## **Case 2: Image of the Profession**



YouTube is a free streaming video service where people can both upload and watch video clips.

End of year talent shows are popular at many medical schools, featuring both live and recorded performances by medical students. One video posted by students from a large national medical school shows students parodying a popular rap song and dancing lewdly with skeletons (1:42 mark).

Source: <u>https://www.youtube.com/watch?feature=player\_embedded&v=8y8G4s1yxi0</u>

Dr. Zubin Damania, a Stanford-trained internist, has been making lighthearted video parodies to popular rap songs with an underlying serious message about public health and prevention. One of his videos is called "One Injection," a parody of a pop song by band One Direction which contains sexual references and overtones, urging viewers to get the flu shot; outcomes showed later that it resulted in a 35 percent increase in flu shot adoption.

Source: <u>http://healthland.time.com/2013/01/25/can-public-health-messages-be-entertaining-zdoggmd-thinks-so/</u>

### **Questions for dialog**

1. Identify issues relating to professionalism

2. Discuss the following question/s and prepare a consensus/summary statement for your group

- As far as professionalism is concerned, is posting a video of a parody on social media different than doing a skit on a stage?
- What if the message on social media is to benefit patients?

3. Imagine yourself mentoring a medical student or resident. What advice would you give him or her based on this case and your discussion?

#### **Case Commentary**

What is the goal of the disclaimer in Video #1 that "this video is meant for entertainment purposes only and in no way reflects actual conduct in the lab" and "we maintain the utmost respect and gratitude for those who donate their bodies to science?" If you were to stop the video there and ask your audience what they would expect to see next, how would they respond?

Video #1 was made with young medical students in mind – how do you imagine this video will be perceived by a patient in their 20s? 50s? 80s? Awareness of the source material (Chamillionaire's *Ridin' Dirty*) and context (medical school) make it easy to relate to this

video, but without those two anchor points, is it viewed differently? What if this were made by law enforcement personnel in a forensics lab or morgue?

Video #2 was made with a younger audience in mind and perceptions by other audiences will be variable or more critical. Should any publicly presented material be made to appeal to the widest possible audience? What about the argument that this parody "speaks to younger people" and therefore may improve their compliance?

As Video #1 is on YouTube, it is public, it is permanent, and it can be used by anyone without prior request to the original poster. In the context of the parody, the dancing at 1:42 does not seem out of place, but what if you took it out of place? For example, would the perception change if you took that portion of video and edited it into a patient education video?

Both videos, and any posted material, can be used out-of-context. Would this use still be held to the same standards of professionalism?

#### **Educator Notes**

As far as professionalism is concerned, is posting a video of a parody on social media different than doing a skit on a stage? While the medium can affect the reach of the performance, the main issue should be the professionalism of the content. For example, an inappropriate live skit will often generate a "buzz," but that is often limited to those in the audience and word-of-mouth descriptions and discussions. An inappropriate video on social media is easily shared, replicated, and sometimes even modified.

*What if the message on social media is to benefit patients?* While it is difficult to argue against content on social media that is beneficial to patients and results in improved patient behaviors, it is important to discuss your intended and unintended audience. A parody video may be effective at reaching the audience of people that are familiar with the source material, but for others without the source knowledge, the video may be viewed as unprofessional.

It should also be noted that Video #2 was chosen because it was effective in its message – could it be possible that there a number of other videos out there that were not effective? How were those perceived?

### **Bottom Line**

- Perception Trumps Reality Contextual knowledge makes a large difference in the way that viewers relate and respond to the material.
- Think about why you are creating the content, who your desired audience is, and what the desired response from that audience is. Then consider how people outside of your target group will view that content.

# **Toolkit Considerations**

- *There is no right answer* discussions about professionalism rarely have clear answers, and social media is no exception. The toolkit serves as a starting point for discussion.
- *This is not a social media usage policy* while these cases illustrate important considerations for social media usage, this is not intended to be a usage policy. For help with a usage policy, we have included a link to policy guidelines from the Federation of State Medical Boards.
- *This toolkit is designed to be flexible* this toolkit can be used in small or large groups and by students and faculty of all comfort levels.
- *No expertise needed* though the focus of this toolkit is on social media, the discussions are rooted in professionalism. The toolkit was written to provide enough context for the casual user to facilitate a discussion.
- *Contribute forward* as you moderate these discussions, consider taking the students' discussion points, incorporating them back into the toolkit, and sharing the toolkit with your colleagues.