Digital Professionalism : The Development of an e-Professionalism Module To Embed Awareness of The Impact of Online Behaviour and Social Media Usage Amongst Dental Students

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Dissertation submitted in accordance with the requirements of the University of Liverpool for the Degree of Doctor of Dental Science in Orthodontics

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Acknowledgements

I would like to express my gratitude and heartfelt appreciation to my research team and supervisors, Professor Kathryn Taylor, Dr Norah Flannigan, Miss Helen Stevenson and Professor Luke Dawson for their guidance, support, motivation and encouragement throughout the course of this research project and throughout my training in the University of Liverpool. I am most grateful to you all and will never be able to express the extent of my appreciation.

I am also sincerely grateful to Dr Laura Gartshore and Dr Jayne Harrison who have been such a great source of inspiration and motivation throughout this project and during my time in the Liverpool University Dental Hospital. Also, my sincerest gratitude to all the consultants and staff of LUDH who have always encouraged me on.

I would also like to extend my gratitude to my family who have been very supportive of my time and training away from home and who have stood by me every step of the way. My sincerest gratitude to my father, Dr Nirmal Singh who has time and again looked at my project and offered his input and advice. I also dedicate this project to my brother, Jagpreet Singh who has been my source of strength and support and the reason I choose to move on every time I encounter an obstacle.

Abstract

Introduction:
The use of social media amongst healthcare personnel is indubitable. It is therefore important that dental students be aware of their online mannerisms and the effect it can have on their image and career.

Aims: To assess the impact of a digital professionalism module on online behaviour and social media usage amongst dental students.

Objectives: To assess the level of awareness amongst year 2 and year 4 students, to inculcate awareness of the benefits of having a positive online image and the consequences of improper social media usage and to identify the best method of teaching digital professionalism.

Methods: Year 2 and Year 4 dental students were invited to participate in an e-Poll before (n=73) and after (n=31) the introduction of an e-Professionalism module. These students were recruited to participate in focus group interviews along with Year 3 dental students (n=8) to form 6 focus groups.

Results : The level of awareness of GDC Guidelines on Social Media Usage and the percentage of students who had read them increased post intervention. A positive change in responses to questions about online behaviour was also observed. Thematic analysis identified the following themes: awareness of the importance of digital professionalism, awareness of the consequences of online behaviour, impact of the e-Professionalism module and proposed teaching and inclusion of digital professionalism into the curriculum. The overarching theme was developing a teaching module to educate dental students on the impact of online behaviour and improper social media usage.

Conclusions: The e-Professionalism module was successful in raising awareness and creating a change in the online mannerisms of the participants. The incorporation of a digital professionalism module into the curriculum in

stages throughout training in an interactive format is the best way of raising awareness and teaching digital professionalism.

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CHAPTER 1 : INTRODUCTION

The proliferation and development of technology in this age and era, has led to many advancements in the way people communicate and remain in contact with others. The use of social media amongst healthcare personnel is indubitable with the likes of Facebook, Instagram, Snapchat and Tik Tok amongst the popular platforms at this point in time. Neville (2017) defined social media as 'internet-based channels that allow users to opportunistically interact and selectively self-present, either in real-time or asynchronously, with both broad and narrow audiences who derive value from user-generated content and the perception of interaction with others' (Carr and Hayes, 2015).

Statista (2022) stated that Facebook is the most popular website with almost 2.93 billion monthly users worldwide. According to the Pew Research Centre, as cited by Gomes et al (2017), 90% of young adults in the United States are active on at least one social media platform. Inevitably, social media websites have had a significant effect mostly on young adults who find it hard to imagine that Facebook was non-existent prior to 2004 (Jain et al, 2014). Moreover, as the internet continues to become effortlessly accessible globally, coupled with the increased speed and bandwidths of the internet in the present day, access to social media has become available all of the time. Unsurprisingly, almost half a billion Facebook users access it via mobile devices (Facebook, 2013).

The inadvertent use of social media by healthcare professionals and personnel, the awareness and knowledge about digital professionalism and the impact of social media is of utmost importance. As stated in Neville (2017) a high proportion of healthcare personnel use social media for personal use whilst others use it as a means for professional development by acquiring information, marketing practices and services, job opportunities and as a platform to interact with other similar minded people (Chretien et al, 2015).

Table 1 Forms of social media used, device used to access and usage by year group				
		Total respondents N(%)	Respondents per year group	
			Year 2	Year 4
Form of social media	Twitter	19 (22)	11	8
	Instagram	69 (78)	35	34
	Facebook	86 (98)	44	42
	Snapchat	70 (80)	39	31
	Other	7 (8)	5	2
Device used to access social media	Mobile Phone	86 (98)	45	41
	Laptop	71 (81)	36	35
	Tablet	38 (43)	14	24
	PC	5 (6)	4	1
Social media usage	Very heavy	10 (11)	5	5
	Heavy	36 (41)	19	17
	Moderate	34 (39)	17	17
	Occasional	7 (8)	4	3
	Never	1 (1)	1	0
Usage in hours per day	0–1	25 (28)	10	15
	1–2	36 (41)	20	16
	2–3	18 (20)	10	8
	3+	9 (10)	6	3
Times checking social media per day	0–2	4 (4.5)	1	3
	2–4	15 (17)	6	9
	4–6	25 (28)	15	10
	6+	44 (50)	24	20
Purpose of usage	Talking to friends	75 (85)	38	37
	Posting pictures	72 (82)	37	35
	Events information	81 (92)	41	40
	Other	6 (7)	1	5

Table 1 : Forms of social media used, device used to access and usage by year group (Dobson, Patel and Neville, 2019)

Dobson, Patel and Neville (2019; Table 1) conducted a study to gauge the perceptions of e-professionalism and the challenges they, their educators and the dental profession itself may face due to social media usage. Based on the results in the table above and as discussed previously, Facebook continues to be the most popular form of social media used, closely followed by Snapchat and Instagram. The majority of students who responded to this questionnaire (82 /86) were between the ages of 18 to 23 belonging to the 'Z generation' which is said to be the first generation born into social media (Cilliers, 2017). Ninety-eight percent of students used their mobile phones to access their social media accounts with a majority of students categorising themselves as

heavy or moderate users of social media in keeping with the number of hours they spend on social media every day. Table 1 also illustrates that 50% of the respondents in their study accessed their social media accounts more than six times in a day.

Defining, teaching or measuring professionalism, is inherently a difficult concept (Osman, Wardle and Caesar, 2012). Nevertheless, digital professionalism or e-Professionalism has been defined as the way you engage yourself online in relation to your profession, including your attitudes, actions and your adherence to relevant professional codes of conduct (Sowton, Connelly and Osborne, 2016). Principally, it is agreed that professionalism is, ‘sustaining the public’s trust in the medical profession’ (Cohen, 2006).

CHAPTER 2 : LITERATURE REVIEW

2.1 : Social Media Guidelines

The incorrect use of social media has been highlighted and stressed upon by various regulatory bodies in order to maintain and uphold professionalism in the workplace. With regards to Dentistry, the General Dental Council (GDC) has highlighted usage of social media in Standards for the Dental Team (2013) and in an additional guideline published and made effective from 27 June 2016, entitled the Guidance on Using Social Media.

Professionalism has invariably been listed as a core component of revalidation by the GDC as stated in Trathen and Gallagher (2009).

In 'Standards for the Dental Team', the following are the few segments of relevance to social media :

Section 4.2.3 :
'You must not post any information or comments about patients on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice you must be careful that the patient or patients cannot be identified.'

Section 6.1.2 :
'You must treat colleagues fairly and with respect, in all situations and all forms of interaction and communication. You must not bully, harass, or unfairly discriminate against them.'

Section 9.1.3 :
'You should not publish anything that could affect patients' and the public's confidence in you, or the dental profession, in any public media, unless this is done as part of raising a concern. Public media includes social networking sites, blogs and other social media. In particular, you must not make personal, inaccurate or derogatory comments about patients or colleagues.'

2.1.1 The Impact of an Online Image

As stated in the guidance on using social media, the GDC warns dental practitioners on how an online image can impact one's professional life and thus one should refrain from posting any clinical information, including personal views, photographs and videos which could potentially damage public confidence in the practitioner. Using alternative usernames may not be protective fully of one's confidentiality and in addition to the guidance, the standards must be adhered to even if they are not identified as a dental practitioner.

2.1.2 Friend Requests from Patients

Another point of importance from the guidance, is friend requests from patients, which has to be considered carefully. There have been numerous studies conducted on social media that have consequences for the profession and the patient-practitioner relationship, with an emphasis on instances where healthcare professionals' social media activities and content are thought to be detrimental to the social contract between society and health practitioners. (Neville, 2017). This includes having an online relationship with patients (Nyangeni, 2015), violating patient confidentiality in various postings (Thompson, 2010) and posting derogatory comments about co-workers and employers (Chretian, Azar and Kind, 2011 and Hall, Hanna and Huey, 2013).

2.1.3 Content and Privacy Settings

Any information shared on social media is believed to be public and permanent. Certain privacy settings may offer a degree of protection, but posts can be copied and circulated without one knowing by means of screenshot or screen capture. Thus, it should be understood, that whatever has been said or shared, will be on the internet, indefinitely even if a post is retracted or deleted afterwards.

Neville (2017) found that there was a noted 'disconnect between voiced concerns and a lack of any directed action to secure privacy' on Facebook. Their point of view was that it was tedious or tiresome to alter or keep an eye on privacy settings as they believe that they did not have any unprofessional content on their Facebook page. Additionally, some students stated that they simply did not know how to change their privacy settings on Facebook.

	Year 2		Year 4		P- value
	Yes	No	Yes	No	
Awareness of own privacy settings	44	1	40	2	0.608
Could a member of the public find your profile?	31	14	25	17	0.362
Can a member of the public access your photos/statuses?	2	43	1	41	1.000
Do you Google yourself to ensure your social media is private?	13	32	6	34	0.112
Do you have any photos on social media you wouldn't want an employer or patient to see?	12	33	15	27	0.362
Do you have any statuses you wouldn't want an employer or patient to see?	2	43	3	39	0.669
Has a patient ever found you on social media?	0	45	4	38	0.050

Table 2: Public access to social media (Dobson, Patel and Neville, 2019)

As illustrated in Table 2, Dobson, Patel and Neville (2019) found that there was no significant difference between years 2 and 4 regarding public access to their social media profiles and content that they would not want an employer to see. There was however a relevant difference with whether or not a patient has discovered their profile on social media.

As highlighted in the GDC's Guideline on Using Social Media, it is important to be vigilant when participating in online discussions on social media, particularly in groups or sites that are presumed not accessible to the public. In addition to obtaining consent, all possible precautions should be undertaken to ensure that a patient's anonymity is protected and that the patient cannot be identified. The guideline also states, 'Although individual pieces of information may not breach a patient's confidentiality on their own, a number of pieces of patient information published online could be sufficient to identify them or someone close to them'.

In addition, the Guidance on Using Social Media (GDC,2016) also warns on the usage of social media to raise concerns about other practitioners' conduct, behaviour or decision-making and encourages adherence to whistleblowing

procedures in the workplace as opposed to utilising social platforms to voice concerns.

2.1.4 Fitness to Practice

As discussed by Neville (2017), failure to comply with these guidelines can now result in a Fitness to Practice (FtP) complaint being lodged and investigated. Improper social media activities by a GDC registrant has been regarded as one of the grounds on which the public can put forward a complaint to the GDC about their FtP. This study investigated the prevalence of social media related FtP cases that were investigated by the GDC from the 1st of September 2013 until the 21st of June 2016. The study found that 2.4% of FtP cases that were published on the GDC website were linked to violation of the social media guidelines. Albeit a low figure, it has to be dealt with caution as it can potentially be due to a problem of under reporting by the public and colleagues. The author concluded that social media awareness is a crucial aspect of continuous professional development for dental healthcare personnel. It was discovered that improper Facebook posts were the most prevalent path through which registrants violated the GDC guidelines.

Kenny and Johnson (2016) conducted a cross sectional survey using a paper based questionnaire in Cardiff University to examine attitudes towards professional behaviour on social media and online behaviour amongst dental students. This study discovered that students were aware that their social media profiles and content shared could affect their fitness to practice. In addition, most students also reported being aware of school fitness to practice procedures. However, it must be noted that the cohort of students that were recruited by means of convenience sampling and were inclusive of three consecutive year groups (Year 2, 3 and 4) of undergraduate dental students who had previously received teaching on content related to the GDC standards and guidelines. In addition, they were also given lectures on appropriate behaviour on social media in each year of study. Furthermore, they were also involved in interactive workshops and seminars that inevitably would have accounted for the level of awareness reported in this study.

2.1.5 Awareness of the GDC Guidelines

Although the GDC guidelines have been published since 2016, Dobson, Patel and Neville (2019) found that only 54.3% of year 2 dental students were aware of the guidelines. In addition, this percentage was found to be even lower amongst the year 4 dental students with only 26.2% of dental students stating that they were aware of the GDC guidelines. This is a concern that undergraduates who are close to graduating have such a low awareness of the GDC guidelines.

2.1.6 University of Liverpool Social Media Compliance Policy

The University of Liverpool has a Social Media Compliance Policy, authored by Jo Carr that was approved in March 2018. Social media has been hailed as an important medium that provides important and exciting opportunities for the university, staff and students alike, to engage in a range of professional and personal opportunities and communicate with a wide range of audiences and stakeholders. The downside however is the number of risks associated with incorrect or inappropriate social media usage that can negatively impact the university's reputation. The policy serves as a guide to the members of staff and students on how to use social media in a safe and productive manner so as to maximise its benefits and alleviate associated risks.

As mentioned in the policy :
'Examples of popular social media sites include, but are not limited to: '

- LinkedIn
- Twitter
- Facebook
- YouTube
- Instagram
- Snapchat
- Flickr
- Yammer

- Yahoo / MSN Messenger
- Wikis and blogs
- Weibo
- WeChat
- WhatsApp'

The policy also highlights the legal risks relevant to the use of social media and lists the following acts that have been quoted from Thomson Reuters, Practical Law :

- Defamation : posting untrue content adversely affecting a person's or organisation's reputation, which has caused, or is likely to cause, harm
- Malicious falsehood : posting untrue and damaging content with an improper motive, resulting in financial loss for the subject
- Harassment : subjecting someone to a course of conduct that causes them distress or alarm, including stalking, trolling and cyber-bullying
- Intellectual property infringement : posting content which copies a substantial part of a work protected by copyright
- Breach of confidence : posting confidential information. The University's Information Asset Classification Policy details how information assets should be classified and treated – from public information to that which is confidential or secret. Students and staff must also familiarise themselves with the confidentiality rules of their area of the university. For example, healthcare and veterinary settings require the respect of confidentiality rules of their area of the university.
- Malicious Communications Act 1988 : prevents conveying a threat, a grossly offensive or indecent message or false information with the intention to cause distress or anxiety to the reader or recipient.
- Section 127, Communications Act 2003 : prevents the use of public electronic communications equipment to send a message that is false, grossly offensive, or of an indecent, obscene or menacing character, whether received by the intended recipient or not.
- Computer Misuse Act 1990: prevents the unauthorized access, modification and use of computer material or the use of a computer to assist in a criminal offence, including accessing confidential

information and thereby impersonating another person through social media.

- Prevent Duty Guidance (from Section 26(1) of the Counter-Terrorism and Security Act 2015) : requires the University to have due regard to the need to prevent people from being drawn into terrorism.
- The Public Sector Equality Duty (Section 146 of the Equality Act 2010): requires the University to have due regard to the need to eliminate unlawful discrimination, including bullying, harassment and victimisation; to promote equality of opportunity between different groups; and to foster good relations between different groups.

2.2 : Appropriate Online Behavior

Next, comes the dilemma of what precisely constitutes a positive or appropriate online behaviour. As cited in Jain et al (2014), a qualitative study in 2010 discovered that, with the exception of the Health Insurance Portability and Accountability Act (HIPAA) violations and illegal behaviours, there was no consensus among medical students for what constitutes unprofessional behaviour (Chretian et al, 2010). Students in this study reported that the content shared on their social media accounts and profiles were related to personal matters and experiences. Furthermore, one student felt that posting inappropriate material on personal social media sites was ‘unavoidable’ (Chretian et al, 2010). Additionally, it has been found that students’ views of what constitutes professionally apt behaviour online differs from that of their faculty members and staff as well as the general public.

Dobson, Patel and Neville (2019) in a study that took place in the Bristol Dental School between March to April 2016, found that there was consensus across both year 2 and year 4 dental students on what constituted acceptable and inappropriate behaviour online. The topics that had had unanimous consensus were of photographs of liquor consumption, sexually provocative pictures of self and when in the company of others as well as any online references to them being associated with any illegal substances. In addition, there was a general agreement amongst the participants that it was unprofessional to

share status updates or post pictures or content involving colleagues, staff, employers and patients. Furthermore, not accepting friend requests from patients or allowing photographs of themselves to be posted online bar their permission was regarded as professional.

The consensus was divided in situations involving a personal photograph where students were in the company of others using alcohol or a picture of them driving with or in company of alcohol as well as photographs of them in uniform, at work or of work colleagues. Dobson, Patel and Neville (2019) have iterated two potential issues, the first being that alcohol is only considered unprofessional when it is being directly consumed and not whilst in company of being with others consuming alcohol. This provides us an insight into the ethical standpoint of students. The general public however may be less forgiving by assuming guilt by association. Such is the nature of social media where users form instant opinions or are quick to judge a person based on one or two posts that they come across (Kimmons and Veletsianos, 2015). Jain et al (2014) discovered that the public were more critical in their perception of the professionalism of students more so than faculty when presented with examples of digital unprofessionalism.

2.2.1 Context Collapse

The second issue with regards to perception of digital professionalism amongst dental students can be accredited to the unpredictability about work-related photos as evidence of a mismatch between the eloquent nature of social media and the ‘context collapse’ phenomenon (Boyd, 2007). The term ‘context collapse’ is a social science term which refers to the lack of context on social media where online communication is akin to having an alternative space or reality. It is this space that invigorates certain people to post content, speak or comment on issues that they would not otherwise talk about in reality. It is said that generation Z uses social media as a means for self-expression and post and share all their daily experiences, events and thoughts including a multitude of photos of their daily routine (Dobson, Patel and Neville, 2019).

Garner and O'Sullivan (2010) have reported that a majority of healthcare students are aware of the risks arising from their personal behaviour outside of the clinic or faculty that may be deemed unprofessional. Nonetheless, as stated earlier with regards to the term 'context collapse', the online world appears to be regarded differently in comparison to other settings and environment. It has been found that students feel they can 'switch off' their professional identities outside their faculty and clinics with studies showing that students can become disconnected and remain aloof of their identities when they participate in online activities due to the comfort of feeling anonymous. It is also in this context, that 'keyboard warriors' thrive. A keyboard warrior as has been defined in the Oxford dictionary is a person who makes abusive or aggressive posts on the Internet, typically one who conceals their true identity.

As stated by Ross et al, 2013, medical students in training are used to sharing everything in their lives online. However, the profession and career pathway they are embarking upon demands privacy, confidentiality and professional boundaries. The development of professional identity occurs throughout the training period in medical school as well as during postgraduate training and students in their early stages of this process may not fully be aware of the significance of their publicly available content (Thompson et al, 2008).

2.3 : Acceptance of Guidelines, Rules & Regulations

A study by Kenny and Johnson (2016) states that a large proportion of health professionals have rejected the regulations imposed on them by relevant authorities and councils and do not appreciate the scrutiny of their private and personal lives. In addition, a poll conducted by the General Medical Council (GMC) discovered that 94% of doctors did not want the GMC to be in charge of their lives outside of medicine. Similarly, there has been unwillingness amongst students to accept guidance for social media as found by a study of medical students suggesting that formal policies and guidelines for sharing or posting content online were thought of as unnecessary, unwanted and intrusive. Moreover, a small proportion of medical students felt like their privacy

was being compromised as they felt like they were being ‘watched’ by their medical schools (Finn, Garner and Sawdon, 2010).

Barlow et al (2015) stated that in a sample of 880 medical students in Australia, 34% reported having unprofessional content on their social media accounts such as proof of being intoxicated (34.2%), illegal drug use (1.6%), sharing patient data (1.6 %) and depictions of an illegal act (1.1%). MacDonald, Sohn and Ellis (2010) found that there is evidence to show that students opt to make their profiles publicly available. Often, these profiles will contain personal information in addition to photographs of students drinking alcohol or being in a drunken state.

However, Kenny and Johnson (2016) have stated that there is evidence stipulating that a large proportion of healthcare students have reported being unhappy with their content shared online. As an example, studies have shown that medical students are often embarrassed by their Facebook photos (Garner and O’Sullivan, 2010). Furthermore, almost half of the pharmacy students in the United Kingdom have reported uploading content that they would not like future employers to have access to (Hall, Hanna and Huey, 2013). It is rather well-known that professional risks can crop up from being negligent and unmindful about revealing personal content though groups with very low or non-existent privacy settings as is in the widely known case of 13 Canadian dental students who were suspended from their university following misogynistic comments in private groups insinuating that risks also exist when sharing content in private or closed groups (CBC News, 2015). Thus, this further reinforces the fact that once a post is shared or uploaded onto social media platforms, it will remain online indefinitely.

As these students transition into professionals, they may or may not alter their personal social media behaviour as mentioned by Essary (2011). Furthermore, Neville (2017) stated that although healthcare professional students were aware of the importance of being professional online, they do not consider it applicable to them until they graduate. Others regard their social media activities as private and deem it inappropriate for it to be debated or taught as

a component of their professional education. Chretian et al (2009) stated that 60% of medical schools have faced problems of inappropriate social media posts by medical students. In addition, practicing physicians also struggle with their online identities (DeCamp, 2013).

2.4: Benefits and the Safe Usage of Social Media

On the positive side, correct and safe usage of social media brings about many benefits. It is a highly effective platform for the distribution of relevant and beneficial information and for the advertising of products and services. It has incredible potential for health education, be it in Dentistry or other professions. Platforms such as YouTube with its extensive collection of videos and tutorials shared by dental schools, practices or independent dentists provide patients knowledge that may expose them to treatment options they may otherwise not know about (Al-Silwadi et al, 2015).

Additionally, clinical discussions online, using anonymised patient examples allows continuous professional development and many other educational benefits for dental practitioners, dental students and all other dental healthcare personnel. It also allows researchers to circulate their findings with funders, colleagues and the general public (Chretian et al, 2015).

Furthermore, social media being a form of communication provides excellent prospects for health improvement. As an example, social media can provide the public with real time or live information from emergency medical services during times of need or urgency (Kenny and Johnson, 2016). This invariably is of immense benefit to the public.

From the patient's perspective, social media has evolved into a platform providing online support and a wealth of information for patients (Graham, Rouncefield and Satchell, 2009) as well as being a vehicle for health promotion (Korda and Itani, 2013).

2.5: Development of a Module to Inculcate Awareness

Although policies and local guidelines may serve to guide students' behaviour on social media sites, the development and implementation of an innovative medical education curricula is another important approach to inculcate awareness (Gomes et al, 2017). Thus, this study will be immensely beneficial as an eProfessionalism module, will be developed as part of the intervention. Pending its success, this module will potentially be able to be incorporated into the curricula of various educational pathways and courses in the University of Liverpool and beyond.

As described by Trathen and Gallagher (2009), the professionalism of undergraduate dental students has been a perpetual concern for the profession. With the widespread use of social media globally, instilling good habits and moulding young students has become a lot more arduous. 'Be professional' has been a phrase so commonly uttered and used to guide students into behaving in an acceptable or ethical manner.

Gomes et al in 2017, recommends that all medical schools should incorporate an eProfessionalism social media curricular session during the 1st year of medical school based on student survey responses. These sessions should incorporate examples preferably submitted by the students themselves of both positive and negative use of social media followed by consequences. Discussions and debate along with reflections should be held during these sessions instead of solely evaluating examples provided. It should also encourage students to be mindful and in charge of their online identity and digital footprints.

John, Cheema and Byrne (2012) have developed an online training and guidance on digital professionalism whereby they created a document outlining the general principles of digital professionalism, which was then distributed across all of the health schools at the King's College London. Feedback was requested, following which a self-directed online module

entailing general principles in the appropriate use of social media was developed and then incorporated into the medical curriculum.

Flickinger, O'Hagan and Chisolm in 2015, conducted a study on developing a curriculum to promote professionalism for medical students using social media. A workshop-format curriculum was then developed and assessed by means of participant feedback. The workshop was conducted at the John Hopkins University School of Medicine and was well-received. 76 % of the participants provided feedback with 56 positive comments and 54 suggestions for improvement. On the whole, the workshop was described as enjoyable, thought provoking, informative, and relevant.

2.5.1 Developing an Effective Teaching Module

Stewart and Wilkerson in 1999 defined a module as a context for understanding specific concepts providing a contextual framework and springboard for guided enquiry and exploration. It consists of sessions of varying lengths each focusing on a smaller more specific question. The questions, problems and activities presented in the modules are intended for use in the classroom and laboratory as substitutes for the standard lectures and experiments.

The first session may begin with an exercise that allows students to assess their current understanding of the topic and it demonstrates its importance. It may include a student brainstorming session. The mid-session or the heart of the module will have student exercises / self-directed computer activities to understand and develop skills needed. The final session allows students to pull together all that they have learned to answer the questions at the end of the module.

The use of modules has a goal of improving undergraduate educational experience using new pedagogical strategies such as group work, hands on learning, real world problem solving, technology enhanced learning as

techniques for increasing student engagement in their own learning processes using active learning pedagogy and guided discovery based learning.

2.5.2 Best Methods of Teaching and Learning

In ‘A Guide to Teaching with Modules’, Stewart and Wilkerson (1999) further add on how to promote student learning. This is by means of getting them to think and come up with explanations about what they are learning.

Student learning and engagement in activities can be enhanced by allowing students to examine, analyse, evaluate and apply course related concepts. The usage of “pair learning” gets them started and encourages them to think individually and then discuss with their partner before reporting their findings to a small group; “Think-pair-share”. Pairs can be used in combination with “predict-observe-explain” activities.

Many activities in modules involve pedagogical approaches using basics of cooperative learning with students learning to organise their ideas and provide explanations as well as listening to alternate or conflicting ideas and thus developing the skills necessary for stimulating effective presentations. Effectiveness of group work can be enhanced by student assessment of group process and reflection and rating their own contribution to the group.

In ‘Basic Practical Skills, Teaching and Learning in Undergraduate Medical Education’, Vogel and Harendza (2016) reviewed 43 studies looking at seven basic practical skills and fifteen different teaching methods identified. The most consistent results were found for structured skills training, feedback; self-directed learning; simulation was effective for specific teaching methods. In some studies, no difference was detected between expert or peer instructors. Multimedia instruction used in the right setting also showed beneficial effects on basic practical skills. The conclusion was that a combination of voluntary or obligatory self-study with multimedia applications combined with a structured program with inclusion of individual exercise with personal feedback by

teachers or peers would provide a good learning opportunity for basic practical skills.

The ongoing Covid-19 pandemic has brought about many alternate methods of teaching. Large numbers of colleges and universities have begun transitioning from face to face classes to fully online, blended or web facilitated courses as stated in Biwer et al, 2021. Unforeseen and unprecedented circumstances led to an abrupt change to the delivery of teaching. Amongst the challenges faced by students who participated in the study by Biwer et al, 2021 were difficulty in managing resources and in engaging in self-directed learning. The adaptation strategies of students were broadly classified into; 'the overwhelmed, the surrenderers, the maintainers and the adapters'. Unsurprisingly, the overwhelmed and the surrenders faced difficulties in adapting and were not able to focus, manage their time and were less motivated. In contrast, the adapters reported positive changes, such as being more motivated and were more attentive and hardworking than they were prior to the change in teaching delivery.

Furthermore, Keengwe and Kidd, 2010 found that most institutions of higher educations have adopted online courses to remain competitive and to make classes more accessible to a growing and more diverse student population.

Converting traditional face to face courses to online based teaching and learning requires more time, skills and knowledge related to course delivery and facilitation. Many faculty members are hesitant to move to an online format partly due to a lack of support, assistance as well as training in institutions of higher learning. There are several issues related to this which includes faculty time, rewards, workload, lack of administrative support, cost, course quality, student contact and equipment concerns. Other barriers would be inadequate hardware and software, slow internet connections, learner procrastination, instructors lack of technical expertise and lack of instructors' time to develop online courses. There is also reluctance by senior faculty members in learning and keeping abreast with latest technology and methods.

There are some positive attributes of online learning environments especially with regards to flexibility allowing learning at any time, in any place, with time for reflection as well as learner's anonymity. The challenge to faculties with advancements in information and communications technology is to transfer their pedagogical approaches to the teaching and learning process. Technology alone does nothing to enhance online pedagogy. The biggest challenge is familiarising oneself with technology itself prior to then using it to facilitate teaching.

In institutions of higher learning, student learning is facilitated by building on foundations. New ideas and knowledge are linked to existing frameworks. There is guidance on what is to be learned with clear learning outcomes linked to detailed criteria and grade descriptions. There are processing activities, opportunities to discuss and rehearse ideas and concepts as they are met. There has to be application style activities or opportunities to use ideas, to extend and enhance understanding by being challenged. There is a structure, an organized and sequenced pathway through concepts. Feedback is given on learning in a timely manner as to how successful or not learning has been. There is also a support structure available to help deal with both academic and pastoral issues as they arise.

Kalyani and Rajasekaran (2018) in Innovative Teaching and Learning, have stressed on the challenge of capturing the students' attention in order to get ideas across that stay as well as encourage better student engagement. There were a number of learning methods discussed in this study as is summarised in the next paragraph.

First, 'Crossover Learning' i.e., learning in informal settings and linking educational content with issues that matter in their lives. Next, 'Learning Through Argumentation' which is particularly applicable in science and mathematics where the teacher can spark meaningful discussion and get students to ask open ended questions in groups. In addition, 'Incidental Learning' or unplanned/unintentional learning while performing a seemingly unrelated activity, not led by the teacher especially in this current era of smart

phones, tablets or iPads. Furthermore, ‘Learning by Doing’ which is applicable to subjects like science. Lastly, ‘Embodied Learning’ which involves interacting with a real/simulated world relevant in learning new sports activities using wearable sensors, visual systems and mobile devices. Whatever the learning method, passion on the part of the teacher is highlighted and the concept of ’love what you do’ is stressed upon.

Rees et al in 2004, researched medical students views and experiences with regards to methods of teaching and learning. 32 medical students from each year of the 5 year degree course at the University of Nottingham were grouped into 5 focus groups and the data thematically analysed by two independent analysts. Two themes emerged. There were mixed views on the instructional methods of teaching and learning communicational skills. The other was that they preferred experiential methods such as role playing with simulated patients and communicating with real patients in a clinical context. Videotaped role playing and reviewing for weakness was appreciated.

2.5.3 Professionalism: Ways of Teaching

The dilemma of teaching professionalism has been a longstanding one and has been debated widely. Can professionalism be taught and if so, what would be the best way of doing it? Birden et al (2013) published a systematic review on teaching professionalism in medical education. All related articles between 1999 to 2009 were reviewed. 217 papers were obtained of which 43 were chosen for best evidence. Only a few studies provided comprehensive evaluation or assessment data demonstrating success. The review concluded that there was no emergence of a unifying theoretical model on how to integrate teaching of professionalism into the medical curriculum.

Themes that emerged were role modelling and personal reflections that would ideally be guided by faculty members. These were found to be apparent in current teaching programs and has been found to be widely accepted as the most effective technique. It is accepted that professionalism should be a part

of the entire medical and also dental curriculum. The specifics of sequence, depth, detail, nature of how to integrate are still evolving.

Professionalism is learned most effectively through the influence on students by clinicians they encounter in the course of their education. Situated learning theory is the best theoretical basis to develop a program.

2.6 Qualitative Research

Qualitative research is about gathering and analysing non-numerical data as opposed to quantitative research which has to do with numerical data. Non-numerical data includes text, video or audio that is collected and subsequently transcribed. It is subjective and relies on assumptions and the forming of theories unlike quantitative research.

Qualitative methods are varied and diverse but often overlap with each other in terms of its' characteristics. Denzin and Lincoln in *The Handbook of Qualitative Research* (2000) have listed the following five features as major defining characteristics of qualitative research:

1. Concern with the richness of description.
2. Capturing the individual's perspective.
3. The rejection of positivism and the use of postmodern perspectives.
4. Adherence to the postmodern sensibility.
5. Examination of the constraints of everyday life.

This list differs from the findings of Bryman (1998) which has been found to be able to capture the essence of qualitative and quantitative research methods as mentioned in *The Introduction to Qualitative Research Methods in Psychology: Putting Theory into Practice* by Howitt (2019). Bryman's comparison of qualitative versus quantitative research is as follows :

1. Quantitative data is known to be hard and reliable versus qualitative data which is deemed to be rich, deep and subjective in comparison.

2. Quantitative research involves research strategies that are intricately structured as opposed to qualitative research which in contrast is unstructured.
3. The relationship between researcher and participant is distant in quantitative research whereas in qualitative research the relationship is deemed to be close.
4. Quantitative researchers consider themselves as outsiders in comparison to qualitative researchers who think of themselves as insiders.
5. Quantitative research has to do with testing theoretical notions and concepts whereas qualitative research is about creating or finding emerging theories and concepts from the data obtained.
6. Research findings in quantitative research is considered nomothetic which refers to studying groups or classes of individuals that then leads to generalised explanations. This is in contrast to qualitative research which has an idiographic concept where the individual is studied as an individual.
7. Social reality is seen as static and external to the individual in quantitative research whereas in qualitative research social reality is constructed by the individual.

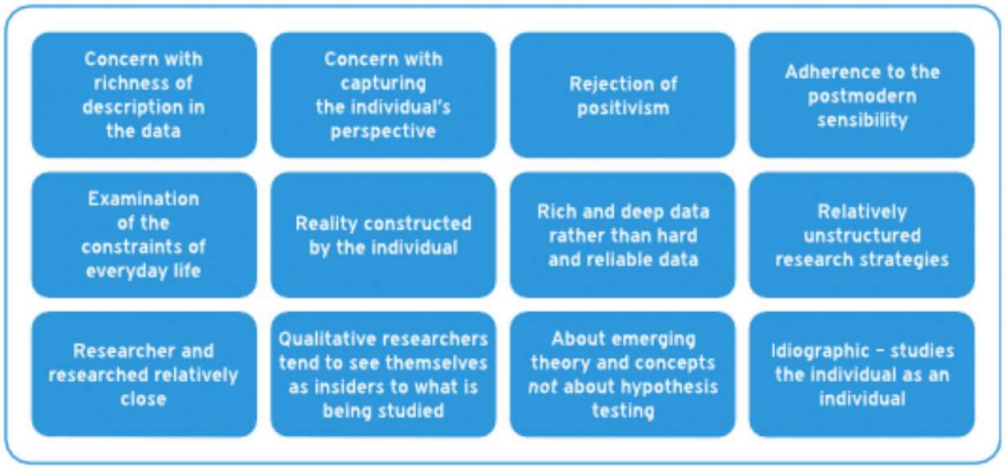


Figure 1 : Major characteristics of qualitative research (Howitt, 2019).

The data obtained during qualitative research when pooled altogether and analysed allows researchers to form and understand concepts. Qualitative

research attempts to understand the world from participants' perspectives instead of that of the researcher and does tend to have smaller sample sizes. It aims to answer 'what', 'how' or 'why' questions about social aspects of health, illness and healthcare (Green and Thorogood, 2014).

2.6.1 Qualitative Research Methods

The methods of data collection in qualitative research are varied and can overlap. This includes observations, textual or visual analysis of books or videos as well as interviews, either individually or in groups (Silverman, 2000). The most common methods used especially in healthcare research are interviews and focus groups (Britten, 1995).

All methods require skills and thus highlights the importance of having adequate training prior to the start of data collection. They all tend to produce a vast amount of raw data (Barrett, 2018).

In the observational method, participant and non-participant observation allows the researcher to gather a broad amount of information including verbal and non-verbal communication, actions and environmental factors if applicable. A first-hand approach is permissible when this method is used and the recording of field notes is essential, either by means of a chronological log, a description of observations, a record of conversations or impressions gained from the fieldwork (Spradley, 2016).

2.6.2 Qualitative Interviewing

Interviews form an integral part of our life be it for the purposes of securing a job, getting into universities or for medical reasons by healthcare staff. In qualitative research, the interview is all about eliciting a conversation that is directed towards the researcher's particular needs for data (Green, 2014).

Qualitative research interviews has its own set of characteristics and conditions. It generally involves a set of questions that probes the interviewees to speak openly about the topic of concern and encourages a comprehensive discussion without the opinion or influence of the researcher.

Interviews can be categorised broadly into structured, semi-structured, in-depth, narrative or informal interviews. Green and Thorogood (2014) stated that structured interviews involves the interviewer following through a specified set of questions in a pre-determined order so as to obtain responses that are comparable from each participant or interviewee. These are said to be commonly used in survey designs.

On the other hand, informal interviews have a relaxed tone and flow of conversation akin to that of a normal day to day conversation where data is obtained astutely.

The types of interviews most commonly used in qualitative interviewing as mentioned in *Qualitative Methods for Health Research* by Green and Thorogood (2014) are as follows:

1. Semi-structured interview. This type of interview involves the researcher determining the list of topics to be covered. However, it is the interviewee's responses that dictate the depth and type of information obtained.
2. In-depth interview. The interviewee has sufficient time to develop their own accounts of the issues that take precedence for them in this type of interview.
3. Narrative interview. The researcher tends to facilitate in these type of interviews allowing the interviewee to speak freely and tell their story.

The descriptions above are merely indicators of the amount of control the interviewer has and what the interview aims to achieve. All qualitative interviews as mentioned before aims to produce rich and detailed accounts from the perspectives of the interviewees (Green and Thorogood, 2014).

With regards to reliability when it comes to interviews, it has been suggested that interviews are recorded. Handwritten notes of an interview can then be directly compared against an interview transcript which will lead to less data being missed out. Missed data could turn out to include key issues. By having interviews transcribed, either manually or by means of a software, it takes the pressure of the interviewer at the beginning and allows the chance for the interviewer to make more eye contact, observe and look for non-verbal cues, which can be very helpful during data analysis. Transcripts are the most reliable record and is reproducible, particularly if the research involves several researchers during the data analysis stage (Green and Thorogood, 2014).

2.6.3 Focus Groups

Group interviews are interviews where more than one interviewee is present. These can be done during opportunistic interviews with small, naturally-occurring groups during fieldwork to specially recruited focus groups (Green and Thorogood, 2014). Originally called “focused interviews” (Merton & Kendall, 1946) this type of group interviews became popular after World War II. Interestingly, the use of focus groups has grown steadily since the 1970s in qualitative marketing studies.

A focus group is a collective interview, led by an interviewer or moderator who directs the flow of the conversation. Gibbs (1997) has identified the following key features of a focus group :

1. Organised discussion
2. Collective activity
3. Social events
4. Interaction

Prior to the start of these interview sessions, planning is of utmost importance. This is to ensure that the best quality of data is to be gathered. The planning stage involves setting the number of participants per group, drawing up a topic guide, which should include headings of points to be discussed.

The focus group interviews with the aid of topic guides tend to unfold in a structured and orderly manner so as to obtain a high quality discussion. The moderator or interviewer needs to be equipped with the necessary skills in order to facilitate the discussion without offering his or her own opinions. There can be more than one moderator where one person may be an expert in focus group methodology and the other an expert in the subject matter of the research (Howitt, 2019). The moderator is responsible to ensure that all participants in the focus groups have a fair chance of contributing to the discussion in order to prevent dominance of the discussion by a select few participants.

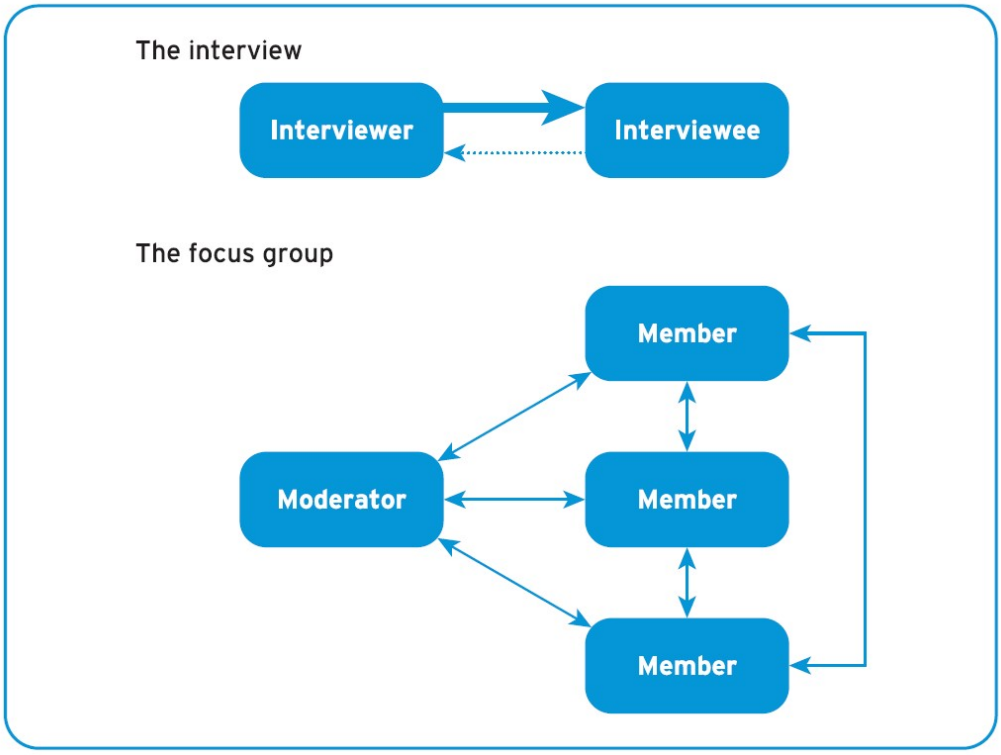


Figure 2 : Relationships in interviews and focus groups (Howitt, 2019)

Figure 2 above depicts the key differences between an interview and a focus group interview or discussion. In an interview, there is usually a two way interaction with a strong dominance by the interviewer or interviewers. In a focus group interview, the moderator leads albeit passively so as to steer the

conversation in the direction wanted. There is comparatively a greater influence by the group members.

As described by Howitt (2019), focus groups can be used in 3 ways :

1. At an early stage of the research project so as to explore and identify significant issues.
2. To generate broadly conversational data on a topic that will then be analysed.
3. To evaluate the findings or conclusions of a study by gaining perspectives or opinions of the people the research is about.

Characteristics of Focus Group Research

Selectively singular focus as compared to survey research which may have numerous topics and variables. The second aspect is to *better understand the group dynamics* affecting individual perceptions, information processing and decision making. Three, key research design elements directly affect the nature and quality of the interaction among the focus group participants.
Group composition-individuals who do share some common identity and goals as well as some 'concrete situation'. *Interpersonal influences* and *research environmental factors.*

A major issue in group dynamic research is the influence of group member demographics, personality and physical characteristics. Groups that are relatively homogenous are more productive and work better. Qualitative research is a 'contact sport'. It requires some degree of immersion into individuals lives thus contributing to its characterisation as 'Humanistic Research' pointing to a general orientation that includes empathy, openness, active listening and various types of interaction with the research participants.

Group Dynamics:

In general, the usefulness and validity of focus group data is affected by the extent to which participants feel comfortable about openly communicating their ideas, views or opinions. Many variables influence the participants 'comfort zones.' These influences can be grouped into three broad categories:

- Intrapersonal factors and individual differences
- Interpersonal factors
- Environmental factors

Intrapersonal factors and individual differences include demographic, physical, personality characteristics, a combination of which predisposes an individual to certain modes of behaviour in group situations.

Interpersonal factors that influence group members interaction with one another relative to one another also determine group behaviour and performance. These interpersonal characteristics influence group cohesiveness, compatibility and homogeneity/heterogeneity which in turn affects group conformity, leadership emergence bases and uses of power and interpersonal conflict.

The general pleasantness of the focus group environment influences the level of rapport and participation. The seating arrangement and general proximity of participants can affect the ability of participants to be able to converse freely and openly about issues of interest.

Knowledge of the theory and research on group dynamics provides an understanding of the dynamics of interaction in a focus group and identifies factors that may facilitate or impede the research objectives of a focus group. The temporary nature of the focus group may limit the ability to manage and predict the influence of certain demographic factors such as age, sex and occupation on the openness of interpersonal communication. A frequent assumption about focus group interviews is that better data is obtained when

participants are strangers. It's argued that acquaintances can seriously upset the dynamics of the group and inhibit responses.

The casual voluntary nature of focus group participation may reduce participation motivation to participate in the groups mission of sharing ideas and responses to problem situations. On the other hand, the temporary nature of the focus group and the lack of acquaintance among members may facilitate discussion because there are few consequences associated with each member expressing his or her views.

The moderator must also deal with the consequences of each participant (being a stranger to the group) may create an artificial atmosphere and potentially inhibit the free flow of discussion. Focus group sessions are usually stimulating and fun for the participants, observers (if needed) and the moderator. Having fun, helps the flow of the discussion and builds trust among members of the group with the moderator ensuring that the discussion stays on the topic of interest. It is important that all members of the group are encouraged to speak. The moderator has to be sensitive to nonverbal cues used by the group members and be able to respond to these cues.

Ideally the group should involve 8-12 individuals lasting from about 1.5 to 2.5 hours in a suitable or purpose-built room or as is happening now, virtually, online. A smaller group may be dominated by 1 or 2 participants and a larger group, difficult to manage. The proceedings are best videotaped to record body language etc. The moderator is the key to ensure the discussion goes smoothly and remains to the topic of interest, starting with some general questions and then switching towards more specific issues.

The nature of the character of data generated has been distinguished into 2 types; Emic and Etic data, the former arising in a natural form with minimal imposition by the researcher. Etic data represents the imposed view of the researcher.

Two critical elements in successful focus group research are the recruitment of participants and the design of the interview topic guide, which establishes the agenda for the discussion. In the era of the current ongoing Covid 19 pandemic there has been no choice but to conduct a virtual focus group discussion in a real time videoconference. However, the lack of face to face interaction often reduces the spontaneity of the group and eliminates the nonverbal communication that plays a key role in eliciting responses. It also makes the moderator's role more difficult in controlling participants such as controlling dominant and recognising inactive individuals. This can be overcome but needs more sophisticated technology and monitoring equipment.

2.6.4 Sampling

In quantitative research, sampling is usually determined by calculation and having a level of confidence so as to not leave any finding to chance. It is precise and can also be set based on previous research similar to the topic or issue being studied. The aim of a quantitative research is to produce a sample that is representative of the whole population of interest (Green and Thorogood, 2014).

However, in qualitative research, this varies quite considerably. Most of the time, qualitative research tends to have purposive sampling, a type of a nonprobability sampling, where interviewees are only selected if they are likely to generate appropriate or meaningful data that will answer the research question (Green and Thorogood, 2014).

Next in the nonprobability sampling category, is convenience sampling which has been used in this study. This method can be used in both quantitative and qualitative research. It is useful for exploratory research and involves the sample being taken from a group of people or population who are easily contactable or reachable. Green and Thorogood (2014) stated that there is no 'magic number' but it is said that smaller groups typically work better to encourage a high degree of interaction between participants. Recruiting

participants is a challenge as it can be time-consuming and frustrating if attendance is poor and there has been many a time where researchers have had few or no participants attending sessions booked, in spite of reminders being sent.

The point of ‘saturation’ where ‘no new ideas come out of the data’ is usually the goal with regards to sampling irrespective of the type of sampling method used (Green and Thorogood, 2014).

2.6.5 Participant Recruitment Strategies

There are a few recommended strategies as described by Green and Thorogood (2014), the first of which is opportunism. In this strategy, ‘natural’ groups are recruited by inviting firstly key ‘gatekeepers’ or contacts who then proceed onwards to recruit their friends or peers. This strategy utilizes networks of personal contacts either in the workplace or from social circles. This is particularly useful for pilot studies. It has however been argued that this method is unlikely to generate a sample that is representative of the population.

Next is advertising, although again it has been shown to not be very advantageous. Systematically inviting people, as individuals or as contacts for their peer groups is also a means of recruitment. An example of this would be, a list of all patients at a particular clinic, from which a sample can be randomly drawn as outlined by Green and Thorogood (2014).

Furthermore, the use of incentives such as payments, snacks, meals or vouchers has been stated to encourage better participation. Commercial market research companies are an option as well, particularly when it comes to recruiting groups that fulfil a certain criteria in a short time period. This is because, these companies tend to have huge databases of prospective participants and will allow enrolment at a much quicker rate. This does however come at a cost as it tends to be expensive and participants are to be paid a bigger fee. The downside of this method is that these groups tend to be

made of professional ‘focus groupees’ who are used to being part of research projects and may not be fully representative again of the population (Green and Thorogood, 2014).

Finally, certificates of attendance or participation can be a way to gain better engagement especially when it comes to students or professionals looking for career advancement opportunities. Certificates of acknowledgement may be advantageous to show their interest in research or a particular topic, which can then be included in their resumes or curriculum vitaes.

2.6.6 Thematic Analysis

The first step in the analysis is to have the entire focus group session *transcribed* to obtain a permanent record. Ideally the researcher or moderator has to be involved in this so as to be familiar with the data, and if he or she has kept personal notes, is able to fill in any gaps which may be missing from the recordings. The finished transcript is the basis for further analysis.

Data analysis is described as the most complex and mysterious part of all the phases of a qualitative project. Qualitative data analysis is among those most frequently used in the Health Professions Education research (Kiger and Varpio 2020).

Thematic analysis is a term that has been variably defined (Merton,1975) as a practical data analysis approach for qualitative researchers. Thematic analysis is a method of analysing qualitative data that entails searching across a data set to identify, analyse and report repeated patterns (Braun & Clarke, 2006). It is a method for describing data. It also involves interpretation in the processes of selecting codes and constructing themes. It is a good first analytic method for novice qualitative researchers to master. It is an appropriate method of analysis for seeking to understand experiences, thoughts or behaviours across a data set.

A theme is a patterned response or meaning derived from the data that informs the research question. When engaging in thematic analysis researchers can identify themes irrespective of the number of times a particular idea or item related to that theme appears in a data set. Themes can be identified as either semantic which addresses more explicit or surface meanings of data items or latent which reflect deeper more underlying meanings, assumptions or ideologies. Researchers can employ an inductive or deductive approach to theme identification.

An inductive approach is used in Grounded Theory which derives themes from the researcher's data. An inductive approach tends to provide a broader and more expansive analysis of the entire body of data. Deductive approaches use a pre-existing theory or framework to identify the theme of interest. Such an approach is useful for honing in on a particular aspect of the data or specific finding.

Kiger and Varpio (2020) stated that the most widely accepted framework for conducting thematic analysis involves a 6-step process :

1. Familiarisation with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report.

Using this method, the researcher must clearly outline their paradigmatic orientations and assumptions to ensure trustworthiness of their findings and interpretations.

The first step involves familiarisation with the data where repeated and thorough reading of the data or transcripts which may include interviews, focus groups, recorded observations, field notes, photographs or videos (Thorne, 2000). This allows the researchers to immerse themselves in the data which is helpful prior to the next step.

Next is generating initial codes. This is the first analytical step in the process. Coding helps to organize data at a granular specific level (Kiger and Varpio, 2020). Researchers begin to take notes on potential data items of interest, questions, connections between data items and other preliminary ideas. This generates the codes or the most basic segment or element of the raw data or information. These codes can be linked to more semantic or latent meanings and the coding framework can then be either inductive or deductive. An audit trail can be formed then by enlisting how codes were generated from all the observations and ideas formed, sequentially. As the coding framework is finalised, the same codes can be applied to the entire set of data and the emergence of patterns or connections can then be better visualised. This process then sets the stage for the next step.

Next, is the identification of potential themes. An analogy given by Braun & Clarke (2006) helps with the understanding of this process. 'If your entire analysis is seen as a house, the individual codes are the bricks and tiles and the themes are the walls and roof.' The 'One Sheet of Paper' (OSOP) analysis originally developed by researchers from Oxford University (Ziebland and McPherson, 2006) is helpful as that enables better visualisation, understanding and the allows patterns to be identified. Themes do not simply emerge from the data but are constructed by the researcher by mapping how codes relate to one another (Kiger and Varpio, 2020). Thematic maps are convenient at this stage when organising themes as cross connections that are present between concepts.

The next stage involves the reviewing of themes which is a two-level process as stated by Braun and Clarke (2006). The first level of analysis involves looking at coded data placed within each theme to ensure a proper fit. All the pertinent codes and data extracts are reviewed. The data in each theme should be coherent and be able to be linked adequately whereas the data between themes should be strikingly separate (Atrride-Stirling, 2001). There can be resorting, reviewing and modifications of themes at this stage. The process is complete when the researcher is confident that the thematic map adequately covers all of the coded data to be included in the final analysis (Braun and

Clarke, 2006). It is recommended that a diary is kept during this phase to record thought processes and notes as themes emerge and are sorted accordingly. The second level involves decision making with regards to whether the themes and data sets match satisfactorily and whether the thematic map adequately represents the body of data. Again, this level involves repetition, re-reading and re-examining as many times as necessary to make the necessary adjustments and modifications.

Step 5 involves defining and naming themes, where a definition and narrative description of each theme including why it is important to the broader study question, is created (Braun and Clarke, 2006). All the themes enlisted are looked over again to ensure that they are concise and yet provide satisfactory description. The predominant feature of each theme is bettered thus creating a reasonable flow and account of how the data within each theme contributes to the overall understanding of larger questions and interacts with other themes (Braun and Clarke, 2006). While attending to these questions the researcher has to also look for areas of overlap and identify emergent sub-themes (Kiger and Varpio, 2020). Data extracts can be selected for inclusion in the final report and to create narratives surrounding them that provide context.

The final step is about producing the report where the final analysis and description of findings are written up (Braun and Clarke, 2006). The presentation of findings is to be documented in a way that allows a smooth, concise and clear narrative, interweaved with relevant data extracts and interpretations.

2.6.7 Limitations of Qualitative Research

As with any form of research, qualitative research has challenges and limitations of its own, particularly when concerning research in healthcare. It has been argued that qualitative research is unscientific and anecdotal (Murphy and Dingwall, 2003).

In addition, it has been said that qualitative methods are more inductive than quantitative methods, suggesting that they use a logic of 'theory generation' more than 'theory testing' (Green and Thorogood, 2014). An inductive approach is one that starts from gathering of data, followed by analysing it for familiar patterns which then gives rise to theories. This is in contrast to deductive logic which begins from a theory from which hypotheses are formed and subsequently put to the test.

Furthermore, qualitative research prioritises subjectivity. These subjective experiences are not merely reported however as they are analysed (Green and Thorogood, 2014).

Finally, there is the question of whether or not the results of qualitative research are likely to bring about any changes to clinical practice or policies. This question is often asked by qualitative researchers themselves or asked of them by others (Green and Thorogood, 2014). This has been defended by Green and Britten (1998) who found that qualitative research contributes to 'evidence base' of medicine as it can answer questions that experimental methods cannot.

2.6.8 Impact of COVID-19 on Qualitative Research

The COVID-19 pandemic has disrupted all kinds of research across the world, with major impacts on the ability to complete research studies at all levels across many faculties worldwide. Studies involving face to face meetings have been halted completely. Focus group interviews that have been held face to face have not been possible. The alternate option available and with the advancement of technology at warp speed, particularly during the initial phase of this pandemic, with countries worldwide imposing national lockdowns, was to take these discussions online.

Platforms such as Microsoft Teams and Zoom have been utilised for conducting research meetings, seminars and webinars which has

revolutionised teaching, learning and non-laboratory based research work completely. These methods are not without their limitations however.

Silvana di Gregorio presented a webinar entitled ‘COVID-19 : The Impact on Qualitative Research – A blip in time?’ This was hosted by the NVivo team and subsequently shared onto their YouTube channel as well. A survey was sent out to QSR participants of previous webinars in April 2020. 346 respondents from all over the globe completed the survey. Most of the responses were by doctoral students, followed by early career academics and established academics.

One of the topics discussed was the impact of working from home. It has been stated that this has a direct impact on work efficiency as well as impacts on mental health. A quarter of researchers responded with inadequate home workspace, where they have had to work from their bedroom and reported difficulties especially when the living space was shared with a partner or other family members or friends. Thus finding a private area to conduct interviews was tough. About 20% of the respondents said it was hard to work from home especially with children being home schooled and needing attention. They reported finding it difficult to concentrate and had to bear with interruptions all the time. Others however, found it more productive to conduct research work as a large portion of their other daily duties and administrative work was taken away as a result of working from home.

A vast majority of respondents were intending to use data collection methods that involved face to face to contact with 85% wanting to have conducted interviews in person, 55% planned to have focus groups and 40% planned to have participant observation. As a result of the pandemic, about 80% of the respondents considered changing their research methodology with approximately 40% saying that they were contemplating the use of online data collection whilst others were debating the idea of postponing their research or extending the deadline. Others felt like changing their research question and design altogether.

On a more positive note, the pandemic has made a lot of researchers more confident of conducting research online or remotely as they get more comfortable with the technological advancements and platforms available to conduct videoconferencing. It also opens up new possibilities such as doing international research or using social media as sources for data collection. It has been reported that a number of researchers found that using online or telephone interview methods has led to better recruitment of participants who were not keen on having face to face sessions to begin with.

On the flip side, there have been reports by researchers saying that participants are not comfortable with the technology used or that they do not have adequate access to use them. Also, participants may not be able to talk confidently when they are in their homes especially when they are surrounded by family members or others who can overhear them.

Some researchers believe that virtual approaches promote sound research practices, especially with regards to confidentiality and anonymity. There is an expectation that the pandemic will change the focus of respondents particularly in marketing research as economic concerns plays a part in shifting purchasing habits to basics or essentials. As for qualitative researchers, drastic changes in peoples' life experiences has brought new meaning and importance to the concepts of emergent design and design responsiveness. (Ravitch and Carl, 2020)

2.7 Developing a Valid Questionnaire

To have confidence in the results of a study involving a survey or questionnaire, one must be assured that the questionnaire measures consistently what it purports to measure when properly administered. This means that it must be both valid and reliable (Del Greco et al, 1987). For example, a thermometer must indicate the correct temperature to be valid and must be able to provide the same reading when taken again in order for it to be reliable.

With regards to validity, the following need to be considered.

1. Content validity. When drafting the questionnaire, the researcher must determine whether all domains of concern are covered adequately and fairly. Questions should essentially cover all areas.
2. Face validity. This has more to do with the questionnaire appearing professional and well constructed. This will enable it to be taken seriously and is more likely to elicit better responses.
3. Criterion validity. This allows researchers to evaluate the effectiveness of a questionnaire in measuring what it is set out to measure. The responses received are to be checked against a gold standard or correct answer.
4. Construct validity. This refers to the extent to which the questionnaire conforms to existing ideas or hypothesis concerning the concepts that are being measured.

Next is the reliability or reproducibility of a questionnaire. This can be examined in the following 3 ways :

1. Examine the questionnaire's test-retest reliability. This means the same result is to be obtained when administered to the same person on two separate occasions with an emphasis given to the duration between both the tests so as to prevent recall bias.
2. To examine inter-observer reliability. The same subject is evaluated by two interviewers using the same questionnaire. The results correlate well if the questionnaire has good interobserver reliability.
3. Examine the consistency within the questionnaire. This has to do with the degree to which a subject answers similar questions in a similar manner.

Having tested for validity and reliability, questions may need to be re-written, eliminated or added, ensuring validity is not jeopardised. This will result in a questionnaire that is well designed and robust.

CHAPTER 3 : RATIONALE FOR RESEARCH

This study was beneficial in both creating awareness of the implications of improper social media usage while simultaneously inculcating pragmatic and sensible online mannerisms and habits which can possibly exert a positive effect on the career progression and professional development of dental students.

It aimed to improve student learning and development as there is currently minimal exposure on digital professionalism. We aimed to improve undergraduate education and training as well as inculcate awareness of online mannerisms and digital footprints on one's image and career progression. It is a novel study and one that may potentially be published. Furthermore, the eProfessionalism module may be appropriate for courses besides Dentistry and may be adapted and incorporated into the respective curriculums as necessary.

CHAPTER 4 : AIMS AND OBJECTIVES

4.1 : Aim

The aim of this study was to assess the impact of a digital professionalism or eProfessionalism module on the online behaviour and social media usage amongst dental students, by means of conducting an ePoll before and after completion of the module.

4.2 : Objectives

The aim arises the following research objectives :

- To assess the level of awareness with regards to digital professionalism amongst year 2 and year 4 dental students
- To assess if there is a significant difference in the level of awareness between both years
- To educate and inculcate awareness of the benefits of having a positive online image and the consequences of improper social media usage
- To identify the best teaching and learning method with regards to digital professionalism

CHAPTER 5 : NULL HYPOTHESIS

The null hypothesis is that there will be no difference in the level of awareness of the impact of online behaviour and social media usage amongst dental students before and after the implementation of the eProfessionalism module.

As this study was predominantly qualitative in nature, a p-value or probability value was not used. Qualitative studies involve non-numerical data for which statistical analysis is not conducted. The quantitative component of this study was presented using descriptive statistics as the data generated from Poll Everywhere could not be further analysed statistically.

CHAPTER 6 : METHODS

6.1 Study Design :

The final design of this study was a mixed method study design type involving both quantitative and qualitative data analysis.

An online survey or ePoll using Poll Everywhere was conducted during the first phase of this study. This involved 2nd and 4th year dental students. The first round was conducted prior to the introduction of an eProfessionalism module with an aim to assess the level of awareness of these students towards digital professionalism and the impact of their behaviour online.

The students who had completed the first session were then invited to progress onwards towards the next stage where they were given access to the eProfessionalism module on VITAL. This module was strictly made available only to participants who had completed the first ePoll and cover a specific set of themes that are concurrent with the issues raised within the GDC guidelines with regards to social media usage. The module also contained real examples of consequences and ramifications of posting or circulating inappropriate content on social media so as to inculcate a deeper appreciation towards the importance of maintaining a pristine online image or digital footprints.

The module was developed using Microsoft Power Point with a voice over by the lead student investigator with the following aims and objectives :

1. To discuss the GDC guidelines relevant to social media usage
2. To discuss the University of Liverpool Social Media Policy
3. To embed awareness of the importance of proper online mannerisms and behaviour
4. To highlight the consequences of improper use of social media

The module described above was made available after 2 weeks of the first ePoll. A second ePoll session using the same questionnaire was then conducted strictly for participants who had successfully completed the

eProfessionalism module on VITAL. The results of the ePoll were then analysed and is presented using descriptive statistics in Chapter 7.

2nd year dental students were chosen instead of 1st years because of the implementation of a new curriculum that was put in place for the 1st years in the year 2019. The aim was to analyse the response and feedback from the students at the beginning and at the end of the existing curriculum for this study to assess the difference in the level of awareness whilst still undertaking a similar curriculum.

During the second phase of this study, participants from both year groups who had completed the second round of the questionnaires were invited to participate in focus group interviews. The focus group interviews were of a semi-structured, open-ended concept with an initial estimated size of 7 to 8 students per group. However due to the high attrition rate observed throughout each stage of this study, the groups were smaller in number with an estimated mean of 4 per group.

The interviews were conducted by the primary student investigator following which transcription of all interview scripts was done manually. Following this, data extraction, organisation and thematic analysis was conducted. Thematic categories or themes were drawn up using descriptive terms, which was extracted from the interview transcripts.

Focus group discussions are frequently used as a qualitative approach to gain an in-depth understanding of social issues. This method aims to obtain data from a purposely selected group of individuals rather than from a statistically representative sample of a broader population (Nyumba et al, 2018). Due to a rise of participatory research, especially with regards to “active experimentation with focus groups” in the academic social sciences during the 1980s, this method has steadily gained popularity ever since (Morgan, 2002).

Due to the attrition rate as described above, a second cohort of participants were recruited. 3rd year dental students were invited to participate in this study.

As they had had no prior intervention or exposure to digital professionalism, it was then possible to draw comparisons between this cohort of students against the other two year groups.

In summary, this research project was a mixed method study design type involving both quantitative and qualitative data analysis.

6.2 Participants

The sample population for this study are year 2, year 3 and year 4 undergraduate dental students at the University of Liverpool. The total number of students per cohort is estimated to be at an average of approximately 80. It was stressed upon the students that participation in this research project is voluntary and that there will be no implications should they choose to withdraw at any point during the research period.

6.3 Inclusion Criteria

Inclusion criteria were :

- Fourth year undergraduate dental students
- Second year undergraduate dental students
- Third year undergraduate dental students
- Inclusion was permitted by means of volunteering

6.4 Exclusion Criteria

Exclusion criteria were :

- Students who are repeating their second, third or fourth year of the Bachelor of Dental Surgery programme at the University of Liverpool

6.5 Setting

This study took place within the dental school premises of the University of Liverpool. The questionnaires were implemented by means of an ePoll method using the Poll Everywhere software in one of the dental lecture theatres.

The eProfessionalism module was then made available online via VITAL and was made accessible for all participants who had taken part in the first round of the ePoll.

The focus group discussions would have been held within the dental school premises once the second round of questionnaires for both cohorts had been undertaken. However due to the ongoing COVID-19 pandemic and the implementation of a nationwide lockdown during the period of this study, the focus group interviews were held online using the Zoom platform. The interviews were recorded with consent from all participants which helped tremendously during the transcription stage of this study.

The methodology of this research project did not have a significant financial implication. However, as the ePolls were conducted during lunch hours in the designated lecture halls, a small budget was required for the provision of lunch during these sessions to facilitate the learning environment and to encourage better participation.

6.6 Ethics

An online ethics application was made to the Research Ethics Committee of the University of Liverpool on the 21st of March 2019. Following a few necessary amendments to the participant consent form and advertisement, the research ethics committee approved the application on the 19th of July 2019 (I.D : 4951). A copy of the letter of approval is listed as Appendix 1.

6.7 Sample Size

The sampling method used was convenience sampling as student participation in this study was on a voluntary basis. This is a type of non-probability sampling.

Probability sampling methods allows all subjects in the target population to have an equal chance of being selected whereas non-probability sampling methods does not.

Convenience sampling is the most widely used method in clinical research as it enables researchers to recruit participants based on availability and as in this study, their willingness to participate. The advantages of this sampling method are that it is relatively quick and as the name suggests, it is convenient.

6.8 Consent :

A presentation was given to all 2nd and 4th year dental students prior to the commencement of the questionnaire using the e-Poll method during a 'Lunch and Learn' session. During this presentation, the following was discussed with the students :

- The purpose and aim of the study
- Expected duration of the study
- Information on their rights to participate or withdraw from the study
- Procedures involved in the study
- The person to contact should they have any questions or concerns

A participant information sheet containing the above (Appendix 2) was given to all students. Students who were willing to participate in the study were then asked to sign the consent sheet (Appendix 3).

During the second phase of this research project, a second cohort of students from year 3 were invited to join this study. They were sent an email with similar information above and students who were willing to participate were sent consent forms that were to be filled and signed digitally. This was during the initial phase of the COVID-19 pandemic, when the first lockdown was in effect.

6.9 Statistical Analyses

6.9.1 Quantitative Analysis

The questionnaires that were conducted using the Poll Everywhere software enabled instant documentation of results at the end of all sessions. This proved to be an efficient method as results were available for quick analysis directly after each session. These results, as described earlier, will be discussed further in Chapter 7 by means of descriptive statistics.

6.9.2 Qualitative Analysis

The focus group interviews were held for students from years 2, 3 and 4 using the Zoom platform. Two separate topic guides were developed prior to these focus group sessions. These were made with slight alterations for the groups who had had intervention and for the groups who had not received any exposure to digital professionalism. These topic guides have been included in the appendices as Appendix 5.

The interviews were conducted using a semi-structured, open-ended question format with no time constraints. These were facilitated by the lead student researcher after receiving training at the University of Liverpool. A diary of notes, recollections and nonverbal cues was kept during these sessions to facilitate data analysis in the subsequent stage.

Following the completion of all focus group interviews, the lead student researcher had then manually transcribed all sessions. The transcripts have been included in the appendices section as Appendix 6 – 11.

The data was then looked at, read and reread a few times prior to data extraction to allow full immersion in the data and to encourage familiarity. This process is also known as microanalysis which leads to the generation of initial categories. Microanalysis incorporates two types of coding patterns which are open coding and axial coding.

The use of one sheet of paper analysis (OSOP) was useful as it allowed the data from each focus group interview to be presented on one sheet. Descriptive terms first identified in the interview transcripts were coded, following which categories were identified. This initial process is described as open coding.

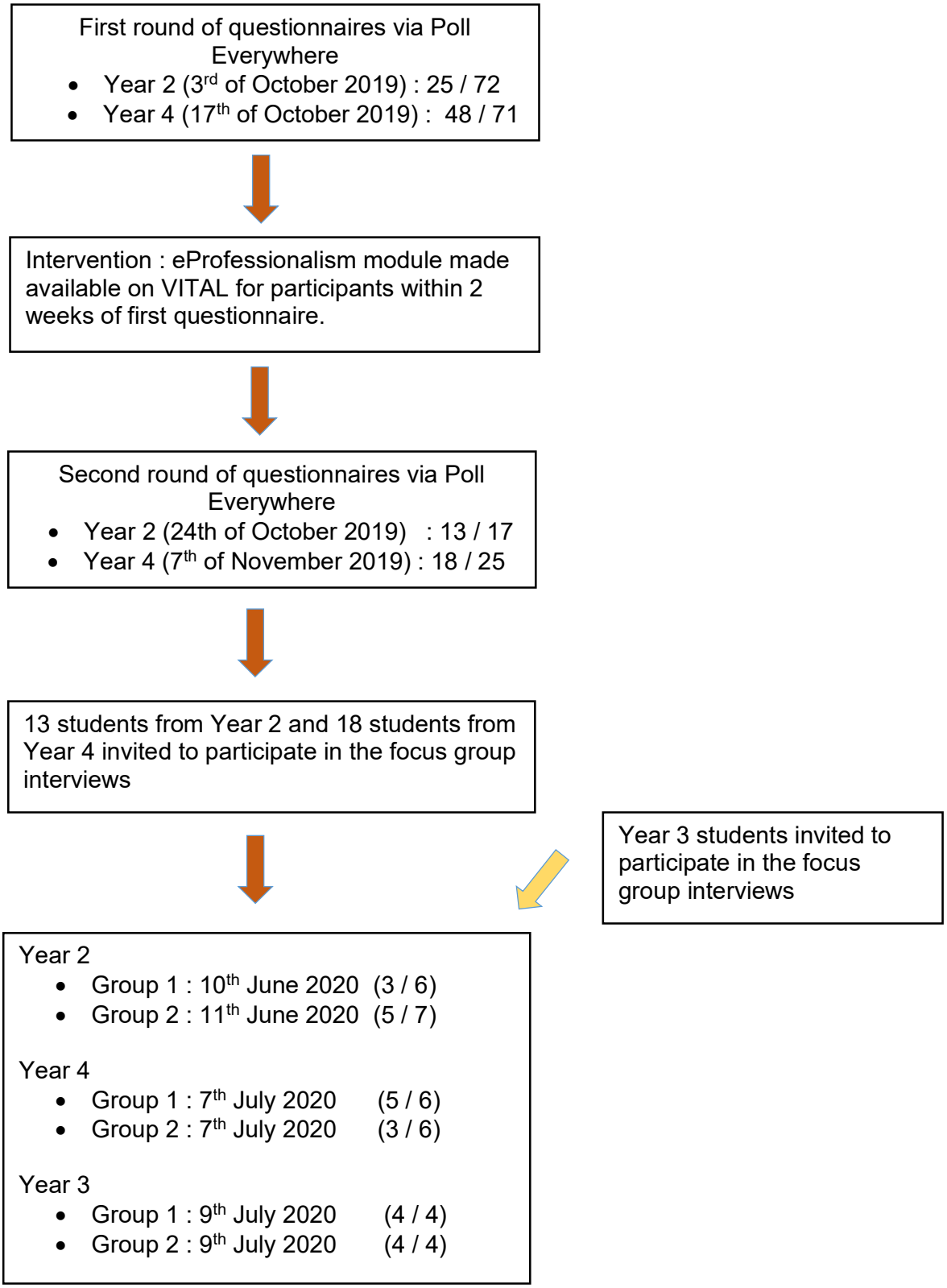
Additionally, categories were also extracted from the topic guide and codes identified were matched to the questions discussed. The OSOP sheets enabled better visualization of categories, sub-categories and facilitated the onwards linking of data to formulate themes. This linking of data is described as axial coding.

Following the generation of initial categories and with the help of the OSOP sheets, concepts were formulated from the categories identified. This was the first step in the formulation of the theory. A diary was kept throughout the process of interviewing and used also during thematic analysis. During the process of conceptualization, the linking of data lead to the formulation of questions and a number of different interpretations which were recorded in the diary.

In summary, the process that lead to the formulation of the overarching theory involved firstly the transcription and micro analysing of the data, the derivation of initial codes, the formulation of categories from which concepts were later drawn up and finally the interpretation of concepts formed along with interlinking of categories and sub-categories.

CHAPTER 7 : RESULTS

7.1 Flowchart



7.2 Recruitment

As discussed in the previous chapter, the sampling method used for this study was convenience sampling. Recruitment of participants was planned and initiated in September 2019.

A group email was sent out to all students in years 2 and 4 to invite them for a 'Lunch and Learn' session between 1 to 2 p.m. Information about this research was given during the session itself along with participation information sheets.

Students who were willing to participate were asked to fill in the consent form. Thus, recruitment for this project was done on a voluntary basis. Unfortunately, the initial response was low. Only 25 out of 72 students (35%) in year 2 volunteered to participate whereas the response was better amongst the year 4 students with 48 out of 71 students (67.6%) opting to participate.

These students were then asked to complete the eProfessionalism module on VITAL within 2 weeks of the initial ePoll. Access to this module was strictly made available only for participants who had taken part in the ePoll. 17 out of 25 students (68%) of participants from Year 2 completed this module. Amongst the year 4 participants, the response was slightly lower at 52.1% with 25 out of 48 students completing the module.

These students were then emailed again to invite them for the final ePoll done using the same questionnaire and method (Poll Everywhere) on two separate 'Lunch and Learn' sessions for each year group. At this stage, 13 out of 17 students from year 2 (76.5 %) and 18 out of 25 students (72 %) from year 4 attended and took part in the final ePoll. These students were then recruited to participate in the qualitative phase of this study. At this stage, a further 6 students from Year 4 dropped out of this study.

Due to the high attrition rate as the study progressed as well as for purposes of having a control group that was not subject to any form of intervention or exposure to digital professionalism, year 3 dental students were then invited

to take part in this research project. Again, these students were provided with the necessary information and were also recruited on a voluntary basis via a group email that was sent to the year group in June 2020.

7.3 Quantitative Outcomes

		Year 2 N (%)		Year 4 N (%)	
		Before	**After**	**Before**	**After**
Social media usage	Occasional	1 (4)	0	2 (4)	0
	Moderate	0	0	0	0
	Heavy	1 (4)	1 (8)	0	0
	Very heavy	22 (88)	12 (92)	46 (96)	18 (100)
	No response	1 (4)	0	0	0
Member of a closed social media group	Yes	23 (92)	13 (100)	47 (98)	18 (100)
	No	1 (4)	0	1 (2)	0
	No response	0	0	0	0
Awareness of GDC guidelines on social media usage	Yes	19 (76)	13 (100)	29 (60.4)	18 (100)
	No	6 (24)	0	18 (37.5)	0
	No response	0	0	1 (2.1)	0
Read the guidelines	Yes	7/19 (36.8)	13/13 (100)	6/29 (20.7)	18/18 (100)
Is ranting on social media about a	Yes	0	1 (8)	1 (2.1)	0
	No	23 (92)	12 (92)	46 (95.8)	18 (100)

colleague professional?	No response	2 (8)	0	1 (2.1)	0
Is ranting about a patient or an employer on social media professional?	Yes	2 (8)	1 (8)	6 (12.5)	0
	No	21 (84)	12 (92)	41 (85.4)	18 (100)
	No response	2 (25)	0	1 (2.1)	0
Is discussing patient matters on social media professional?	Yes	0	1 (8)	0	0
	No	23 (92)	12 (92)	47 (97.9)	18 (100)
	No response	2 (8)	0	1 (2.1)	0
Being tagged in a funny post about revision and exams. Likely response :	Reply to the comment	19 (76)	5 (38)	31 (64.6)	7 (38.9)
	Reply privately	0	3 (23)	7 (14.6)	4 (22.2)
	Request that the tag be deleted	0	1 (8)	0	2 (11.1)
	Ignore it	4 (16)	4 (31)	9 (18.7)	5 (28)
	No response	2 (8)	0	1 (2.1)	0
Being tagged in a post about racism. Likely response :	Reply to the comment	5 (20)	1 (8)	9 (18.9)	1 (5.5)
	Reply privately	1 (4)	1 (8)	12 (25)	2 (11.1)
	Request that the tag be deleted	5 (20)	5 (38)	7 (14.5)	3 (16.6)
	Ignore it	12 (48)	6 (46)	20 (41.6)	12 (66.6)
	No response	2 (8)	0	0	0

Being tagged in a post about attendance. Likely response :	Reply to the comment	5 (20)	-	18 (37.5)	4 (22)
	Reply privately	4 (16)	2 (15)	5 (10.4)	3 (17)
	Request that the tag be deleted	3 (12)	3 (23)	3 (6.2)	3 (17)
	Ignore it	12 (48)	8 (62)	21 (43.8)	8 (44)
	No response	1 (4)	-	1 (2.1)	-
Being tagged in a post that pokes fun at coursework and assignments. Likely response :	Comment as it is funny	4 (16)	2 (15)	9 (18.7)	3 (17)
	Screenshot and send it to your friends	15 (60)	7 (54)	23 (47.9)	8 (44)
	Ignore it	4 (16)	4 (31)	13 (27.1)	5 (28)
	Discourage your classmate from sharing such content	1 (4)	-	2 (4.2)	2 (11)
	No response	1 (4)	-	1 (2.1)	-
Being tagged in a post that pokes fun at other universities. Likely response :	Comment as it is funny	5 (20)	1 (7.7)	2 (4.2)	-
	Screenshot and send it to your friends	10 (40)	3 (23)	22 (45.8)	10 (55.5)
	Ignore it	7 (28)	8 (61.5)	15 (31.2)	7 (39)
	Discourage your classmate from sharing such content	1 (4)	1 (7.7)	7 (14.6)	1 (5.5)

	No response	2 (8)	-	2 (4.2)	-
A picture of you in an inebriated state has been posted by a friend on social media. Likely reaction :	Comment on the post	2 (8)	-	-	-
	Screenshot and send it to your friends	-	-	-	-
	Ignore it	-	-	1 (2.1)	-
	Remove the tag and post from your account	6 (24)	2 (15)	5 (10.4)	3 (16.7)
	Request that the original post is deleted	16 (64)	11 (85)	40 (83.3)	14 (77.8)
	No response	-	-	2 (4.2)	1 (6)
Your vocational trainer has seen the post and has commented on it. Likely reaction :	Comment on the post	-	-	-	-
	Ignore it	-	-	-	-
	Remove the tag and post from your account	3 (12)	-	6 (12.5)	3 (17)
	Request that the original post is deleted	15 (60)	9 (69)	30 (62.5)	11 (61)
	Change the privacy settings of your account	7 (28)	4 (31)	11 (22.9)	4 (22)
	No response	-	-	1 (2.1)	-
The sharing of patient	Post it as it is a closed	-	-	-	-

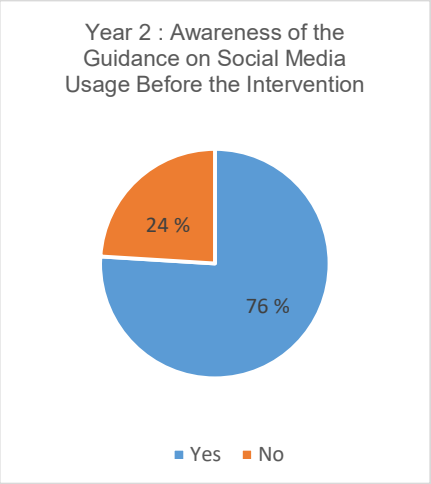
pictures on a closed social media group for discussion purposes without consent. Likely reaction :	social media group				
	Post it as the patient is least likely to be identified	-	1 (8)	-	-
	Post it and obtain consent at the next visit	-	-	-	-
	Refrain from posting	24 (96)	12 (92)	47 (97.9)	18 (100)
	No response	1 (4)	-	1 (4.2)	-
You decided to post it. The post is now circulating on social media and being shared onwards. Likely reaction :	Remove the original post	-	2 (15)	9 (19)	2 (11)
	Inform the patient	4 (16)	1 (8)	-	1 (6)
	Inform your supervisor	19 (76)	10 (77)	39 (81)	15 (83)
	No response	2 (8)	-	-	-

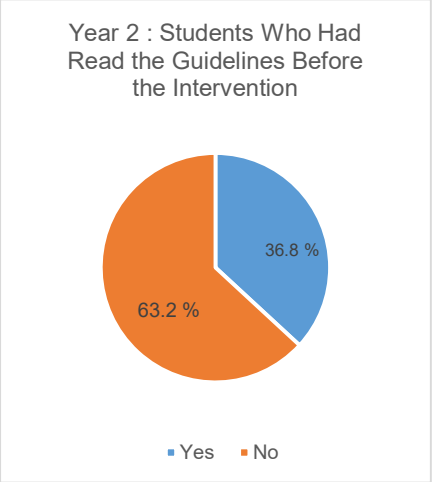
Table 3 : Social media usage and behaviour amongst dental students before and after the e-Professionalism module

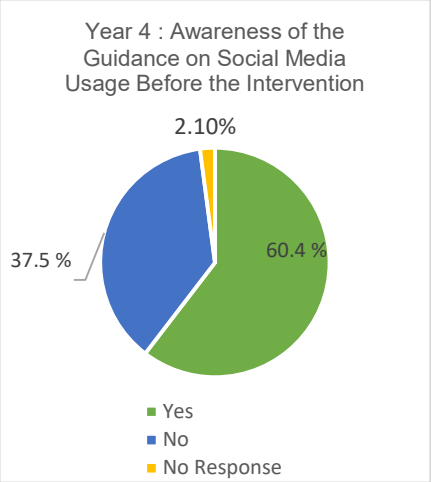
The table above depicts the differences in the behaviour patterns and mannerisms amongst second and fourth year students before and after the implementation of the e-Professionalism module.

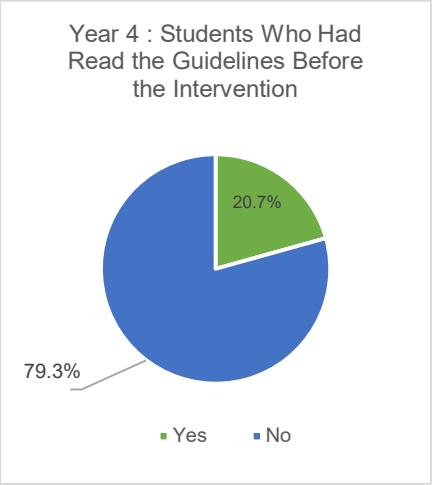
With regards to awareness about the GDC Guidance on Social Media Usage and having read these guidelines, all students (100%) responded yes after having completed the module whereas before only 36.8% of Year 2 students

and 20.7% of Year 4 students who were aware of the guidelines, had responded yes before the intervention.

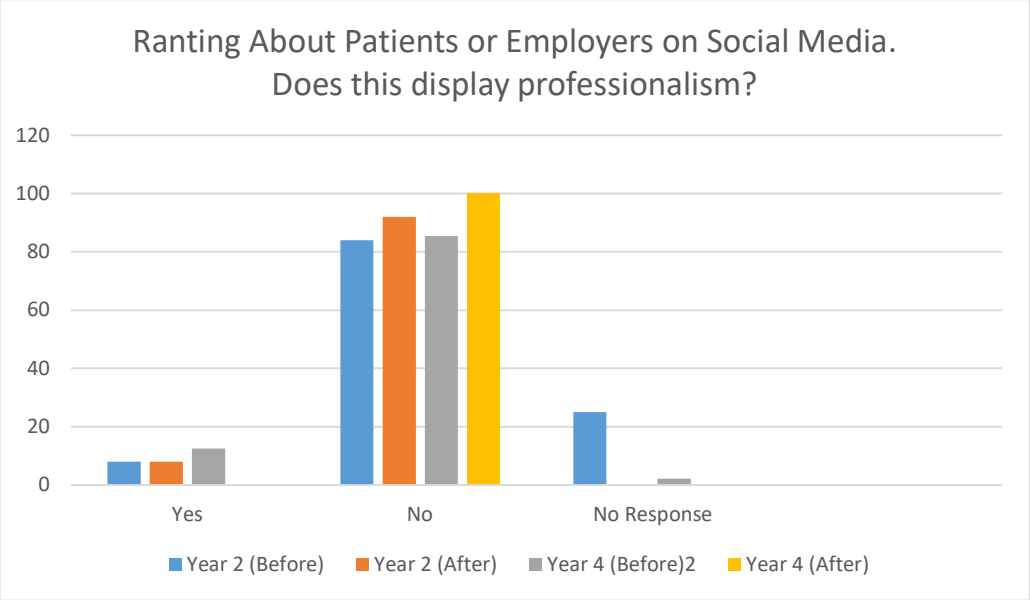




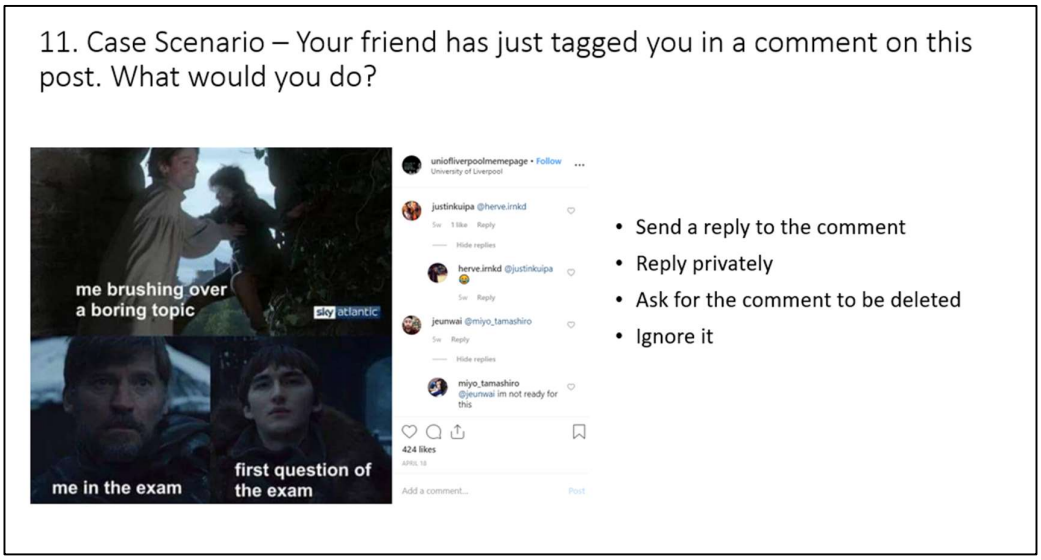


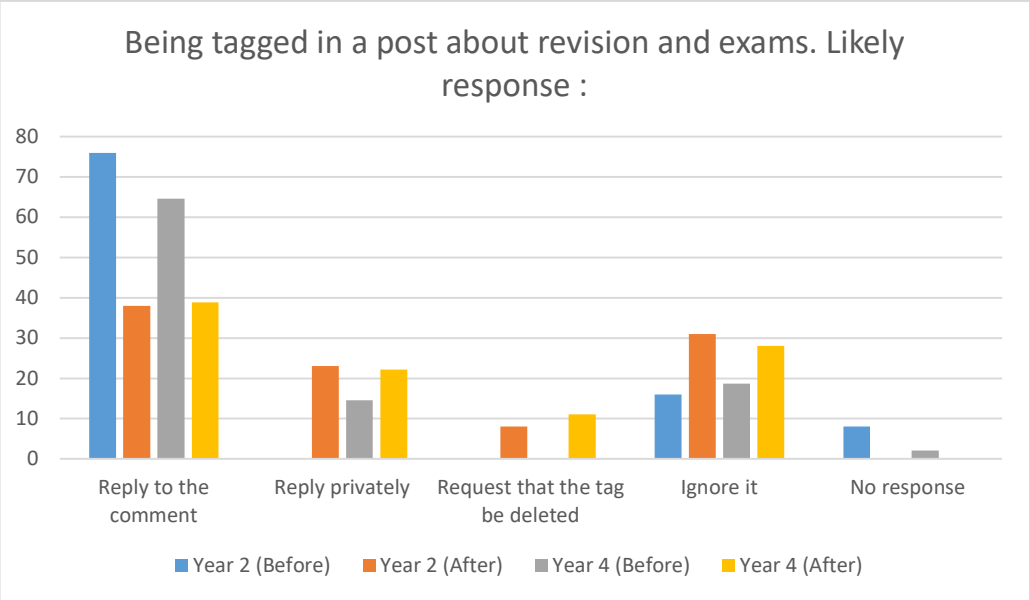


When questioned about professionalism in regards to venting or complaining about patients or employers on social media after the intervention, a higher proportion of both year 2 and year 4 students stated that it was unprofessional to do so.



In response to the following scenario, there was a reduction in the percentage of students who responded that they would reply to the comment after having completed the e-Professionalism module as depicted in the graph below. 38 % of Year 2 students responded that they would reply to the comment when tagged as compared to 76% prior to the intervention. Similarly, there was a 25.9% percentage reduction amongst Year 4 students.





A similar pattern and reduction in percentage was also observed when students were asked about their response to being tagged in a post about racism and attendance for face to face lectures.

In response to having a picture of themselves in an inebriated stated posted on social media, the percentage of Year 2 students who responded that they would request that the post be deleted increased to 85% from 64% prior to the intervention. The reverse was however observed in Year 4 students, with a reduction in percentage from 83.3% requesting for post deletion prior to intervention to 77.8%.

Finally, when given a scenario about sharing patient pictures on a closed social media group without consent, only 1 student from Year 2 felt that posting it was appropriate as the patient is least likely to be identified. Surprisingly this response was recorded after the intervention.

7.4 Qualitative Outcomes

6 focus group interviews were conducted, two from each year group with a mean participant number of 4 per group. The length of the focus group interviews ranged from 31.4 minutes to 65 minutes. The mean length was 46.3 minutes. All the focus group interview sessions were transcribed manually by the main researcher. The total number of pages of all transcripts was 57 pages.

	Group	**Length of interview (Minutes)**
Year 2	Group 1	59.59
	Group 2	65.00
Year 4	Group 1	31.40
	Group 2	44.20
Year 3	Group 1	42.10
	Group 2	36.25

Table 4 : Length of focus group interviews

For the purposes of enabling better comparisons and similarities amongst the year groups, Year 2 and Year 4 students have been categorised as the 'Seen Group' as they have had prior intervention and involvement in this study. On the other hand, students from Year 3 have been categorised as the 'Unseen Group'.

The following table depicts the findings of the thematic analysis conducted :

Overarching Theoretical Perspective	Themes	Categories
Developing a teaching module to educate dental students on the impact of online behaviour and improper social media usage	Awareness of the importance of digital professionalism	Understanding digital professionalism
		Awareness of social media guidelines
		Recognising the importance of understanding the guidelines
	Awareness of the consequences of online behaviour	Privacy settings of social media accounts
		Sharing of content on social media
		Online behaviour and activity on social media
	Impact of the e-Professionalism module	Gauging the changes in the level of awareness
		Positive and negative aspects of the teaching module
		Identifying methods of encouraging better engagement
	Proposed teaching and inclusion of digital professionalism into the curriculum	Relevance and importance of teaching
		Identification of content and learning material
		Identification of preferred teaching methods
		Digital professional as part of the curriculum

Table 5 : Qualitative outcomes

7.4.1 Theme 1 : Awareness of the Importance of Digital Professionalism

7.4.1.1 Understanding Digital Professionalism

Digital professionalism or eProfessionalism has been defined as the way you engage yourself online in relation to your profession, including your attitudes, actions and your adherence to relevant professional codes of conduct (Sowton, Connelly and Osborne, 2016).

On the whole, students across all year groups had a fair understanding of the meaning of digital professionalism. The most common finding across all year groups was being professional online and being professional at all times. Being cautious and mindful about posts and the sharing of content as well as consideration of the profession and line of work was deemed as important and necessary.

Being professional online

Portraying yourself in sort of a good way on the internet or on social media.
making sure you always remain professional when using social media.
Just maintaining the standards online, yea.
I think it's all about maintaining professionalism online, yea.
I suppose that's just how you present and carry yourself and show your professionalism on a digital platform.
I just thought of it as sort of being aware of the social media that you use and just being more cautious of what you post and what you say online and taking into consideration like your professional kind of body you're in and the work that you do.

Being professional at all times

It's not just about being professional in the dental surgery but seen professional at all times, really.
Expanding your professionalism to sort of all areas of life.

I guess it's just kind of keeping I don't know personal views kind of out of it. So nothing can be misconstrued as to what you've said.

Students also described digital professionalism as ensuring one's personal behaviour maintains patients' confidence in you and the dental profession. This is in line with principle 9 of the GDC's 'Standards For The Dental Team'. The excerpt below is from the aforementioned guideline.

Section 9.1.3 : 'You should not publish anything that could affect patients' and the public's confidence in you, or the dental profession, in any public media, unless this is done as part of raising a concern. Public media includes social networking sites, blogs and other social media. In particular, you must not make personal, inaccurate or derogatory comments about patients or colleagues.'

Yea, maintaining the image and maintaining trust to the patients and the profession. You don't want them to doubt your ability and making sure that their information and health is safe.
So, you've got to be careful of what you put on there in case it's seen in a very bad light. You don't know what to expect, so I think you should be really mindful and careful of what you do when it's digital.
So I think professionalism in general, is making sure that you maintain your behaviour, like outside the workplace in a way that kind of represent your profession and yourself in a good way.
So I'm assuming digital professionalism is like doing that same behaviour but digitally, so in terms of what you post, what you say, what you share, things like that, I guess.
It's like the GDC guideline and what was earlier mentioned, about like representing your profession.
So, it's just like making sure you're still upholding those standards when you're on social media and know that, whatever you say on Facebook, isn't going to you know, cause a problem with that.
Yea I agree with what everyone else has just said. So just like, upholding the standards of the profession and complying with the GDC.

Additionally, it was thought that professionalism meant upholding the same standards or values and behaving in a similar manner in person, whether at

work or in a social setting or online. The informal term for a person who portrays an antagonistic persona to the one he or she is known to exemplify in day to day life or one who engages in cyber-bullying is known as a 'keyboard warrior'. Being online and interacting on digital platforms does not give one permission or protection to behave in a different manner :

"..maintaining that professionalism level. So there's no real difference between like, work you and personal life or Facebook you "

Professionalism was also regarded as an inherent ability or an innate attribute that should come naturally to everyone :

" I guess you act professionally. And everyone sort of knows how to do that "

In addition, the handling of complaints, criticism or inappropriate behaviour was also thought as being digitally professional :

".. I think if you're focusing on digital professionalism as well, I think it's important to look at, if you are posting these things, if you do create a page when you're in dental school, you could get things like there's always things like bad comments and stuff like that "
" And I feel like people forget to think about the effect that will happen to them. So now I feel like loads of young dentists now, they'll always post something on their stories and then have people comment or dm them really horrible things. So, I feel it's not only about us posting things about dentistry or ourselves but it's also what you could get as backlash and how do you handle that professionally "

It was also thought that the meaning of digital professionalism was subject to perception. Some students discussed the fear and possibilities of misinterpretation and being judged for content that was meaningfully shared

with a different purpose. Additionally, it was also thought that students of today's age and era now know what they should and shouldn't be posting on social media as compared to a decade ago. Furthermore, age was also identified as a possible factor that determines one's behaviour on social media and the type of content shared.

I think it's being mindful of what people can see as people can perceive things very differently.
So I think it's really subjective. Something I might find to be embarrassing, if a patient or tutor were to see it, someone else might not think like that.
..somebody who has lost a lot of weight and they're doing like before and after pictures in their underwear. I know the tone or message that they're getting across is probably a positive one, like here's what I've achieved, promoting a healthy lifestyle and that sort of thing which in one way can be deemed as professional but in another way, there's a picture of you just stood there in your underwear!
I think we're past that age and immaturity where you know we'd share a photo of ourselves drunk and things. It'll probably be shared in chats where it's only between friends in a group or something, if at all. I think age is an important factor.

A proportion of students defined digital professionalism as the need of having a clean image. It was thought of as important to ensure content on social media did not contain anything inappropriate and detrimental to one's professional image and persona.

everything is so based around complaints and image and things like that. If we didn't understand what it is and someone found us doing something that we shouldn't be then you know like, you see things like people taking drugs at a party getting filmed
I think that's where digital professionalism very much comes in because if you're sort of flaunting around on TikTok and the next morning you go in and your Paeds patient starts pointing out pictures they've seen of you
someone who is doing a different career,maybe that would never get noticed but for someone doing Dentistry like we are that could ruin our career
it's not just you who is sharing things that concerns you and you don't really know what their privacy settings are. They may not be in the same course and profession and may feel differently about sharing things like that. It may not be a big deal for them really

7.4.1.2 Awareness of Social Media Guidelines

With regards to the awareness of social media guidelines, there was a mixed response with some students being aware about the GDC's Standards for the Dental Team and Guidance on Using Social Media versus some who were not.

Students from Year 2 and Year 4 had stated that they were aware of the existence of the guidelines but had a vague or brief understanding of its content. The guidelines were briefly looked at prior to attending university entrance interviews. Unfortunately, none of the students from these groups were aware of the University of Liverpool's Social Media Policy.

Couldn't quote them to you.
Could give you a general gist.
I'm aware there are guidelines.
I did read one because it was either in preparation for the interview or it was like a PBL session or something that we had to read it for.
I think in the actual quiz we did, as in with the year group on the Poll Everywhere, I think most of us said that we had heard of it but only a handful actually read it.

In contrast, students from Year 3, the 'Unseen Group' who had no prior intervention or involvement in this study demonstrated better knowledge of the GDC guidelines and were also aware of the University of Liverpool's Social Media Policy. Principles 4 and 9 from the Standards for the Dental Team which relate to protecting patients' information and ensuring personal behaviour maintains patients' confidence in you and the dental profession were discussed.

I've only read the 9 principles. I haven't read the in depth guidelines by the GDC.
I know the University of Liverpool has a social media policy.

I think one of the principles, is principle 8 or 7 or something, where it's something like you've got to maintain yourself and the patient's confidence in you, in and out of the public eye.
It was mentioned briefly in our first year, I know we had kind of like an introductory thing like when they went through the principles and they kind of said stuff about social media, like be aware of what you're posting and stuff, but nothing like in detail really.
Yea, for me, I know the segments from the guidelines that's to do with consent about posting pictures or patient details, things like that. So like you're discouraged from sharing any information that would give away a patient's identity. And if you do share any information, then it should be credible, and like evidence based and things like that.

In the 'Seen Group', students from the senior year groups stated that they had been urged to read the guidelines and that their generation was generally quite aware. However it was stated that only a small number of students had read them :

" I think, our generation is generally quite aware "

" I think in the actual quiz we did, as in with the year group on the Poll Everywhere, I think most of us said that we had heard of it but only a handful actually read it "

7.4.1.3 Recognising the Importance of Understanding the Guidelines

It was interesting to discover how the guidelines discussed in the previous section were interpreted and perceived. Students in the 'Seen Group' had mostly agreed that these guidelines were necessary for regulation and for the upholding of trust in the dental profession.

Has to be a way of trying to make sure that dentistry as a profession is regulated.
Making sure that patients see us as being professional.
To have a photo or post put up with you in an inebriated state I guess, may be offensive. So at least, you've been told to think about it as there are guidelines about this.
I think the guidelines can sort of tell you what's expected of you. You're sort of told how to be professional and how you want to be seen to the world.

They're not really saying change who you are and be this person. It's more of making a proper divide between your personal and professional life. So yea, you can have a life, do whatever you want really but make you can keep the trust in the profession.
I think although I don't fully know the guidelines in and out, it is good to sort of have a set of rules, although they are somewhat loose?
I think it is important that we have such guidelines, because the whole point of the GDC is to sort of regulate us.
So if digital media is going to be a key part of how we carry ourselves and how the public perceives us, then they need to have a clear stance on it and be able to advise us on what we can and can't do.
It is to protect people at the end of the day, so I don't think that's bad.

Also, most students in this group expressed the lack of clarity and understanding of these guidelines. In spite of recognising its importance, they felt the guidelines did not fully describe what corresponds with proper and improper social media usage and online behaviour.

In the case of finding a post offensive, different people have different opinions about it. And you don't really know what is and what isn't and the next thing you know, you've been struck off due to your social media post.
I think although I don't fully know the guidelines in and out, it is good to sort of have a set of rules, although they are somewhat loose.
All these guidelines and we don't really get a lot of guidance with it, that worries me a lot.

The lack of clarity and understanding was also identified amongst the Year 3 students although they were able to recall important segments from the guideline :

" I think one of the principles, is principle 8 or 7 or something, where it's something like you've got to maintain yourself and the patient's confidence in you, in and out of the public eye. Like, does that extend to social media as well, I'm not sure."

In addition, students from both the 'Seen' and 'Unseen' groups also demonstrated agreement that the GDC guidelines were important to know and understand. Students had additionally, asserted the need for teaching

and guidance which will be further explored in the discussion of the fourth theme identified. The need for awareness, understanding and clarity was stressed upon as it was felt that healthcare professionals were subject to negative implications of improper use of social media:

" It shouldn't be something that is coming out of the blue when they crack down on someone for what they've posted''
" I have heard of dentists being struck off, I can't go into specifics but yea, for not adhering to the guidelines, so it's important ''
"..I do think they are important to know ''
" You can't do this and that and you can't put things up on social media like other people your age who aren't necessarily doing as much of a professional career. They wouldn't get in trouble for it. ''
" I think not long ago, there was a nurse or something who was on a train that was going on about something on social media, it was to do with a colleague or patient. She got struck off because of it ''
" So, I feel it is important to know them because somebody could do something that was like a career ending move without even realising it was a problem ''

In addition, it was found that students had had underlying fears and anxiety with regards to the content of the guidelines which stemmed from a lack of proper understanding or misinterpretation. Some students revealed that they were simply scared of the guidelines or overwhelmed by it. There was also fear of being judged due to existing content on their social media, inability to control what others' post on their accounts and fear of the GDC in general.

There's a bit of scaremongering.
Will I get punished for something I posted when I was 13 or 16.
I constantly think if this is acceptable or if I'm doing something wrong.
It's quite scary.
when you think about the guidelines, they can sort of consume your life.
I think it's actually scary, honestly.

I feel it's threatening because you know, if you do anything wrong or against it, then they can take you down.
For people who do want to do that, then it can be quite concerning for them, or they might feel a little afraid or apprehensive about posting or doing something online.
Most people have surprisingly little control over what their friends and contacts can post about them on social media.The best thing you can do is to try and rectify the situation after it has happened.
I think generally, with dental students, there is a sort of fear of the GDC.

In contrast to the findings above, some students were unconcerned or unbothered about the guidelines altogether as they considered themselves as being quiet or inactive on social media :

" I'd say my personality wouldn't really put me in a position where I'd be particularly concerned with these guidelines, if that makes sense. Because I'm not really putting myself out there actively "

One student inferred that the guidelines were based on common sense and that they should not be given a great deal of importance especially when students newly join the university. It was felt that the University of Liverpool's Social Media Policy should be given priority as a way and means to gradually mould students into young professionals as well as inculcate good online mannerisms :

" I think guidelines are built out of common sense sometimes and having UoL guidelines and not just hitting somebody with the GDC guidelines as soon as they enter the first day of dental school is a much better way of going about things to sort of build that professional character ''

7.4.2 Theme 2 : Awareness of the Consequences of Online Behaviour

This theme explores, the importance of having strict privacy settings, mindful acceptance of friend requests from patients and being sensible when sharing content in line with the GDC's Guidance on Using Social Media.

7.4.2.1 Privacy Settings of Social Media Accounts

In general, students across all year groups had high privacy settings for all their social media accounts. In other words, they had their account activity and access restricted to only friends or followers.

All my stuff is private. Only people that I'm friends with can see my stuff on Facebook.
I like to keep all my social media apps like a fortress.
It's almost like not wanting people to know everything about me.
Everyone doesn't need to know my business.
You can change your privacy settings and control who can see what.
I think it's become a lot easier to control your privacy settings since more and more people are starting to have professional pages on Facebook.
Yea, mostly everything's on private. I think it's important to have it that way.

Some students from Year 2 had also received early exposure to safe social media usage :

" I was told in school, in the 6th form to you know, make sure all your privacy settings are set to private. I just set everything to private, as much as I can really "

" I remember when I was in year 5 or year 6, hearing from the police you know saying, you know make sure to review your privacy settings and make sure they're good because you never know who's going to be seeing it "

Students from both the Seen and Unseen Groups asserted the need for high privacy settings due to fear of being judged, misinterpreted, getting into trouble or simply being ostracised in what is also known as the 'cancel

culture'. Students also discussed looking up their own names to assess their digital footprints :

Being a dental student, you hear about how things can be sort of misinterpreted and used from social media in a negative way, sort of makes you question what you put on.
It only takes you to not be thinking about what you're reposting and all of a sudden people may start thinking that you're agreeing with certain points of view and you may not. The next thing you know, you're cancelled.
patients can get a hold of it and they can report you and things, so it's a bit scary for them to get that information.
I remember searching back through all my Facebook posts making sure I never put up anything that was like, you know when you're a kid and you think you're sort of invincible.
Something could be taken out of context.
I guess people say that you can't delete things from things from the Internet. So you've got to be careful about what you've got on there.
Sometimes I Google myself, just to check and see what other people can see.
I think it just made me realise, like, if patients are nosy, they could Google me and I don't know what they're going to find.
Yeah, it's definitely a thing I've been more bothered about since starting uni. Like when we had this induction lecture. I was like, because it's not that I feel like I've posted anything dodgy but yeah, it's like what did I say? Like when I was 14 on Twitter?
I sometimes feel like deleting everything and then restart again.
Yea, sometimes like I'm scrolling through and go like I really can't remember posting that or doing that. It's like a landmine sometimes, you don't know what you're going to find.
You just don't know if people can see old posts. So I've actually painstakingly gone through everything and made it all private. Can be bit of a nightmare really.
Having things on public, like it's not necessarily going to be bad but there might be a situation that might come like once every so often where it might have been beneficial to have it on private.

High privacy levels were also deemed important for safety aspects and to prevent one from being stalked. It was also suggested by some students that names on social media accounts be altered slightly so as to prevent being found by patients and to encourage anonymity :

" Since starting university, you become a lot more aware of how easy it is to find out information about other people on social media "

" Do I really want patients to be able to find me on Facebook or whatever "

“ I just think it's better being on private or like slightly changing your name so your patients maybe can't find you? ”

“ I don't have my full name on it ”

“ It’s not as easy for someone to contact us, like say a patient or just a random person or whatever ”

In addition, it was inferred by students across all year groups that having high privacy settings could be a reflection of personality and personal preference.

If you’re a private person in real life, it kind of comes across that way on social media as well.
I like to keep things private.
I think it’s a good thing to have privacy.
I just want to have control about who can see like private parts of my life as well. But yeah, but it's not like super private or anything. It's like a personal thing, isn't it? So you want to know who can see it?
I think it’s just easier to manage having it a bit more private.

One student asserted that high privacy settings were important but more so after finishing dental school or upon graduation :

“ Just with the profession we’re in, I think it’s really important but then again you know, I think it’s fine at the moment ”

On the contrary, a student from the Unseen Group had had privacy settings of social media accounts set to public. This was also deemed to be a reflection of personality and personal preference mainly as the student did not perceive the content shared to be offensive or inappropriate. Also, it was discussed that having strict privacy settings does not mean that you will not be able to receive messages or interact with people who do not have access to your accounts. Some students also stated that they often rotate between strict and public settings :

“ I think my Instagram might be not private actually, I go between the two ”

“ Not sure, it may not be private at the minute ”
“Yea, the reason I think the reason I’m not quite bothered having it on private is that I don’t post anything that I wouldn’t mind everybody seeing ”
“ Also like, if you’re on private, you can still receive messages from someone who doesn’t follow you. And it just comes in like a different tab and you can ignore it ”
“ And it’s just that if someone was following me and I didn’t want them to, then I’d just block and unblock them, and then that’s the problem solved ”

Anonymous accounts that were perceived to be independent and unable to be linked to personal accounts were considered safe and did not warrant high privacy settings. These accounts were used to display art and share creative content as a hobby :

“ My art one is open to public but my personal one isn’t ”
“ The art one is sort of anonymous. It doesn’t even say I’m a dental student or anything, so only my friends who I’ve told, will know it’s me ”

Friend requests

It should be presumed that content shared on social media will be in circulation permanently whether or not the original post has been removed or deleted. Strict privacy settings may not be able to prevent this as anyone with access to the accounts can view these posts, screenshot it and forward it onwards. Thus, it is important that friend requests be considered thoughtfully prior to their acceptance.

In this regard, students across all age groups were reluctant to add patients as they found it weird, awkward and inappropriate. Some students stated that they had account settings that enabled only mutual friends to be able to add

or send them friend requests. Some students had had patients who sent them friend requests and one student had sought help and guidance from university staff members prior to blocking these patients :

I'd find that really weird.
I would never do that.
Creepy.
Patients, absolutely no..I wouldn't do it.
My patient did try adding me. I just ignored it. Yeah, they tried to ask me on Facebook, but yeah, I just deleted it. So that was that.
I think it's just a little bit weird for one that they found me on social media. And then they tried to add me.
I've had a patient who tried to add me on Facebook. He found my account and I've actually got my settings for friend request such that only a mutual friend can add me.
He must've been a friend of a friend as well. So he then messaged me on Facebook! And was like, 'Hi!' So I had to go and see Mrs J in the office and told them about it.*
I blocked him. I wasn't bothered or worried about it but like when he came in and said 'Oh, I found you on Facebook.' I had to tell him that I wasn't allowed to be friends with you. You can't do that on Facebook.
I think patients are completely unaware that like, that's an inappropriate thing.

Others felt that it was acceptable to add patients on professional social media accounts, especially after graduation :

" I'd have a different profile, you know a professional one that they could have access to "

" Facebook page that is like, specifically for business. That will be fine yea. I wouldn't be adding patients on a personal account "

" I'd have a different profile you know a professional one that they could have access to "

" if I was already a dentist and I have a professional account, I think I'll be fine with them following my professional account "

Additionally, the adding of staff or faculty members on social media received mixed response from students. Students were more willing to connect on LinkedIn for networking purposes, more so after graduation. This also

applied, if they had better rapport and were friends outside of the university. It was also considered a matter of personal preference :

I know like some people would do and that's fine.
Like it's a matter of personal preference and things.
Yea, I don't see a problem with that, or with colleagues as well especially if it's people you know or are close to.
From a networking point of view I wouldn't be taken aback if somebody tried to add me.
I have a couple of lecturers from my last degree on Facebook but like I don't see them as being my lecturers anymore.
I think once you've graduated and you're working, then in a way, it becomes more of like a networking connection rather than anything else.
That becomes bit less weird, if that makes sense.
LinkedIn or something like that would be completely fine. I see that as being a lot more professional.
I think that'll be completely normal because you don't really share personal things on platforms like LinkedIn whereas Facebook, I think that'll be quite weird because you got personal pictures and things on there.

Students who were apprehensive about accepting friend requests or adding staff members on social media found it uncomfortable and without any benefit. Others felt there was a need for boundaries and also to respect and protect the privacy of both staff members and students alike :

I don't know, I think that's a bit different.
At this stage, I'd be weirded out if a lecturer added me on Facebook.
I just think there's no benefit to having them. So why would I now?
It's very much like they're staff and we're students.
Yea, well they have lives too and they want to share things with their friends, I don't think they'd want what they did on the weekend to be common knowledge for their students.
I'm kind of the same, I guess. It's really kind of what she's said already where you know everybody kind of has their private profile that they share with their friends.
It kind of doesn't really make me feel very comfortable.
I know I definitely haven't added any staff members. I guess it's just kind of like having a boundary.

7.4.2.2 Sharing of Content on Social Media

With regards to the sharing of content, the GDC's Guidance on using Social Media (2016) states the following :

'You should not post any information, including personal views or photographs and videos which could damage public confidence in you as a dental professional.'

' Maintain and protect patients' information by not publishing any information which could identify them on social media without their explicit consent '

' Maintain appropriate boundaries in the relationships you have with patients and other members of the dental team '

' Do not instigate or take part in any form of cyber bullying, intimidation or the use of offensive language online. If you share any such content posted by someone else, you can still be held responsible even though you did not create it.'

In this category and in line with the key points discussed above, 3 subcategories were identified and described below :

Sharing of inappropriate pictures on social media

A scenario involving a picture of a colleague in an inebriated state was put forth for discussion amongst students in both the Seen and Unseen Groups. Discussion was encouraged at appropriate points.

Students across all year groups expressed that there were high standards expected of them which were not necessarily demanded from students in other courses or career pathways. Healthcare personnel were subject to high

standards of professionalism and etiquette be it in a clinical setting or otherwise :

“ I feel there’s a really high standard expected ”

“ I suppose if your patient could potentially see it, and if you see them for treatment the next day, then they might feel a bit weird ”

“ I think due to the course, you’re definitely a bit more on it, because of the implications it can have if a patient finds it or something ”

In regards to sharing a picture as in the scenario given, students in the Seen Group had mixed responses as to whether or not the picture or post was inappropriate. The younger year groups did not feel a post as such was wrong or inappropriate and it was said to be up to one’s perception. Being photographed when out in a social function with a drink in hand was not deemed wrong and the differences in a good and bad picture was discussed. It was also asserted that it was highly unlikely for dental students to be sharing content of such a nature so as to uphold professionalism in addition to being mature and responsible. It was more likely to be shared as a ‘Story’ which is a post that disappears within 24 hours. However they were also aware that it could be screenshot or screen captured and circulated onwards in spite of strict privacy settings :

I don’t think it’s bad being seen out with a drink in my hand.
I think there’s a difference between a nice picture where everyone is smiling and another where someone’s throwing up in a picture.
I don’t actually know of anyone who would put up a really a picture of someone throwing up on the floor anyway. I think it’s sort of a preconditioned thing in our mind, where we know we have to maintain some sort of level of professionalism’
I think we’re past that age and immaturity where you know we’d share a photo of ourselves drunk and things. It’ll probably be shared in chats where it’s only between friends in a group or something, if at all. I think age is an important factor

People most likely wouldn't post a disastrous picture of themselves but nowadays you have things like stories where you can post something up that will disappear within 24 hours.
If someone screenshots it, then that's saved.
Then the screenshot can be sent to everyone.

On the other hand, students from Years 4 (Seen) and 3 (Unseen) were of the assumption that the post was inappropriate and that it should be removed immediately. Students in the latter group also expressed that it was inappropriate particularly if the person involved has clinical duties the next day. There was however agreement amongst students in the Seen Group that there is an inability to control what others post and uncertainty whether or not getting a post involving a colleague or friend in such a state removed falls under your responsibility :

If it were a picture of me, I'd definitely push for them to take it off. I'd remove my tag immediately and get them to take it down.
I think I'm aware that you're not really meant to post things like that on your account.
If it were a picture of me, I'd tell them to take it down immediately.
If they want the picture up there, that's on them.
I'm more likely to say like you can't or shouldn't do that if they had clinic the next day and decided to get drunk the night before.
If I didn't know them I'm not going to tell them anything but if it was a mutual friend or something I might be like, maybe you want to take that down. But it really is kind of up to the person who is in it really.
I don't know, it's kind of a grey area about whether it's your responsibility to get it taken down or not.
It's kind of like, their life and their decision. If they want the picture up there, that's on them.

Students from both groups also expressed that they would refrain from engaging in such posts as it would draw more attention to the post as the posts were in the public domain. Most students relayed that they would be more inclined to speak to the person involved in person :

“ I find if you start commenting, like take this down or whatever, it will just create more of a situation and more people will take notice ”
“ It would get flagged up more on other people’s feed, because there's 500 comments on a picture as opposed to when someone scrolls past ”
“ I’d tell the person himself so they’re aware. It’s then sort of their responsibility to then tell the person who uploaded it to remove it or untag or whatever he feels is necessary ”
“ I’d just let the person know and sort of let him or her handle it really ”
“ If it’s one of your close friends or something, and you feel like you can talk to them, then I’d make them aware of it and ask if they’d like to untag themselves or maybe even get the photo taken down? ”

Students from the Unseen Group also expressed that they would refrain from engaging so as to stay out of or avoid trouble, awkwardness and a strain in their relationship with the person involved :

“ It’s a bit of an awkward conversation to bring up if you don’t really speak to this person and you’re like, kind of telling them off for posting something inappropriate ”
“ I think in my honest opinion, I think I’d just keep my nose out of it.”

Venting on social media

Students in all year groups were asked to discuss and express their opinions regarding the use of social media to vent or rant about a colleague, staff member or patients.

Students from both Seen and Unseen Groups demonstrated similar insight in terms of deeming this action inappropriate. It was described to be a common occurrence. Students expressed that it wrong to rant online and described it as being improper and immature and not without consequences or

repercussions. Raising concerns appropriately and in a professional manner and the handling of the matter in private, with family or friends was identified as the better way. Some students felt that it was right to advise his or her colleague to refrain from sharing such content :

I don't think it's right firstly to rant online.
I don't think that's right, they shouldn't be doing that.
I would never let off my steam on a social media platform.
Very very bad decision.
Not very wise.
Happens quite commonly.
I'd never do something like that myself really.
I'd probably message them privately and let them know to delete it unless they want everyone on their page to see it.
I wouldn't want him or her to regret it.
There are consequences to that.
I probably might have done something like this when I was 14 or something when a teacher annoyed me or something but I can't think of anything worse than writing this on Twitter and venting like that.
I think it's a really immature way of dealing with things. You're kind of like hanging out your washing for everyone to see.
I think on a personal level as well if you see someone outing someone else on social media, being aggressive and using that sort of language, I think I'd say they need to sort it between themselves and not just like bad mouth someone online just because you can't be courageous enough to say it in person.
I'd just go back and rant about it to my family.
I wouldn't put it up on social media but I'd probably you know message a friend of mine from the dental school probably and say something.
I'd also kind of advice them to speak to the person they're having a problem with rather than venting online.
I'd just ask them to talk to the person they're having an issue with, that would be the way I'd handle it anyway.
I probably wouldn't be like you know, you should take this down. I'd probably be a bit more casual and go like, you know, this could be seen by others as well. And then you know, hope that it clicks for them.
I think I would probably personally message them and just tell them about the risks that they'd be taking by doing that.

Treating colleagues and members of the public with respect as stated in the GDC's Guidelines was discussed and there was widespread agreement amongst most students that venting on social media would go against this principle. In addition, approaching or advising the person who shared such a

post or content was also considered improper as it is an invasion of one's personal life and matters. It was only considered ideal to intervene when the person involved was a close friend and not an acquaintance:

I'd check on the person. But if it was someone I wasn't so close to, I'd probably not do anything to be very honest.
It depends how close you are with the person as well. I'd probably say, 'What are you doing? Are you okay?'
It depends on how close I was to them. Like, if they were my friend, I'd be like, oh, maybe we should take it down. But they're just my colleague, I just leave it because they might get offended if you tell them.
I wouldn't comment on the post and be like you know, you need to take this down, I think you just have to be careful of how you approach them because people can take it differently.
I probably wouldn't be like you know, you should take this down. I'd probably be a bit more casual and go like, you know, this could be seen by others as well. And then you know, hope that it clicks for them.
People could be like you know it's my Facebook and I can do whatever so you have to be really careful when you're kind of gently saying you shouldn't really be putting that on.
Yea, at the end of the day it is really their page and you can only sort of just give them your opinion and see if they take it onboard or not.

Students from both Seen and Unseen Groups also demonstrated insight into the permanence of posts and content shared on social media and the importance of being mindful before uploading anything online. Some students from the Seen Group also expressed a decreasing need or want to share content on social media after joining the course. The increasingly easy ability of smart phones and gadgets to screenshot posts and contest was also discussed.

" The second it's on, you can't get rid of it then "

" Yea, something that my Mum always said to me when I was really little, she was like you can get your social media accounts, so long as you remember that every time you post, you must remember that whatever you put out there, can never be deleted fully, so just remember everything out there can stay there forever "

" Just make sure you're happy with it being out there "

" Before I post anything, it's like a little voice in the back of my mind to say, ' Are you happy for this to be on the internet forever?' "
" I don't really post that much on social media. I'm very much aware that there are boundaries and I'm always thinking about them. Especially since starting this course "
" When you get out of the habit of sharing everything, then even things that you know you would post, I just wouldn't feel the need to "
" I just don't feel a need to post that much on social media really. If I'd want them to know something, I'd just tell them "

Some students from the Unseen Group were also of the opinion that people tend to put up a front on social media and that sharing content such as discussed in the scenario would be bursting the ideal bubble or fantasy created. It was inferred that most people only share content that showcases the good and fun aspects of their life :

" Often I feel though, on social media people kind of portray that they have this perfect life and I feel like that might almost shatter that illusion if they'd go on and post about their 'worst day' "
" It would break that facade "

Lastly, students from the Seen Group felt the need to careful in deciding whether or not to offer their advice or opinion as there were fears of being judged, misunderstood or from being isolated from social circles that they were a part of. Also, as in the previous category discussed, some students also chose to stay out of trouble and thus avoid having awkward conversations that would make them uncomfortable :

" In reality, if it were to happen right now, I'd probably not say anything really."
" Yea if it was someone on the course and we weren't best friends then I'd probably stay out of it "

" I'd probably just leave or ignore it, to be honest "

" I wouldn't want to get involved in it myself "

" You've got to be careful about what you pour out "

" Screenshots of conversations had with a person, up it goes and then the person is labelled instantly like you know, this person is racist, sexist."

" It takes one person to say something wrong and then somebody can quote that person and then they get exposed "

Sharing of patient pictures

With regards to the sharing of patient pictures on social media, there was widespread agreement across all year groups that it was inappropriate to do so as a dental students. This was for a number of reasons. Some students felt so underconfident with their dental work and skills and were uncomfortable with sharing it on social media, even after graduating dental school :

I would never do that especially not as a dental student. Ever.
I'd be horrified to do it as a student.
I wouldn't feel confident and I also don't think my work would be good enough to be honest.
Wouldn't feel comfortable.
I personally wouldn't be inclined to do this, even at a later stage.
I don't think I would put anything that I did on the internet now. Firstly, it's probably rubbish and secondly, I just don't think it's appropriate.

Others felt that as it was strongly frowned upon, they were thus paranoid and apprehensive about doing so prior to graduation :

" I think personally, I just don't want to take that risk. Because it is, technically someone else's pictures "

" I'm not sure why but my head says it's inappropriate "

Some students from the Unseen Group were not willing to take any risks as they were uncertain whether or not the sharing of pictures on social media

was allowed. They also expressed their lack of knowledge regarding the type of consent required for clinical photography and the desire to learn about it. The current consent form used in the dental hospital was discussed and the uncertainty regarding social media being included in the category of publications was highlighted:

I don't understand what you can and can't do enough, to be comfortable posting.
I'm not sure why but my head says it's inappropriate.
Yea, I think the level we're at, at the minute, I don't understand enough, like the legislation and all like, how much or what consent do you need and do you know what I mean?
I don't think at our level, we can get a level of consent which allows it to be put up on our personal accounts because, like everything we do, when we get consent, like say on a clinic at the dental hospital, it's got to go through our tutors, so I don't think we'd be able to do anything like that with our personal accounts.
I would feel kind of apprehensive about it, so as a result, I wouldn't.
I know in the dental hospital, you have that leaflet and one of the boxes is to be use for publication, in papers and so on. I don't actually know about it, if it means books, papers or does it also include social media? I think it would be interesting to know that.

Students from the Seen Group felt they were underqualified to be sharing patient pictures and that it was allowed at a postgraduate level with the appropriate consent :

" I think it's fine at like a postgraduate level, like obviously with the proper consent and using like professional photos. I don't see a problem with that at all "

" I don't think at this level anyone would think of doing it "

" It's just that we're not qualified and maybe we just need to be clear about that on the Instagram account or something "

With regards to consent, some students from the Unseen Group felt that it was alright for dental students to be sharing patient pictures with consent. Students from the Seen Group inferred that this was appropriate but only

upon graduation. It was however agreed by all year groups that the sharing of patient pictures without consent, is inappropriate. One student felt that it was the sharing of this content with the right consent on a professional account or page would be ideal.

Students from both groups were able to identify the need to warn patients about the permanence of content on social media and that consent, even when withdrawn does not guarantee the removal of the pictures from the internet in total. This is mainly due to the ability to screenshot and save pictures. In this regard, students from the Unseen Group had correctly identified the need to hide patient identifiable information so as to prevent patient identities from being revealed, in line with the GDC Guidelines.

I think as long as you follow all the rules and guidelines, I don't see why it's a problem.
So long as you've got the consent forms filled and the procedures are done correctly, I think it should be fine.
I think you'd have to have a lot of permission before doing something like that. A lot of written permission before you even attempt to do it.
I think photography is one of those things where you'd need expressed consent so it would be sort of a local policy or procedure where the patient would have to consent for GDPR purposes. Things like the purpose, duration and nature of why you're storing information for
If they've consented for it to be used for that purpose, and I've seen a lot of dentists do it on Instagram, I guess that's allowed. But if it's without consent, it's not allowed.
If you have a special or specific professional account for it, then go for it. With the right consent, definitely.
I think it's tricky in a way, because patients may not realise how far it can spread.
I think a patient can withdraw consent at any point.
That's a good point as consent can be withdrawn but with the ability to screenshot, I suppose it's there the possibility that the content can still be available elsewhere.
I'd immediately take the pictures down.
But you know with the ability to screenshot on any device really at this point, those things are out of your control, isn't it? I'm not sure what you can do or if you can track who's screenshotted the photo?

I think it's important to make the patient aware as well that there's a possibility that the photo may still be circulating if someone's done that.
I guess, if you've gone to Google and you search a photo, a lot of patient photos have their eyes blacked out, that kind of thing.
Also, make sure like, patient identifiable material, like their name or surname and stuff isn't on the post. So, whatever happens, the patient can't actually be identified.
I think when you take the before and after picture firstly, you try and have like the least amount of identifiable features on the picture so like blocking out the eyes and just having literally just the mouth region and you just warn the patient beforehand that once you consent and even though you can withdraw consent you can't withdraw traces of the image once it's posted on the internet.
I would try and limit patient identifiable data on the picture itself and limit it to only the mouth area and obviously not have the patient's name on it.
I guess if they've expressed consent, then obviously they know that the agreement can also be revoked but if it's on social media, then there's the potential for it not to be able to, like be deleted, if it's been shared onwards.
Yea, you've kind of got to warn patients as well if you're sharing it on social media. Especially if the patient withdraws consent and wants the post taken down.
If they do withdraw consent, I'd delete the post immediately and let them know that I've taken it off and I can't control obviously if it's been shared onwards.
You can delete it, but there's always the chance that someone has sort of screen grabbed or screenshot and all that.
You can only delete the copy you've got on the page.
I think that needs to all be explained in the consent process.

The use of social media as a tool for marketing was discussed in relation to the sharing of content on social media. Students from all year groups agreed that it was a good tool for private practices, allows promotion of services. Patients are able to view testimonials, reviews before selecting a private practice and dentist they are comfortable with. One student felt that this was more of a necessity for private practices and not the NHS dental services and was dependent on the branch of dentistry with an emphasis more on aesthetic dentistry :

Almost every dentist would be sharing before and after pictures on social media.
I understand why you would do it, you know to promote yourself as a dentist, you're trying to promote your work and practice.

I think it's quite a good way of promoting your work as a dentist, really when you're actually qualified.
I think it's a really good tool especially when you're looking to go into private practice.
It's to do with the marketing aspect of Dentistry. Should you ever want to reach the private world then that marketing aspect very much becomes very fundamental.
It's all about advertising yourself and to sort of show off your skills and abilities. In a private setting, that's obviously a plus point.
Yea, for publicity. Which isn't a bad thing I feel.
I can't imagine an Oral Maxillofacial Surgeon sharing before and afters. It would put anyone off, wouldn't it? I think it's mostly done by people who are in aesthetics.
If I was a patient who was looking for treatment, that is something I'd look at because I want to see what other results that this person has had.
As a patient who is in search of a clinic for treatment that they may need, having pictures of before and afters on social media will be helpful in a sort of testimonial kind of way.
I think we're in a culture today where people go off recommendations. So unless your work is there to be seen, people would tend to go off advice by others, word of mouth and all that
I think it's really useful and I think a lot of other people think this as well.
Personal recommendation coupled with an online world, that's what got me into Invisalign. But if I would've then looked up that person and there were no pictures, it may have changed my mind about things. Then I would have leaned towards Google reviews
It's a good form of promotion for the dentist and also from a patient point of view they're able to sort of get really good reviews before they pick a dentist or service they'd like.
Yea, it wouldn't be essential for an NHS clinic but for private clinics, I suppose its good for advertising and to get some recognition.

Students from both groups expressed that social media has brought upon a change in dentistry, in particular to aesthetic fields. Patients are now more conscious about their smiles, are willing to travel near and far to seek treatment and are no longer dependent on referrals by their general dental practitioners as information is now so widely available :

With social media, people have become a lot more conscious about their smiles and appearance.
Nowadays, people are more willing to travel and not really bothered about getting service at their doorstep.
So if a patient is going to get veneers done and they've seen loads of work online, especially if the dentist is quite a distance away, they're more likely

to travel the distance anyway and get the veneers done from that specific dentist.
Yea, I like when you were saying about the willingness to travel. Like you know, people are willing to travel abroad.
I think it's relatively new these things, using social media and all. When I first started working in a dental practice, there was no such things. If you wanted to get some work done say, you'd have to go to your normal GDP and they would recommend someone.
I wouldn't even know where to go if not for all the information and pictures. It's a great form of advertisement.
Yea, I mean there's loads of more information now and you can look it up yourself rather than relying on your GDP these days. You can just Google everything nowadays.

In addition, students from the Unseen Group inferred that the sharing of dental content and patient pictures on social media by private practices or dentists had its benefits as patients who have dental anxiety are able to better understand the treatment they require and can relate to their dentists. Social media has allowed dentists and practices to have better engagement with potential patients. On the negative side, patients can be a lot more demanding especially if they develop unrealistic expectations after having gone through so much content on social media :

" I think now that patients can actually see dental work, and see the impact and also, kind of able to see at least the character that the dentist is portraying of themselves anyway, could help with their anxiety "
" It kind of increases their understanding of what a dentist is like "
" Yeah, I think it's a really good way of like being able to engage with people as well because I don't know, like where else do you sort of advertise "
" It can also be bad in a way. Because you know, a patient could walk in and sort of show you a picture of a smile they want or a celebrity's smile and go like, I want my teeth to look like this "
" All those things may not actually be possible, so I guess it can give people like a false perception of what their mouth is going to look like based on all the pictures they've seen or screenshotted "

One student from the Unseen Group felt that it was risky to share patient pictures as accounts can be hacked easily :

" I've had someone do that with my picture. Someone had actually stolen my picture and used it for their own profile. So yeah, it happened like when I was 15 or 16, about like 10 years ago "

" You literally don't know when and how your accounts can be hacked sometimes. So I'd be really careful about posting patient pictures honestly"

7.4.2.3 Online Behaviour and Activity on Social Media

With regards to online activity and mannerisms, it is important to discuss the many uses of social media amongst dental students to enable better understanding and to gain an insight into their behaviour and conduct online.

Unsurprisingly, it was found that dental students from all year groups used social media as a means of keeping in touch and to keep up with friends and family. It was also an effective way of staying up to date with events and webinars which was deemed important and essential throughout the COVID-19 pandemic. As a lot of teaching moved to online platforms, social media was an effective tool to ensure everyone was kept informed.

In addition, students from all year groups also asserted that they were part of groups on social media (Facebook, Instagram) which allowed them to keep up with the happenings in the dental school (Liverpool University Dental Students Society) and with other dental students across the United Kingdom and beyond (Young Dentists Worldwide). Some students felt that these groups helped ease some of the anxiety that they had had throughout the initial nationwide lockdown where uncertainty was the common theme in

almost every aspect of life. These groups had allowed them to compare notes with students elsewhere which provided reassurance. Furthermore, they were also part of year groups on Facebook that made group projects and activities a lot easier to conduct. Some students were also part of dental education groups which they found useful.

Most students expressed that it was important to be on social media as almost everyone they knew were on it. Thus, there was an element of peer pressure and a fear of missing out on events be it social, educational or for entertainment purposes.

Besides, social media was also used as a means of entertainment as a lot of content and videos are shared on platforms such as TikTok, Instagram and Facebook. One student described that the action of non-stop scrolling is therapeutic and is now a hobby or pastime that is really enjoyable. It was also used for online shopping by some in addition to checking product and service reviews.

Some students also expressed that they were mostly silent observers on social media and used it for people-watching, be it their friends, family or celebrities. They did not feel a need or want to be active in sharing content. In this regard, students from the Unseen Group expressed the importance of being mindful if and when sharing content. In contrast, a student from the Seen Group expressed that it was safe to share content from an anonymous social media account with privacy settings set to public to share art-related

content. As mentioned in the GDC's Guidance on using social media, posting under another username does not guarantee confidentiality. The standards and the guidelines must still be followed regardless :

" My art one is open to public but my personal one isn't "
" The art one is sort of anonymous. It doesn't even say I'm a dental student or anything, so only my friends who I've told, will know it's me "

Lastly, social media was interestingly found to be a tool to help increase fitness levels. A student asserted how she had found inspiration from workout videos that were shared amply by personal trainers online during the lockdown period.

Tagging, commenting and reposting content

Most social media platforms allow the sharing and subsequent reposting of content by other users subject to the privacy settings of the original post. Additionally, users can interact with others by liking a post which is done by either giving it a thumbs up or a heart, commenting or tagging other users.

In this regard, students across all year groups shared the same perception and asserted the need to be careful when sharing content and to refrain from engaging when tagged in posts or comments particularly if the posts were to do with sensitive topics, pertaining to politics or were created in bad taste. Some students expressed that it was important to have tags or the post removed completely and to report the post if the person who has shared it refuses to cooperate.

I think I wouldn't engage in it but if I was personally offended by it, I would definitely message them and ask them to take it down.
I wouldn't really be posting anything like this anyway as I kind of worry about what other people would think.
If they tagged me in something that was inappropriate, I'd probably ask them to delete the tag. I think I've done this before and then you can ask them to delete it altogether.
You can untag yourself but your name is sort of still there although it wont appear in blue and you can't click on it. So I'd just message the person who has posted it to remove me.
I'd probably report it to be honest, especially if they're not going to remove it. To be fair, I've done this before. Whatever seems offensive, I report it straightaway!
I feel like I'd take the extra step and be really bold and report it if I'm tagged in it.
I would definitely untag myself, because I guess I didn't ask to be put in it and then I'd report it especially if it's something offensive because I don't really need it out there.
Even though it may not come up on your feed, your name's still written down and I think I'd personally message them and ask them to remove it.
Easier to report it than to message someone about it as there isn't any guarantee that they'll actually remove it.
I think as well, like if the person refuses to untag us, I would report the post and ask my friends to report the post.
I wouldn't just drop it and leave it there. I would try and get rid of the post.

Students from the Seen Group further expressed fears of being misinterpreted or misjudged when posting or sharing content that may be deemed sensitive as there is likely to be differences in the way the content is perceived. The disadvantages of communicating digitally was also highlighted :

" Difficult to really judge or convey a tone in a text message "

"That is quite scary I think "

" I don't want to sound ignorant but sometimes it's difficult, but as I've said before, something you find offensive might not be felt the same way by others or vice versa "

" I'd be more wary about posting my views online because I just worry that someone would see them and get intentionally offended or start a debate "

One student from the same group however had a contrasting view and expressed that people were allowed to have different opinions and that there is freedom of speech :

" I wouldn't think that that would be offensive to anyone as we're all entitled to our own views "

In response to being tagged in posts or comments on social media, some students from both groups felt that it was a better idea to message the person privately instead of getting involved in a public discussion on social media as it would draw more attention to the post. This was true especially for sensitive content :

If I wanted to add any commentary, I think I'd just do it in private messaging.
I feel like if you comment on it, it just makes it a lot worse. If you do it privately, then it will be better.
Also, if it was offensive, I think I'd challenge them about it, because since you've been tagged in it, others would've probably already seen it but I wouldn't challenge them on social media on that post or anything. I'd probably call them or something.
Try and keep things private like just between you and them because obviously when more people can see it, it's got the change to like escalate even further and it gives more people the chance to jump in and say something stupid like just for the fun of it.
I think Facebook has changed some of their features now, so it's a lot easier to send something on privately to someone. Usually that's how a lot of them get sent to me, through private messaging.
I'd just screenshot something if it were funny or just the DM the person on Instagram and just have a conversation privately.

Furthermore, the importance of having good privacy settings was also asserted by most students in both the Seen and Unseen groups :

" My Facebook is set up in a way that you can't even tag me. I'd have to approve it before it shows on my page "

" I think with my settings, if anyone tags me without authorisation, it won't link to me until I've approved it. So whether it's a photo or if your name's been mentioned, it won't come up "

" I think for pictures, you can have a setting where you can choose to approve whether or not you want to be tagged in it "

On the other hand, students from the Unseen Group felt it was appropriate to engage in posts that were deemed harmless or funny and that there was not a need for elusivity. :

If it were a funny post, I'd probably just leave it.
You're allowed to be like a normal person on social media and you don't have to be completely elusive.
As long as it's nothing with bad taste or comprises patient confidentiality or anything like that, then I think it's fine.
Like we're all human and we like to have a laugh every now and then.
Yea and the same if like someone tags you in a comment on a funny post on like Instagram or something.
I would think it's alright to sort of reply to the comment. I don't think it's wrong.
If it was a light hearted kind of post, like in good taste, a meme or something, and I'd been tagged in the comments or the post, then I would probably engage in the comments. Like very briefly, like yea this is funny.
I'd probably just like it, like the comment I mean.
If it's not offensive, I would interact with it.
It would depend on the post really.

In addition, a few students from the Seen Group shared an interesting insight with regards to the sharing of content or participation in online petitions and movements that are created in support of current issues. It was described that being silent or ignorant could be perceived negatively. The use of social media as a tool to spread awareness and educate the public was also asserted :

What I think is quite an interesting thing and it plays into the social media aspect is lately, what's become more controversial is the silence. If you're not posting something, or haven't spoken out about something, that in itself is wrong.

If you don't speak out about it, then it can be understood that you agree with the opposite view.
Stab-style activism very much seems to be taken over. So any action or no action can be perceived as offensive, one way or another.
With the whole thing with 'Black Lives Matter' and things, I did post quite a lot of things on Instagram but I kind of use it as an educational tool.
I kind of used it as way of spreading awareness about it as I understand people not posting about it is probably because they don't know much about it.
Silence is probably the worst thing you can do.

7.4.3 Theme 3 : Impact of the e-Professionalism module

This theme explores the impact of the eProfessionalism module that was made available on VITAL for students who took part in the first round of the ePoll. The changes in the level of awareness, positive and negative aspects of the teaching modules are discussed in addition to methods of encouraging better engagement.

7.4.3.1 Gauging the Changes in the Level of Awareness

As previously described, quantitative analysis of the responses to the ePolls conducted before and after the implementation of the eProfessionalism module illustrated an increase in the level of awareness and in the percentage of students who had read the GDC's Guidance on using social media. During the focus group interviews, participants in all groups were asked about their thoughts and perception on what digital professionalism means, following which the subcategories below were identified.

Being professional online

Students from both the Seen and Unseen Group described digital professionalism as being professional online, irrespective of platforms or types of social media used.

Portraying yourself in sort of a good way on the internet or on social media.
Making sure you always remain professional when using social media.
Just maintaining the standards online, yea.
I suppose that's just how you present and carry yourself and show your professionalism on a digital platform.
I just thought of it as sort of being aware of the social media that you use and just being more cautious of what you post and what you say online and taking into consideration like your professional kind of body you're in and the work that you do.

Being professional at all times

It's not just about being professional in the dental surgery but seen professional at all times, really.
Expanding your professionalism to sort of all areas of life.
I think it's just sort of maintaining the sort of professionalism you'd have in practice, online as well.
I know plenty of people who've put up pretty embarrassing pictures and small videos on TikTok.
I think that's where digital professionalism very much comes in because if you're sort of flaunting around on TikTok and the next morning you go in and your Paeds patient starts pointing out pictures they've seen of you.
I guess it's just kind of keeping I don't know personal views kind of out of it. So nothing can be misconstrued as to what you've said.
Maintaining that professionalism level. So there's no real difference between like, work you and personal life or Facebook you.
So I'm assuming digital professionalism is like doing that same behaviour but digitally, so in terms of what you post, what you say, what you share, things like that, I guess.
Yea, and I just thought of it as being able to maintain like the way you are in day to day life but online as well and not falling into the pitfalls of like being behind a screen and thinking that you have this like false sense of protection and security and thinking you can just post what you want because it's all online, like it's still you and how you're represented to the patients and the public.

One student from the Seen group was of the opinion that professionalism is a value that is innate and that should come naturally to everyone.

'I guess you act professionally. And everyone sort of knows how to do that.'

Students from both groups also described digital professionalism as ensuring one's personal behaviour maintains patients' confidence in you and the dental profession. This is in line with principle 9 of the GDC's 'Standards For The Dental Team'.

Yea, maintaining the image and maintaining trust to the patients and the profession. You don't want them to doubt your ability and making sure that their information and health is safe.
Making sure that you maintain your behaviour, like outside the workplace in a way that kind of represent your profession and yourself in a good way.
It's like the GDC guideline and what was earlier mentioned, about like representing your profession.
It's just like making sure you're still upholding those standards when you're on social media and know that, whatever you say on Facebook, isn't going to you know, cause a problem with that.
Upholding the standards of the profession and complying with the GDC.
I think one of the principles, is principle 8 or 7 or something, where it's something like you've got to maintain yourself and the patient's confidence in you, in and out of the public eye

Additionally, a few students from both groups were of the perception that being digitally professional equates to having a clean online image :

" Everything is so based around complaints and image and things like that. If we didn't understand what it is and someone found us doing something that we shouldn't be then you know like, you see things like people taking drugs at a party getting filmed "

" I'd say it's like controlling your image. Knowing that there is a boundary between like, your actual life and the things that you choose for people to see, especially if they're your patients "

" So like, if I could hand my phone to a tutor and they could scroll through my social media, would I be embarrassed or guarded about anything? Because

you know, if I'm not comfortable with certain people seeing it, then should it really be online? "

Furthermore, students from all year groups highlighted the fact that digital professionalism and being irresponsible online had negative implications particularly for healthcare professionals.

" *Someone who is doing a different career, maybe that would never get noticed but for someone doing Dentistry like we are that could ruin our career"*

" Comes with part of the job "

" It's not just you who is sharing things that concerns you and you don't really know what their privacy settings are. They may not be in the same course and profession and may feel differently about sharing things like that. It may not be a big deal for them really "

" You can't do this and that and you can't put things up on social media like other people your age who aren't necessarily doing as much of a professional career. They wouldn't get in trouble for it "

Some students from the Seen Group asserted the importance of knowing and understanding digital professionalism and were strongly of the perception that teaching on this subject would be useful.

I think it is very important to know what all of this is about because more and more people are using social media in different ways.
It's so easy to find information that you as a dental professional may not want your patients to know about you. It's important to understand how to maintain that professionalism online.
It will be nice to have these explained in a little more detail I guess, especially for people like me.
It would help us understand, especially the extremes. As in, what constitutes proper and improper behaviour or posts and things like that. It will just help people understand it a lot better.
I feel a good message to get across via teaching would be something like, if in doubt, just don't post it because as you say, is anything really that necessary to be online.
I think teaching would be good really. Even in one of the interviews I've had, I had a social media situation where I was given a scenario similar to

the ones we've had and was asked what would I do. So, I guess yea, teaching would to certain extent be useful especially for people who don't really know about it.
I think it's definitely good to have teaching on this, scenarios and real life examples will come in really handy seeing as most people nowadays have social media accounts.
I think because the digital age, has you know accelerated so much, it's almost like, I remember preparing for the interviews for dentistry, and sort of the extent of digital professionalism that we had to know, like, in preparation for that was sort of, you know, you post a picture online and anyone can see it. And if it's a bad picture, then that's quite bad.
It's sort of the age where dentists are regularly putting themselves out there. And we don't really know, sort of whether just liking a picture counts as being unprofessional. Especially if it's to do with professional image and things like that.
I think teaching around this subject would be useful but there's always going to be some people who just you know get it, like it's second nature for them and then there are others who will probably just not get it. It's obviously good to share knowledge about it though
I feel it'll be good to have teaching. And to be taught in the dental school, I think it's a good idea.

It was also highlighted that there is a lack of clarity and multiple grey areas in spite of having read the GDC's guidelines. Students from both Seen and Unseen Groups were of this perception :

All these guidelines and we don't really get a lot of guidance with it, that worries me a lot.
I think it's very subjective. Like in the case of finding a post offensive, different people have different opinions about it
In the case of finding a post offensive, different people have different opinions about it. And you don't really know what is and what isn't and the next thing you know, you've been struck off due to your social media post.
I think although I don't fully know the guidelines in and out, it is good to sort of have a set of rules, although they are somewhat loose?
I think it might be useful to sort of know, especially the grey areas, where, let's say, for example, what the GDC has a clear stance on and because I think there is a lot of I know personally, so for example, my brother, he's a medic, and he wants to put himself out there on social media and do educational videos and stuff like that. But a lot of his colleagues are sort of fearful about that, because they don't know how it's going to be perceived by the GMC. So a similar sort of thing with a dental perspective might be nice.
I think there's some grey areas which could go either way, like whether it's okay or not to post something.
Yea, I think clarity is very important. So like what's just been said, there's a lot of grey area. So I think if there was a definitive guideline, and we knew

what we could and couldn't put on, then people would feel a lot more comfortable using social media as a dental professional.
So there's definitely a lot of grey area about what some people might view as professional and others wouldn't.

A few students from the Seen group described the topic of digital professionalism as being scary and overwhelming **:**

" Will I get punished for something I posted when I was 13 or 16? "
" There's a bit of scaremongering "
" It's quite scary "
" When you think about the guidelines, they can sort of consume your life "
" I feel it's threatening because you know, if you do anything wrong or against it, then they can take you down "

Interestingly, one student from the Unseen Group described digital professionalism as being professional in responding to emails :

" When I first heard it, I thought it was referring to how you finish an email and I never know how to finish an email. So, that's what I thought it was "

7.4.3.2 Positive and Negative Aspects of The Teaching Module

Students from the Seen group were encouraged to discuss their thoughts and opinions about the teaching module that they had completed on VITAL.

A few students were appreciative of the module and expressed that it was useful to have an online resource. It was also found to be better than having an online lecture.

" It was good, you can read through things and do it in your own time rather than sitting in a lecture "
" Good to have an online resource "

" It is definitely a lot better than having what was said before, those one hour lectures. People would more likely be on their phones and not really pay a lot of attention "

" Having the video is good "

" I think the module was good definitely"

Some students described the module as being appropriate in length and content :

" I remember it taking a good amount of time. It wasn't too much, it wasn't too little "

" It wasn't too long, so that was good "

" Good amount of time, wasn't too much, it wasn't too little "

" Fairly straightforward and easy to get through. We understood what was right and what was inappropriate "

" Having sort of real scenarios put to the guidance is good because it makes people think about like, how that could apply to them "

There was widespread agreement that the content was straightforward and easy to comprehend and included examples that were relevant to the topic and profession :

There were one or 2 examples that got people actually really shocked at the end of it. Because they would have done exactly what was in the scenario and not known any better at the time.
I think it did help push across a point.
I remember the example that was taken from the Liverpool Meme page where it was when you realise you can sign in for a lecture online and loads of people were like oh yea, I would totally like that post. And then now, you realise that people can actually see who has liked the post and that may not reflect on you very nicely, although the post is kind of harmless.
I think it was fairly straightforward and was easy to get through. Like we understood what was right and what was inappropriate.

With regards to the negative aspects of the teaching module, some students felt that the teaching module was comparable to an online lecture and that it was not engaging :

" *Felt like an online lecture* "
" I think when it's just an online video, people just don't watch "
" I think another thing is with a video, it makes thing quite passive in a way "
" I don't know how many (students) and you can't really sort of check if people are paying attention to it or just skipping parts or whatever "

One student described that there was an element of fear that was inflicted and that although the content included examples and real-life scenarios, there was no guidance provided :

" There was no real guidance or encouragement, like, don't you dare post any form of you know over the top of Mount Everest or where you're drunk down the bar on a Saturday night "
" It was just a don't risk anything "

Regardless of this, there was widespread agreement that teaching on this topic is important and an interactive session including scenarios that can be discussed together, would be preferable.

" I think you'd need something to kind of encourage that discussion about the whole situation "
" Having a more interactive kind of way might be better in terms of engagement and to gain attention "

One student was of the perception that the teaching module contained content that this generation is well aware of and that it would be more appropriate for dentists who were more senior :

" Nothing in there that our generation are kind of unaware of really you know with social media "

" In most the cases, the dentists that were struck off for breaking the rules tend to be middle aged people who probably didn't really have much experience "

Lastly, a few students from both Year 2 and Year 4 were unable to recall the content of the teaching module :

" I do remember doing it but could not tell you what was on it! "
" I remember doing it "
" I can't remember it honestly "
" I can vaguely remember it, I wonder if it's the effect of lockdown "

7.4.3.3 Identifying Methods of Encouraging Better Engagement

With regards to encouraging better engagement, some students were of the opinion that this module should be made compulsory. This would inevitably, result in it being taken seriously :

" I think quite often when people hear, like, professionalism, generally, I think a lot of people would start yawning in a way, because they wouldn't think that it applies to them "
" If you sort of make it compulsory and make them actually think about it for like a half an hour or whatever it is, then people will still learn something from it, even if it's only something small "

In addition, most students expressed that an interactive format of teaching and a scenario based workshop would be highly favourable :

Good to have scenarios really. It is more relatable rather than just reading.
Good way of doing things.
Would be good to get teaching but more in a scenario based way.
You have the opportunity to ask questions.
Having a more interactive kind of way might be better in terms of engagement and to gain attention.

I think it's good to have some form of interaction because then you know, you're kind of engaging with the scenario and trying to see people's different opinions, because some people might say, it's fine to post so and so, and some might disagree. So, I think you can then take that and tailor it to see how you can educate them.
I think it's best done in a more 2 way sort of setting.
I think an interactive session where you know, you kind of go through the rules at the beginning and then think of a couple of scenarios towards the end and maybe some real life examples thrown in as well, would be good.
Something interactive would help in getting the message across a lot better.
I think the interactive bit was good definitely. You know the thing we did with Poll Everywhere. I thought that was really good because like you say, sometimes, when it's not something to do with clinical related topics, people will just tend to switch off before the lecture even starts.
With me, I felt a lot more engaged you know, with doing something like that. It definitely suits my style of learning a lot better than having someone going don't do this, do that and that sort of thing.
It lets you reflect, doesn't it.
I'd still prefer a Poll Everywhere type of teaching because you know if you're in a group with someone who just isn't bothered then you're going to be doing all the work. It's always the same person who's doing everything in these groups.

One student felt that having a quiz at the end of the teaching session, would be ideal :

" *Something like what I did with the uni, there's like equality and diversity, sort of training and things. So you watch the videos and then you do a quiz at the end. So that could be used to just make sure that people are engaging, I guess* "

7.4.4 Theme 4 : Proposed Teaching and Inclusion of Digital Professionalism as Part of the Curriculum

With regards to this theme, the importance of teaching as well as suggested content and methods of teaching were explored. In addition, the inclusion of a digital professionalism module at an appropriate time during training as a dental student was discussed.

7.4.4.1 Relevance and Importance of Teaching

Students from both the Seen and Unseen groups expressed that having teaching would be useful and necessary. There was widespread agreement across all year groups that the GDC guidelines were vague, subjective and that there is a lack of clarity in regards to what constitutes appropriate and inappropriate behaviour. It was also expressed that teaching would enable better understanding as there can be differences in the way the guidelines are perceived and that this is an important topic as many if not all dental students of this age and era have social media accounts.

I do think that it's all very subjective when it comes to what actually constitutes as being professional.
All these guidelines and we don't really get a lot of guidance with it, that worries me a lot.
I constantly think if this is acceptable or if I'm doing something wrong.
It can make people think that there's sort of an unrealistic expectation.
I think it's very subjective. Like in the case of finding a post offensive, different people have different opinions about it.
In the case of finding a post offensive, different people have different opinions about it. And you don't really know what is and what isn't and the next thing you know, you've been struck off due to your social media post.
I think it might be useful to sort of know, especially the grey areas, where, let's say, for example, what the GDC has a clear stance on and because I think there is a lot of I know personally, so for example, my brother, he's a medic, and he wants to put himself out there on social media and do educational videos and stuff like that. But a lot of his colleagues are sort of fearful about that, because they don't know how it's going to be perceived

by the GMC. So a similar sort of thing with a dental perspective might be nice.
Now, it's sort of the age where dentists are regularly putting themselves out there. And we don't really know, sort of whether just liking a picture counts as being unprofessional.
I think teaching around this subject would be useful but there's always going to be some people who just you know get it, like it's second nature for them and then there are others who will probably just not get it. It's obviously good to share knowledge about it though.
I think it needs teaching just so you can have like a baseline to work off.
It would help us understand, especially the extremes. As in, what constitutes proper and improper behaviour or posts and things like that. It will just help people understand it a lot better.
I feel a good message to get across via teaching would be something like, if in doubt, just don't post it because as you say, is anything really that necessary to be online.
Yea, I think teaching would be good really.
I feel it'll be good to have teaching. And to be taught in the dental school, I think it's a good idea.
Yea, I think teaching on this would be highly beneficial to sort of really know what to do and what not to.
It is a serious topic. Even if everyone kind of knew the rules already, it's just good to reiterate that there are consequences if you broke them.
I think it's definitely good to have teaching on this, scenarios and real life examples will come in really handy seeing as most people nowadays have social media accounts.

One student from the Unseen group felt that it was appropriate to have teaching included in the curriculum and that it should be updated and tailored according to the advancements in social media :

" I think refreshers with different aspects that would sort of be suited to the year group would be beneficial "

It was also expressed by students of both groups that teaching is necessary in order to avoid mistakes and potential pitfalls. Teaching is also essential in order to raise awareness :

" To have a photo or post put up with you in an inebriated state I guess, may be offensive. So at least, you've been told to think about it as there are guidelines about this "

" I think it's really important in terms of raising awareness. Teaching would definitely make people think twice about posting something, should it be online or does it need to be online. Teaching can also be on ways to look more professional online, in a way "

" So, I think educating people on it and then if they choose to make that mistake, then it's their choice to make rather than it being just something like an unconscious mess up "

" If people knew about the guideline and they'd been educated about it, then would know what to and what not to post "

" Some people do tend to push the boundaries as well a little bit, so if there was some sort of teaching put in place about what you can and can't do, when they post things, then they don't really have an excuse because they've now been told or taught "

A few students from the Seen group described digital professionalism and the GDC guidelines as scary and overwhelming. It was expressed that having teaching would enable better understanding and relieve some of the anxiety that students in a similar position may have :

I constantly think if this is acceptable or if I'm doing something wrong
It is quite scary.
Will I get punished for something I posted when I was 13 or 16?
When you think about the guidelines, they can sort of consume your life
I feel it's threatening because you know, if you do anything wrong or against it, then they can take you down
All these guidelines and we don't really get a lot of guidance with it, that worries me a lot.
I get really paranoid by it especially at the beginning of the year when you have these professionalism lectures. I suppose they're aimed at the people who may lose a bit of their professionalism wits about them but then you get people like me, I'm sat there, rethinking my whole life like oh no, what have I done now, I'm just so paranoid.
It affects everyone in different ways. It will be nice to have these explained in a little more detail I guess, especially for people like me.

Interestingly, a handful of students from Year 4 (Seen Group), were of the opinion that teaching would be more important and useful for students in their earlier years of training :

"I think in the younger generation, people like maybe in the first or second year they may be more keen towards the idea of posting things and some people could probably slip through the net and maybe do something and post something weird or whatever "
" Definitely in the younger years "

7.4.4.2 Identification of Content and Learning Material

With regards to content and appropriate learning material in order to facilitate better learning and understanding of digital professionalism, students from both groups expressed that the GDC guidelines and it's interpretation should be included. As previously described, most students demonstrated insight into the fact that the guidelines were subjective and that there are many grey areas that can be interpreted or perceived in various ways.

I think it will also be useful to have like a break down or a summary of the GDC guidelines.
It will be nice to have these explained in a little more detail I guess, especially for people like me.
Yea, that will sort of help identify the grey areas that may not be fully understood. Because sometimes when you read something like the guidelines, you may not still fully understand what you can or cannot do. Whether it's appropriate or not.
So it's going to still be down to you working out whether or not it's appropriate. It will probably still leave you with a lot of questions.
It would help us understand, especially the extremes. As in, what constitutes proper and improper behaviour or posts and things like that. It will just help people understand it a lot better.
I think it might be useful to sort of know, especially the grey areas, where, let's say, for example, what the GDC has a clear stance on.
What some people think is professional may not be what others think it is, there's a large sort of spectrum to it.
I do think that it's all very subjective when it comes to what actually constitutes as being professional.

All these guidelines and we don't really get a lot of guidance with it, that worries me a lot.
I constantly think if this is acceptable or if I'm doing something wrong.

There was widespread agreement amongst students from both groups that scenarios that were tailored to specific areas of the GDC guidelines would be most beneficial to facilitate understanding of the guidelines and to appreciate what constitutes appropriate and inappropriate online behaviour :

" So like, we can see with each scenario which part of the guideline is being talked about "

In addition, real life examples and commonly occurring situations would also make for good scenarios to be included into the teaching module. Scenarios should be appropriate for the level of training and should not be too overwhelming in regards to content and number. This would enable better engagement and command full attention during teaching sessions :

" Yea and also, not so much on the extremes. I think it's good to know about the extremes but I think the bit that I struggle with would be the middle areas of what happened if someone tagged you in a post, when you were a lot younger, would you then have to go back and delete that? "

"'I think it depends on your year group as well. Like say different things are more suited to different year groups for example. When you're in first year probably, you're more likely to post a photo of someone after a night out or something, or a photo of yourself out partying. But things change as you go along "

" When you're in third year and you have patients, you're more likely not to get involved with such things. So I think, refreshers with different aspects that would sort of be suited to the year group would be beneficial "

" I think it's definitely good to have teaching on this, scenarios and real life examples will come in really handy seeing as most people nowadays have social media accounts "

“ Yea, and we could include real life examples, I think that would be very useful ”
“ Have a component of photography as well. I mean I’ve seen people walking around with cameras for whatever reason, I know we’re probably not there yet but there has got to be some rules and consent for them. I mean, you’re not really supposed to take a picture of a patient, before and after with your phone are you? ”

A few students from the Unseen group were of the opinion that teaching should incorporate visual elements. It was suggested that the scenarios created be realistic by means of creating fake accounts on social media to enable better visualization and appreciation of the severity of the situation :

“ I think making it visual as well, like making a fake Instagram or Facebook post and say this was the situation and what would you do if this was a dental student? It will just be a lot more easier to visualise what it would be like on our phones or laptops ”
“ Yea, I agree. Because it would make it seem a lot more realistic ”

7.4.4.3 Identification of Preferred Teaching Methods

With regards to learning styles and teaching methods in reference to the digital professionalism teaching module, students from all year groups expressed preference for an interactive format :

“ Something interactive would help in getting the message across a lot better”
“ I think it’s best done in a more 2 way sort of setting ”
“ I think an interactive session where you know, you kind of go through the rules at the beginning and then think of a couple of scenario towards the end and maybe some real life examples thrown in as well, would be good ”

A scenario-based workshop using real-life examples was the method of choice in both the Seen and Unseen groups. Students were of the opinion that this method would enable better engagement, understanding and clarity.

Good way of doing things.
Having a more interactive kind of way might be better in terms of engagement and to gain attention.
I think it's good to have some form of interaction because then you know, you're kind of engaging with the scenario and trying to see people's different opinions, because some people might say, it's fine to post so and so, and some might disagree. So, I think you can then take that and tailor it to see how you can educate them.'
Would be good to get teaching but more in a scenario based way.
It would be really well done in a seminar room where you have little cut-outs of scenarios. Like a workshop-based thing.
I think it's a good way of teaching really, especially having questions where people have to actually think about it. I mean, people would probably already tend to know what the right or wrong thing is but then when you're in your own personal situation, you then tend to not really see the right from wrong. So, having situations or scenarios really can make the teaching seem a lot more realistic or applicable to real life situations.
I think scenarios would be useful because like the scenarios we've just had, just now, people know that you can't go bad mouthing patients or staff on social media.
I think scenarios are a good way of getting a point across.
And people generally know these principles but there are grey areas that aren't really defined.
Yea, examples and case studies are good, definitely.
I think having case scenarios and examples would be a good way going forward with this, you know like in little groups of people. It will allow more interaction.
I think it's definitely good to have teaching on this, scenarios and real life examples will come in really handy seeing as most people nowadays have social media accounts.
Yea, you might have to scare people sometimes. Like you know, we know people have got suspended and things.
Sometimes, I feel just giving people the hard facts using real life scenarios, people might wake up and pay attention.
And people kind of remember, if it's that striking, then they'd probably remember it.
I think scenarios are really good because that basically could be something that could possibly happen to you, or something you could witness.
I think I'd like teaching in a form of a seminar, in a small group where you can sort of discuss things or scenarios.
I think talking about it, kind of like, what we are now, in a workshop could also be, yes more active than passive.

Because sometimes when you read something like the guidelines, you may not still fully understand what you can or cannot do. Whether it's appropriate or not.
Workshops would be ideal.
A workshop based thing would be ideal.
If it's a workshop and you know, you're going to have to do stuff, like, I think people are more likely to engage.
Yea, I think workshops are beneficial to help go through different cases and you can work together on the guidelines and see what's the best way to sort of tackle a scenario or case.
I think an interactive session where you know, you kind of go through the rules at the beginning and then think of a couple of scenario towards the end and maybe some real life examples thrown in as well, would be good.
I think a bit of teaching in like a workshop way at the start of first year would be beneficial because you know, you've not got much clinical exposure. And then it's a new unique environment. People tend to post all sorts of like silly stuff, so like from the onset, just show them or teach them sort of like the things they can or can't post. It gives people more clarity. And then you know, as you move along the course of your training, the things you're doing change, a little refresher every now and then would be useful.

It was also described as more relatable and less scary or overwhelming :

" Good to have scenarios really. It is more relatable rather than just reading"

" Yea, and if X was a tutor and you actually get on really well. So, what would you do. Before, I'd be like, yea you know maybe whereas now, I'd probably stop and give it some serious thought. These things are sort of relatable to you "

" (Lectures) People like who are paranoid, I probably wouldn't sleep the night after that "

In addition, students from the Seen group expressed preference for teaching with scenarios applicable to their level of training so as to not be overwhelmed with an overload of information at one go and to enable better appreciation for the examples and discussion :

" Like say different things are more suited to different year groups for example. When you're in first year probably, you're more likely to post a photo of someone after a night out or something, or a photo of yourself out

partying. But things change as you go along. When you're in third year and you have patients, you're more likely not to get involved with such things "
" So I think, refreshers with different aspects that would sort of be suited to the year group would be beneficial "
" I know we're probably not there yet but there has got to be some rules and consent for them. I mean, you're not really supposed to take a picture of a patient, before and after with your phone are you? So a component to do with things like this will be good as well "
" It's good to have different levels to it so it doesn't just scare you off straightaway. If you just go to the extremes, then some people may be like, 'Yea, I'd never do that' and just switch off completely."
" Yea, not with like loads and loads of cases. But like one or two "

Lastly, some students from both groups demonstrated insight into the fact that this teaching method would enable the opportunity for questions and having workshops in small groups would be ideal :

"*I think having case scenarios and examples would be a good way going forward with this, you know like in little groups of people. It will allow more interaction "*
" Like say in a workshop sort of thing with small groups and then feedback at the end of it "
" I think I'd like teaching in a form of a seminar, in a small group where you can sort of discuss things or scenarios "
" If it were something in smaller groups, it would give people a chance to ask questions that they may not ask if they were in larger groups and you get a bit more confidence to get a discussion started "
" Because sometimes when you read something like the guidelines, you may not still fully understand what you can or cannot do. Whether it's appropriate or not. So it's going to still be down to you working out whether or not it's appropriate. It will probably still leave you with a lot of questions"
" And I think a workshop would be like a good way to sort of get all these things out in the open "

In addition to the teaching method described above, some students from both groups also expressed interest in teaching by means of using an interactive online quiz. Students from the Seen group described the Poll Everywhere questionnaire session as useful to raise awareness and enabled better engagement as the responses given were anonymous. It was also a good method to generate further questions and an insightful discussion :

" I think the interactive bit was good definitely. You know the thing we did with Poll Everywhere "
" I thought that was really good because like you say, sometimes, when it's not something to do with clinical related topics, people will just tend to switch off before the lecture even starts "
" With me, I felt a lot more engaged you know, with doing something like that. It definitely suits my style of learning a lot better than having someone going don't do this, do that and that sort of thing "
" It lets you reflect, doesn't it "
" I'd still prefer a Poll Everywhere type of teaching because you know if you're in a group with someone who just isn't bothered then you're going to be doing all the work. It's always the same person who's doing everything in these little groups "
" I think you can do a bit of both really, you can still put the questions up on Poll Everywhere and you can have little discussions with your group of friends and then see what the consensus is "
" It will be a lot more interactive and Poll Everywhere is anonymous which is a great thing, so people who are afraid to get involved will have that fear of being known eliminated "

Students from both groups were strongly against lectures and teaching using conventional didactic methods. This method was also described as least useful with regards to engagement and would inevitably result in a waste of

both time and effort. One student from the Unseen group felt that there would be less or no attendees at all for a lecture on this topic.

I wouldn't really want to be sitting in a lecture with the guidelines being thrown at us.
Because sometimes when you read something like the guidelines, you may not still fully understand what you can or cannot do. Whether it's appropriate or not
Definitely not something like 12 one hour lectures talking about social media. I don't think any of us would want to sit through that.
For people who aren't bothered, it'll just be a waste of time.
(Interactive) That's probably way better than a lecture because people can tune out during lectures.
Yea, I feel like if we got told that we have a lecture on it I think a lot of people would probably choose not to turn up to it.
Whereas if it's a workshop and you know, you're going to have to do stuff, like, I think people are more likely to engage.

With regards to having an online resource as a mode of teaching, students were of mixed opinions. Some students from the Unseen group felt that having an online resource is useful especially during lockdown, as face to face lectures and teaching sessions had to be cancelled. Refreshers on the topic using an online format following a workshop was also found to be acceptable. A quiz or an interactive module was again the preferred method, albeit in an online format:

" We have work to do online now, like you know stuff on VITAL and some of them do have like interactive quizzes and stuff. I think that would be helpful, even if someone were to put a wrong answer down, just to understand and sort of gain more knowledge on what's not appropriate and stuff "
" I think it could still work though, you know considering current circumstances, where face to face teaching isn't always possible "
" Like a nice long session (workshop) in the first year followed by like maybe something online would be okay."

The downside to this method as expressed by other students in the Unseen group was that this method would attain poor engagement as it would be difficult to monitor, especially if it was a pre-recorded lecture in a didactic format :

" I think people are more likely to engage in person because people can easily just play things on their laptop and go on and well, make a cup of coffee or something "

" I think if it were in the online format then they probably wouldn't really watch the video all the way through or watch it half-heartedly with lesser sort of engagement. Something more interactive would obviously be beneficial "

7.4.4.4 Digital Professionalism as Part of the Curriculum

In regards to digital professionalism as part of the curriculum, most students from both groups expressed that teaching should be conducted in stages and spaced out so as to facilitate better learning and understanding.

The module and teaching should ideally be delivered upon entry into dental school, in year 3 and upon their exit, preferably during the induction week. This will enable content delivery depending on their level of training thus eliminating an information overload and the sense of being overwhelmed. In addition, it was expressed that social media is constantly evolving. Therefore having teaching in stages would be beneficial in keeping up to date with the advances in technology and how the GDC guidelines would apply to these newer platforms or settings. This inevitably creates a better sense of awareness and thorough understanding of the topic. Having the module conducted in the first year of training was described as important so as to protect students from mistakes and potential pitfalls.

Very important to have it in the 1st year
Quite good in the 1st year
I think it will be useful in the beginning because people can be making mistakes before they realise it and then you get to the 5th year and somebody goes, oh you shouldn't be doing this, this and that.
So people can't plead ignorance if you tell them early on, what's right and what's wrong.
So yea, definitely a main good workshop at the beginning of BDS.
Should be done in the 1st year itself but not solely in the 1st year because at the start of every year we have that introductory week anyway and we do get taught about professionalism in there so this may be something that can be worked in those weeks as well just as a quick reminder at the start of every year.
The scenarios and examples can be modified to suit the level of training like you know having things to do with patient pictures, consent and so on when students are about to start treating patients.
It might also be worth having a reminder session before the clinical photography comes in or before students start treating patients
It should be something that should be continuous because if it's something that's just happening in the 1st year, they have so much like new admin kind of things thrown at them anyway so it might just go over their head. And again, if we only had it in the final year, then that's like 4 years of putting out stuff people really shouldn't have done.
I think it's useful if this teaching can be staggered in a way, so it could be done in say the 1st year, 3rd year and then the final year? And I think that for sort of 2 reasons.
Yea, I think maybe like 1st, 3rd and 5th year. I think we'd all agree with that.
Firstly, I think digital stuff changes a lot, so every couple of years, there's going to be something new. And it's good to sort of keep up to date. And then also, I think it's sort of just to regularly remind people because I think people can just get complacent and sort of forget.
It could be staged just so that people don't get too comfortable, I guess in the environment that they're in and forget that it's kind of a global thing.
I think if it was taught solely in the 1st year there would be lots of stuff that wont be relevant to that time. Like teaching about what's right and what isn't about clinical photography might just go over their head and they'd forget it by the time they actually get to that
Like say different things are more suited to different year groups for example. When you're in first year probably, you're more likely to post a photo of someone after a night out or something, or a photo of yourself out partying. But things change as you go along. When you're in third year and you have patients, you're more likely not to get involved with such things. So I think, refreshers with different aspects that would sort of be suited to the year group would be beneficial.
Yea, I would agree with that.
Depending on the suitability or like what year you're in and stuff, you can probably get teaching on different aspects of digital professionalism.
Like say in 3rd year, some teaching on consent or patient photos would probably be very useful to prevent people from potential pitfalls that they

could get into. How do you gain their consent and what sort of process you'd need to have in place if you were to do something like that. Consequences and so on.
I think it's very important to have this teaching in the fifth year as well because you'll soon obviously not have the school support behind you anymore when you go out by yourself. It'll be nice to have like one last piece of advice on what to do online.
Yea and also to add on that, social media is constantly changing. Like things may be different in 2025 than in 2020. Like there may be new settings or things that can be advised or recommended perhaps

A few students from the Seen group were of the opinion that having the module at the start and the end of training would reap similar benefits :

"*At the start in 1st year and at the end in final year with scenarios more relevant to the years. 1st years – making friends, going out. 5th year – posting patient pictures "*

" I think it's probably best when you start in the 1st year "

" Maybe in the 5th year as well, so as to just reiterate it a bit "

" Good refresher when people are about to leave because the situation will change for them once they graduate "

" Maybe a bit more tailored in the final year, you know about posting patient pictures and details especially if we're going to start building a portfolio or something "

A handful of students from Year 4 (Seen group) however expressed that having frequent teaching on digital professionalism or having the module in stages is repetitive and a waste of time. These students were of the opinion that as this topic is not examined and does not pertain to clinical activity, it will not be taken seriously. These students were of the opinion that the module should be delivered only at the start of training :

I think it's probably good to have it at the start, like in 1st year. You'll have some people who already have some understanding or awareness of this from before joining dentistry and some people who know nothing at all
Very important to have it in the first year

I wouldn't want this to be something that's thought continuously. When you're like in 4th year or 5th year and you've already got finals, sometimes the last thing on your mind is digital professionalism
I don't think it's necessary having it every year
I think having it every year would be kind of repetitive and people may just loose interest after year two. It'll be just kind of a waste of time for everyone
I think having it at the beginning is a really good idea. I know there's a girl in 1st year who has this little Instagram page where she's put up pictures of the lecture theatre and the tutors taking the session. And I was like, can you do that? I wouldn't do it and I don't think it's appropriate but then I don't know if she'll get told off for it
There are also you know pictures of people with the phantom head and doing all sorts of silly stuff. So I think being taught straight up as soon as you begin dentistry may just be a good idea. Because you wouldn't want then, pictures of patients and things like that going on social media

In contrast, there were some students from both the Seen and Unseen groups who felt that teaching should be conducted yearly, during their induction sessions as people can start social media accounts or become a lot more active on social media at any point. Thus, regular refreshers and reminders may be useful in keeping everyone in check and avoid complacence although it was also expressed that this may not be well received by everyone.

I feel like I'd take it a bit further and do it every year only because at some point in every year, people might decide to suddenly start an account.
I think it's good to get a refresher because we get refreshers on other things as well, like BLS.
Yes, having a refresher about this alongside the BLS during the first week at the start of every year could be very useful.
I can imagine, not a lot of people would be very enthusiastic about it. But it's like taking your medicine, like you have to sort of just do it.
So yea, definitely a main good workshop at the beginning of BDS.
Maybe like a mini refresher, like at the beginning of every year in like the welcome talk which is what they do at the moment anyway.
They do like a presentation at the beginning of each year and just basically like telling us to be wary about what we post online. It's not like an in depth thing that goes with the GDC guidelines but just advice to be cautious really.

Overarching Theoretical Perspective

In summary, the overarching theoretical perspective is the development of a teaching module to educate dental students on the impact of online behaviour and social media usage. The following findings became clear throughout all stages of data analysis :

1. Participants had a basic understanding of digital professionalism and were mostly aware of the GDC guidelines during Phase 2 of the study.
2. It became clear that these guidelines and the topic of digital professionalism is important and teaching was found to be essential and useful.
3. Social media activity, privacy settings and the sharing of content on social media was reflected upon thoroughly.
4. Suggestions to improve the teaching module implemented as part of the intervention for dental students in Years 2 and 4 were explored and discussed.
5. Suggested content, methods of teaching and the inclusion of digital professionalism into the curriculum was outlined and agreed upon.

CHAPTER 8 : DISCUSSION

8.1 Results of the Study

The results described in Chapter 7 are conclusive that the digital professionalism module developed during Phase 1 of this study was successful in raising awareness and creating a change in the online mannerisms of the participants. This has been illustrated in Table 3.

Both year 2 and year 4 students showed an increase in the level of awareness with regards to digital professionalism as described above. However, there was an insignificant difference in regards to the level of awareness between both groups at the end of Phase 1.

The differences observed between groups were found during Phase 2 of the study in regards to the sharing of content on social media. Students from Year 2 were of the opinion that the sharing of a picture in an inebriated state on social media was not inappropriate as compared to students from Year 4 who were strongly against it.

The eProfessionalism module developed was also successful in educating and inculcating awareness of the benefits of having a positive online image and the consequences of improper social media usage by incorporating real life examples of dentists and healthcare personnel who have been struck off or suspended due to their online mannerisms. The change in the pattern of responses during Phase 1 of the study, before and after the implementation of the module illustrated this finding perfectly.

During Phase 2 of the study, students from all year groups demonstrated insight into the importance of having high privacy settings for their social media accounts with the exception of 1 student from Year 3 (Unseen Group) who did not find it necessary and that it was a reflection of personality and personal preference. Other students from the Unseen Group stated that they often rotate between strict and public privacy settings. This finding highlights the

need for teaching digital professionalism and incorporating it into the curriculum.

In regards to engaging in content that was created or shared by other social media users, students from the Seen group expressed the need to be careful, to remove the tags or posts completely and to report the post and or person who had originally shared the content, if he or she is uncooperative and unwilling to delete the post. Students from the Unseen group however, felt it was appropriate to engage in posts, if deemed harmless and that there was not a need for elusivity.

Finally, this study found that students were more inclined and receptive to the teaching of digital professionalism which was deemed necessary, in the format of scenario-based workshops with small numbers of students per group. Students were of the opinion that this method would generate better engagement, discussion and a greater understanding and appreciation of digital professionalism.

8.2 Limitations of the Study

Throughout the course of this study, several limitations were discovered. Limitations were found during both the quantitative and qualitative phases of this study.

Phase 1

With regards to phase 1, the validity of the questionnaire could have been identified by running a pilot test with content experts in order to determine the correct answers to each question. Reliability of the questionnaire could have also been assessed by having the same group of experts repeat the questionnaire after a brief lapse.

Although the questionnaire developed was made accessible online for participants via Poll Everywhere, dental students were only able to participate during a fixed Lunch and Learn session which may have resulted in a smaller

number of participants. In retrospect, utilizing a different method and platform such as ‘Survey Monkey’ may have resulted in a larger number of participants in the first phase of the study. The link to the questionnaire could have been emailed out to all dental students in Year 2 and Year 4 to be filled in their own time in a particular time period.

Participation and Sampling

With regards to participation, an incentive such as a voucher or a certificate of acknowledgment could have been handed out to participants in phase 1 to encourage participation. This was implemented in phase 2, where all dental students who took part in the focus group interviews were provided a certificate of acknowledgment.

Convenience sampling was the only sampling method possible for this study as participation in this study was on a voluntary basis. As participants were recruited during a Lunch and Learn session, numbers were found to be small as the session was timetabled immediately after lectures that did not have full attendance. The limitation that is associated with this method of sampling is generalisability. This study could be subject to sampling bias as the dental students who chose to participate may not be fully representative of the dental students population in the University of Liverpool. A random sampling method would have helped address this should participation be made compulsory.

In retrospect, this study could have been designed in reverse wherein the qualitative aspect of the study could have been implemented prior to the quantitative phase. Based on the data received and the results of the thematic analysis, a digital professionalism teaching module could have been constructed and implemented using the preferred teaching style. Following the development of the module, a pre and post teaching questionnaire using Survey Monkey could have been sent out to all participants after which quantitative analysis could have been carried out to evaluate the effectiveness of this teaching module. Pending results of the questionnaire and should the module be well received, it would have been ready for implementation and

inclusion into the curriculum of Dentistry in the University of Liverpool. The module and content can also be modified and tailor made for other healthcare courses in the region or throughout the country pending success at this university.

Phase 2

In the qualitative phase of the study, several limitations were found. The COVID-19 pandemic and the restrictions that were consequences of it, resulted in a change of the format of the focus group interviews. The interviews were meant to have been held in a face to face manner in the dental school premises. However, due to the lockdown, the interviews were held online via Zoom.

One of the advantages of this method was that the interviews and phase 2 of the study could go ahead as planned. As the students were confined within their homes and respective accommodations with internet access, they were able to be a part of this study effortlessly. The main researcher who conducted these interviews was able to record these sessions which facilitated manual transcription very well. Nonverbal cues, nods and facial expressions were recorded and proved to be very valuable during the initial phase of data analysis.

The disadvantages of conducting the session online was with regards to facilitating a discussion. During the initial part of most interviews, it was a challenge to get all students to participate actively in the discussion. The main researcher was also the interviewer and thus reflexivity is indeed, inevitable. The method, style of interviewing, angle of questioning and conclusions derived are all shaded by views and opinions of the main researcher's thought patterns.

Focus Groups Interviews

In order to avoid further bias during the focus group interviews, the following strategies were used :

1. An introduction was provided at the start of all focus group interviews, where participants were informed that their views, opinions and discussion would be strictly confidential and that they would all remain anonymous. This enabled them to be better able to express their views and generate a better discussion overall.
2. The main researcher used open-ended questions on most occasions. These questions were derived based on two topic guides that were constructed prior to the focus group interview sessions which enabled a guided and proper flow of conversation and discussion.
3. All participants were encouraged to contribute to the discussion and non verbal cues such as nods and changes in facial expressions were recorded.
4. Verbatim transcription of the content of all focus group interviews was done manually.
5. Transcripts of all focus group interviews were then read and checked against the video of the focus group interviews so as to ensure there was no loss, omission or alteration of data.
6. Transcripts were created using 'spoken language'. This facilitated data analysis as there was no alteration of the meaning and points of view during the transcription process.
7. The transcription process was carried out over a period of approximately 2 months so as to enable full and proper concentration and to avoid missing any data from the interviews.
8. There was enough time between focus group interview sessions that enabled the main researcher to reflect on the data collected and carry out an initial draft of transcription. This process was essential in order to ensure that data saturation is achieved by the end of all focus group interviews.
9. The main researcher kept a reflexive diary throughout the entire process which facilitated data analysis and the creation of the OSOP sheets.
10. The quality of recording was excellent albeit digitally recorded. The main researcher was able to increase the volume where necessary,

pause and observe facial expressions and cues that enriched the data collected.

8.3 Analysis

The main researcher carried out data analysis and initiated this process during transcription. One of the main advantages of manual data transcription is that the researcher is able to immerse him or herself fully into the data. During the process of transcription, data can be reflected upon and codes are able to be assigned to certain fragments of the data.

Once the transcription process was completed and transcripts were checked against the recording to ensure precision and accuracy, the main researcher started highlighting the printed sheets and assigned codes or labels to the data. Repetitive codes that were found across all transcription sheets were then grouped into categories.

A3 sheets were used to draw and create mind-maps to link the codes and categories together. The One Sheet of Paper (OSOP) analysis enabled better visualisation of the data and an emergence of a pattern was observed as these sheets were made for each focus group. These sheets are attached in Appendix 12 -16.

During this process, transcripts were also shared with the other researchers of this study so as to ensure that the data is able to be analysed in a similar way and that the categories derived and the overall theoretical perspective is acceptable by all with minor differences, if at all. There were multiple discussions and meetings within the research team to ensure that valid and reliable conclusions are made and agreed upon from the process of thematic analysis.

8.4 Generalisability and Applicability of Results

The participants in this study were dental students from Year 2, Year 3 and Year 4 who volunteered to participate. An attempt was made to include males and females from all ethnic backgrounds and age groups.

As convenience sampling was used to select the participants in this study, this reduces the chance of generalisability with regards to the level of awareness of digital professionalism and the impact of online behaviour and social media usage as it introduces sampling and selection bias.

However, the results and findings of this study are generalisable to design and develop a digital professionalism teaching module that will be well accepted based on the findings and data analysis of the qualitative aspect of this study.

8.5 Teaching Digital Professionalism

Digital professionalism is topic of importance and in line with the findings of this study, it was highlighted that teaching is essential and would be well received by students when incorporated into the curriculum.

The teaching method of choice is an interactive method in a two way setting instead of conventional didactic methods such as seminars or lectures. Students have expressed a preference for a workshop including real-life scenarios that are appropriate to their level of training. The module can be introduced in Year 1 during their week of induction, a refresher during the induction week of Year 3 and a final session in Year 5.

Based on these findings, a teaching module can be developed and tested to gain feedback and response from a subsequent cohort of dental students. Future research can be conducted to assess and test the reliability and effectiveness of this teaching module.

CHAPTER 9 : CONCLUSION

- The e-Professionalism module developed during the course of this study was successful in raising awareness and creating a change in the online mannerisms of the participants.
- The incorporation of a digital professionalism module into the curriculum in stages throughout training in an interactive format is the best way of raising awareness and teaching digital professionalism.
- Qualitative data analyses demonstrated that students' perceive digital professionalism as an important topic and that teaching on this topic is beneficial and essential.
- A teaching module designed in the format of scenario-based workshops with small numbers of students per group would be ideal to generate better discussions and facilitate better understanding and appreciation of digital professionalism.

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Appendix 1 : Ethics Approval Letter

Health and Life Sciences Research Ethics Committee (Human participants, tissues and databases)

19 July 2019

Dear Dr Flannigan

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

Application Details

Reference:	4951
Project Title:	Digital Professionalism : The Development of an e-Professionalism Module To Embed Awareness of The Impact of Online Behaviour and Social Media Usage Amongst Dental Students
Principal Investigator/Supervisor:	Dr Norah Flannigan
Co-Investigator(s):	Dr Arvinder Kaur Nirmal Singh, Dr Helen Stevenson, Dr Kate Taylor, Dr Norah Flannigan
Lead Student Investigator:	-
Department:	School of Dentistry
Approval Date:	19/07/2019
Approval Expiry Date:	Five years from the approval date listed above

The application was **APPROVED** subject to the following conditions:

Conditions of approval

- All serious adverse events must be reported to the Committee (ethics@liverpool.ac.uk) in accordance with the procedure for reporting adverse events.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the study, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor changes, or leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Health and Life Sciences Research Ethics Committee (Human participants, tissues and databases)

edreseth@liverpool.ac.uk

0151 795 4358

Appendix - Approved Documents

(Relevant only to amendments involving changes to the study documentation)

The final document set reviewed and approved by the committee is listed below:

Document Type	File Name	Date	Version
Participant Information Sheet	Participant Information Sheet		
Participant Information Sheet	Participant Information Sheet		
Participant Consent Form	Consent Form (Final)		
Advertisement	Email	21/03/2019	1
Questionnaire	Questionnaire	03/04/2019	1
Participant Consent Form	Consent Form (Final)	03/04/2019	1
Advertisement	Email 2	26/06/2019	2

Appendix 2 : Participation Information Sheet

Participant Information Sheet

You are invited to take part in the following study. Information related to the study has been included in this information sheet, however please do not hesitate to ask any additional questions.

Study Title

Digital Professionalism : The Development of an e-Professionalism Module To Embed Awareness of The Impact of Online Behaviour and Social Media Usage Amongst Dental Students

Introduction and Purpose of the Study

With the inadvertent use of social media by healthcare professionals and personnel, the awareness and knowledge about digital professionalism and the impact of social media is of utmost importance.

The aim of this study is to assess the impact of a digital professionalism or eProfessionalism module on the online behaviour and social media usage amongst dental students by means of conducting an ePoll before and after successful completion of an the module. This study will be beneficial in both creating awareness of the implications of improper social media usage while simultaneously inculcating pragmatic and sensible online mannerisms and habits which can possibly exert a positive effect on the career progression and professional development of dental students.

What do I have to do?

After reading this information sheet, if you are willing to take part in this study you will need to sign the attached consent form.

We will then conduct an ePoll which will be held in a lecture hall, following which you are meant to complete an eProfessionalism module online within a specified period of time. Following the completion of the module, the ePoll will then be repeated. You may then be subject to an interview if you are selected.

Each interview will take part in the Liverpool University Dental Hospital and will last approximately 15 to 30 minutes. The interviews will be recorded and later transcribed and analysed.

You can withdraw from the study at any point until all the data has been collected and we start to analyze it. If you choose to withdraw, kindly contact the principal student investigator of this study, using the contact details provided at the back of this sheet.

Will my information be kept confidential?

All information related to you as well as the data collected will be kept secure and confidential. Any reports we write about the study will have no personal information about you.

Who is funding this research study?

This research is funded by the University of Liverpool.

If you would like more information or have any questions or concerns about the study please contact:

Arvinder Kaur Nirmal Singh
Orthodontic Postgraduate at Liverpool University Dental Hospital
arvinder.kaur.nirmal-singh@liverpool.ac.uk

Appendix 3 : Consent Form

Participant Consent Form

Title of project:

Digital Professionalism : The Development of an e-Professionalism Module To Embed Awareness of The Impact of Online Behaviour and Social Media Usage Amongst Dental Students

Kindly read the following before you enroll yourself in this study :

1. I confirm I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my schooling or legal rights being affected.

3. I agree that the data collected during the study may be looked at by individuals from the University of Liverpool and from regulatory authorities where it is relevant to my taking part in this research.

4. I consent to the storage, including electronic, of personal information for the purposes of this study. I understand that any information that could identify me will be kept strictly confidential and that no personal information will be included in the study report or other publications.

5. I agree to take part in the above study.

Name of the investigator : _____

Investigator's signature and date : _____

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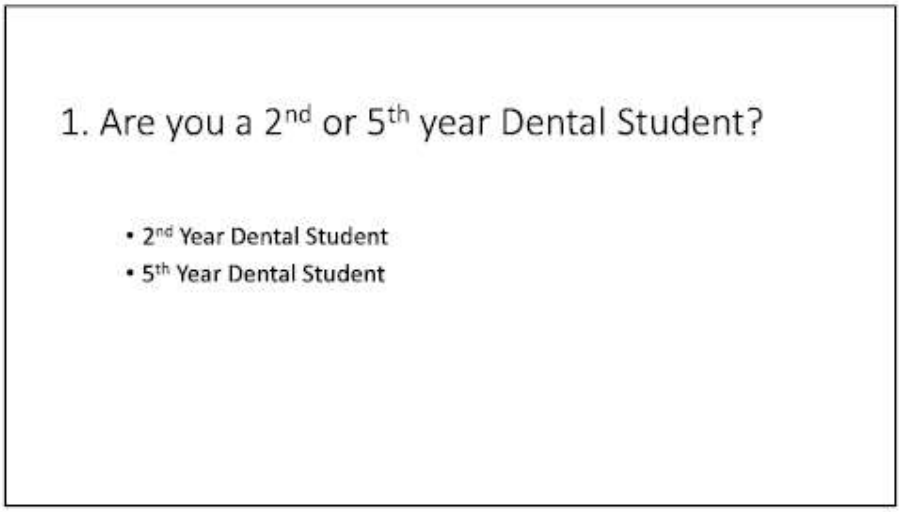
Appendix 4 : Research Questionnaire



2. Do you have a personal social media account?

- Yes
- No

3. Are you a member of a closed social media group for dental students / dentistry?

- Yes
- No

4. If yes, how often do you use the account?

- Daily – Once a day
- Daily – Multiple times a day
- 3 to 5 times a week
- Occasionally

5. What is your primary objective for having a social media account? (may select more than one)

- Social purposes
- Educational purposes
- News
- Business
- Networking
- All of the above

6. Are you aware that the GDC has published guidelines for social media usage called the *Guidance on Using Social Media?*

- Yes
- No

7. If yes, have you read the guideline?

- Yes
- No

8. Case Scenario – Do you think the example below is an example of professional behaviour?

- Yes
- No

9. Case Scenario – Do you think the example below is an example of professional behaviour?

- Yes
- No

10. Case Scenario – Do you think the example below is an example of professional behaviour?

- Yes
- No

11. Case Scenario – Your friend has just tagged you in a comment on this post. What would you do?

- Send a reply to the comment
- Reply privately
- Ask for the comment to be deleted
- Ignore it

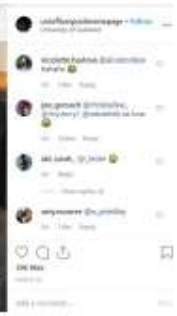
12. Case Scenario – Your friend has just tagged you in a comment on this post. What would you do?

When you're in SJ and you're trying to fit in but everyone's gone home for Easter except the internationals

- Send a reply to the comment
- Reply privately
- Ask for the comment to be deleted
- Ignore it

13. Case Scenario – Your friend has just tagged you in a comment on this post. What would you do?

When you find out you can register your attendance on blackboard from bed



- Send a reply to the comment
- Reply privately
- Ask for the comment to be deleted
- Ignore it

14. Case Scenario – Your classmate has just shared this on their account. What would you do?

- Comment as you think it's hilarious
- Screenshot and send it to your friends to have a laugh
- Ignore it
- Discourage your classmate from posting such content

15. Case Scenario – Your classmate has just shared this on their account. What would you do?

- Comment as you think it's hilarious
- Screenshot and send it to your friends to have a laugh
- Ignore it
- Discourage your classmate from posting such content

16. Case Scenario – You have just seen on your news feed. What would your reaction most likely be?

- Comment as you think it's hilarious
- Tag your friends in a comment
- Screenshot and send it to your friends to have a laugh
- Ignore it

17. Case Scenario – Your friend has just posted a picture of you (below) on their account after a night out. You have been tagged it in. What would your reaction most likely be?

- Comment on the post
- Screenshot and send it to your friends to have a laugh
- Ignore it
- Remove it from your account
- Request that your friend delete the post

18. Case Scenario – Your vocational trainer has seen the post and commented on it. What would you do next?

- Comment on the post
- Ignore it
- Remove it from your account
- Request that your friend delete the post
- Change the privacy settings of your account

19. Case Scenario – You want to share a picture of a patient you're currently treating on a closed social media group (Dental Learning Forum) as you wanted to discuss treatment options with the other members of the group. Unfortunately, you have not obtained consent from the patient to do the above. What would you do next?

- Post it, as it is a closed social media group
- Post it, as the patient is least likely to be identified
- Post it and obtain consent at the next visit
- Don't posit it

20. Case Scenario – You have decided to post it on the group. A member of the group has screenshot and sent the post to her friend who in turn shared it with others via social media / Whatsapp for purposes of learning and discussion.

A colleague of yours who is not a member of the Dental Learning Forum saw your post on her social media homepage and informs you about it. What would you do next?

- Remove the original post on the closed social media group
- Tell the patient what has happened
- Inform your supervisor about the incident

Appendix 5 : Topic Guide (Seen Group)

	Headings	Content
1.	Introduction	• Introduction – project details & confidentiality of data • Ground rules - Open conversation - No right or wrong answers • Meeting will be recorded
2.	Opening Questions	• What do you use Social media for? Prompt questions: • Purpose of using, need or necessity? • Member of closed groups related to Dentistry or etc, are they beneficial? • Awareness of privacy settings & features • Adding colleagues / staff members / patients
3.	Transition Questions	• What does the term digital professionalism mean to you? (this is to see differences between the groups e.g. impact of training)
4.	Key Themes	
	Social Media	• Can you discuss each of these brief examples with respect to your understanding of digital professionalism? • Scenario 1 : Picture of an inebriated colleague shared on social media : • Scenario 2 : Ranting about a colleague / staff member / patient online • Scenario 3 : Sharing patient pictures • Scenario 4 : Tagging, commenting or reposting
	GDC Guideline University of Liverpool Social Media Policy	• Are you aware of any guidelines relating to digital professionalism - If yes – what are your thoughts in relation to them
	Digital Professionalism Teaching Module	• Has the module on digital professionalism effect your understanding and use of social media? • If you were to design the module yourself what would you change?
5.	Ending Questions	• Do you think digital professionalism should included in the curriculum and why? • Would you like to have this teaching as part of your formal education, if yes – how early on should it be taught (Year 1 / Year 5)

Topic Guide (Unseen Group)

	Headings	Content
1.	Introduction	• Introduction – project details & confidentiality of data • Ground rules - Open conversation - No right or wrong answers • Meeting will be recorded
2.	Opening Questions	• What do you use Social media for? Prompt questions: • Purpose of using, need or necessity? • Member of closed groups related to Dentistry or etc, are they beneficial? • Awareness of privacy settings & features • Adding colleagues / staff members / patients
3.	Transition Questions	• What does the term digital professionalism mean to you
4.	Key Themes	
	Social Media	• Purpose of using, need or necessity? • Can you discuss these each of these brief examples with respect to your understanding of digital professionalism? • Scenario 1 : Picture of an inebriated colleague shared on social media : • Scenario 2 : Ranting about a colleague / staff member / patient online • Scenario 3 : Sharing patient pictures • Scenario 4 : Tagging, commenting or reposting
	GDC Guideline University of Liverpool Social Media Policy	• Are you aware of any guidelines relating to digital professionalism • If yes – what are your thoughts in relation to them
	Digital Professionalism Teaching Module	• Would a training resource on digital professionalism be useful to you? • How would you present such a module?
5.	Ending Questions	• Would you like to have this teaching as part of your formal education, if yes – how early on should it be taught (Year 1 / Year 5)
6.	Closing	• Thank everyone for participating • Reassure confidentiality

Appendix 6 : Verbatim Transcription Focus Group 1

Good morning everyone, thank you for taking the time to join us today. Before we begin, I'd just like to introduce myself. My name is Arvinder and I'm an Orthodontics postgraduate. So what we'll be doing today is, we're going to be having a sort of discussion and I'd like to tell you first and foremost that everything you say here is confidential. So feel free to say anything at all that you'd like to throughout this session, you don't have to take turns, so feel free to jump right in and contribute. Also, I must tell you that this is being recorded purely because this will need to be typed up. Names and identities will be left out, so don't worry about that.

So to start off our discussion, I'd just like to ask you about the types of social media accounts you have and why do you use them.

1 : I mean, use Instagram and Facebook sometimes.

2 : Yeah, I probably have them all, I think, like Snapchat as well. And also Tik Tok recently.

3 : Yeah and I usually use it to like keep up with friends mainly.

4 : Okay. Yeah. Keeping up for friends and knowing when events and stuff are happening

really.

1 : I feel like I've had mine for quite a while now. Like you get drawn into it? I guess. And, I get drawn into posting and stuff, although I do feel I shouldn't be posting. I wouldn't sound like a massive poster. I can't really be bothered. Sometimes I get an urge. I'm mostly just looking at what other people are doing.

4 : Yeah, I think it's mainly just seeing what everyone else is upto. I'm not really particularly fussed about posting or anything like that.

Are there any sort of groups that you're a part of, you know like dental groups or things like that?

3 : We've got the society one don't we.

1 : Yeah.

2 : And then, there's that Mentors for Dentists. We have a Facebook group and Instagram.

3 : They let us know if there's any events, talks or things like that.

Right, these accounts you've all mentioned, are you all aware of the different privacy setting and features?

1 : All of mine are on private.

3 : Yeah.

2 : Yea, mostly everything's on private. I think it's important to have it that way.

5 : Yeah, I agree.

1 : Just with the profession we're in, I think it's really important but then again you know, I think it's fine at the moment I just think it's better being on private or like slightly changing your name so your patients maybe can't find you?

2 : Yeah, yeah, I don't have my full name on it.

That actually brings about the next point. What are your thoughts about patients adding you on social media, have you been found before?

1 : My patient did try adding me. I just ignored it. Yeah, they tried to ask me on Facebook, but yeah, I just deleted it. So that was that.

2 : It's not happened to me yet but I think I'd do the same.

3 : Yeah, no way.

4 : No. Just because I think it's just a little bit weird for one that they found me on social media. And then they tried to add me. So yeah, I'll try and keep, like the whole work and personal life separate as I possibly could to be honest.

What about if it were a colleague then, or a staff member?

2 : I just think there's no benefit to having them. So why would I know?

1 : I don't know, I was gonna say like, maybe in the future, if you were stuck about something, and you felt like you had a relationship or if you were like, friendly with a lot of the tutors that was like a specialist in something, I don't see any harm. And like asking them a question. I don't know. I think that people do that. Maybe. Yeah. Or maybe like through a group, maybe through a group or something. I think like there are other groups out there, like dentists who discuss stuff together.

2 : Yeah, maybe not at the moment.

3 : I don't think I would add them, even if it were after leaving Uni.

5 : I'm in agreement.

Okay, I see everyone seems to be on the same page. Now let me just bring you to this term, 'Digital Professionalism'. What does this mean to you?

2 : I mean, I guess you act professionally. And everyone sort of knows how to do that. So it's just don't do anything that would sort of come back at you and make you look bad or make someone think less of you or something.

4 : Yeah, I guess it's just kind of keeping I don't know personal views kind of out of it. So nothing can be misconstrued as to what you've said. And just

yeah, maintaining that professionalism level. So there's no real difference between like, work you and personal life or Facebook you.

3 : I think we did have a lecture about this in the first year.

1 : Yeah, I think it was Dr ***** wasn't it. I remember it being a bit scary. Yeah, no, I do think we get in the first week of uni. We did get like quite a few talks on like how to act, bec careful with your social media, stuff like that.

2 : We did get quite a few talks in our first week of uni about how to talk and act and social media and all that.

3 : Yea I think it's all about maintaining professionalism online, yea.

Right, definitely. Let me put forth a scenario now. What if you were to come across a picture of a colleauge of yours on Facebook say, and it was one where he or she was drunk and lying on a floor. What are your thoughts about this?

5 : I'd probably tell the person about it. Yea, let them deal with it.

2 : Yea, I would just let them know. I mean they might already know. So they can see what they want to do about it.

1 : Yea, I probably would just talk to them about it.

2 : I wouldn't be like oh, take that down immediately. But I'd tell them and see what they thought about doing next. It's kind of up to them really.

3 : Yeah, I find if you start commenting, like take this down or whatever, it will just create more of a situation and more people will take notice. And because it would get flagged up more on other people's feed, because there's 500 comments on a picture as opposed to when someone scrolls past. So yeah, just let them know, straight away. And it's kind of up to them what they do with that information.

4 : I think it'll depend on whether I was friends with that person who posted it as well.

2 : If I didn't know them I'm not going to tell them anything but if it was a mutual friend or something I might be like, maybe you want to take that down. But it really is kind of upto the person who is in it really.

4 : But yea, I suppose if your patient could potentially see it, and if you see them for treatment the next day, then they might feel a bit weird.

1 : If it were a picture of me, I'd definitely push for them to take it off. I'd remove my tag immediately and get them to take it down.

Alright, that's good. Let's discuss another scenario now. Say you've come across a post where one of your colleague's is having a good rant on social

media perhaps about another colleague, staff member or patient. What are your thoughts about this?

5 : I'd probably just leave or ignore it, to be honest.

4 : I definitely wouldn't comment on it.

1 : Yea same, I wouldn't want to get involved in it myself.

2 : I think it depends on how close I was to them. Like, if they were my friend, I'd be like, oh, maybe we should take it down. But they're just my colleague, I just leave it because they might get offended if you tell them.

1 : Yea, I agree. It depends on how well you know them.

Right, let's discuss the sharing of patient pictures online now. What are your thoughts and comments about sharing patient pictures on social media, before and after shots and etc.

4 : I wouldn't do it at our level because we don't do consent for that in the dental hospital.

1 : I'd only do it if they've got proper consent taken. And yea I don't think at this level anyone would think of doing it. I mean if they've been consented though and they're absolutely fine with it, I don't really see a problem. It's just that we're not qualified and maybe we just need to be clear about that on the Instagram account or something.

3 : They're not really our patients though, they're kind of just patients at the hospital that we happen to treat.

2 : True

4 : I just, if there was any doubt about it or I wasn't sure about it, I just wouldn't do it.

1 : I think it's fine at like a postgraduate level, like obviously with the proper consent and using like professional photos. I don't see a problem with that at all.

3 : I think for private clinics, it's more of a business thing.

2 : Yea, for publicity. Which isn't a bad thing I feel.

3 : Yea, it wouldn't be essential for an NHS clinic but for private clinics, I suppose its good for advertising and to get some recognition.

5 : Yea, it's all about advertising yourself and to sort of show off your skills and abilities. In a private setting, that's obviously a plus point.

2 : Yea and as a patient who is in search of a clinic for treatment that they may need, having pictures of before and afters on social media will be helpful in a sort of testimonial kind of way.

4 : Yea, definitely.

What would you do if a patient who has consented, subsequently withdraws consent then?

1 : I'd immediately take the pictures down.

5 : Yea, definitely. I think a patient can withdraw consent at any point.

1 : Yea true. But you know with the ability to screenshot on any device really at this point, those things are out of your control, isn't it? I'm not sure what you can do or if you can track who's screenshotted the photo? So I think it's important to make the patient aware as well that there's a possibility that the photo may still be circulating if someone's done that.

5 : I suppose it should be part of the consent process that as soon as it kind of goes into the public domain, it can be accessed and saved by anyone.

3 : You'd obviously you know inform the patient of all that but the chances of someone actually screenshotting pictures of your teeth and keeping them is fairly slim, I guess.

1 : There is that little save feature on Instagram. If they liked it and they were thinking of like, 'Oh I can show my dentist that.' Yea.

4 : I do that for the hairdressers.

1 : Oh yeah, I do too.

2 : Yeah.

Right, so social media has definitely been a good tool for advertising in many aspects, dentistry and other fields as well. So now let's discuss one last scenario where that can potentially be a little sensitive. What are your thoughts if a colleague of yours were to share and then consequently tag you in a post to do with say posts related to racism.

2 : My Facebook is set up in a way that you can't even tag me. I'd have to approve it before it shows on my page.

3 : Yea, mine as well.

4 : Same.

1 : Yea, if they tagged me in something that was inappropriate, I'd probably ask them to delete the tag. I think I've done this before and then you can ask them to delete it altogether.

4 : I think you can delete your name from it as well.

5 : Yea you can untag yourself but your name is sort of still there although it wont appear in blue and you can't click on it. So I'd just message the person who has posted it to remove me.

1 : Yea I'd do the same.

3 : Yea definitely. I'd feel uncomfortable engaging in issues like this on social media. Probably best ot have this of conversations in person. If that's even necessary honestly. Haha.

Right, thank you. Now, we'll just have a quick chat about social media guidelines that you may have already come across. Are you aware of any social media guidelines in place at the moment?

5 : I'm aware there are guidelines.

1 : I'm sorry no, I don't know about them.

5 : I know they keep telling us to read them but I don't think anyone has. I think in the actual quiz we did, as in with the year group on the PollEverywhere, I think most of us said that we had heard of it but only a handful actually read it.

4 : I only read it for my interview.

2 : Yea, I didn't.

5 : I think although I don't fully know the guidelines in and out, it is good to sort of have a set of rules, although they are somewhat loose? Most people have surprisingly little control over what their friends and contacts can post about them on social media. The best thing you can do is to try and rectify the situation after it has happened.

4 : I think, our generation is generally quite aware. Like a lot of my friends are teachers and stuff, so I'd never really be posting anything about them or tagging them or anything.

Are you aware of the Social Media policy that the University of Liverpool has?

1 : No, definitely not.

2,3,4, 5 : No

Right, that's very honest, thank you. Can I just bring you back to the the little module we had earlier on, know the one on VITAL that we had you do in between the questionnaires. Can I just get some honest feedback about that module, what were your thoughts about it?

1 : I remember doing it.

2 : I can't remember it honestly.

5 : I kind of thought that it was straightforward. Like there was nothing in there that our generation are kind of unaware of really you know with social media. In most of the cases, the dentists that were struck off for breaking the rules tend to be middle aged people who probably didn't really have much experience.

1 : I think it's best done in a more 2 way sort of setting.

5 : Yea, I think an interactive session where you know, you kind of go through the rules at the beginning and then think of a couple of scenario towards the end and maybe some real life examples thrown in as well, would be good.

4 : Yea, I think when it's just an online video, people just don't watch. Workshops would be ideal.

3 : I think you'd need something to kind of encourage that discussion about the whole situation. It was mainly just about scaremongering, like, don't you dare post any form of you know over the top of Mount Everest or where you're drunk down the bar on a Saturday night. There was no real guidance or encouragement as to what to post or what not to post. It was just a don't risk anything.

1 : I think it's good to have teaching around this subject.

4 : Yeah, I agree.

5 : It is a serious topic. Even if everyone kind of knew the rules already, it's just good to reiterate that there are consequences if you broke them.

1 : Yeah, definitely. Definitely in the younger years.

Right, a workshop seems to be what everyone is agreeing to. So, when during the course of your training, would you prefer these sessions to be held if they are timetabled in?

1 : I think it's probably best when you start in the 1st year. I don't think it's necessary having it every year. But yea, maybe make it a bit more informal instead of it being very lecture like. And then maybe in the 5th year as well, so as to just reiterate it a bit.

4 : Yes, that would be worth it, definitely.

1 : I think everyone is aware, to be honest in our year really, but there is no harm really is there to kind of make people aware again.

4 : Maybe a bit more tailored in the final year, you know about posting patient pictures and details especially if we're going to start building a portfolio or something.

2 : Yea, I agree.

3 : I think having it every year would be kind of repetitive and people may just loose interest after year two. It'll be just kind of a waste of time for everyone.

Alright then, this has all been very helpful. Thank you very much for your participation in this project. I'm very grateful to you all for joining in this session today. I'd like to reassure you again that this is going to be confidential and I look forward to seeing you all in person hopefully soon. Enjoy the rest of your day.

Appendix 7 : Verbatim Transcription Focus Group 2

Good afternoon everyone, thank you for taking the time to join us today. So, I'm Arvinder and I'm an Orthodontics postgraduate, you may remember me from the ePoll sessions we had late last year. So today, we'll be having a discussion and before we begin I'd just like to inform you that everything you say here is confidential. Feel free to jump in and contribute to the discussion at any time, you don't really have to take turns. Also, I must tell you that this is being recorded simply because this will need to be typed up. Names and identities will be left out, so don't worry about that alright.

So to start off our discussion, I'd just like to ask you about the types of social media accounts you have and why do you use them.

1 : I use Instagram, Twitter for news and generally just for news and keeping up with what's going on in the world.

2 : Yea, I've got Facebook to keep in touch with friends. And you get to see what's new and all, also there are groups I've joined. Also, I've got a couple of Instagram accounts, one is a personal one which is private and the other one is just art that I do. I just post it.

3 : I've just got Facebook, just for like family and friends. And then Instagram, just literally to just scroll and scroll pretty much and to keep up with what's going on.

2 : I kind of feel like everyone has social media. So in a way, if you don't have it, then it's more of an inconvenience, because a lot of things happen on social media, like you have a group or let's say you're doing a group project, and you can just quickly add everyone, even if you don't have their number, for example. So yeah, I think it's sort of a mix of also it's fun, but it's also useful.

1 : Yeah, I think it's more educational as well, I can't remember when I got Instagram, but it's like, been a good couple of years. And it's only within like the recent years that it's become more educational. If you follow like certain pages, even if it's like dentistry, for example. I think there's not like too much pressure to get Instagram, you can just get it for anything, doesn't have to be, you know, just for social purposes.

3 : I agree, I think especially given the whole pandemic situation like all of all of the news, all of the sort of things that people are doing, it's all on social media, all of the webinars and things that we look at, kind of share it on social media as well.

2 : Yeah, the pandemic in a way has made a lot more people get social media accounts I feel, or become more active maybe.

Are there any sort of groups that you're a part of, you know like dental groups or things like that?

1 : I think there's like a young dentist thing. I think most of us are a part of it now. Yes, like all the dentists in the UK maybe like students and dentists as well.

2 : And then there's like a year group as well. And also LUDDS.

3 : I think these groups are really good because you're sort of able to see how dentistry is outside of your own bubble or dental school that you're at. And you get to see what it's like worldwide, not necessarily just in the UK.

Right, these accounts you've all mentioned, are you all aware of the different privacy setting and features?

1 : I'd say generally, yeah. I guess, especially Facebook I probably know more rather than Instagram, because I've been using it for so many years. So, you know, as they sort of put in new features, you kind of just sort of know if it's private or public, or you have it in the back of your mind, I guess.

2 : I like to keep things private, I think it's a good thing to have privacy.

3 : Yeah, I agree. Like, so for example, like on Instagram, you can have your profile open, so anyone can type into Google and see what's on your page, or it can be closed, which is beneficial. But at the same time, I guess people say that you can't delete things from the internet. So you've got to be careful about what you've got on there.

1 : My art one is open to public but my personal one isn't, as it's got photos of me and has my actual name, whereas the art one is sort of anonymous. It doesn't even say I'm a dental student or anything, so only my friends who I've told, will know it's me. If that makes sense.

That's very interesting, I suppose it's a way of expressing creativity anonymously. Right, good. So let's discuss your thoughts about patients adding you on social media, have you been found before on social media?

2 : It's a no no for me.

1 : Yea, no definitely.

3 : No I wouldn't accept the request. Definitely not.

What about if it were a colleague then, or a staff member?

2 : I personally wouldn't just because I don't really know any of them that well enough. But I know some staff members have like, for example, they have their own public Instagram for like dentistry purposes. I know some people in my year have but yea, I personally haven't. I follow some dentists on Instagram but I personally don't really use Instagram for dentistry stuff. It kind of doesn't really make me feel very comfortable.

3 : I'm kind of the same, I guess. It's really kind of what she's said already where you know everybody kind of has their private profile that they share with their friends. And if you wanted to talk about dentistry, then you'd have a

separate profile for that. I think a lot of people have. I know I definitely haven't added any staff members. I guess, it's just kind of like having a boundary. If we know them quite well, then it might be different. But yea.

2 : I know that some who were leaving school for example, I know some people ended up adding a lot of teachers and stuff once they've left. And at first I thought it was a bit weird. But if I sort of translated to dentistry, I think once you've graduated and you're working, then in a way, it becomes more of like a networking connection rather than anything else. That becomes bit less weird, if that makes sense.

3 : Yea, I agree.

1 : Yea, me too.

Okay, I see everyone seems to be on the same page. Now let me just bring you to this term, 'Digital Professionalism'. What does this mean to you?

2 : I suppose that's just how you present and carry yourself and show your professionalism on a digital platform.

3 : I'd say it's like controlling your image. Knowing that there is a boundary between like, your actual life and the things that you choose for people to see, especially if they're your patients.

1 : I think it's being mindful of what people can see as people can perceive things very differently. So, you've got to be careful of what you put on there in case it's seen in a very bad light. You don't know what to expect, so I think you should be really mindful and careful of what you do when it's digital.

2 : I think because the digital age, has you know accelerated so much, it's almost like, I remember preparing for the interviews for dentistry, and sort of the extent of digital professionalism that we had to know, like, in preparation for that was sort of, you know, you post a picture online and anyone can see it. And if it's a bad picture, then that's quite bad. But then now, it's sort of the age where dentists are regularly putting themselves out there. And we don't really know, sort of whether just liking a picture counts as being unprofessional. Especially if it's to do with professional image and things like that. So I don't know. I think teaching around this subject would be useful but there's always going to be some people who just you know get it, like it's second nature for them and then there are others who will probably just not get it. It's obviously good to share knowledge about it though.

3 : I think it needs teaching just so you can have like a baseline to work off, but yes I think it's like what she's just said really. We kind of grow up knowing what we should and shouldn't be putting on there compared to like, 10 years ago.

2 : I think it might be useful to sort of know, especially the grey areas, where, let's say, for example, what the GDC has a clear stance on and because I

think there is a lot of I know personally, so for example, my brother, he's a medic, and he wants to put himself out there on social media and do educational videos and stuff like that. But a lot of his colleagues are sort of fearful about that, because they don't know how it's going to be perceived by the GMC. So a similar sort of thing with a dental perspective might be nice.

1 : I think it should be part of the curriculum only because I feel like there are differences between generations. So in my generation, I think we're so like obsessed with Instagram but I don't think we want to constantly post things every single minute. And we might venture out to do like a separate dental page maybe. I think in the younger generation, people like maybe in the first or second year they may be more keen towards the idea of posting things and some people could probably slip through the net and maybe do something and post something weird or whatever. I feel it'll be good to have teaching. And to be taught in the dental school, I think it's a good idea. But I think if you're focusing on digital professionalism as well, I think it's important to look at, if you are posting these things, if you do create a page when you're in dental school, you could get things like there's always things like bad comments and stuff like that. And I feel like people forget to think about the effect that will happen to them. So now I feel like loads of young dentists now, they'll always post something on their stories and then have people comment or dm them really horrible things. So, I feel it's not only about us posting things about dentistry or ourselves but it's also what you could get as backlash and how do you handle that professionally. There'll have to be two sides and if that can be incorporated into training, I think it'll be fantastic really.

Right, definitely. Let me put forth a scenario now. What if you were to come across a picture of a colleague of yours on Facebook say, and it was one where he or she was drunk and lying on a floor. What are your thoughts about this?

2 : So if's a photo of the friend, I'd tell the person himself so they're aware. It's then sort of their responsibility to then tell the person who uploaded it to remove it or untag or whatever he feels is necessary.

3 : I'd do the same, I guess. I don't know, it's kind of a grey area about whether it's your responsibility to get it taken down or not.

1 : Yea, I agree. I'd just let the person know and sort of let him or her handle it really.

Alright, thank you. Let's discuss another scenario now. Say you've come across a post where one of your colleague's is having a good rant on social media perhaps about another colleague, staff member or patient. What are your thoughts about this?

2 : I don't think it's right firstly to rant online.

3 : I'd probably just message them to take it down, or to keep it sort of their private circle if they need to share because you don't know who's reading it.

2 : Yea, I think in real life, I probably wouldn't be like you know, you should take this down. I'd probably be a bit more casual and go like, you know, this could be seen by others as well. And then you know, hope that it clicks for them.

1 : I wouldn't comment on the post and be like you know, you need to take this down, I think you just have to be careful of how you approach them because people can take it differently. People could be like you know it's my Facebook and I can do whatever so you have to be really careful when you're kind of gently saying you shouldn't really be putting that on. So yea, I tend to take on more of a passive route in general really.

2 : Yea, at the end of the day it is really their page and you can only sort of just give them your opinion and see if they take it onboard or not.

Alright, so I see everyone is pretty much on the same page. Let's discuss another scenario now. What are your thoughts if a colleague of yours were to share and then consequently tag you in a post to do with say posts related to racism or politics, issues that are potentially sensitive.

1 : I feel like I'd take the extra step and be really bold and report it if I'm tagged in it. Because well people outside, they'll be like, okay, she's involved in it. I feel like, if I'm tagged in something and I don't like it, I'll probably report it and then message them and be like, 'Why..just why?!'

3 : Yea, I'm the same. I would definitely untag myself, because I guess I didn't ask to be put in in it and then I'd report it especially if it's something offensive because I don't really need it out there.

2 : I think for pictures, you can have a setting where you can choose to approve whether or not you want to be tagged in it. I'm not sure about comments or tags, because I know people just get tagged in memes and things. I think if it's sort of a harmless post or I perceive it to be, then I'd just sort of you know, do nothing. Leave it and move on. And that's kind of it, really.

3 : Yea, if I wanted to add any commentary, I think I'd just do it in private messaging, like in real life anyway.

1 : Yea, I feel like if you comment on it, it just makes it a lot worse. If you do it privately, then it will be better. I'd just screenshot something if it were funny or just the DM the person on Instagram and just have a conversation privately.

2 : I think Facebook has changed some of their features now, so it's a lot easier to send something on privately to someone. Usually that's how a lot of them get sent to me, through private messaging.

3 : Yea, I'm the same, I'd just send or share things privately.

Right, let's discuss one last scenario then, it's to do with the sharing of patient pictures online now. What are your thoughts and comments about sharing patient pictures on social media, before and after shots and etc.

3 : We don't do it on our phones, we use the cameras that are on clinic.

2 : Yea, for like clinical pictures. I think photography is one of those things where you'd need expressed consent so it would be sort of a local policy or procedure where the patient would have to consent for GDPR purposes. Things like the purpose, duration and nature of why you're storing information for. And so yea, if they've consented for it to be used for that purprse, and I've seen a lot of dentists do it on Instagram, I guess that's allowed. But if it's without consent, it's not allowed.

3 : Yea, I agree completely.

1 : Yea.

3 : I think it's tricky in a way, because patients may not realise how far it can spread. I guess, if you've gone to Google and you search a photo, a lot of patient photos have their eyes blacked out, that kind of thing. I guess if they've expressed consent, then obviously they know that the agreement can also be revoked but if it's on social media, then there's the potential for it not to be able to, like be deleted, if it's been shared onwards.

2 : That's a good point as consent can be withdrawn but with the ability to screenshot, I suppose it's there the possibility that the content can still be available elsewhere. I personally wouldn't be inclined to do this, even at a later stage.

1 : I think, before and after photos, you've got to be so careful. You need to tell the patient, like, why are you using it, where it's going to be, where can they actually find it. And say like, what the purpose is. So, it's basically mainly educational, in a way. But I think there's that fine line, and it's just you don't want to cross it. And you know, because it's your reputation, it's your career. So people, like those who are really confident to do it and they're using the right channels, I guess that's fine. But I think personally, I just don't want to take that risk. Because it is, technically someone else's pictures.

Right, good points, thank you. Now, we'll just have a quick chat about social media guidelines that you may have already come across. Are you aware of any social media guidelines in place at the moment and do you feel these guidelines are important?

2 : I think I did read one because it was either in preparation for the interview or it was like a PBL session or something that we had to read it for. But we did have to read something about it. So, I remember reading a document from the GDC about professionalism. I don't know if it's been updated recently, so yea. I don't keep up to date with it, definitely.

3 : Yea, I'm the same. I haven't looked at anything like that in quite a while.

1 : Yea, me neither.

2 : I think it is important that we have such guidelines, because the whole point of the GDC is to sort of regulate us. So if digital media is going to be a key part of how we carry ourselves and how the public perceives us, then they need to have a clear stance on it and be able to advise us on what we can and can't do. It shouldn't be something that is coming out of the blue when they crack down on someone for what they've posted. I'd say my personality wouldn't really put me in a position where I'd be particularly concerned with these guidelines, if that makes sense. Because I'm not really putting myself out there actively. But I can see for people who do want to do that, then it can be quite concerning for them, or they might feel a little afraid or apprehensive about posting or doing something online. But yea, I think generally, with dental students, there is a sort of fear of the GDC.

3 : I think they are needed definitely, but as I said before, you know as a baseline. It is to protect people at the end of the day, so I don't think that's bad.

2 : I have heard of dentists being struck off, I can't go into specifics but yea, for not adhering to the guidelines, so it's important.

Right, okay.. Can I just bring you back to the the little module we had earlier on, you know the one on VITAL that we had you do in between the questionnaires. Can I just get some honest feedback about that module, what were your thoughts about it?

2 : I can vaguely remember it, I wonder if it's the effect of lockdown. I think, having the video is good. Having sort of real scenarios put to the guidance is good because it makes people think about like, how that could apply to them. But I think another thing is with a video, it makes things quite passive in a way. So, I don't know how many and you can't really sort of check if people are paying attention to it or just skipping parts or whatever. So, I think, yeah, having a more interactive kind of way might be better in terms of engagement and to gain attention. And I think quite often when people hear, like, professionalism, generally, I think a lot of people would start yawning in a way, because they wouldn't think that it applies to them. If you sort of make it compulsory and make them actually think about it for like a half an hour or whatever it is, then people will still learn something from it, even if it's only something small.

3 : Yea, I think the module was good definitely. And I think, talking about it, kind of like, what we are now, in a workshop could also be, yes more active than passive. And then also, in something like what I did with the uni, there's like equality and diversity, sort of training and things. So you watch the videos and then you do a quiz at the end. So that could be used to just make sure that people are engaging, I guess.

1 : Yea, I think scenarios are really good because that basically could be something that could possibly happen to you, or something you could

witness. But I think it's good to have some form of interaction because then you know, you're kind of engaging with the scenario and trying to see people's different opinions, because some people might say, it's fine to post so and so, and some might disagree. So, I think you can then take that and tailor it to see how you can educate them. A workshop based thing would be ideal.

Right, a workshop seems to be the way forward then. So, when during the course of your training, would you prefer these sessions to be held if they are timetabled in?

2 : I think it's useful if this teaching can be staggered in a way, so it could be done in say the 1st year, 3rd year and then the final year? And I think that for sort of 2 reasons. Firstly, I think digital stuff changes a lot, so every couple of years, there's going to be something new. And it's good to sort of keep up to date. And then also, I think it's sort of just to regularly remind people because I think people can just get complacent and sort of forget. And I can imagine there might be some people who will reach like graduation and they might think, 'Oh hang on, like has anything come back to bite me before you graduate?'

3 : Yea, I agree. It could be staged just so that people don't get too comfortable, I guess in the environment that they're in and forget that it's kind of a global thing.

1 : I feel like I'd take it a bit further and do it every year only because at some point in every year, people might decide to suddenly start an account, especially between years, say going up to the third from second year. So, maybe for them, it might be really beneficial as they may start getting ideas and thinking of getting separate accounts for this or whatever. I think it's good to get a refresher because we get refreshers on other things as well, like BLS.

2 : Yes, having a refresher about this alongside the BLS during the first week at the start of every year could be very useful. It's funny because I feel this is one of the those things that I can imagine, not a lot of people would be very enthusiastic about it. But it's like taking your medicine, like you have to sort of just do it.

1 : Yea, you might have to scare people sometimes. Like you know, we know people have got suspended and things. Sometimes, I feel just giving people the hard facts using real life scenarios, people might wake up and pay attention.

2 : It's good to have different levels to it so it doesn't just scare you off straightaway. If you just go to the extremes, then some people may be like, 'Yea, I'd never do that' and just switch off completely.

3 : And people kind of remember, if it's that striking, then they'd probably remember it.

1 : Yea, not with like loads and loads of cases. But like one or two. I think we got told at one point, there was a slide, we were shown why dentists were getting sued or they were attending a GDC court thing and it was for the smallest of things. So some of these things can really take you by surprise. So, you could accidentally do something and not know it.

2 : It was that page wasn't it, with all the GDC ongoing cases and I was like, oh gosh, I didn't know all of it was public as well.

Alright then, this has all been very helpful. Thank you very much for your participation in this project. I'm very grateful to you all for joining in this session today. I'd like to reassure you again that this is going to be confidential and I look forward to seeing you all in person hopefully soon. Enjoy the rest of your day.

Appendix 8 : Verbatim Transcription Focus Group 3

Good morning everyone, thank you for taking the time to join us today. Before we begin, I'd just like to introduce myself. My name is Arvinder and I'm an Orthodontics postgraduate. I'm sure you've met me before earlier on. So this is one of the first focus groups that I'll be having as part of my DDSc research project entitled, Digital Professionalism.

So what we'll be doing today is, we're going to be having a discussion around this topic and I'd like to tell you first and foremost that everything you say here is confidential. So feel free to say anything at all that you'd like to throughout this session. Also, I must tell you that this is being recorded purely because this will need to be typed up. Names and identities will be left out, so don't worry about that.

So to start off our discussion, I'd just like to ask you about your thoughts about social media in general. What sort of social media websites or apps do you currently use?

1 : Many, many social media apps. Erm, as in terms of like keeping up with friends and things, so I use Facebook and Instagram but then also things like LinkedIn for academic sort of communication.

2 : I agree with that. I use Facebook and Instagram. I used to have Twitter when I was younger but I don't have that anymore. I communicate mainly on Whatsapp to be honest. I'm not sure if that counts as being social media.

1 : Yes, that's the app I use as well mainly, I'm not sure if it's classed as social media. I use Twitter a lot for keeping up for like news things so not really like in a social media way. I use it like a news platform.

3 : Erm, so pretty much all my friends we communicate on Snapchat really. So like texts and things seem to be a thing of the past.

So all these social media apps that you've just mentioned, are there any sort of groups that you're a part of, you know like dental groups or things like that?

1 : So on Facebook, there's a big LUDSS group that I think most people have joined in.

2 : There's a LUDSS group on Instagram isn't there. A lot of those.

3 : I know recently, they brought out a new group on Facebook and it's a cross university dental students' Facebook page where people are sort of posting things be it like, webinars or asking advice about situations that they've come across. It's quite an interesting thing that we've done but I can't remember what it's called but it's definitely something that a lot of joined up.

1 : There's also the society app isn't there. LUDSS have their own app as well. So that's about it really.

Do you find these groups useful, are they of any benefit to you?

1 : I do, because they put up a lot of the events that are happening and things that are going on in the dental school. So they are actually very good.

2 : Yeah, it's good for staying up to date.

1 : I think I sort of use the Facebook and the Instagram more than I use the society app itself. I do think it's good for keeping up to date with what's happening in the dental school.

3 : I pretty much only use Facebook nowadays only to look on the LUDSS page to keep up to date with the events. But then also I know that the Facebook has been used as a tool really to connect the staff-student liaison committee to the wider sort of population of the dental school.

Right, that's very good. Can I just ask you about the privacy settings of these accounts you have. Are you aware of the privacy settings on these apps?

1 : Yea. (Nods)

2 : Yea, I have all my stuff as being private. Only people who I accept can see my things.

1 : So same with me with Facebook. Mine's completely private. Only people that I'm friends with can see my stuff on Facebook.

3 : I like to keep all my social media apps like a fortress. I don't really want anyone to see anything really so.

Can I just ask about the thought process that underpins that. So why do you think that the privacy controls are important to you?

2 : I think it's probably like almost, not wanting people to know everything about me. Like, I rarely post anyway on either Facebook or Instagram but I think especially since I started university as well, you kind of become a lot more aware of how easy it is to find out information of other people on social media and things like that. It's a part of growing up as well. Like when I was younger at school, it was all about how many friends have you got, how many followers have you got..stuff like that. And you kind of realise I don't really need to be Little Miss Popular and stuff. I actually like value some of the privacy, so I can talk to people who I want to but everyone doesn't know my business.

1 : Yea, I'm exactly the same to be honest. I think if you're quite a private person in real life it kind of comes across that way on social media as well. I have things set to private just so not everyone can access it and only the people you want to know about you can get the information.

3 : I think I'm just quite paranoid. I don't like the idea of sort of giving away your information willingly to corporations.

1 : I think especially now, being a dental student and you hear all about how things can be sort of misinterpreted and used from social media in a negative way, sort of makes you question what you put on and if anyone else can see it and things like that.

2 : Yea, I agree.

1 : You hear stories of like how this person was seeing this for example when it's like not really professional and patients can get a hold of it and they can report you and things, so it's a bit scary for them to get that information.

2 : Yea.. (nods) I do feel like there are some sort of like, not necessarily scare tactics but when you start Dentistry, you feel like, oh my God what kind of person am I? I remember searching back through all of my Facebook posts making sure I never put up anything that was like, you know when you're a kid and you think you're sort of invincible. So I don't want to have anything controversial or anything like that. You just think like, could something be taken out of context or could anyone see this or do I really want patients to be able to find me on Facebook or whatever.

3 : I completely agree with both of those points. I think fighting what can only really be described as the thought police is quite important especially nowadays. It only takes you to not be thinking about what you're reposting and all of a sudden and people may start thinking that you're agreeing with certain points of view and you may not. The next thing you know, you're cancelled as we say you know. Nobody wants you involved in anything. It sounds silly but it's very much a way of life now.

1 & 2 : Definitely. I agree (Nods)

Yes, absolutely. This brings us to the next section then. So, what are your thoughts about patients trying to add you on social media or even staff members or colleagues.

1 : I think for patients, I'd find that really weird and I would never do that. I think with staff members, I don't know, I think that's a bit different. Maybe if we're not close, it would be a way for them to try and find out more about you. With patients it's a definite no, that's a bit creepy.

3 : I think with staff members, where we're at currently at this point, as dental students, it may be a bit odd I guess you know with having that sort of hierarchy that is set up in the dental school. But at the same time, we have to sort of acknowledge that these are sort of networking tools and from a networking point of view, I wouldn't be taken aback if somebody tried to add me. But patient wise, I think you're kind of educated from day 1 that, that would be you know, evil.

2 : Yea, I agree. Like I have a couple of lecturers from my last degree on Facebook but like I don't see them as sort of being my lecturers anymore. So like, it's a bit different. But agreed with the patients, like I would just never do it. I can't imagine them messaging you at like 3 a.m in the morning with like, 'I've got a toothache' and being like oh what am I going to be doing about that from here. No. But I don't know, I can't imagine like any of the staff members from the dental school adding us on Facebook.

1 : Not at this stage.

2 : Yea, it's very much like, they're staff and we're students. To be honest, I think I'd be a bit shocked if anyone from the staff added me.

1 : Yea, I agree definitely. Not at this stage. I'd understand if you're graduating and they do just genuinely want to keep in touch with you, that'll be different. At this stage, I'd be weirded out if a lecturer added me on Facebook.

Can I just ask if that'll be different across different platforms. You talked about the distinction between different platforms. Like with LinkedIn for example, with it being dentally relevant.

1 : Yea, I think that'll be completely normal because you don't really share personal things on platforms like LinkedIn whereas Facebook, I think that'll be quite weird because you got personal pictures and things on there.

2 : Yea, LinkedIn or something like that would be completely fine. I see that as being a lot more professional, so agreed.

Right, those are good points, thank you. Now let me just bring you to this term, 'Digital Professionalism'. What does this mean to you?

1 : I guess it just sort of means, portraying yourself in sort of a good way on the internet or on social media, making sure you always remain professional when using social media.

2 : Yea, I agree. I think it could get us in a lot of trouble if we didn't. Especially where everything is so based around complaints and image and things like that. If we didn't understand what it is, and if someone found us doing something that we shouldn't be then you know like, you see things like people taking drugs and a party getting filmed. For someone who is doing a different career, maybe that would never get noticed. But for someone doing dentistry like we are that could ruin our career. It's one of those things like you know comes with part of the job. It's not about just being professional in the dental surgery but seen professional at all times, really.

3 : Expanding your professionalism to sort of all areas of life, I think that's what it means. And I think a really interesting point to look at and this is definitely this is something more relevant to my age, you know 19..18 and that sort of range, like TikTok has become a really big thing. I know plenty of people who've put up pretty embarrassing pictures and small videos on

TikTok. I think what would be really important in terms of digital professionalism would be acknowledging the overnight sort of level of these things can be quite dramatic. It's a little bit different for other social media platforms. Like if you post something on Facebook, you can probably guarantee the next morning that the whole world might have not seen it but some of these more popular ones like TikTok, Twitter and Instagram, that overnight aspect is quite important. I think that's where digital professionalism very much comes in because if you're sort of flaunting around on TikTok and the next morning you go in and your Paeds patient starts pointing out pictures that they've seen of you. I think that would be quite dramatic.

1 : I never thought about that actually, but I fully agree.

3 : How scary, can you imagine (laughs)

2 : I think you've probably become a TikTok sensation.

1 : I'm going to have to find you up now (laughs)

3 : I've got everything on private, it's like a fortress.

That would be hilarious and yes, I can't imagine what it would be like to be identified by a patient. Right, so I'm going to bring you back to a point we mentioned earlier. Let's think about a situation where a colleague is taking drugs or drunk perhaps on a night out, having a good time and he's been photographed and shared on social media. What would you in a situation like this, if you were a colleague of his?

2 : I think that depends really. I don't think that's bad being seen in a picture on a night out with me in a drink in my hand. I love a nice gin now and again, stuff like that. I think if it was someone you know, on a floor somewhere, skirt around their waist and that kind of thing, I'd probably say to them, maybe you want to take that down, untag yourself or ask the person who has posted it to take it down. Be a bit more careful. I think you wont want people to see this but also sort of be concerned for them as well. I'd also be like, you know are they alright. Was there something wrong or if they were upset about something. Did they go out and get really drunk because they had broken up with their other half or something like that. I think it's all about how severe it is. I think we can sort of have a life as well but sometimes I feel like there's really high standard expected and it's difficult you know like they say, oh this is good and this is bad, but I don't think it's wrong for someone to be seen out in town with a glass of wine, gin or cocktail or something like that. I think the issue is, you know what part of the spectrum it is. If it's in moderation, that's alright. Would you look at the person and be like, oh they're having a good time or do you look at them and think there's something wrong there, like what's going on and if so, will it affect how they're going to treat patients or have they got issues that they need to address themselves.

1 : Yes, I fully agree with all of that. I think there's just a very large spectrum of you know what you can see. And obviously you know if there was

someone lying on the floor drunk out of their mind and they were coming into uni the next day for example, you'd question it. Like are you sure you're okay to be here? Maybe not. But then again, if they'd just literally been out for one drink with a friend and got a glass of wine in their hand that wouldn't be an issue. Being a patient and I saw my dentist doing that for example, I wouldn't think anything of it. I wouldn't think twice at all, like oh he must be so drunk he can't do a filling for me this morning or something like that.

3 : I agree, I definitely think there is a range there but I think you know if you have younger patients coming in and they saw that, they wouldn't be struck with horror but on the other hand if you had a more elderly patient and they saw a picture of you on a night out, they may assume that you've probably never grown out of your uni days or something. But you know if somebody were to post that, I'm very questionable anyway over people who put up sort of drunken photos. I think there's a difference between a nice picture where everyone is smiling and another where someone's throwing up in a picture.

1 : I think judging off the people that I know anyway in the dental school, I don't actually know of anyone who would put up a really bad picture of someone throwing up on the floor anyway. I think it's sort of a preconditioned thing in our mind, where we know we have to maintain some sort of level of professionalism, if that makes sense.

2 : Yea, I can't imagine that either. When I think of getting my first patient in, I can imagine myself you like sitting at a desk the night before and thinking about everything. What am I going to do tomorrow? I don't think I'm going to be having a drink anyway. I'll probably be stressing out about what I'm going to do. I just think as well, that people who are doing other degrees, like in my first one for example, I know plenty of people who have turned up for a lecture like they're barely been home the night before. You'd be able to tell who had been out the night before. They just sit there watch the lectures and then go home and sleep but you don't really see that on our course. I think really, everyone is more aware of that kind of thing. It would surprise me actually if there were people going out on a big night out before doing something clinical the next day. I think everyone is quite conscientious in that way.

1 : I think that as well.

3 : I think people most likely wouldn't post a disastrous picture of themselves but you know however but nowadays you have things like stories where you can post something up and it will disappear within 24 hours. I think that gives people a bit more leeway to kind of think to themselves, well this is permanent but in reality if someone screenshots it, then that's saved.

Yea, stories are there for a limited time.

1 : Yea, I think it is about 24 hours at the most but as he said, people can screenshot or record them and things like that..so, that's a bit of a risk.

2 : Yea, and then the screenshot can be sent to everyone.

Right, so that is risky indeed. Let me put forth another scenario now. What if you were to come across a colleague of yours who was let's say, unhappy about a particular incident with a patient or staff member and they were having a good rant about it on social media. What are your thoughts about this?

1 : Not very wise!

3 : Very very bad decision. I think I'm quite a rash person and that goes without saying. But I would never let of my steam on a social media platform. But however, I would say that this happens quite commonly. I refer myself back to the cancelled culture I was talking about before where it only takes one person to say something wrong and in the past 10 years or in the past 10 minutes and then somebody can quote that person and then they get exposed and you know, I've seen people do it before. You know, screenshots of conversations had with a person and up it goes and then the person is labelled instantly like you know, this person is racist, sexist and you know it's terrible. I think this is quite scary and I do think it's becoming more common.

1 : I think if I were to rant about somebody in the dental school, I wouldn't do it to people I know would say something. So like you know, on social media for example, I've got so many people from the dental school like friends and colleagues, like I wouldn't do it. I'd probably just go back and rant about it to my family. And I think a lot of other people would also have the similar mindset because we know the consequences of sharing things like that on social media. I wouldn't put it up on social media but I'd probably you know message a friend of mine from the dental school probably and say something.

2 : Yea, I think that's a lot more likely. Rather than putting it up as a Facebook status, I'd probably message a family member or a friend on the course and go like, this has happened to me today, and this person has messed this up for me and I'm really annoyed or whatever. But you know, at the same time, there's nothing stopping the other person from screenshotting your conversation and that's part of the problem. It's just that you've got to be so careful about what you pour out and think if you can actually put this or that in a message. And you realise that everything can be saved in digital. But if you didn't speak to people, especially at the moment, people are on Whatsapp and Facebook and Facetime and all this, and if I didn't do that, I would literally not be speaking to anyone at all. I'm still in Liverpool and the campus is dead. I go for walks and I don't see anyone. All my friends are at home. My family are over an hour away. Like I wouldn't see people whereas like, you kind of thing like yes, it's on there forever and all but you'd have to have trust in the other person that you're having a private conversation and even so, I'd never be ridiculously horrible about another person. But if I was annoyed about something, I would have to say something to a friend or

family member because otherwise you'd just go round and round in your own head. It's always a worry that anything I put on, is there forever.

3 : I think with the dental school in particular, I think there's a fine line that we have to be aware of which I think makes up a part of digital professionalism. Acknowledging that your friends in the dental school are also your colleagues, I think it's important to sort of know that you have to be careful with what you say to everyone and not get overly close.

Yes, I'd have to say that as well. It's always good to be cautious isn't it. Interesting points, thank you. Can I bring you now to another situation with regards to patients' pictures. What are your thoughts on sharing them on social media?

1 : I think Dentistry nowadays is huge and almost every dentist would be sharing before and after pictures on social media. However, I think I would never do that especially not as a dental student. Ever. I understand why you would do it, you know to promote yourself as a dentist, you're trying to promote your work and practice. I think as long as you follow all the rules and guidelines, I don't see why it's a problem. I think it's quite a good way of promoting your work as a dentist, really when you're actually qualified.

2 : Agreed. Especially in private dentistry, like orthodontics, tooth whitening and all of the aesthetics, there's loads who post their patient pictures online. And really if I was a patient who was looking for treatment, that is something I'd look at because I want to see what other results that this person has had. I think it's really useful and I think a lot of other people think this as well. Of course, you'd have to follow the rules don't you, you've got to get permission and all that kind of thing, but I'd be a lot more cautious about putting up pictures of children's teeth if it was a child. I think it's actually quite good if you've got a permission and I think even the patient might like it. Like they may think, that oh, this person thinks that my teeth look really good now and they want to post it. They might think that's it's quite nice.

3 : It's very much to do with the marketing aspect of Dentistry. As a student it's often overlooked because you're so busy trying to be a dentist anyway. But should you ever want to reach the private world then that marketing aspect very much becomes very fundamental. You'll be pushed to do it. But yes, as a student I'd be horrified to do it.

So, you'd not be posting any patient pictures as a student, yes?

No (everyone)

1 : I wouldn't feel confident and also I don't think my work would be good enough to be honest.

2 : Yea, me too. I wouldn't want to share it. And I wouldn't feel comfortable as a student doing it, at all.

Right, we've established that we're all not going to be doing that anytime soon yeah.

So now let's move on to topics that could potentially be a little sensitive. What are your thoughts if a colleague of yours were to share and then consequently tag you in a post to do with say political issues, or posts related to racism.

2 : I think it depends really. With politics I think we are all sort of entitled to our own views where we can support the Tories or Labour. I wouldn't really be posting anything like this anyway as I kind of worry about what other people would think anyway. I'm just a worrier kind of person. So I wouldn't want to be offending people but I think everyone has an opinion although I personally don't really have an interest in politics. And even if I did share a post supportive of a particular party, I wouldn't think that that would be offensive to anyone as we're all entitled to our own views. It would be different if I would share a post saying like you know, 'send all of them back' and that would then be very racist and that would be very offensive. I just wouldn't really post anything like this on Facebook really. Probably in a discussion with people, I may have an opinion or two about something. I personally just use Facebook to see what everyone else is up to, like you know stalking. I'd rather see people and have a discussion face to face. I'd be more wary about posting my views online because I just worry that someone would see them and get intentionally offended or start a debate. It's also difficult to really judge or convey a tone in a text message.

3 : I think that this has raised a few points especially with the tone and political stance. So I very much don't take a common political stance with people of my age and so as a result, I'm often petrified like what on Earth will I follow? Because people will very much jump on that and your sort of social appearance will be somewhat ruined. And what I think is quite an interesting thing and it plays into the social media aspect is lately, what's become more controversial is the silence. If you're not posting something, or haven't spoken out about something, that in itself is wrong. Not what it used to be before, which is the other way around. And that is quite scary I think. And if you take the scenario where somebody tags you in something, that will probably not be a common way to do it. It would probably be something like you should speak out about this and it'll probably be put onto a story and posted around. And if you don't speak out about it, then it can be understood that you agree with the opposite view. And this sort of kind of 'stab-style' activism very much seems to be taken over. So any action or no action can be perceived as offensive, one way or another.

1 : I think recently you know with the whole thing with 'Black Lives Matter' and things, I did post quite a lot of things on Instagram but I kind of use it as an educational tool, and I'm not saying that I know everything about it but I kind of used it as way of spreading awareness about it as I understand people not posting about it is probably because they don't know much about

it or maybe they want to educate themselves first. So, it's like what was mentioned before where silence is probably the worst thing you can do. People like us, or who think like us, may not have that same view as we know that not everyone likes to speak up on social media on things but I think it's good in a way to educate people with these posts but I would never put my view on something. I'd keep it quite general. So, sort of general points and never what I personally think, if that makes sense.

2 : Yea, agreed.

Right, thank you. Those are all very good points definitely.

Now, we'll just have a quick chat about social media guidelines that you may have already come across. Are you aware of any social media guidelines in place at the moment?

1 : I'm more aware of the GDC guidelines more than I am of the one the uni has.

2 : Yes, me as well.

3 : I honestly, couldn't quote them to you.

2 : No, me neither.

1 : I could give you sort a general gist.

Right, that's very honest, thank you. It's alright if you don't know them, but can I just ask, what are your thoughts about these guidelines?

2 : I think there has to be some sort of way of trying to make sure that dentistry as a profession is sort of regulated. Like you know with all the principles and all that and making sure that patients see us as being professional. However I do think that it's all very subjective when it comes to what actually constitutes as being professional. Like I'm sat here now in my pajamas, and if you know if I was in a big board meeting then you know, it wouldn't be professional and if I was speaking to patients as well, it would definitely not be professional but like this is quite informal. So I think, the thing that is worrying, with all the guidelines and the fact that we don't really get a lot of guidance with it, that worries me a lot. Like, I constantly think like is this acceptable, is that acceptable, am I doing something wrong? Am I going to get punished for something I posted when I was 16? Like I feel constantly judged and quite a lot of times I worry about getting in trouble. I'm not sure if something is good or bad, and what would they think. I think it's fine that they set guidelines and I think they need to. There's got to be some sort of you know saying that, there are things that not really acceptable, otherwise people will be off doing all sorts. But I think at the same time, it can make people think that there's sort of unrealistic expectations or not really know what the expectations are. Like will I get punished for a tweet that I put up when I was 13 or something stupid you know where you think that you're invincible? You just don't really know where the scale is really and it makes

you think that there's good and bad. There's a bit of scaremongering in a way. So there's a constant worry sometimes you know, for example like it was said before, if I'm a rash person and I say something in the moment then will I get struck off? It's not very reassuring and I think that maybe we're all still young and we're still learning and something someone thought years ago may not be their viewpoint now or something someone says in the moment isn't necessarily their view.

1 : I feel that sometimes when you think about the guidelines, they can sort of consume your life. You kind of think that you've only got Dentistry and you haven't got a life. You can't do this and that, and you can't put things up on social media as freely as compared to people in other career pathways. It's a bit of a shame when you see other people your age sharing all sorts of things on social media who aren't necessarily doing as much of a professional career and they wouldn't get in trouble for it. It kind of makes you think, what if I could do things like that. I don't knlow but I just feel like Dentistry can consume your life a little bit and you constantly worry about what you can or cannot put up.

3 : I personally just think that these guidelines are built out of common sense sometimes. I think it's important to remember that some of us enter dental school straight out of 6th form. And, I think that sort of having University of Liverpool guidelines and not just hitting somebody with the GDC regulations as soon as they enter the first day of dental school is a much better way of going about things to sort of build that professional character as a dentist and not just be like a student professional on the very first day of dental school.

So, just to recap what was just mentioned. You mentioned that there are guidelines in place but not much guidance about them. Would you like to have these things as part of your teaching then, am I right in saying that?

3 : Currently I think it's covered in the Professionalism and Ethics part in 1st year. That's when I covered it. I'm not sure if it's been covered this year.

1, 2 : I don't think we have.

3 : So, I know in 1st year, we had a scenario where you know so and so were on a night out, the night before and they posted something and you know, you do the whole PBL thing. At the time, you know you're just coming into dental school, all wide-eyed. I feel like they kind of strike you out when the iron's hot really especially in regards to that scenario, in the very first week itself. I think it's a very good way of doing things but it's important to remember that the more and more you talk about these things, people read these rules and they go like what can I get away with rather than what should I do.

1 : I think as he mentioned, in a way, it's common sense yes but maybe to the 3 of us and not to other people. Like maybe it would be good to get teaching but more in a scenario based way. Like is this correct, and what would you do in a similar situation and etc rather than just go through the

guidelines because that would just go over your head in a way. A scenario sort of way would be a good way of teaching. I think it would be more beneficial. Because what some people think is professional may not be what others think it is, there's a large sort of spectrum to it.

2 : Yea, like I wouldn't start posting about a patient, so and so has got this history and this problem and so on. I see that as being common sense. All of you guys would probably think the same but there probably is someone somewhere in medicine or dentistry who's thinking like, oh but why can't I, no one's going to see it anyway. So instead of just throwing us guidelines, I mean it's sounds like they did it right in 1st year with what he said just now. We didn't get that the same way. It's nice that it was done in a PBL way instead of just being handed guidelines and going that's it. If you could have the opportunity to ask questions and go like what does this mean, I think it would be beneficial. I mean, we're all intelligent people to have got on this course for one thing and a lot of the things are common sense really but there still might be someone somewhere that could be confused about a point or something like that.

1 : And I do feel like the way they're doing things at the moment, it's like a scaremongering technique as was mentioned just now. Like I remember one of the 1st lectures we got when we came in this year, for the grads I mean, I'm not sure about the 1st years, but it was how many people on the GDC register or something, or how many people got complaints lodged against them, that was one of the 1st thing they showed us. And I remember all of us thinking like what have we got ourselves into. A lot of it was more to do with professionalism related issues rather than it being to do with actual dentistry. It does make you a bit terrified. So I do feel like if there's going to be any teaching, make it seem like not a scaremongering technique in a way. In a scenario based way would be best really. I wouldn't really want to be sitting in a lecture with the guidelines being thrown at us.

3 : It would really be well done in seminar sort of room where you have little cut-outs of scenarios. Like a workshop-based thing. You wouldn't feel like you're being shouted at or having fear of God put in you about whether or not you're doing things correctly. You can actually engage yourself into the guidelines in a more beneficial way.

1 : Yea, I think the workshop way would be the best way to do this.

Right, a scenario based workshop seems to be what everyone is agreeing to. So, when during the course of your training, would you prefer these sessions to be held if they are timetabled in?

1 : Maybe like, right at the start in first year and then at the end in the final year but with different scenarios. Things that are more relevant to those years perhaps, like you know in 1st year is all about making friends and going out and things like that. So, how do you remain professional on social media during that time. And then maybe in the 5th year, about sort of putting patient

pictures online or the sharing of patient information online. What is classed as professional and all that. So different scenarios for different years, if that makes sense.

2 : I agree with that. I think it's quite good in the 1st year. And a good refresher when people are about to leave as well and be like, now you're no longer students and you've got to take these things into consideration because the situation will change for them once they graduate.

3 : Yes, I agree definitely. It's very important to have it in the 1st year because as I said, you do come in very wide-eyed and you're ready to take on any information they give you really.

Right, those are all very good points indeed. Can I just bring you back to the teaching module you've had on VITAL late last year. I'd like to hear what you thought of it and what could you have done differently if you could change it?

2 : I think it was good, because you had to read through things and you could do it in your own time rather than sitting in an lecture. It was good to have it as an online resource but it was quite a long time ago.

1 : Yea, I was going to say I remember doing it but I don't really remember the whole thing. I remember reading the information thoroughly but yea I thought it was good. It did feel like an online lecture really.

2 : I think it's good having scenarios really. Because if it's just powerpoint and just words on a slide, you don't really think about it in the same way. If you put in a scenario, you sort of get more of a response because you put yourself into those shoes and it makes you think about it a bit more. It sort of stays with you a bit more as well rather than just reading about this is what you can do and this is what you can't do. It's more practical and that's how it's going to come across to us. So making it scenario-based will make it more relatable.

1 : Yea, I agree.

3 : Yea, scenario-based stuff is what we're used to in Liverpool. Like with PBL and everything, it's all scenario based. I'm not sure what it's like in other dental schools but here it's like this.

Alright, looks like a scenario-based teaching is probably the way forward with this. I'm very grateful to you all for joining in this session today, thank you for your participation. I'd like to reassure you again that this is going to be confidential and I look forward to seeing you all in person hopefully soon. Enjoy the rest of your day.

Appendix 9 : Verbatim Transcription Focus Group 4

Good morning everyone, thank you for taking the time to join us today. Before we begin, I'd just like to introduce myself. My name is Arvinder and I'm an Orthodontics postgraduate. So what we'll be doing today is, we're going to be having a sort of discussion and I'd like to tell you first and foremost that everything you say here is confidential. So feel free to say anything at all that you'd like to throughout this session, you don't have to take turns, so feel free to jump right in and contribute. Also, I must tell you that this is being recorded purely because this will need to be typed up. Names and identities will be left out, so don't worry about that.

So to start off our discussion, I'd just like to ask you about the types of social media accounts you have and why do you use them.

1 : I use Facebook because it's easy to find people that way. And also the platform is more varied, in terms of you have people who share news articles on it, people doing charity work. For that reason, I don't use Instagram because I feel like it's a bit fake and people are just pushing an image. I don't see perks of using that. Because of lockdown, I use tik-tok, it's funny. Twitter as well yea, quite funny. Also, there's a lot of news and petitions on there. Oh and I have Snapchat as well.

2 : Yea I think Facebook is a great way of getting people together, like for example the LUDDS Facebook group. All the events and everything are on there. Whereas the other ones are just for more of personal use really and as a way for you to communicate with other people. I use Instagram but I'm not a huge fan and Snapchat just to message people.

3 : I only downloaded Facebook when I started this course just because if there's group work, then everyone would do it on Facebook. Everyone was kind of connecting on there. And I've got Instagram and that's not just because of people but it's for silly stuff like house stuff, decoration and so on.

4 : Yea, I'm pretty much like everyone else. So I got Facebook when I was really really young. It's really useful at Uni, especially to connect with people and be a part of groups. I think it's impossible to organise an event outside of Facebook because you don't have everyone's numbers and people would hardly look at their emails. You can make an event on there. It has changed over the years. I also use Instagram. That's about it really.

5 : I've got Facebook as well but I hardly ever use it except for uni work and purposes. I also use it to connect with family members across the world but I hardly every post or share stuff. I've got Instagram to just check on my mother-in-law, she likes to share posts and things of what her grandchildren are upto. Twitter, I have for probably over 10 years, but I only tweet very occasionally, or like something or join a conversation. Generally I don't really use them. It's mainly a means of communication.

1 : And yea with Whatsapp, the reason I would still use Facebook messenger over that as I feel it's more personal. You can video call and voice call on there. Earlier you couldn't really do this things on Facebook. Also, you can use it over wifi, so it's much cheaper to connect with others instead of placing international calls.

So all these social media apps that you've just mentioned, are there any sort of groups that you're a part of, you know like dental groups or things like that?

4 : Yea, you get those dental pages on Instagram. Some of them are purely for entertainment, some are mainly for advertising. Some are just nice to watch, like they'd share videos of procedures and things. I very rarely interact with any but I just like a page or something. I'm probably just interested in getting information, cause obviously like you know, you don't want to leave a footprint behind.

2 : There are a couple of Facebook groups as well that you can get invited to. I know there's once called Deciduous or something that I got invited to by a friend at dental school. And yea, many such dental pages on Instagram that you can follow and loads of people follow them.

5 : I'm in a few Facebook groups as well. So I used to work at a dental practice before, so I'm a part of that group. Sometimes there'd be things that other dentists have shared. There are many pages of practices that you can like, who share lots of information. I think The Dental House in Liverpool is on Facebook as well and they do a lot of things for CPD and all. So I've followed their page, just to see what webinars are on and things.

3 : I think that there are a lot of things going on now, so if you didn't have a Facebook page, you'd probably be missing out. And why would you not have a Facebook page to advertise yourself. I know a lot of practices have their own websites and then they'd have a Facebook page as well. If I tend to be interested in something, I will look at their Instagram and Facebook and it would just give me some information and you can lookout for reviews.

1 : And also because you can message them. If there's an option not to ring up for some people and take the more impersonal route, there are some who would prefer that over an email because you can see if it's been read, and how long ago.

3 : I think when I was younger and when Facebook just came out, then you'd be sort of writing out everything that happened throughout the day because it was cool but then as time has gone on, I can't remember the last time I've posted something. So we did something recently, because you know everyone's been doing this quizzes and all on Zoom during lockdown, so we do a Facebook one and we go back to everyone's Facebook and say like, who made this comment and honestly some of them I can't even remember. I

feel like deleting some of them, you can't even remember what you've posted from like years ago.

1 : I know, I sometimes I feel like deleting everything and then restart again.

3 : Me too, I do sometimes feel like getting rid of it all.

1 : Yea, sometimes like I'm scrolling through and go like I really can't remember posting that or doing that. It's like a landmine sometimes, you don't know what you're going to find.

5 : You can change your privacy settings and control who can see what.

1 : Yea, mine's so private.

3 : Yea, me too but you know, you just don't know if people can see old posts. So I've actually painstakingly gone through everything and made it all private. Can be bit of a nightmare really.

Right, that's something definitely worth discussing a little more about. Are you all aware of the different privacy settings across all social media platforms then?

4 : Yea, I was told in school, in the 6th form to you know, make sure all your privacy settings are set to private. I just set everything to private, as much as I can really.

3 : I had left school by the time Facebook was a thing so there was no one there to say you know, don't put that on or talk about privacy settings. I think I was old enough to drink by the time I started using Facebook.

5 : I think it only came out in 2007 if I'm not mistaken and you had to be a student originally to sign up. So when I was first did it, my Mum and Dad couldn't join it. If you go far back, it is painful looking at what I did when I was 18.

3 : I know, awful.

2 : I remember when I was in year 5 or year 6, hearing from the police you know saying, you know make sure to review your privacy settings and make sure they're good because you never know who's going to be seeing it.

3 : It seems like all the younger ones know what's going on really, it's me and L(5) who need a bit of help!

4 : I also remember having that chat with the same people saying like don't use Chatroulette and aMigo and all that. I wasn't going to use it anyway.

Right, I've not heard of them but it's definitely something I shall be looking up. This brings us to the next section then. So, what are your thoughts about patients, staff members or colleagues trying to add you on social media.

3 : I don't know if that would be inappropriate like you know when you're in school and then you're adding your teacher. I may be old-fashioned, but I don't think I'd be doing it.

1 : I think I woudn't mind if it was on LinkedIn.

4 : Yea..I mean, it also depends on how close you are as well with them. I think if it was people from the school, I think it'd be okay to add people once you've left. With Uni it's a bit different. Like, you wouldn't add your Professor. I don't think they would ever have Facebook.

3 : Yea, well they have lives too and they want to share things with their friends, I don't think they'd want what they did on the weekend to be common knowledge for their students.

1 : Patients, absolutely no..I wouldn't do it.

4 : I'd have a different profile, you know a professional one that they could have access to.

3 : People do that, no really. I have friends who do facial aesthetics and they have a Facebook page that is like, specifically for business. That will be fine but yea, I wouldn't be adding patients on a personal account. And I don't think as student you would really be sort of advertising yourself. I don't think it's appropriate.

Right, those are good points, thank you. Now let me just bring you to this term, 'Digital Professionalism'. What does this mean to you?

1 : Just maintaining the standards online, yea.

4 : Yea, maintaining the image and maintaining trust to the patients and the profession. You don't want them to doubt your ability and making sure that their information and health is safe.

2 : Yea I agree. I think it's just sort of maintaining the sort of professionalism you'd have in practice, online as well. I think it is very important to know what all of this is about because more and more people are using social media in different ways. It's so easy to find information that you as a dental professional may not want your patients to know about you. It's important to understand how to maintain that professionalism online.

4 : It also changes a lot. If you go back 5 to 10 years, you'd probably feel a lot different about it. But it would also come down to common sense now, you know before you post or share a photo or something. But I guess not all people would feel the same way.

5 : That's why I feel sometimes you need to make people aware and tell their friends as well, you know to not share photos of them as well. Because it's not always you that shares you know incriminating evidence.

3 : That's a really good point because it's not just you who is sharing things that concerns you and you don't really know what their privacy settings are. They may not be in the same course and profession and may feel differently about sharing things like that. It may not be a big deal for them really. There are obviously settings in these situations where you've been tagged in something. So you can sort of review it and decide whether or not it appears on your page. But still the post is out there and someone who knows someone might see it. So I guess, just have better friends!

4 : You can message them and ask them to take it down. But to be fair, I think we're past that age and immaturity where you know we'd share a photo of ourselves drunk and things. It'll probably be shared in chats where it's only between friends in a group or something, if at all. I think age is an important factor.

2 : I think it's become a lot easier to control your privacy settings since more and more people are starting to have professional pages on Facebook. I agree with what was said earlier where pictures that are potentially embarrassing are usually shared in private chats.

5 : Even then, in private chats there's a risk of screenshots and then of things going onwards.

1 : I think we need to acknowledge the fact also that something we may not find offensive, someone else might find it so where are you going to draw the line in situations where you've been tagged in. Are we going to be penalised for that and then are we going to get caught in this downward spiral where it ends with nobody should have social media pointblank.

3 : Very good point.

Right, definitely. Interesting points have been brought up so far. Let me put forth a scenario now. What if you were to come across a colleague of yours who was let's say, unhappy about a particular incident with a patient or staff member and they were having a good rant about it on social media. What are your thoughts about this?

1 : In hindsight I'd probably say I'd message them and ask them not to do it but in reality, if it were to happen right now, I'd probably not say anything really.

4 : It depends how close you are with the person as well. I'd probably say, 'What are you doing? Are you okay?' But yea, I don't really know.

3 : If you'd have their phone number and you were close, I'd probably contact them.

4 : Oh yea, I mean say it was a friend from the dental school, I'd just be like, 'Hey, do you know what's going on on your account, did you post that or something'. I'd check on the person. But if it was someone I wasn't so close to, I'd probably not do anything to be very honest.

1 : Yea if it was someone on the course and we weren't best friends then I'd probably stay out of it. I'd never do something like that myself really.

3 : Neither would I!

5 : No..

2 : I don't really post that much on social media. I'm very much aware that there are boundaries and I'm always thinking about them. Especially since starting this course.

4 : Yea, me too. I just don't post much at all really.

3 : When you get out of the habit, I think when you used to post all the time, you wouldn't think twice about posting things. But when you get out of the habit of sharing everything then even things that you know you would post, I just wouldn't feel the need to. I'm not sure about everyone else but I just don't feel the need. Usually when it came around the special occasions I might have put something up but now I'm just like, I can't be bothered. Do I really need to share this with the world.. no. So I just don't bother.

2 : Yea, I kind of feel like the less people who I don't know in person know about me, the better really. I don't want people across the world, knowing things about me.

4 : You don't want to be a celebrity!

1 : Yea, best be low-key.

2 : I don't mind people who are close to me, knowing about things but no, I wouldn't want everyone on the course knowing about things they don't really need to know about. I just don't feel a need to post that much on social media really. If I'd want them to know something, I'd just tell them.

1 : True. But then again, if you have people on the course on your social media account, and if you post a good thing, then it can be a good conversation starter maybe.

4 : Yea, I know people who are in the year above me who share things like BBC news articles, mostly about dentistry and I think you know, that's fine. I don't really pay too much attention to it though.

1 : Sometimes when I see people doing it, I just wonder whether everyone would be interested in it. Because obviously, non-dental friends wouldn't really be into it, and it wouldn't be making much of a difference to them. So I just don't.

Exactly, I think we all have friends who aren't really from the dental world. Well hopefully. Right so let me bring us all to another topic now. Patient pictures. What are your thoughts about sharing them on social media?

4 : I think you'd have to have a lot of permission before doing something like that. A lot of written permission before you even attempt to do it.

1 : To be fair though, when you say written permission, when I was a patient myself and they took before and after pictures of my teeth, it wasn't a lot. But they did tell me like, 'Oh this could come up on an Instagram page if you sign this'. It was only pictures of my teeth and not face, so how much of a difference would that make, I thought because I was unrecognisable. It also depends on what branch of dentistry you're in as well, I feel. Because I can't imagine an Oral Maxillofacial Surgeon sharing before and afters. It would put anyone off, wouldn't it? I think it's mostly done by people who are in aesthetics.

3 : I think it's a really good tool especially when you're looking to go into private practice. Or even with the NHS, where you would do some private work as well. I think we're in a culture today where people go off recommendations. So unless your work is there to be seen, people would tend to go off advice by others, word of mouth and all that. It is important I feel but obviously with consent.

4 : I guess with the dental school, I think if I was asked if I were interested in a module where we can learn about all these laws, data protection and things, what information would you need to post a picture say.. I would be really interested in it. I don't know how much you can fit in the curriculum now, like how much legal stuff you can fit in.

1 : I think it is important to have something like that. Like I was in Aintree, Maxfax before and I had Invisalign whilst I was there and people used to ask me why I had that done by someone who had just been on a 3 day course when you get actual Orthodontists to do it. And some were assuming it was to do with the price difference but really for me, it was only because someone had recommended them and their service. So I was able to look them up and see their before and after pictures. If I want to go down the Ortho route with braces and all, I wouldn't have known who to pick.

4 : Google reviews!

1 : Personal recommendation coupled with an online world, that's what got me into Invisalign. But if I would've then looked up that person and there were no pictures, it may have changed my mind about things. Then I would have leaned towards Google reviews.

3 : I think it's relatively new these things, using social media and all. When I first started working in a dental practice, there was no such things. If you wanted to get some work done say, you'd have to go to your normal GDP and they would recommend someone. I mean, it's probably still done this

way but nowadays, people are more willing to travel and not really bothered about getting service at their doorstep. It's more about the service they'll get. It's just the way things are going now.

4 : Yea, I mean there's loads of more information now and you can look it up yourself rather than relying on your GDP these days. You can just Google everything nowadays.

5 : There's a lot more people doing aesthetic work, implants and everything than there used to be. I mean, 15 years ago, if you wanted Orthodontics, you'd have to see an Orthodontist, there was no two ways about it. There was no such thing as Invisalign. Nowadays, information is available so widely. I mean, if you have a Facebook page, you can just send them the link or website and if they've got pictures on, it'll just back up the recommendation your friend has given you.

3 : The other thing is that when it used to be fee per item, you know general dentists would tend to do things that would be a lot more cosmetic because you know people would pay you for each thing. But then when it went towards banding with the NHS, then you know if it's not a clinical need, then that's where private dentistry has more to gain. And obviously you know with social media, people have become a lot more conscious about their smiles and appearance. It's just like a snowball effect.

1 : Yea, I like when you were saying about the willingness to travel. Like you know, people are willing to travel abroad.

4 : Oh yea..

3 : That must be completely due to social media. I wouldn't even know where to go if not for all the information and pictures. It's a great form of advertisement.

1 : Exactly, yea.

Right, I agree as well. Social media has definitely been a good tool for advertising in many aspects, dentistry and beyond. Good points, thank you.

So now let's move on to topics that could potentially be a little sensitive. What are your thoughts if a colleague of yours were to share and then consequently tag you in a post to do with say posts related to racism.

1 : I think I wouldn't engage in it but if I was personally offended by it, I would definitely message them and ask them to take it down. And I don't want to sound ignorant but sometimes it's difficult, but as I've said before, something you find offensive might not be felt the same way by others or vice versa. So, you'd just have to make the right judgment if that's something you'd like your name attached to.

4 : Yea yea, that's the thing. If you've been tagged and it's on your feed and if it was by a friend, then it'll be something that I can interact if I wanted to but if they've tagged you, you're definitely now involved. It depends on the content

as well and how close you are to this person. I may message or speak to them or probably tell them to refrain from doing so without asking me first.

5 : I think with my settings, if anyone tags me without authorisation, it wont link to me until I've approved it. So whether it's a photo or if your name's been mentioned, it wont come up.

3 : Even though it may not come up on your feed, your name's still written down and I think I'd personally message them and ask them to remove it. A lot of these platforms also allow you to report these posts and I'd probably report it to be honest, especially if they're not going to remove it. To be fair, I've done this before. Whatever seems offensive, I report it straightaway!

1 : It's easier to report it than to message someone about it as there isn't any guarantee that they'll actually remove it. It's then upto to the moderators. If it is, than I think you've done the right thing there. Now that you've said it, I'd probably go down that route as well.

5 : Yea and it's more anonymous as well. I mean you don't have to confront your friend about it. And no one would know it's you that's reported it.

2 : I guess if you do message your friend about it, about finding it offensive, it will then open up a conversation with them that won't feel very comfortable. It may just be a good thing as well, in terms of getting them to change their views about it. But you can't really tell how it will go, can you.

Right, good points definitely. Now, let me bring your focus to social media guidelines that you may have already come across. Have you read them or been briefed about it at all and what do you think of them.

All : Yes, yea.

1 : I think it's actually scary, honestly.

5 : I think it's very subjective. Like in the case of finding a post offensive, different people have different opinions about it. And you don't really know what is and what isn't and the next thing you know, you've been struck off due to your social media post. In the case of drinking as well, most dentists, well I suppose most dentists drink and I don't think they find it offensive. But to have a photo or post put up with you in an inebriated state I guess, may be offensive. So at least, you've been told to think about it as there are guidelines about this.

3 : There are always going to be some people who may think the guidelines don't apply to me, you'll probably have some characters like that. I think the guidelines can sort of tell you what's expected of you. You're sort of told how to be professional and how you want to be seen to the world.

4 : I can understand the sentiment of what they're getting at. They're not really saying change who you are and be this person. It's more of making a proper divide between your personal and professional life. So yea, you can

have a life, do whatever you want really but make you can keep the trust in the profession.

1 : I feel it's threatening because you know, if you do anything wrong or against it, then they can take you down. So, I don't infer it like you did, in terms of not having to change yourself. I get really paranoid by it especially at the beginning of the year when you have these professionalism lectures. I suppose they're aimed at the people who may lose a bit of their professionalism wits about them but then you get people like me, I'm sat there, rethinking my whole life like oh no, what have I done now, I'm just so paranoid. It affects everyone in different ways. It will be nice to have these explained in a little more detail I guess, especially for people like me.

Would you like to have these things as part of your teaching then, am I right in saying that?

1 : Oh yea, definitely

3 : I think it would yea. It would help us understand, especially the extremes. As in, what constitutes proper and improper behaviour or posts and things like that. It will just help people understand it a lot better.

2 : I think it's really important in terms of raising awareness. Teaching would definitely make people think twice about posting something, should it be online or does it need to be online. Teaching can also be on ways to look more professional online, in a way.

1 : I feel a good message to get across via teaching would be something like, if in doubt, just don't post it because as you say, is anything really that necessary to be online. I mean it's a separate thing if you've got a business. I guess nowadays, businesses do really survive on a lot of social media advertising and having things online. So yea, if in doubt, don't post anything.

5 : I guess, if you're sharing things like BDA articles or from professional bodies, I suppose that's alright. Even if you're sharing it on platforms where you have friends who aren't in the dental field. I think those things are okay.

4 : Yea, I think teaching would be good really. Even in one of the interviews I've had, I had a social media situation where I was given a scenario similar to the ones we've had and was asked what would I do. So, I guess yea, teaching would to certain extent be useful especially for people who don't really know about it. But definitely not something like 12 one hour lectures talking about social media. I don't think any of us would want to sit through that.

1 : No and like I said people like who are paranoid, I probably wouldn't sleep the night after that. But for people who aren't bothered, it'll just be a waste of time.

Right, this brings me to the module we've had, that was put up on VITAL. I'd like to hear what you thought of it and what could you have done differently if you could change it?

1 : I can't remember it fully but I remember it taking a good amount of time. It wasn't too much, it wasn't too little. So that's a good thing about it.

3 : I've got the world's worst memory, I literally can't remember it. I do remember doing it but could not tell you what was on it!

5 : I think it had examples of things that people had done wrong, so we could see what was not okay to do. I think those examples were really good just for illustrating what's not okay. I know you can't really show everything that is okay. And yea, it wasn't too long, so that was good.

4 : I think it was fairly straightforward and was easy to get through. Like we understood what was right and what was inappropriate.

1 : I think with a topic like this, when it's done online, something interactive would help in getting the message across a lot better. It is definitely a lot better than having what was said before, those 12 one hour lectures. People would more likely be on their phones and not really pay a lot of attention. Also, I think I probably shouldn't be saying this, but people tend to think like, topics that are to do with professionalism and ethics, the chances of these topics to be examined are less, so they'll likely tend to not really focus on them if they were lectures.

3 : I think the interactive bit was good definitely. You know the thing we did with Poll Everywhere. I thought that was really good because like you say, sometimes, when it's not something to do with clinical related topics, people will just tend to switch off before the lecture even starts. With me, I felt a lot more engaged you know, with doing something like that. It definitely suits my style of learning a lot better than having someone going don't do this, do that and that sort of thing.

1 : It lets you reflect, doesn't it.

3 : Yea. And there were one or 2 examples that got people actually really shocked at the end of it. Because they would have done exactly what was in the scenario and not known any better at the time. So, I think it did help push across a point.

1 : Yea, I remember the example that was taken from the Liverpool Meme page where it was when you realise you can sign in for a lecture online and loads of people were like oh yea, I would totally like that post. And then now, you realise that people can actually see who has liked the post and that may not reflect on you very nicely, although the post is kind of harmless. Say you do this, and then there are people who actually want to do this course and they for some reason, didn't get accepted for it and then they see people like us, who are in a fortunate position to be in this course and not taking it very seriously, they might say something to someone of interest. I mean, I don't

know what the chances are of things like this happening, but it can happen and it just wouldn't really reflect very well on you, especially if you were to say, not really be performing very well. So yea, I'd be very wary of these posts!

3 : I think it's a good way of teaching really, especially having questions where people have to actually think about it. I mean, people would probably already tend to know what the right or wrong thing is but then when you're in your own personal situation, you then tend to not really see the right from wrong. So, having situations or scenarios really can make the teaching seem a lot more realistic or applicable to real life situations.

4 : Yea, like having a friend request from X. Would you accept or would you not.

3 : Yea, and if X was a tutor and you actually get on really well. So, what would you do. Before, I'd be like, yea you know maybe whereas now, I'd probably stop and give it some serious thought. These things are sort of relatable to you.

4 : Yea, examples and case studies are good, definitely.

5 : The people you may know feature, sometimes shows you people in your radius, that you may not really have mutual friends with. I don't know, I find that weird.

1 : I think it's do with the search feature, so if you search for someone, you're likely to come up in the people they may know feature. I think, that's how it is.

3 : Oh my God, that is so creepy! Don't tell me that!

5 : I used to think it's because our phones are close together and Facebook is tracking us. It happens so frequently with patients.

1 : I think having case scenarios and examples would be a good way going forward with this, you know like in little groups of people. It will allow more interaction.

3 : Yea, that would be nice but I think for me, I'd still prefer a Poll Everywhere type of teaching because you know if you're in a group with someone who just isn't bothered then you're going to be doing all the work. It's always the same person who's doing everything in these little groups.

5 : I think you can do a bit of both really, you can still put the questions up on Poll Everywhere and you can have little discussions with your group of friends and then see what the consensus is. It will be a lot more interactive and Poll Everywhere is anonymous which is a great thing, so people who are afraid to get involved will have that fear of being known eliminated.

2 : I think it's definitely good to have teaching on this, scenarios and real life examples will come in really handy seeing as most people nowadays have social media accounts.

3 : Yea, and it can also have a component of photography as well. I mean I've seen people walking around with cameras for whatever reason, I know we're probably not there yet but there has got to be some rules and consent for them. I mean, you're not really supposed to take a picture of a patient, before and after with your phone are you? So a component to do with things like this will be good as well.

Right, so a scenario based session with questions seems to be what everyone is agreeing to. So, when during the course of your training, would you prefer these sessions to be held if they are timetabled in?

1 : I think it should be something that should be continuous because if it's something that's just happening in the 1st year, they have so much like new admin kind of things thrown at them anyway so it might just go over their head. And again, if we only had it in the final year, then that's like 4 years of putting out stuff people really shouldn't have done.

4 : I think it's probably good to have it at the start, like in 1st year. You'll have some people who already have some understanding or awareness of this from before joining dentistry and some people who know nothing at all. But I wouldn't want this to be something that's thought continuously. When you're like in 4th year or 5th year and you've already got finals, sometimes the last thing on your mind is digital professionalism.

3 : I think having it at the beginning is a really good idea. I know there's a girl in 1st year who has this little Instagram page where she's put up pictures of the lecture theatre and the tutors taking the session. And I was like, can you do that? I wouldn't do it and I don't think it's appropriate but then I don't know if she'll get told off for it. There are also you know pictures of people with the phantom head and doing all sorts of silly stuff. So I think being taught straight up as soon as you begin dentistry may just be a good idea. Because you wouldn't want then, pictures of patients and things like that going on social media. It might also be worth having a reminder session before the clinical photography comes in or before students start treating patients.

1 : Yea, I definitely feel it's something that should be done in the 1st year itself but not solely in the 1st year because at the start of every year we have that introductory week anyway and we do get taught about professionalism in there so this may be something that can be worked in those weeks as well just as a quick reminder at the start of every year. The scenarios and examples can be modified to suit the level of training like you know having things to do with patient pictures, consent and so on when students are about to start treating patients.

2 : I think if it was taught solely in the 1st year there would be lots of stuff that wont be relevant to that time. Like teaching about what's right and what isn't about clinical photography might just go over their head and they'd forget it by the time they actually get to that.

1 : Yea and also to add on that, social media is constantly changing. Like things may be different in 2025 than in 2020. Like there may be new settings or things that can be advised or recommended perhaps.

Alright, thank you very much for joining me today. I'm very grateful to you all for joining in this session and I appreciate your participation. I'd like to reassure you again that this is going to be confidential and I look forward to seeing you all in person hopefully soon. Enjoy the rest of your day.

Appendix 10 : Verbatim Transcription Focus Group 5

I'm an Orthodontics postgraduate. So what we'll be doing today is, we're going to be having a sort of discussion and I'd like to tell you first and foremost that everything you say here is confidential, feel free to jump in and say anything at all that throughout this session, you don't have to take turns. Also, I must tell you that this is being recorded because I'm going to need to type this out but I'll be leaving names and identities out, so please don't worry about it, at all alright.

So to start off our discussion, I'd just like to ask you about the types of social media accounts you have and why do you use them.

1 : At the moment, I only have Facebook and Instagram. But I know a lot of people younger than me are into Twitter.

3 : I have Instagram, Facebook, Snapchat. I'd say these are the three that I'd use.

2 : Instagram, Snapchat, Facebook and then most recently Tik Tok.

4 : Yea, the same for me.

2 : At the moment people use like Facebook and Instagram to get messages across and I'm in like groups and things where I sort of need to have Facebook because without it I would be missing out on things and the dental society has a Facebook page, LUDDS I think it is and Instagram as well. If you didn't have Facebook, you'd miss out on so much and it would actually be really difficult to find out about things and get information so I think at the moment like so many companies and organisations use it to inform people you do kind of need it nowadays.

3 : Yeah, I agree with you.

4 : Yeah.

1 : I think during lockdown a lot of professional people have started using social media and it has actually been really useful in terms of education like keeping up to date with stuff so yeah.

2 : Yeah, I've noticed since lockdown there's been loads of sort of like dental accounts come up on Instagram, like every week, I'm followed by loads of dental companies and that obviously know that I follow dental accounts and they're like all following me. So yeah, I think in lockdown, it's definitely become more and more important.

4 : There are loads of webinars as well that are kind of like advertised on Instagram, so if you don't have it, you'd not know about it really.

3 : And also, at the moment it's a really good way to know what the people that you're close to have been upto, without having to text like a million and

one people about how their day was. You can kind of gauge things from social media.

1 : Yeah, I completely agree with that. I hate texting. So it's easy for me to just scroll on Instagram, okay everybody's good, cool. Which is bad but yeah.

3 : I also do, like fitness stuff on it, since lockdown especially. A lot of fitness people have started doing workouts on Instagram that you can work along with and I do things like that so I can use it in like a fitness lifestyle kind of sense as well, at the moment

2 : Yea I'm the same. I take my workouts off Instagram. I don't use an app or anything. I just watch people on Instagram and follow them. Watch and observe.

3 : Me too, I'm more of an observer really, I never ever post.

2 : I post a bit, but not regularly or daily or anything.

4 : I've got like just one post, because I just got Instagram very recently. I just like to watch what other people are doing.

3 : Yea, I've never been the sort of person who posts a lot. I just like people watching.

2 : For me I think, I probably was a lot more active before dental school. I think when I was younger and I wasn't so bothered, then you know, you'd say anything.

1 : After joining dental school, I'm a bit more cautious. During my induction we had professionalism lectures and stuff and them telling us to be careful about what we post and stuff. So, I've been a bit more mindful about what I put out.

3 : Yeah, I think I get that. I wouldn't be putting up photos from last night and stuff.

Right, that's interesting. I think one of you mentioned earlier about being a part of dental groups, can you tell me a little more about this?

2 : Yea so the dental group is called LUDDS. I think we're all part of it, aren't we?

3 : Yea.

1, 4 : Yes

3 : It's like a page where you can find out everything that's going on in the dental school. Like they'll announce when people have done good things, if there's any upcoming events and that kind of thing. Definitely been a lot more useful to have it during lockdown.

4 : It’s the dental school’s way of announcing what’s happening. Even like competitions and stuff like that. So you’ll need to be able to access this page, to actually be able to take part in these competitions.

Right, that’s good. So are you all aware of the different privacy setting and features of these accounts you have?

1,3,4 : (Nods) Yea

2 : Yea, mine are all on private.

1 : Sometimes I Google myself, just to check and see what other people can see.

4 : Oh yea, I’ve done that before.

3 : Oh I’m going to do it now.

1 : I think it just made me realise, like, if patients are nosy, they could Google me and I don't know what they're going to find. So I would just want to know, I mean, not that I've ever posted anything inappropriate. But I'm just curious. I don't remember what I posted like 10 years ago. So I was just curious to see what would come up.

2 : Yeah, it's definitely a thing I've been more bothered about since starting uni. Like when we had this induction lecture. I was like, because it's not that I feel like I've posted anything dodgy but yeah, it's like what did I say? Like when I was 14 on Twitter?

3 : I just want to have control about who can see like private parts of my life as well. But yeah, but it's like super private or anything. It's like a personal thing, isn't it? So you want to know who can see it?

4 : We don’t want to seem like absolute weirds who like, dislike posting or commenting on like photos and stuff.

Right now that we’ve spoken about patients being nosy, can I just ask what your thoughts are about patients adding you on social media, have you been found before?

2 : I’ve had a patient who tried to add me on Facebook. He found my account and I’ve actually got my settings for friend request such that only a mutual friend can add me. So, he must’ve been a friend of a friend as well. So he then messaged me on Facebook! And was like, ‘Hi!’ So I had to go and see Mrs J* in the office and told them about it. I blocked him. I wasn’t bothered or worried about it but like when he came in and said ‘Oh, I found you on Facebook.’ I had to tell him that I wasn’t allowed to be friends with you. You can’t do that on Facebook. So yea, it wasn’t a big deal or anything. But I think patients are completely unaware that like, that’s an inappropriate thing.

3 : I’d definitely do that as well if someone tried to add me.

1, 4 : Yea me too.

1 : Just no. Definitely not.

What about if it were a colleague then, or a staff member?

3 : I definitely wouldn't be adding anyone.

1 : Yea and no one has tried to add me either. I'm not really comfortable doing that honestly.

3 : I think it would really depend on the tutor really but I definitely wouldn't want to be the person who initiates it. It would feel a bit weird. Even after leaving Uni.

2 : I think it's a very unique situation. If you were like, really close to a tutor or lecturer and you got on, then it will be different. If you knew them personally like if say, you were on a football team outside of Uni and they were in it too, then you know them from outside Uni. It wouldn't feel as odd. I wouldn't just add everyone just because I'm leaving uni, you know just to keep in touch. It would be weird.

Okay, I see everyone seems to be on the same page. Now let me just bring you to this term, 'Digital Professionalism'. What does this mean to you?

1 : So I think professionalism in general, is making sure that you maintain your behaviour, like outside the workplace in a way that kind of represent your profession and yourself in a good way. So I'm assuming digital professionalism is like doing that same behaviour but digitally, so in terms of what you post, what you say, what you share, things like that, I guess.

3 : I guess it would be like, you know, how would you feel if your grandma saw what you've posted, that kind of thing. So like, if I could hand my phone to a tutor and they could scroll through my social media, would I be embarrassed or guarded about anything? Because you know, if I'm not comfortable with certain people seeing it, then should it really be online?

1 : Yea, I agree with that.

4 : Me too.

2 : Oh yea, similar for me as well. It's like the GDC guideline and what was earlier mentioned, about like representing your profession. So, it's just like making sure you're still upholding those standards when you're on social media and know that, whatever you say on Facebook, isn't going to you know, cause a problem with that.

4 : Yea I agree with what everyone else has just said. So just like, upholding the standards of the profession and complying with the GDC. Not saying anything bad about lecturers or things like that may cause you to be seen in bad light.

3 : I think there can be a fine line with things like this. So like, I definitely know that I see some people on social media that are in our course, and I see something and go like, 'Oh blimey, I wouldn't be posting that.' So I think

it's really subjective. Something I might find to be embarrassing, if a patient or tutor were to see it, someone else might not think like that. It might be as simple as somebody who has lost a lot of weight and they're doing like before and after pictures in their underwear. I wouldn't ever want my patients to see that! I know the tone or message that they're getting across is probably a positive one, like here's what I've achieved, promoting a healthy lifestyle and that sort of thing which in one way can be deemed as professional. But in another way, there's a picture of you just stood there in your underwear! So there's definitely a lot of grey area about what some people might view as professional and others wouldn't.

Okay, thank you. Let me put forth a scenario now. What if you were to come across a picture of a colleague of yours on Facebook say, and it was one where he or she was drunk and lying on a floor. What are your thoughts about this?

2 : I think it depends on how close you are to this person. I mean, if it's one of your close friends or something, and you feel like you can talk to them, then I'd make them aware of it and ask if they'd like to untag themselves or maybe even get the photo taken down? I'd definitely do that if I were close to this person. Even if it wasn't to do with the issue of being professional or anything. I think due to the course, you're definitely a bit more on it, because of the implications it can have if a patient finds it or something.

3 : Yeah, if I'm honest about it, I think especially if it was someone that I wasn't close to, and they posted the picture themselves, I probably wouldn't really do anything. It's kind of like, their life and their decision. If they want the picture up there, that's on them.

1 : Yea, so if it's like a picture that they put up in a group chat, I'd delete it off my phone. And yeah, I agree with what's just been said. It depends on how close I am to the person as well.

4 : Yea, it's a bit of an awkward conversation to bring up if you don't really speak to this person and you're like, kind of telling them off for posting something inappropriate.

Alright, thank you. Let's discuss another scenario now. Say you've come across a post where one of your colleague's is having a good rant on social media perhaps about another colleague, staff member or patient. What are your thoughts about this?

4 : I don't think that's right, they shouldn't be doing that. I'd probably message them privately and let them know to delete it unless they want everyone on their page to see it. I wouldn't want him or her to regret it once they've sort of cooled off. But yea, only if I knew this person closely.

1 : Yes I agree. It would depend on if I know the person who is doing this. And if it's like a complete stranger, than I think I'll just scroll past it. If it's somebody I know, I'd be like, 'Hey, are you okay?'. And I'd also kind of

advice them to speak to the person they're having a problem with rather than venting online. Because there are consequences to that.

3 : I agree.

2 : I probably might have done something like this when I was 14 or something. When a teacher annoyed me or something. But I can't think of anything worse than writing this on Twitter and venting like that. I think it's a really immature way of dealing with things. You're kind of like hanging out your washing for everyone to see. Like if I had friends that would do that, I'd just ask them to talk to the person they're having an issue with, that would be the way I'd handle it anyway.

3 : Often I feel though, on social media people kind of portray that they have this perfect life and I feel like that might almost shatter that illusion if they'd go on and post about their 'worst day'. It would break that façade.

Right, let's discuss the sharing of patient pictures online now. What are your thoughts and comments about sharing patient pictures on social media, before and after shots and etc.

4 : I think that's alright if you've got the right consent from the patient, before hand. Because I know a lot of like Instagram dentists who do post their work online. So long as you've got the consent forms filled and the procedures are done correctly, I think it should be fine.

2 : Yea, I agree. If consent has been given, I think that's completely okay. I just don't think that at least while I'm in dental school that I'd be ever tempted to do it. Because I'd be so paranoid that I'm going to break some rule and get into trouble.

1 : Yea, I wouldn't do it at the moment, in dental school even though I know that with consent, we probably could. I don't think we'd be allowed to at this point. I think when we graduate and have our own careers, I think that's a different story.

3 : Yeah, I think as I understand it, it's a form of advertisement. It's like, if you're trying to advertise something, like you know, a weight loss pill or something or like Slimming World or something. So it's a good platform to show people what you can do. Otherwise, how else can a static dentist sell themselves without showing people the results they can get.

2 : Yeah, I think it's a really good way of like being able to engage with people as well because I don't know, like where else do you sort of advertise. Because where else can you do it really. It's kind of hard. So yeah, I think using photos and putting them up on social media, provided consent has been taken, is a really good way of letting patients understand and sort of get an idea of what kind of treatment they're after.

1 : I think now that patients can actually see dental work, and see the impact and also, kind of able to see at least the character that the dentist is

portraying of themselves anyway, that like, could help with their anxiety. It kind of increases their understanding of what a dentist is like.

4 : I think it's a lot more efficient in a way. So if a patient is going to get veneers done and they've seen loads of work online, especially if the dentist is quite a distance away, they're more likely to travel the distance anyway and get the veneers done from that specific dentist. It's a good form of promotion for the dentist and also from a patient point of view they're able to sort of get really good reviews before they pick a dentist or service they'd like.

3 : It can also be bad in a way. Because you know, a patient could walk in and sort of show you a picture of a smile they want or a celebrity's smile and go like, I want my teeth to look like this. I want this and that done to my teeth. All those things may not actually be possible, so I guess it can give people like a false perception of what their mouth is going to look like based on all the pictures they've seen or screenshotted.

4 : Yea, you've kind of got to warn patients as well if you're sharing it on social media. Especially if the patient withdraws consent and wants the post taken down. You can delete it, but there's always the chance that someone has sort of screen grabbed or screenshot and all that.

3 : Yea, people tend to do that a lot especially for hairstyles.

1 : I've had someone do that with my picture. Someone had actually stolen my picture and used it for their own profile. So yeah, it happened like when I was 15 or 16, about like 10 years ago. You literally don't know when and how your accounts can be hacked sometimes. So I'd be really careful about posting patient pictures honestly. I think it's good to sort of have a procedure in place where you double check with them and get written consent just before you post as well. It's best to probably let them know, what the implications of posting would be like and the fact like, even if we do delete the post, somebody could have already screenshot it and use it somewhere else. Like are you okay with that? I think they should know that.

3 : I think that needs to all be explained in the consent process. Like there should almost be a clause for things that go on the internet and social media that say, if you withdraw consent, we can't guarantee that the picture won't still be out there as much as we'll do our best to take it offline.

4 : Also, make sure like, patient identifiable material, like their name or surname and stuff isn't on the post. So, whatever happens, the patient can't actually be identified.

Right, good points. I see everyone is sort of on the same page where consent is concerned. So now let's discuss one last scenario where that can potentially be a little sensitive. What are your thoughts if a colleague of yours were to share and then consequently tag you in a post to do with say posts related to racism or any political matters say, for example.

3 : Yeah, so I have a setting online where like, if someone tags me on something, I have to accept the tag for it to be on my timeline.

2: Yeah, so like it sends you a message and you have to approve being tagged in it so you don't have anything going out with your name on it or anything. I would decline it if it were anything to do with politics or anything like that.

4 : I'd untag and then ask for the person to remove my name from the post completely. If it were a funny post, I'd probably just leave it. You're allowed to be like a normal person on social media and you don't have to be completely elusive. As long as it's nothing with bad taste or comprises patient confidentiality or anything like that, then I think it's fine. Like we're all human and we like to have a laugh every now and then.

2 : Yea and the same if like someone tags you in a comment on a funny post on like Instagram or something. I would think it's alright to sort of reply to the comment. I don't think it's wrong.

4 : I'd just probably like it, like the comment I mean.

1 : If it's not offensive, I would interact with it.

Right, excellent. Now, we'll just have a quick chat about social media guidelines both by the GDC and the University of Liverpool. Have you read them or anything about them and what are your thoughts about these guidelines?

1 : I've only read the 9 principles. I haven't read the in depth guidelines by the GDC. I know the University of Liverpool has a social media policy.

2 : I know there are guidelines, but no I've not read them.

4 : Yea, me neither.

3 : Same here but I do think they are important to know. I think not long ago, there was a nurse or something who was on a train that was going on about something on social media, it was to do with a colleague or patient. She got struck off because of it. So, I feel it is important to know them because somebody could do something that was like a career ending move without even realising it was a problem. So I think educating people on it and then if they choose to make that mistake, then it's their choice to make rather than it being just something like an unconscious mess up.

1 : Yea, I agree.

2,3 : Same yea.

Right, so let's talk about teaching digital professionalism now. If you were to say, have teaching about this topic, what are your thoughts about it, in terms of say teaching methods or delivery.

3 : I think scenarios would be useful because like the scenarios we've just had, just now, people know that you can't go bad mouthing patients or staff on social media. And people generally know these principles. But there are grey areas that aren't really defined. I think scenarios are a good way of getting a point across. Like say in a workshop sort of thing with small groups and then feedback at the end of it.

4 : That's probably way better than a lecture because people can tune out during lectures.

2 : Yea, I feel like if we got told that we have a lecture on it, I think a lot of people would probably choose not to turn up to it. Whereas if it's a workshop and you know, you're going to have to do stuff, like, I think people are more likely to engage.

4 : Yea, I think so too.

1 : I think it will also be useful to have like a break down or a summary of the GDC guidelines. So like, we can see with each scenario which part of the guideline is being talked about.

2 : Yea, that will sort of help identify the grey areas that may not be fully understood. Because sometimes when you read something like the guidelines, you may not still fully understand what you can or cannot do. Whether it's appropriate or not. So, it's going to still be down to you working out whether or not it's appropriate. It will probably still leave you with a lot of questions. And I think a workshop would be like a good way to sort of get all these things out in the open, you know what I mean.

3 : Yea, and we could include real life examples, I think that would be very useful.

1, 4 : Yea, I agree.

What are your thoughts if teaching were to be done online, an interactive video or lecture online perhaps, what do you think about this?

3 : I think people are more likely to engage in person because people can easily just play things on their laptop and go on and well, make a cup of coffee or something. So, you wouldn't really have their full attention. I think it could still work though, you know considering current circumstances, where face to face teaching isn't always possible.

4 : We have work to do online now, like you know stuff on VITAL and some of them do have like interactive quizzes and stuff. I think that would be helpful, even if someone were to put a wrong answer down, just to understand and sort of gain more knowledge on what's not appropriate and stuff.

Right, very good points, thank you. I think it does seem like a workshop is what everyone is very keen on. So, when during the course of your training, would you prefer this to be held if they are timetabled in?

3 : I think it will be useful in the beginning because people can be making mistakes before they realise it and then you get to the 5th year and somebody goes, oh you shouldn't be doing this, this and that and you go, well I've been doing this for the last 5 years. So people can't plead ignorance if you tell them early on, what's right and what's wrong.

1 : Yea, I completely agree with that. Maybe like a mini refresher, like at the beginning of every year in like the welcome talk, which is what they do at the moment anyway. So, they do like a presentation at the beginning of each year and just basically like telling us to be wary about what we post online. It's not like an in depth thing that goes with the GDC guidelines but just advice to be cautious really. So yea, definitely a main good workshop at the beginning of BDS.

Alright then, this has all been very helpful. Thank you very much for your participation in this project. I'm very grateful to you all for joining in this session today. I'd like to reassure you again that this is going to be confidential and I look forward to seeing you all in person hopefully soon. Enjoy the rest of your day.

Appendix 11 : Verbatim Transcription Focus Group 6

Good morning everyone, thank you for taking the time to join us today. Before we begin, I'd just like to introduce myself. My name is Arvinder and I'm an Orthodontics postgraduate. So what we'll be doing today is, we're going to be having a sort of discussion and I'd like to tell you first and foremost that everything you say here is confidential. So feel free to say anything at all that you'd like to throughout this session, you don't have to take turns, so feel free to jump right in and contribute. Also, I must tell you that this is being recorded purely because this will need to be typed up. Names and identities will be left out, so don't worry about that.

So to start off our discussion, I'd just like to ask you about the types of social media accounts you have and why do you use them.

1 : I've got Facebook and Instagram

2 : Same, Facebook and Instagram.

3 : Snapchat, Twitter, Tik-Tok recently yea.

1 : Whatsapp as well, is that social media?

4 : Yea, it kind of is. I've just got Instagram and Facebook.

1 : Pretty much everyone's got those these days. It's convenient to like contact people and organise things and all that.

3 : I think to be honest, if I didn't have it, I'd feel like I'm missing out on things.

2 : Yes, it's just about the fact that everyone else has it, so you feel like you need one as well.

3 : I'm in quite a lot of like Whatsapp groups that's where I have most of my group conversations and then you have Instagram more to follow your friends and famous people and other people, to see what they're all upto.

1 : Yea and you know to be honest, there's always like funny pictures and stuff like going around. So it's kind of like, rather than watching tv nowadays, if you have nothing much to do, you can just have a little scroll through and like, see things, watch videos and that kind of thing.

4 : I don't really use Facebook that much anymore. It's mainly for my family and and people who I know from abroad, keeping in contact with them but then Instagram is more for seeing what famous people are doing and getting ideas. And yea, things like that.

2 : Yea, it's the same for me, just to you know see what everyone else is doing. And for chatting as well.

3 : Sometimes you know when you're bored, you just go on your phone and just start scrolling and before you know it, you've spent like 3 hours on Instagram.

1 : It’s actually quite therapeutic, just scrolling through sometimes.

2 : I’m more of a silent follower really, just sit back and watch what everyone else, celebrities and all are upto.

3 : I may probably post something like once every two months, or once a month especially with this COVID and everything. Definitely more of a follower.

1 : Yea, same for me as well to be honest.

4 : Yea, me too. I post maybe once in a month or something. More of a follower.

1 : Most people in our year are kind of like that as well, they don’t really post that often to be fair.

3 : I’m definitely a lot more conscious about what I’m posting nowadays, you know as compared to before dentistry. I mean, it’s not like we’ve posted anything bad before but it’s just like, a little voice in the back of your mind to say, just be careful and think about what you’re posting before you post it.

1,2,4 : Yea

2 : Yea same with me, like I’ve posted a lot more before so there’s definitely been like a change before and after joining dental school. Also, you have a lot less time as well to be on social media.

3 : I think a lot of it comes with age as well, like when you get older, you tend to post a lot less than you did when you were like 15 or 16.

1, 2 : Yeah.

3 : Yea, and you’re less affected by peer pressure as well because obviously when you get older you tend to care a lot less about what your peers think. I mean you know, you still would care but you wouldn’t be too pressured to post.

1,2,4 : Yea.

Are there any sort of groups that you’re a part of, you know like dental groups or things like that?

3 : Yea, we have the LUDDS Facebook and Instagram, which is really useful you know, to keep up with things that are going on.

1 : Yea and you can get links to webinars and stuff.

2 : I follow some dentistry accounts as well on Instagram.

4 : Yea, LUDDS is definitely something I check every now and then. Good way of staying connected with others especially during times like this.

Right, good. These accounts you’ve all mentioned now, are you all aware of the different privacy setting and features?

4 : Mine's all completely private.

2 : Same

1 : Yea

3 : I think my Instagram might be not private actually, I go between the two. Not sure, it may not be private at the minute.

2 : My Instagram is on private but like with Facebook you know you can have different sort of settings for different posts. Mine is set to friends.

1 : I think it's best for safety reasons really. Having things on public, like it's not necessarily going to be bad but there might be a situation that might come like once every so often where it might have been beneficial to have it on private. So it's like not as easy for someone to contact us, like say a patient or just a random person or whatever. I think it's just easier to manage having it a bit more private.

3 : Yea, the reason I think the reason I'm not quite bothered having it on private is that I don't post anything that I wouldn't mind everybody seeing. Also like, if you're on private, you can still receive messages from someone who doesn't follow you. And it just comes in like a different tab and you can ignore it. And it's just that if someone was following me and I didn't want them to, then I'd just block and unblock them, and then that's the problem solved.

That actually brings about the next point. What are your thoughts about patients adding you on social media, have you been found before?

All : No

3 : I'd probably go straight to J**** or something for advice if this were to happen and before I did anything.

1 : Yea, I probably wouldn't let them follow me.

2 : Yea, if for example if I was already a dentist and I have a professional account, I think I'll be fine with them following my professional account. But not the personal one, no.

What about if it were a colleague then, or a staff member?

1 : This one is a bit subjective I think. Personally I'd probably be a little apprehensive about doing it but I know like some people would do and that's fine. I don't think it's a problem. Like it's a matter of personal preference and things.

3 : Yea, like the nurses here at the dental hospital follow me, none of the staff or anything. And I don't really see a problem with them doing that and I don't really mind them seeing what I post and what I do.

4 : Yea, I don't see a problem with that, or with colleagues as well especially if it's people you know or are close to.

Okay, good points. Now let me just bring you to this term, 'Digital Professionalism'. What does this mean to you?

1 : When I first heard it, I thought it was referring to how you finish an email and I never know how to finish an email. So, that's what I thought it was.

2 : I just thought of it as sort of being aware of the social media that you use and just being more cautious of what you post and what you say online. And taking into consideration like your professional kind of body you're in and the work that you do.

3 : Yea, and I just thought of it as being able to maintain like the way you are in day to day life but online as well and not falling into the pitfalls of like being behind a screen and thinking that you have this like false sense of protection and security and thinking you can just post what you want because it's all online, like it's still you and how you're represented to the patients and the public.

1 : Yea, similar points to what's been just mentioned.

2 : I think it's an important concept to sort of know and something that we don't really know much of, probably just a little bit really.

3 : Yea, definitely. It is important to understand it.

Right, good. Let me put forth a scenario now. What if you were to come across a picture of a colleauge of yours on Facebook say, and it was one where he or she was drunk and lying on a floor. What are your thoughts about this?

3 : I think in my honest opinion, I think I'd just keep my nose out of it. I don't think I'd do much.

1 : Yea, me neither.

2 : I think I'm aware that you're not really meant to post things like that on your account but I don't know if I'd do anything about it really, to be honest.

3 : I think it depends on the situation as well, like say for example if it was a Friday night and they had the weekend ahead of them versus say if it was a Monday night and they had clinic the next day. So I think the situation changes, how I'd act. I'm more likely to say like, you can't or shouldn't do that if they had clinic the next day and decided to get drunk the night before.

4 : Yea, similar really.

1 : If I thought it was really bad then I'd probably privately message them or something but if not I probably wouldn't really say anything if I'm honest.

4 : If it were a picture of me, I'd tell them to take it down immediately!

2,3, 4 : Yea!

Alright, that's good. Let's discuss another scenario now. Say you've come across a post where one of your colleague's is having a good rant on social media perhaps about another colleague, staff member or patient. What are your thoughts about this?

2 : I think I would probably personally message them and just tell them about the risks that they'd be taking by doing that.

3 : I think on a personal level as well, if you see someone outing someone else on social media, being aggressive and using that sort of language, I think I'd say they need to sort it between themselves and not just like bad mouth someone online just because you can't be courageous enough to say it in person. The second it's on, you can't get rid of it then.

4 : I'm not much of a messager, so I probably wouldn't message them or anything but if I saw them then I'd maybe say something. I wouldn't message because I find it really difficult and the interpretation of a message by someone else can be taken completely differently. So, I'd rather just say it then message really.

4 : Yea

3 : That's true, because you can't see their facial expressions.

4 : Yea, it can be pulled in a completely different angle.

3 : Yea, something that my Mum always said to me when I was really little, she was like you can get your social media accounts, so long as you remember that every time you post, you must remember that whatever you put out there, can never be deleted fully, so just remember everything out there can stay there forever. Just make sure you're happy with it being out there. So like, before I post anything, it's like a little voice in the back of my mind to say, ' Are you happy for this to be on the internet forever?' Yeah.

Right, very good point definitely. And that's exactly the kind of message we'd like to get across as well. Good. So now let's discuss the sharing of patient pictures online. What are your thoughts and comments about sharing patient pictures on social media, before and after shots and etc.

4 : It depends on the consent you've got. But I don't think I would put anything that I did on the internet now. Firstly, it's probably rubbish and secondly, I just don't think it's appropriate. I'm not sure why but my head says it's inappropriate. And so yeah, but I think in the future, when you're in practice, I think it just depends on the consent that you have. And then I think like, if you have a special or specific professional account for it, then go for it. With the right consent, definitely.

3 : Yea, I think the level we're at, at the minute, I don't understand enough, like the legislation and all like, how much or what consent do you need and do you know what I mean? I don't understand what you can and can't do enough, to be comfortable posting.

1 : Yea, I agree. I don't think at our level, we can get a level of consent which allows it to be put up on our personal accounts. Because, like everything we do, when we get consent, like say on a clinic at the dental hospital, it's got to go through our tutors, so I don't think we'd be able to do anything like that our personal accounts. I would feel kind of apprehensive about it, so as a result, I wouldn't.

2 : Yea, I would agree with what everyone said, I wouldn't post anything as such on my accounts, like right now. But maybe like, afterwards, like when I'm a dentist, I would consider it. But that would definitely be with consent and everything from the patient.

3 : If someone in our year group were to do it, I'd probably speak to them and ask them if they've got the right consent and all, and how and why really.

What would you do if a patient who has consented, subsequently withdraws consent then?

3 : I think when you take the before and after picture firstly, you try and have like the least amount of identifiable features on the picture so like blocking out the eyes and just having literally just the mouth region and you just warn the patient beforehand that once you consent and even though you can withdraw consent you can't withdraw traces of the image once it's posted on the internet. Because you can't really control if someone's screenshotted it and sent it on. You can only just delete the copy you've got on the page.

2 : Yea same really. I would try and limit patient identifiable data on the picture itself and limit it to only the mouth area and obviously not have the patient's name on it. If they do withdraw consent, I'd delete the post immediately and let them know that I've taken it off and I can't control obviously if it's been shared onwards.

4 : It would be interesting to know the rules though, because I don't actually know. Because I know in the dental hospital, you have that leaflet and one of the boxes is to be used for publication, in papers and so on. I don't actually know about it, if it means books, papers or does it also include social media? I think it would be interesting to know that.

Right, a good point again. What does publication entail on our consent forms. So now let's discuss one last scenario that can potentially be a little sensitive. What are your thoughts if a colleague of yours were to share and then consequently tag you in a post to do with say posts related to racism or something political that can be a little offensive.

3 : I'd tell them to untag me straightaway.

2 : Yea, me too. Untag.

4 : Also, if it was offensive, I think I'd challenge them about it, because since you've been tagged in it, others would've probably already seen it. But I

wouldn't challenge them on social media on that post or anything. I'd probably call them or something.

3 : I think as well, like if the person refuses to untag us, I would report the post and ask my friends to report the post. I wouldn't just drop it and leave it there. I would try and get rid of the post.

1 : Yes, just like if you can try and keep things private like just between you and them because obviously when more people can see it, it's got the chance to like escalate even further and it gives more people the chance to jump in and say something stupid like just for the fun of it. So yea, just like try and keep things private when you can.

3 : If it was a lighthearted kind of post, like in good taste, a meme or something, and I'd been tagged in the comments or the post, then I would probably engage in the comments. Like very briefly, like yea this is funny.

1,2, 4 : Yea same.

3 : Not as formal, but yea. Like you know in a 'jokey' sort of way.

2 : Yea, it would depend on the post really.

Right, thank you. Now, we'll just have a quick chat about social media guidelines that you may have already come across. Are you aware of any social media guidelines in place at the moment?

1, 4 : No

2 : I know about them.

3 : I think one of the principles, is principle 8 or 7 or something, where it's something like you've got to maintain yourself and the patient's confidence in you, in and out of the public eye. Like, does that extend to social media as well, I'm not sure.

1 : It was mentioned briefly in our first year, I know we had kind of like an introductory thing like when they went through the principles and they kind of said stuff about social media, like be aware of what you're posting and stuff, but nothing like in detail really.

2 : Yea, for me, I know the segments from the guidelines that's to do with consent about posting pictures or patient details, things like that. So like you're discouraged from sharing any information that would give away a patient's identity. And if you do share any information, then it should be credible, and like evidence based and things like that.

Are you aware of the Social Media policy that the University of Liverpool has?

All : No, sorry.

Right, that's very honest, thank you. Do you think these guidelines that are in place, are they important, what are your thoughts about having these guidelines?

All : Definitely. Yea.

4 : I think there's some grey areas which could go either way, like whether it's okay or not to post something. So, it's good to have a guideline of what to do in that situation.

3 : I think as well, if you look back to 10 years ago and like how little we use social media, I think the guidelines need to sort of be set now. Because in 10 years time, I think everyone is going to be using it probably 10 times more. And then obviously, there's going to have to be new guidelines, so that you can sort of lay the foundations now for it to be built on, as we become like so much for technical.

1 : Yea, I think clarity is very important. So like what's just been said, there's a lot of grey area. So I think if there was a definitive guideline, and we knew what we could and couldn't put on, then people would feel a lot more comfortable using social media as a dental professional.

3 : Yea, right. Because if people knew about the guideline and they'd been educated about it, then would know what to and what not to post.

2 : Yea and especially with consent as well. Like you mentioned, if they withdraw consent, then what would need to be done, how do you react to that situation and how to deal with it, in general.

3 : Some people do tend to push the boundaries as well a little bit, so if there was some sort of teaching put in place about what you can and can't do, when they post things, then they don't really have an excuse because they've now been told or taught. Whereas now people think like, 'Oh well I didn't know that I couldn't post a bikini picture.' Do you know what I mean?

1 : Yea, I think teaching on this would be highly beneficial to sort of really know what to do and what not to.

Right, so we all agree that these guidelines are important to know and teaching would be beneficial then. Let me ask you now, if teaching were to go forward, what kind of teaching method would you prefer and why?

4 : I think I'd like teaching in a form of a seminar, in a small group where you can sort of discuss things or scenarios.

2 : Yea, I think workshops are beneficial to help go through different cases and you can work together on the guidelines and see what's the best way to sort of tackle a scenario or case.

3 : I think making it visual as well, like making a fake Instagram or Facebook post and say this was the situation and what would you do if this was a dental student? It will just be a lot more easier to visualise what it would be like on our phones or laptops.

1 : Yea, I agree. Because it would make it seem a lot more realistic. I think if it's going to be taught then having real life kind of scenarios would be wise, because I don't think people would engage with it as much, if it wasn't.

4 : Yea and also, not so much on the extremes. I think it's good to know about the extremes but I think the bit that I struggle with would be the middle areas of what happened if someone tagged you in a post, when you were a lot younger, would you then have to go back and delete that? Or I don't know, things like that.

3 : If it were something in smaller groups, it would give people a chance to ask questions that they may not ask if they were in larger groups and you get a bit more confidence to get a discussion started. I think if it were in the online format then they probably wouldn't really watch the video all the way through or watch it half-heartedly with lesser sort of engagement. Something more interactive would obviously be beneficial.

1,2,4 : Yea, agreed

1 : I think a bit of teaching in like a workshop way at the start of first year would be beneficial because you know, you've not got much clinical exposure. And then it's a new unique environment. People tend to post all sorts of like silly stuff, so like from the onset, just show them or teach them sort of like the things they can or can't post. It gives people more clarity. And then you know, as you move along the course of your training, the things you're doing change, a little refresher every now and then would be useful. Like a nice long session in the first year followed by like maybe something online would be okay.

3 : I think it depends on your year group as well. Like say different things are more suited to different year groups for example. When you're in first year probably, you're more likely to post a photo of someone after a night out or something, or a photo of yourself out partying. But things change as you go along. When you're in third year and you have patients, you're more likely not to get involved with such things. So I think, refreshers with different aspects that would sort of be suited to the year group would be beneficial.

2 : Yea, I would agree with that. Depending on the suitability or like what year you're in and stuff, you can probably get teaching on different aspects of digital professionalism. Like say in 3rd year, some teaching on consent or patient photos would probably be very useful to prevent people from potential pitfalls that they could get into. How do you gain their consent and what sort of process you'd need to have in place if you were to do something like that. Consequences and so on.

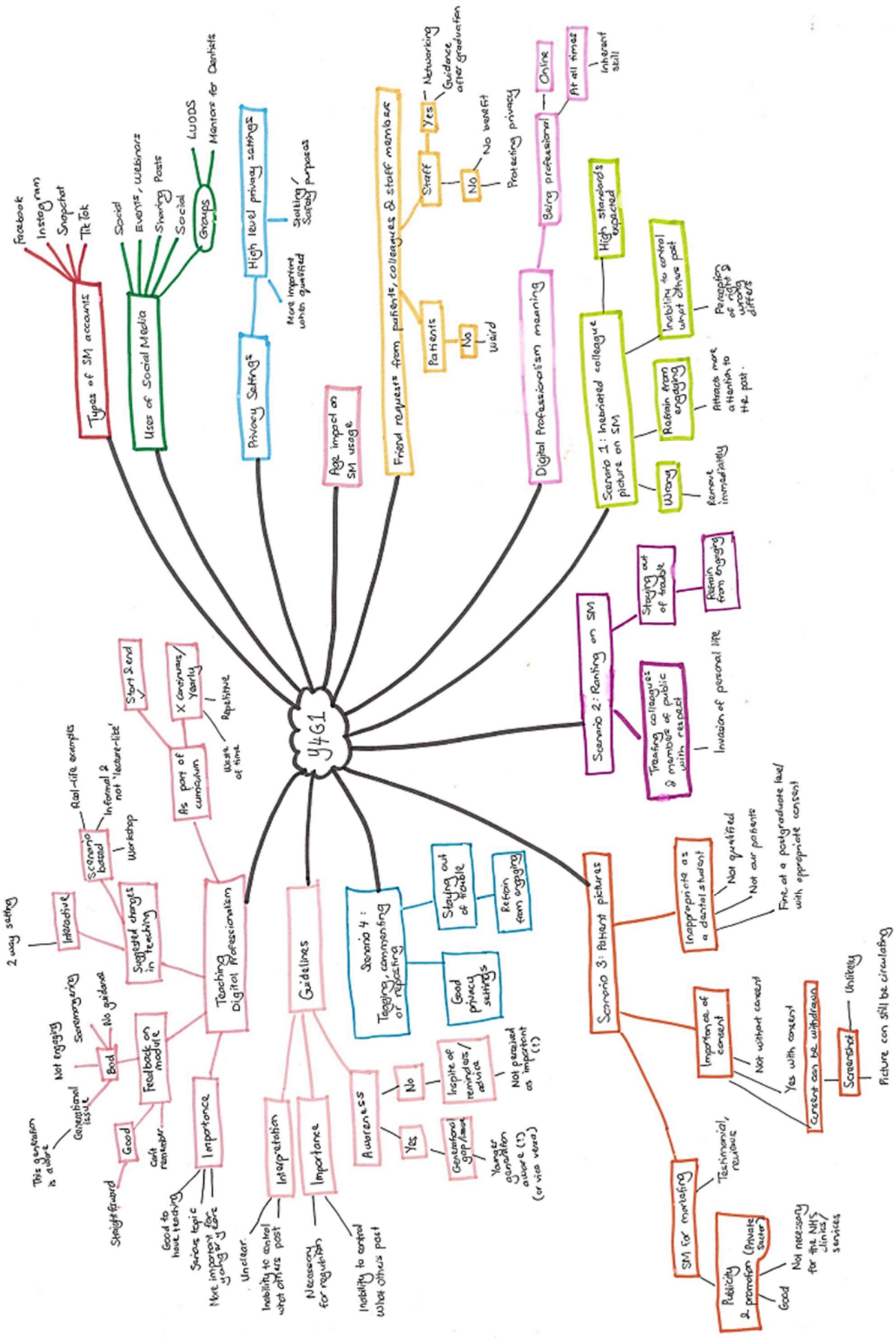
3 : Yea, I think it's very important to have this teaching in the fifth year as well because you'll soon obviously not have the school support behind you anymore when you go out by yourself. It'll be nice to have like one last piece of advice on what to do online.

4 : Yea, I think maybe like 1st, 3rd and 5th year. I think we'd all agree with that.

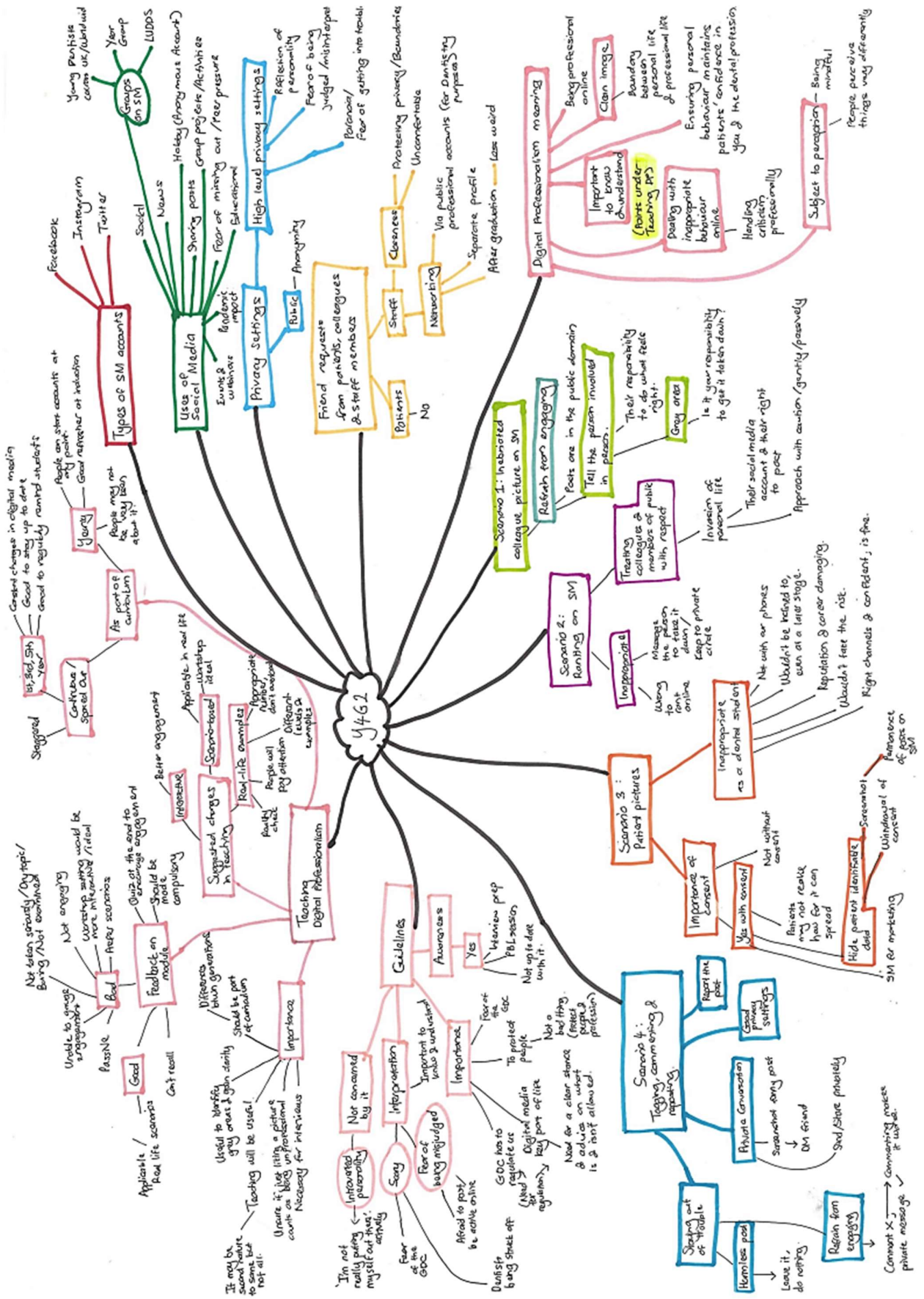
1,2,3 : Yeah.

Alright then, this has all been very helpful. Thank you very much for your participation in this project. I'm very grateful to you all for joining in this session today. I'd like to reassure you again that this is going to be confidential and I look forward to seeing you all in person hopefully soon. Enjoy the rest of your day.

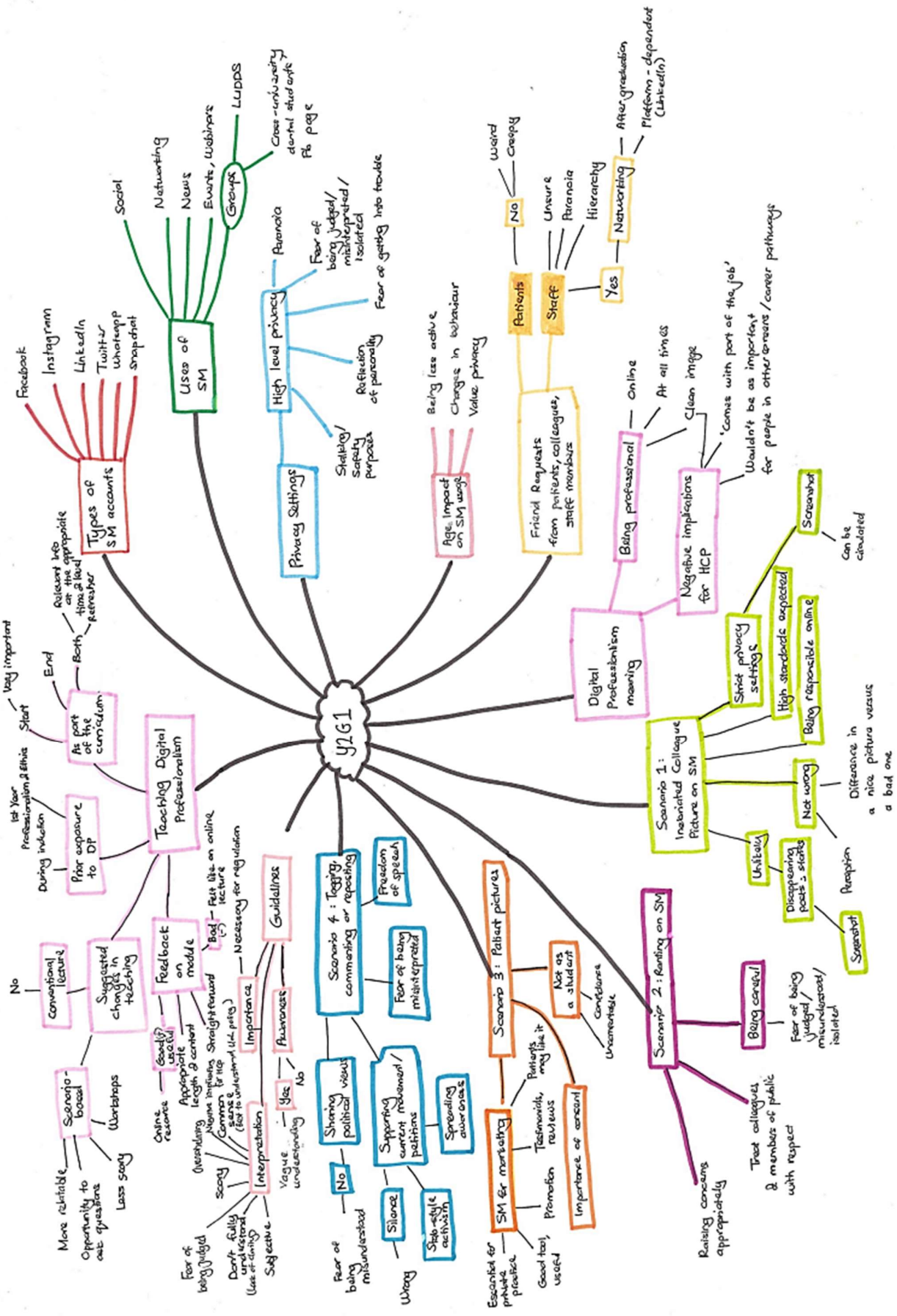
Appendix 12 : OSOP 1

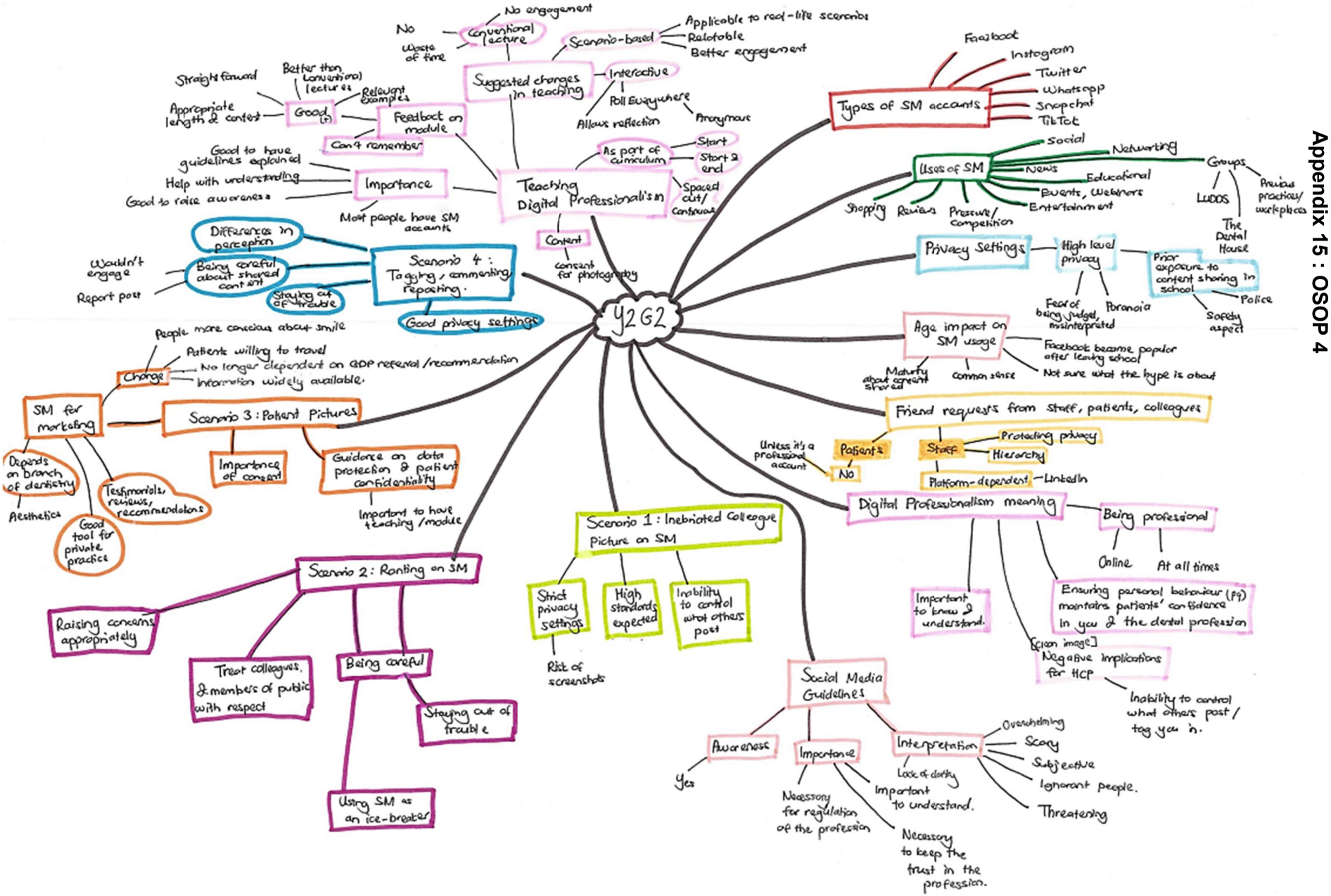


Appendix 13 : OSOP 2

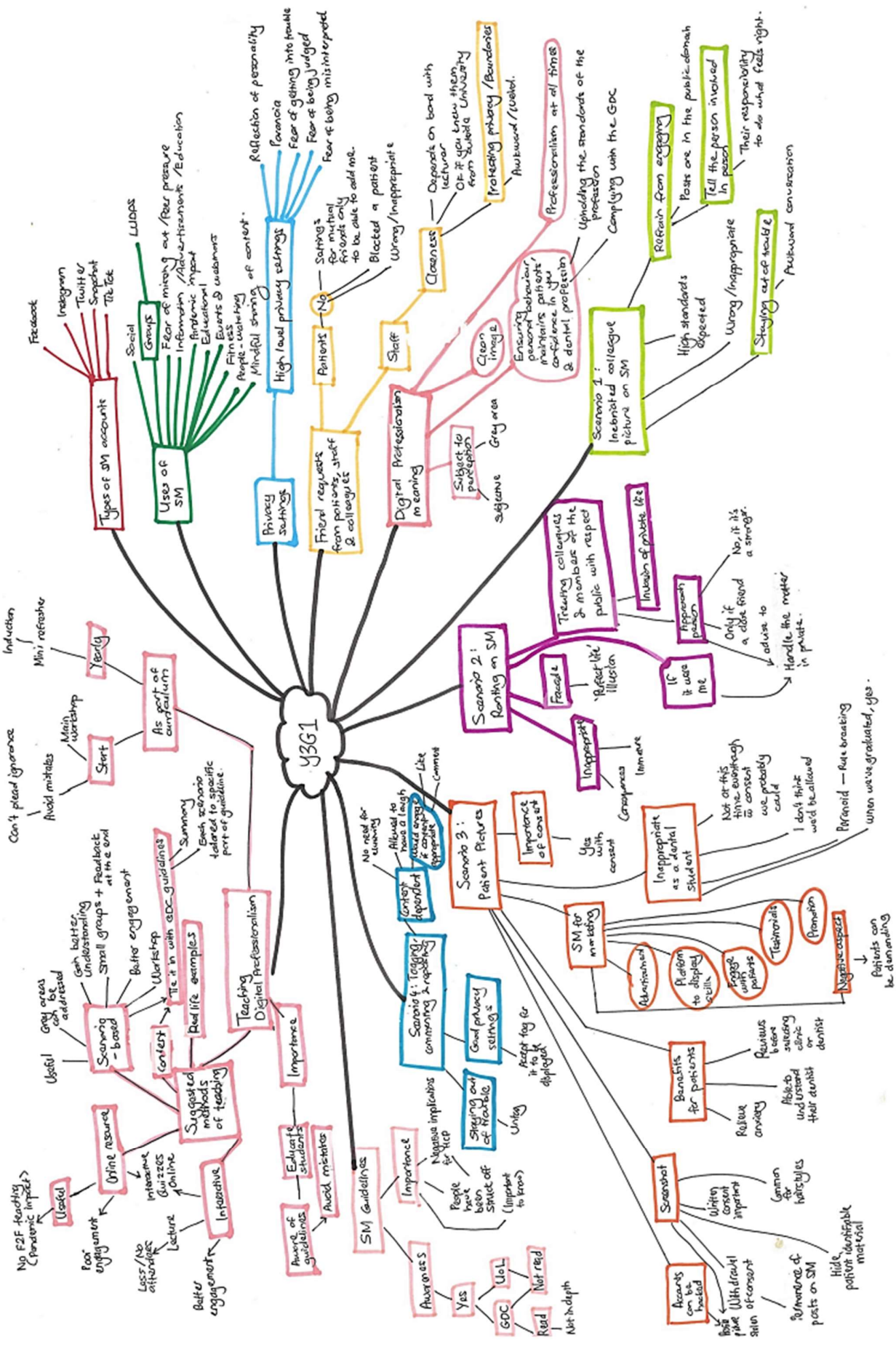


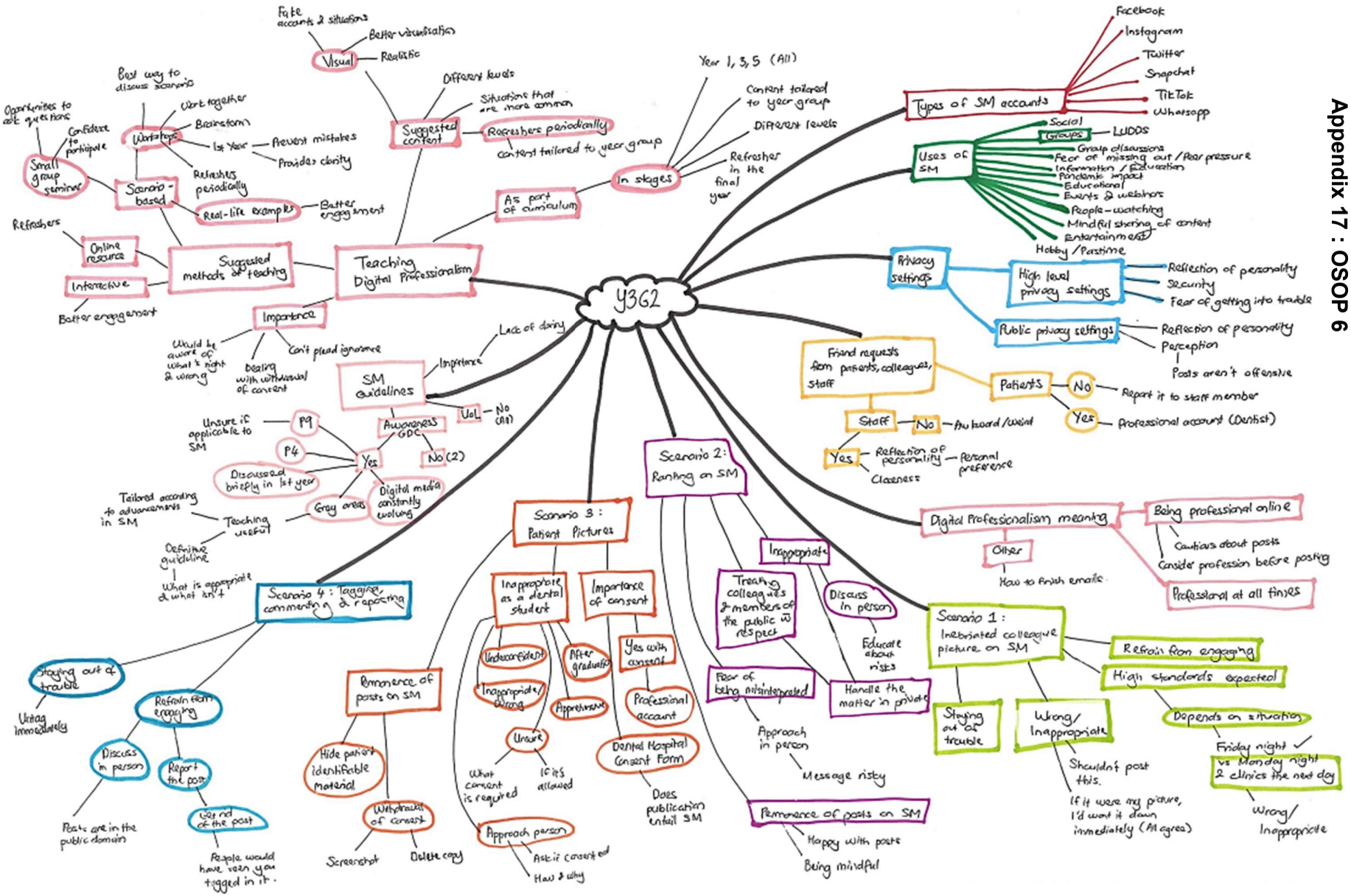
Appendix 14 : OSOP 3




Y2G2
Teaching Digital Professionalism
Suggested changes in teaching
No engagement
No
Conventional lecture
Waste of time
Scenario-based
Applicable to real-life scenarios
Relatable
Better engagement
Interactive
Poll Everywhere
Allows reflection
Anonymous
Good (+)
Straightforward
Better than conventional lecture
Relevant examples
Appropriate length & content
Feedback on module
Can't remember
Importance
Good to have guidelines explained
Help with understanding
Good to raise awareness
Most people have SM accounts
As part of curriculum
Start
Start & end
Spaced out/ continuous
Content
consent for photography
Scenario 4 : Tagging, commenting, reporting.
Differences in perception
Being careful about shared content
Wouldn't engage
Report post
Staying out of trouble
Good privacy settings
Types of SM accounts
Facebook
Instagram
Twitter
Whatsapp
Snapchat
TikTok
Uses of SM
Social Networking
News
Educational
Events, Webinars
Entertainment
Shopping
Reviews
Pressure/ competition
Groups
LUDOS
The Dental House
Previous practices/ workplaces
Privacy Settings
High level privacy
Fear of being judged, misinterpreted
Paranoia
Prior exposure to content sharing in school
Police
Safety aspect
Age impact on SM usage
Facebook became popular after leaving school
Not sure what the hype is about
Maturity about content shared
Common sense
Friend requests from staff, patients, colleagues
Patients
Unless it's a professional account
No
Staff
Protecting privacy
Hierarchy
Platform-dependent - LinkedIn
Digital Professionalism meaning
Being professional
Online
At all times
Important to know & understand.
Ensuring personal behaviour (PS) maintains patients' confidence in you & the dental profession
[Clean image]
Negative implications for HCP
Inability to control what others post / tag you in.
Social Media Guidelines
Awareness
Yes
Importance
Necessary for regulation of the profession
Necessary to keep the trust in the profession.
Interpretation
Lack of clarity
Important to understand.
Overwhelming
Scary
Subjective
Ignorant people.
Threatening
Scenario 1 : Inebriated Colleague Picture on SM
Strict privacy settings
Risk of screenshots
High standards expected
Inability to control what others post
Scenario 2 : Ranting on SM
Raising concerns appropriately
Treat colleagues & members of public with respect
Being careful
Staying out of trouble
Using SM as an ice-breaker
Scenario 3 : Patient Pictures
Importance of consent
Guidance on data protection & patient confidentiality
Important to have teaching /module
SM for marketing
Change
People more conscious about smile
Patients willing to travel
No longer dependent on GDP referral /recommendation
Information widely available.
Depends on branch of dentistry
Aesthetics
Testimonials, reviews, recommendations
Good tool for private practice

Appendix 16 : OSOP 5




Y3G2
Teaching Digital Professionalism
Suggested methods of teaching
Small group seminar
Opportunities to ask questions
Confident to participate
Scenario-based
Workshops
Work together
Brainstorm
1st Year
Prevent mistakes
Provides clarity
Refreshes periodically
Real-life examples
Better engagement
Interactive
Online resource
Refreshers
Better engagement
Importance
Would be aware of what's right & wrong
Dealing with withdrawal of consent
Can't plead ignorance
Suggested content
Visual
Fake accounts & situations
Better visualisation
Realistic
Different levels
Situations that are more common
Refreshers periodically
Content tailored to year group
As part of curriculum
In stages
Year 1, 3, 5 (All)
Content tailored to year group
Different levels
Refresher in the final year
SM guidelines
Importance
Lack of clarity
UoL
No (All)
Awareness GDC
No (2)
Yes
Unsure if applicable to SM
P3
P4
Discussed briefly in 1st year
Grey areas
Digital media constantly evolving
Teaching useful
Tailored according to advancements in SM
Definitive guideline
What is appropriate & what isn't
Scenario 4 : Tagging, commenting & reporting
Staying out of trouble
Untag immediately
Refrain from engaging
Discuss in person
Report the post
Get rid of the post
Posts are in the public domain
People would have seen you tagged in it.
Permanence of posts on SM
Hide patient identifiable material
Withdrawal of consent
Screenshot
Delete copy
Scenario 3 : Patient Pictures
Inappropriate as a dental student
Undercredident
Inappropriate/ Wrong
Unsure
What consent is required
If it's allowed
After graduation
Appreciation
Importance of consent
Yes with consent
Professional account
Dental Hospital Consent Form
Does publication entail SM
Approach person
Ask if consented
How & why
Scenario 2: Ranking on SM
Inappropriate
Treating colleagues & members of the public w respect
Discuss in person
Educate about risks
Fear of being misinterpreted
Handle the matter in private
Approach in person
Message risky
Permanence of posts on SM
Happy with posts
Being mindful
Digital Professionalism meaning
Other
How to finish emails
Being professional online
Cautious about posts
Consider profession before posting
Professional at all times
Scenario 1 : Inebriated colleague picture on SM
Refrain from engaging
High standards expected
Depends on situation
Friday night ✓
vs Monday night & clinics the next day
Wrong/ Inappropriate
Staying out of trouble
Wrong/ Inappropriate
Shouldn't post this.
If it were my picture, I'd want it down immediately (All agree)
Types of SM accounts
Facebook
Instagram
Twitter
Snapchat
TikTok
Whatsapp
Uses of SM
Social
LUDDS
Groups
Group discussions
Fear of missing out / Peer pressure
Information / Education
Pandemic impact
Educational
Events & webinars
People-watching
Mindful sharing of content
Entertainment
Hobby / Pastime
Privacy settings
High level privacy settings
Reflection of personality
Security
Fear of getting into trouble
Public privacy settings
Reflection of personality
Perception
Posts aren't offensive
Friend requests from patients, colleagues, staff
Patients
No
Report it to staff member
Yes
Professional account (Dentist)
Staff
No
Yes
Reflection of personality
Personal preference
Closeness