# PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

## ARTICLE DETAILS

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|---|---|
| **TITLE (PROVISIONAL)** | "Have you seen what's on Facebook?" The use of social networking software by healthcare professions students. |
| **AUTHORS** | White, Jonathan; Kirwan, Paul; Lai, Krista; Walton, Jennifer; Ross, Shelley |

## VERSION 1 - REVIEW

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| **REVIEWER** | Joanna MacDonald, Associate Dean and Senior Lecturer, University of Otago Wellington, New Zealand. <br><br> I have no competing interests |
| **REVIEW RETURNED** | 13-Apr-2013 |

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| **THE STUDY** | Participants: It would be useful to know what proportion of the class of each discipline was represented eg what proportion of the total number of medical students is represented by232? <br> Similarly, how representative is the gender balance of the total population? <br><br> Method:I would like to see a copy of the interview schedule and the questionnaire appended. I would also like more detail of how the qualitative analysis was carried out. <br> It would be useful to see some comparison between the different disciplines, and by gender. |
| **RESULTS & CONCLUSIONS** | The results could be summarised and tables used to present some of the data that is presented as text, eg para 2 of p10 could be tabulated. <br> Many of the quotes do not actually illustrate the accompanying text and better examples are evident in the Table in the appendix, eg the quote on p10 could more usefully illustrate disrespect for patients; the 1st quote on p11 does not indicate that the student does not object to the practice. <br> The discussion is interesting, but the paper risks repeating previous work-analysing the different health professions separately and comparing would add to the significance of the study. <br> I am uncertain how the study helps understanding the "pedagogy" of Facebook use. <br> There are 2 mistakes in the reference list-#31 should read "Australian" medical association (not American); and #37 has the title of the article missing. |
| **REPORTING & ETHICS** | Not an RCT |
| **GENERAL COMMENTS** | I think this is interesting and important work and I have suggested major revision only because it could be enhanced by more statistical analysis to maximise the information available from this data. <br> The word count could be significantly reduced. |

| REVIEWER | Kathleen Gray |
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| | Senior Research Fellow, Health Informatics |
| | University of Melbourne, Australia |
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| | I have no competing interests. |
| **REVIEW RETURNED** | 19-Apr-2013 |

| **GENERAL COMMENTS** | Overall an interesting, topical and well-written paper. A few suggestions… |
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| | Intro: |
| | You've used your 2nd ref to substantiate statistics which that study didn't generate but rather referenced, so it would be more accurate if you cited the original sources. These are: |
| | 70.8% of UK medical students used social networking sites (n = 212; Sandars, Homer, Pell & Croker, 2008) Sandars, J., Homer M., Pell, G., & Croker, T. (2008). Web 2.0 and social software: The medical student way of e-learning. Medical Teacher. DOI: 10.1080/01421590701798729 |
| | 64.3% of medical students at one US university had Facebook accounts (n = 501; Thompson, Dawson, Ferdig, Black, Boyer, Coutts et al., 2008). Thompson, L. A., Dawson, K., Ferdig, R., Black, E. W., Boyer, J., Coutts, J., & Black, N. P. (2008). The intersection of online social networking with medical professionalism. Journal of General Internal Medicine, 23(7), 954-957. |
| | NB your 36th reference, to Thompson et al., is missing the title of the paper (see above). |
| | If you still want to refer to Gray et al., of course we'd like that. Our study provides evidence that medical students aren't inherently educationally effective users of Facebook, so you could use it to underscore your arguments for student guidelines. |
| | Methods: |
| | I would like to have seen the survey instrument, or at least an outline of the questions, to determine how they were phrased to avoid biasing the responses in favour of guidelines being a good thing. |
| | Results: |
| | In the age range 18-25 it is possible that Facebook use can change as students become more mature; some of the quotes you use suggest that students have tempered their Facebook activity with the benefit of hindsight. Also, professionalism may be taught and learned differently in each health discipline (unless professional ethics and practice subjects are taught as interdisciplinary subjects at your university?). It would be good to know if you looked at whether the survey results you report can be differentiated by age or by health discipline (or by gender, since you mention this factor too). |
| | Discussion and conclusion: |
| | 93% of 692 students with a Facebook account, out of a possible 3984 students, is simply not evidence of "widespread" use; I would suggest tempering this adjective. |

Reviewer: Joanna MacDonald,
Associate Dean and Senior Lecturer,
University of Otago Wellington,
New Zealand.

I have no competing interests

Participants: It would be useful to know what proportion of the class of each discipline was represented eg what proportion of the total number of medical students is represented by232?

Response: Agreed, this information has been added in Table 1.

Similarly, how representative is the gender balance of the total population?

Response: We consider the gender balance to be as expected given the faculties studied, and have added the following in support of Table 1:

As expected, females outnumbered males in all the faculties sampled; the proportion of female respondents ranged from 95% in Nursing to 58% in Medicine.

Method:I would like to see a copy of the interview schedule and the questionnaire appended. I would also like more detail of how the qualitative analysis was carried out.

Response: Re: Interview schedule and questions – these have been added as supplemental files as Appendices.

Re: analysis. It was not the purpose of the interviews to generate a conceptual framework to describe an underlying phenomenon. Therefore, we chose not to employ an approach using a particular analytical framework – for instance, a grounded theory approach was not appropriate in this case. Instead, the purpose of the interview phase was to gain a broad understanding of a number of themes or areas of interest that could be further explored in a larger population using an online survey. Therefore, we adopted a simple thematic analysis to define themes of interest. We have amended Methods accordingly:

Interviews were audio-recorded and transcribed by a research assistant; transcripts were then analyzed to identify common themes using a simple thematic analysis approach.

It would be useful to see some comparison between the different disciplines, and by gender.

Response: While we agree that this would be an interesting comparison, such an analysis is beyond the scope of this particular study. The purpose of this study was to look at students in the health professions as a whole, not to draw comparisons between individual groups. The relatively low response rate and the low number of responses in some faculties makes proper comparison problematic. Comparison by gender is problematic for the same reasons: it was not the intent of the study, and the number of male respondents was limited.

The results could be summarised and tables used to present some of the data that is presented as text, eg para 2 of p10 could be tabulated.

Response: We agree, added Table 1.

Many of the quotes do not actually illustrate the accompanying text and better examples are evident in the Table in the appendix, eg the quote on p10 could more usefully illustrate disrespect for patients; the 1st quote on p11 does not indicate that the student does not object to the practice.

Response: We have tried to honour our participants as much as possible by using their original words in this paper. We agree that in some cases, one quotation may shed light a number of points. Our selection of some quotations for the main text and others for the Table is based purely on considerations of manuscript length, and we have provided both to allow readers to see the diversity of opinions among our participants.

The discussion is interesting, but the paper risks repeating previous work-analysing the different health professions separately and comparing would add to the significance of the study.

Response: While we agree that this would be an interesting comparison, such an analysis is beyond the scope of this particular study. We think the strength of this study is in looking across a large number of students in the healthcare professions at a single school (232 trainee doctors, 200 trainee nurses, 82 trainee pharmacists, etc) to see what issues relating to social networking software might affect them all.

I am uncertain how the study helps understanding the "pedagogy" of Facebook use.

Response: We think that it is appropriate to use the term "pedagogy" here as we are considering the use of Facebook by students in the healthcare professions who are engaged in a program of learning. It is also appropriate to consider pedagogical implications, as we are taking the perspective of healthcare educators trying to understand how our learners are engaging with a new technology as their roles as developing healthcare professionals.

There are 2 mistakes in the reference list-#31 should read "Australian" medical association (not American); and #37 has the title of the article missing.

Response: Thanks for this. References #31 and #36 have been amended accordingly. The title of reference #37 is "Podcasting: a technology, not a toy."

White J, Sharma N. Podcasting: a technology, not a toy. Adv in Health Sci Educ. 2012;17:601-603

I think this is interesting and important work and I have suggested major revision only because it could be enhanced by more statistical analysis to maximise the information available from this data. The word count could be significantly reduced.

Reviewer: Kathleen Gray
Senior Research Fellow, Health Informatics
University of Melbourne, Australia

I have no competing interests.

Overall an interesting, topical and well-written paper. A few suggestions…

Intro:

You've used your 2nd ref to substantiate statistics which that study didn't generate but rather referenced, so it would be more accurate if you cited the original sources. These are:

70.8% of UK medical students used social networking sites (n = 212; Sandars, Homer, Pell & Croker, 2008)

Sandars, J., Homer M., Pell, G., & Croker, T. (2008). Web 2.0 and social software: The medical student way of e-learning. Medical Teacher. DOI: 10.1080/01421590701798729

64.3% of medical students at one US university had Facebook accounts (n = 501; Thompson, Dawson, Ferdig, Black, Boyer, Coutts et al., 2008).

Thompson, L. A., Dawson, K., Ferdig, R., Black, E. W., Boyer, J., Coutts, J., & Black, N. P. (2008). The intersection of online social networking with medical professionalism. Journal of General Internal Medicine, 23(7), 954-957.


Response: Thanks for this, we have amended our references accordingly.


NB your 36th reference, to Thompson et al., is missing the title of the paper (see above).

If you still want to refer to Gray et al., of course we'd like that. Our study provides evidence that medical students aren't inherently educationally effective users of Facebook, so you could use it to underscore your arguments for student guidelines.


Response: Thanks for this too, we have amended the reference accordingly and cited Gray et al in mention of the challenges associated with facebook use (the new #36) ☺


Methods:
I would like to have seen the survey instrument, or at least an outline of the questions, to determine how they were phrased to avoid biasing the responses in favour of guidelines being a good thing.


Response: Agree, these have been added as supplemental files, Appendices 1 and 2.


Results:

In the age range 18-25 it is possible that Facebook use can change as students become more mature; some of the quotes you use suggest that students have tempered their Facebook activity with the benefit of hindsight. Also, professionalism may be taught and learned differently in each health discipline (unless professional ethics and practice subjects are taught as interdisciplinary subjects at your university?).

Response: These are interesting points, although beyond the scope of this study.

It would be good to know if you looked at whether the survey results you report can be differentiated by age or by health discipline (or by gender, since you mention this factor too).

Response: While we agree that these would be interesting comparisons, such analyses are beyond the scope of this particular study. The purpose of this study was to look at students in the health professions as a whole, not to draw comparisons between individual groups. The relatively low response rate and the low number of responses in some faculties makes proper comparison problematic. Comparison by age and gender is problematic for the same reasons: it was not the intent of the study, and the number of male respondents was limited.

Discussion and conclusion:
93% of 692 students with a Facebook account, out of a possible 3984 students, is simply not evidence of "widespread" use; I would suggest tempering this adjective.

Response: Agree, we have amended this to:

Given these limitations, we believe that we have shown that use of Facebook is widespread among the healthcare students we studied, and that we have identified areas for education policymakers to focus on.

## VERSION 2 – REVIEW

| REVIEWER | Kathleen Gray<br>Senior Research Fellow, Health Informatics<br>University of Melbourne<br>Australia |
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| REVIEW RETURNED | 15-May-2013 |

| THE STUDY | Question re patients is not applicable - suggest you change the wording of this item to make it more generally applicable.<br>The students studied are representative.<br><br>I am happy that the manuscript and appendices are complementary and appropriate. |
| --- | --- |
| GENERAL COMMENTS | Reviewer suggestions are addressed nicely , and this paper makes a good contribution to the literature overall. |

**VERSION 2 – AUTHOR RESPONSE**

Reviewer: Kathleen Gray
Senior Research Fellow, Health Informatics
University of Melbourne
Australia

I am happy that the manuscript and appendices are complementary and appropriate.

Thanks. Reviewer suggestions are addressed nicely , and this paper makes a good contribution to the literature overall.