

Digital professionalism

Subjects: Others

Contributor: Carey Mather

Digital professionalism is the term used to describe the emergence of health professionals needing to understand, develop and know appropriate professional behaviour when using digital media. There is currently no accepted or standard definition of this term. The development of digital professionalism is a global issue, which is demonstrated by the growth in research of portable or mobile devices, social media, apps and messaging within health professional higher education and healthcare environments. Digital professionalism is a component of professional identity formation. The knowledge, skills, attitudes and behaviours associated with developing digital professionalism needs to be introduced early in the health professional curriculum, so that students understand the benefits as well as the risks and challenges of using digital technology at point of care. Modelling of safe, effective and appropriate access and use of mobile or portable devices by qualified health professionals is essential for scaffolding undergraduate health professionals understanding and development of appropriate attributes, to promote formation of positive professional identity when undertaking work integrated learning or professional experience in healthcare environments.

Keywords: Digital ; professionalism ; health ; higher education ; undergraduate ; modelling ; mobile ; social ; media

1. Definition

Digital professionalism is a term used to describe the emergence of the need for health professionals to understand, develop and know appropriate professional behaviour when using digital media ^[1]. There is currently no accepted or standard definition of this term ^[2] ^[3]. The term initially described by Ellaway and colleagues^[3] encompassed the knowledge, skills, attitudes and behaviours of medical students when accessing and using health information systems. Digital professionalism now includes a broader context within the health professions, where this term embodies not only these attributes, it also includes the behaviours and capability to ensure safe, effective and appropriate healthcare is delivered within healthcare environments by health professionals.

2. Development of digital professionalism internationally

The development of digital professionalism is a global issue, which is demonstrated by the growth in research of portable or mobile devices, social media, apps and messaging within health professional higher education and healthcare environments^{[4][5][6][7][8][2]}. Ubiquity of mobile technology has created a blurring of professional and personal life, which has created challenges for health professionals in maintaining professional boundaries within their governance structures^{[9][10][11][12][13][14][15]}.

3. Development of digital professionalism in Australia

Currently, in Australia the development of the knowledge, skills, attitudes and behaviours required to provide 21st century healthcare is being hindered by a lack of governance which impacts on the ability of healthcare professionals, especially nurses to seek and retrieve information in real-time at point of care^[13]. The lack of acceptance of mobile technology access and use has led to the development of a mobile technology paradox^[16]. There is an inability of nurses to use mobile or portable devices to seek and retrieve information at point of care, even though there is evidence to suggest real-time knowledge transfer has the potential to improve patient outcomes^[16].

Full implementation of mobile technology use at point of care became implicit with the publication of the Australian Digital Health Agency National Digital Health Strategy (ADHA Strategy)^[17] which indicated there was a need for a workforce that can confidently use digital health technologies to deliver healthcare. Strategic Priority 6 of the ADHA strategy^[17] stated that trust and confidence in digital technologies needs to be developed. The ADHA strategy^[17] identified a need to promote the access and use of digital technology into the normal workflows of health professionals by supporting the employment of digital change champions, provision of on-demand training, promotion of leadership opportunities and

innovation within higher education institutions and in healthcare environments^[17]. The current lack of access and use of digital media at point of care hinders the modelling of safe, appropriate and effective healthcare of recipients, even though the capacity to use health technology and informatics is now imperative^[18].

Within Australian healthcare environments to achieve the aims of the ADHA Strategy^[17] requires health professionals to develop the requisite capabilities that encompass digital professionalism to ensure individuals and organisations are protected by their actions when accessing and using digital media or technology. The development of digital professionalism is mandatory for maintaining registration as a health professional in Australia. The knowledge, skills, attitudes and behaviours that comprise digital professionalism needs to be overtly recognised as a competency or capability within discipline standards, codes of professional conduct and scope of practice^[13].

4. Professional identity formation and digital professionalism

Digital professionalism has emerged as a component of professional identity formation^[1]. Health profession students are currently hindered in developing the knowledge, skills, attitudes and behaviours to become digitally professional as their mentors, facilitators, coaches or supervisors are unable to model safe, appropriate and effective use of mobile technology in Australian healthcare environments^[19]. Remediation of this situation can occur when the access and use of mobile or portable devices are accepted as a legitimate strategy to enhance healthcare delivery.

The knowledge, skills, attitudes and behaviours associated with developing digital professionalism need to be introduced early in health professional curriculum, so that students understand the benefits as well as the risks and challenges of using mobile technology at point of care^[1]. Modelling of safe, effective and appropriate access and use of mobile or portable devices by qualified health professionals is essential for scaffolding undergraduate health professionals understanding and development of appropriate attributes to promote formation of positive professional identity when undertaking work integrated learning or professional experience in healthcare environments^[20].

On campus training of access and use of mobile or portable devices in the classroom, during simulation activities and during professional experience will enable health professional students to become proficient in using social media, apps and messaging before they undertake work integrated learning or professional experience in healthcare environments^[1]^[19]. The modelling by mentors, facilitators, coaches or supervisors will reinforce positive professional identity formation and foster entrustability of the next generation of health professionals^[3]^[19]^[20]. Additionally, development of work-ready health professionals at graduation will enable them to develop rapport, mutuality of understanding and development of digital health literacy and support the participation of their patients or clients in their own care^[21].

Acceptance of the access and use of mobile or portable devices will require a cultural shift by individuals and healthcare organisations. The ADHA strategy^[17] provides Australian health professionals with opportunities to ensure they continue to deliver 21st century healthcare. It is up to health professionals globally to demonstrate they are entrustable by safely, effectively and appropriately accessing and using mobile or portable devices at point of care – by modelling digital professionalism when using digital media.

References

1. Carey Mather; Tracy Douglas; Jane O'Brien; Identifying Opportunities to Integrate Digital Professionalism into Curriculum: A Comparison of Social Media Use by Health Profession Students at an Australian University in 2013 and 2016. *Informatics* **2017**, 4, 10, [10.3390/informatics4020010](#).
2. Bahr TJ, Crampton NH, Domb S. . InHealth Professionals' Education in the Age of Clinical Information Systems, Mobile Computing and Social Networks 2017 Jan 1 (pp.). Academic Press.; The Facets of Digital Health Professionalism: Defining a Framework for Discourse and Change. *Health Professionals' Education in the Age of Clinical Information Systems, Mobile Computing and Social Networks* **2017**, 1, 65-89, [10.1016/B978-0-12-805362-1.00004-8](#).
3. Rachel H. Ellaway; Janet Coral; David Topps; Maureen Topps; Exploring digital professionalism. *Medical Teacher* **2015**, 37, 1-6, [10.3109/0142159x.2015.1044956](#).
4. Donker T, Petrie K, Proudfoot J, Clarke J, Birch MR, Christensen H.; Smartphones for Smarter Delivery of Mental Health Programs: A Systematic Review . *J Med Internet Res* **2013**, 15(11), :e247, [10.2196/jmir.2791](#).
5. Siobhán O'Connor; Tom Andrews; O'connor Siobhan; Andrews Tom; Mobile Technology and Its Use in Clinical Nursing Education: A Literature Review. *Journal of Nursing Education* **2015**, 54, 137-144, [10.3928/01484834-20150218-01](#).
6. Hans Oh; Heather Wharrad; Sharon Mickan; Julie K Tilson; Helen Atherton; Nia Wyn Roberts; Carl Heneghan; Evidence of Effectiveness of Health Care Professionals Using Handheld Computers: A Scoping Review of Systematic Reviews.

7. Janet Raman; Mobile technology in nursing education: where do we go from here? A review of the literature. *Nurse Education Today* **2015**, 35, 663-672, [10.1016/j.nedt.2015.01.018](https://doi.org/10.1016/j.nedt.2015.01.018).
8. Rathbone AL, Prescott J; The Use of Mobile Apps and SMS Messaging as Physical and Mental Health Interventions: A Systematic Review. *J Med Internet Res* **2017**, 19(8), e29, [0.2196/jmir.7740](https://doi.org/10.2196/jmir.7740).
9. Olle Ten Cate; Huiju Carrie Chen; Reinier G. Hoff; Harm Peters; Harold Bok; Marieke Van Der Schaaf; Curriculum development for the workplace using Entrustable Professional Activities (EPAs): AMEE Guide No. 99. *Medical Teacher* **2015**, 37, 1-20, [10.3109/0142159x.2015.1060308](https://doi.org/10.3109/0142159x.2015.1060308).
10. Preetinder Gill; Kim Tran; Deborah McBride; Sandra A LeVasseur; Dongmei Li; Nursing Performance and Mobile Phone Use: Are Nurses Aware of Their Performance Decrements?. *JMIR Human Factors* **2015**, 2, e6, [10.2196/humanfactors.4070](https://doi.org/10.2196/humanfactors.4070).
11. Man Ping Wang; Kim Belcik; Deborah L McBride; Sandra A LeVasseur; Dongmei Li; Non-Work-Related Use of Personal Mobile Phones by Hospital Registered Nurses. *JMIR mHealth and uHealth* **2015**, 3, e3, [10.2196/mhealth.4001](https://doi.org/10.2196/mhealth.4001).
12. Carey Mather; Elizabeth Cummings; Penny Allen; Nurses' Use of Mobile Devices to Access Information in Health Care Environments in Australia: A Survey of Undergraduate Students. *JMIR mHealth and uHealth* **2014**, 2, e56, [10.2196/mhealth.3467](https://doi.org/10.2196/mhealth.3467).
13. Carey Ann Mather; Fred Gale; Elizabeth Anne Cummings; Governing mobile technology use for continuing professional development in the Australian nursing profession. *BMC Nursing* **2017**, 16, 98, [10.1186/s12912-017-0212-8](https://doi.org/10.1186/s12912-017-0212-8).
14. Goggin G. Cell Phone Culture: Mobile Technology in Everyday Life; Routledge: London, 2012; pp. 1.
15. David Pauleen; John Campbell; Brian Harmer; Ali Intezari; Making Sense of Mobile Technology. *SAGE Open* **2015**, 5, 1-10, [10.1177/2158244015583859](https://doi.org/10.1177/2158244015583859).
16. Carey Mather; Elizabeth Cummings; Unveiling the Mobile Learning Paradox.. *Studies in health technology and informatics* **2015**, 218, 126-131, [10.3233/978-1-61499-574-6-126](https://doi.org/10.3233/978-1-61499-574-6-126).
17. Australia's National Digital Health Strategy. Safe, seamless and secure: evolving health and care to meet the needs of modern Australia. Australian Digital Health Agency. Retrieved 2019-8-1
18. Mather CA, Cummings EA, Gale F; Advancing mobile learning in Australian healthcare environments: nursing profession organisation perspectives and leadership challenges. *BMC nursing* **2018**, 17(1), 44, [10.1186/s12912-018-0313-z](https://doi.org/10.1186/s12912-018-0313-z).
19. Carey Mather; Elizabeth Cummings; Modelling Digital Knowledge Transfer: Nurse Supervisors Transforming Learning at Point of Care to Advance Nursing Practice. *Informatics* **2017**, 4, 12, [10.3390/informatics4020012](https://doi.org/10.3390/informatics4020012).
20. Carey Mather; Elizabeth Cummings; Linda Nichols; Social Media Training for Professional Identity Development in Undergraduate Nurses.. *Studies in health technology and informatics* **2016**, 225, 344, [10.3233/978-1-61499-658-3-344](https://doi.org/10.3233/978-1-61499-658-3-344).
21. Carey Mather; Elizabeth Cummings; Empowering learners: Using a triad model to promote eHealth literacy and transform learning at point of care. *Knowledge Management & E-Learning: An International Journal* **2015**, 7, 629-645, [10.34105/j.kmel.2015.07.041](https://doi.org/10.34105/j.kmel.2015.07.041).
22. Carey Mather; Elizabeth Cummings; Empowering learners: Using a triad model to promote eHealth literacy and transform learning at point of care. *Knowledge Management & E-Learning: An International Journal* **2015**, 7, 629-645, [10.34105/j.kmel.2015.07.041](https://doi.org/10.34105/j.kmel.2015.07.041).