yes
 - No
-

Q6 If you use social media, select the platform in which you have an active account.

- Facebook
 - Twitter
 - Snap Chat
 - LinkedIn
 - Instagram
-

Q7 What percent of your time do you spend on social media?

- 0-10%
 - 11-30%
 - 31-50%
 - >50%
-

Q8 Which platform is most of your time spent on?

- Facebook
 - Twitter
 - Snap Chat
 - LinkedIn
 - Instagram
-

Q9 How often do you use social media for educational purposes?

- Daily
 - 4-6 times a week
 - 2-3 times a week
 - Once a week
 - Never
-

Q13 Prior to this class, did you have knowledge or understanding about social media violation in healthcare?

- Above average
 - Average
 - Below average
-

Q14 Since taking this course, do you think social media can be of a benefit to healthcare?

- Strongly agree
 - Agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Strongly disagree
-

Q10 Has this course helped you understand the ethical principles related to social media netiquette and digital professionalism?

- Strongly agree
 - Agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Strongly disagree
-

Q11 Digital professionalism can be a determining factor for employers in hiring a healthcare professional.

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

Q12 Personal and professional boundaries should be maintained for healthcare professionals.

- Strongly agree
 - Agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Strongly disagree
-

Q15 Healthcare professionals should be held to a higher standard than others when using social media.

- Strongly agree
 - Agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Strongly disagree
-

Q16 How likely would you recommend this class to someone going into healthcare?

- Extremely likely
 - Somewhat likely
 - Neither likely nor unlikely
 - Somewhat unlikely
 - Extremely unlikely
-

Appendix G


Social Media Netiquette and Digital Professionalism Pamphlet

Netiquette and Digital Professionalism

The most important information is included here on the inside panels. Use these panels to introduce your organization and describe specific products or services. This text should be brief and should entice the reader to want to know more about the product or service.

You can use secondary headings to organize your text to make it more scannable for the reader.

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolor et accumsan et justo odio



A network diagram consisting of approximately 15 blue human icons connected by thin lines, representing a digital or social network.

University of Kentucky
Medical Laboratory Science
Program

900 South Limestone Drive
Charles T Wethington
Building
Suite C Room 127
Phone: 859-218-0850
Stacy.gabbard@uky.edu

**Social Media
Netiquette and Digital
Professionalism Tips
for Future Healthcare
Professionals**



The logo for the University of Kentucky, featuring the letters 'U' and 'K' in a stylized, blue, blocky font.

Appendix H

The 5E Model of Instruction



5E Definition	Teacher Behavior	Student Behavior
Engage		
<ul style="list-style-type: none"> • Generate interest • Access prior knowledge • Connect to past knowledge • Set parameters of the focus • Frame the idea 	<ul style="list-style-type: none"> • Motivates • Creates interest • Taps into what students know or think about the topic • Raises questions and encourages responses 	<ul style="list-style-type: none"> • Attentive in listening • Ask questions • Demonstrates interest in the lesson • Responds to questions demonstrating their own entry point of understanding
Explore		
<ul style="list-style-type: none"> • Experience key concepts • Discover new skills • Probe, inquire, and question experiences • Examine their thinking • Establish relationships and understanding 	<ul style="list-style-type: none"> • Acts as a facilitator • Observes and listens to students as they interact • Asks good inquiry-oriented questions • Provides time for students to think and to reflect • Encourages cooperative learning 	<ul style="list-style-type: none"> • Conducts activities, predicts, and forms hypotheses or makes generalizations • Becomes a good listener • Shares ideas and suspends judgment • Records observations and/or generalizations • Discusses tentative alternatives
Explain		
<ul style="list-style-type: none"> • Connect prior knowledge and background to new discoveries • Communicate new understandings • Connect informal language to formal language 	<ul style="list-style-type: none"> • Encourages students to explain their observations and findings in their own words • Provides definitions, new words, and explanations • Listens and builds upon discussion form students • Asks for clarification and justification • Accepts all reasonable responses 	<ul style="list-style-type: none"> • Explains, listens, defines, and questions • Uses previous observations and findings • Provides reasonable responses to questions • Interacts in a positive, supportive manner
Extend/Elaborate		
<ul style="list-style-type: none"> • Apply new learning to a new or similar situation • Extend and explain concept being explored • Communicate new understanding with formal language 	<ul style="list-style-type: none"> • Uses previously learned information as a vehicle to enhance additional learning • Encourages students to apply or extend the new concepts and skills • Encourages students to use terms and definitions previously acquired 	<ul style="list-style-type: none"> • Applies new terms and definitions • Uses previous information to probe, ask questions, and make reasonable judgments • Provides reasonable conclusions and solutions • Records observations, explanations, and solutions
Evaluate		
<ul style="list-style-type: none"> • Assess understanding (Self, peer and teacher evaluation) • Demonstrate understanding of new concept by observation or open-ended response • Apply within problem situation • Show evidence of accomplishment 	<ul style="list-style-type: none"> • Observes student behaviors as they explore and apply new concepts and skills • Assesses students' knowledge and skills • Encourages students to assess their own learning • Asks open-ended questions 	<ul style="list-style-type: none"> • Demonstrates an understanding or knowledge of concepts and skills • Evaluates his/her own progress • Answers open-ended questions • Provides reasonable responses and explanations to events or phenomena

Based on the 5E Instructional Model presented by Dr. Jim Barufaldi at the Eisenhower Science Collaborative Conference in Austin, Texas, July 2002.

Boyden, C. (2015, February 10). *5E lesson plan model*. BetterLesson.

<https://betterlesson.com/lesson/resource/3165063/78530/5e-lesson-plan-model>.

VITA

STACY GABBARD

EDUCATION

May, 2002	Bachelor of Science Eastern Kentucky University Richmond, Kentucky
July, 2016	Master of Arts Liberty University Lynchburg, Virginia
Pending	Doctor of Education Morehead State University Morehead, Kentucky

PROFESSIONAL EXPERIENCES

Dec 2019-present	Director of Laboratory Services Saint Joseph Hospital Lexington, Kentucky
May 2017-present	Clinical Laboratory Practicum Coordinator/Instructor University of Kentucky Lexington, Kentucky
Jan 2010-Feb 2018	Clinical Laboratory Manager St. Joseph Mt. Sterling Hospital Mt. Sterling, Kentucky
June 2007-Jan 2010	Laboratory Quality Coordinator St. Joseph Hospital Lexington, Kentucky
Mar 1997-June 2007	Medical Technologist St. Joseph Berea Berea, Kentucky

ProQuest Number:28416596

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent on the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 28416596

Published by ProQuest LLC (2021). Copyright of the Dissertation is held by the Author.

All Rights Reserved.

This work is protected against unauthorized copying under Title 17, United States Code
Microform Edition © ProQuest LLC.

ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346