

Social Media Guidelines: A Review for Health Professionals and Faculty

Summary

Background The rising societal use of social media has encouraged health professionals to use social media in their professional activities, however this can be a daunting task particularly for those who are uncertain about the boundaries for the professional use of social media. This article summarises the guidelines provided by medical governing bodies on social media use and provides practical advice on how social media can be used, which is transferrable across the health professionals.

Methods Nine guidance documents published by medical governing bodies in major international English-speaking countries were reviewed and analysed to identify their key common messages.

Findings Five key themes were identified across all of the guidance documents as follows: maintain patient confidentiality, defamation is unacceptable, privacy cannot be guaranteed, responsibility to maintain public trust and lastly reasons to use social media.

Conclusion The guidelines predominantly focus on the risks of using social media. Whilst this is necessary, it is likely to inhibit the exploration of the potential uses of social media in healthcare education and practice. All of the guidance documents from governing bodies encourage the use of social media to engage with patients and to network with colleagues, however there is relatively little practical guidance on how to use social media as a health professional. This article offers some practical advice for faculty members who wish to run development sessions on how to use social media for professional purposes.

Background

The increasing use of social media has been paralleled by the phenomenon of eHealth, defined by the World Health Organization as the “use of information and communication technologies (including social media) for health” and “is about improving the flow of information, through electronic means, to support the delivery of health services and the management of health systems” (1). Health professionals are being encouraged to use e-Health tools to engage with patients, particularly social media due to the ease of communication it offers and the broad online community that it allows users to reach (2). Some patients, known as “ePatients”, are already taking advantage of social media to communicate with fellow patients to seek advice and support to enable better healthcare (3). One ePatient, Sara Riggare, who has had Parkinson’s disease for several years described how ePatient groups enabled her to take more responsibility for her healthcare by learning from other patients experiences, using social media (4). ePatients also share healthcare information that they have vetted on social media, often via specifically created hashtags. An example of this is #WeAreNotWaiting used by patients with type 1 diabetes. Riggare describes how through researching and accessing online information and by engaging in ePatient fora, ePatients can become well informed about the management of their disease, which has been highlighted as an important aspect of future healthcare in the recently published long term strategy of the National Health Service (NHS) in the UK (5).

ePatients have called for health professionals to engage with them on social media acknowledging that “the results of mutual partnership with our healthcare providers are far better than if we don’t collaborate” (4). Some health professionals have already started to incorporate social media into patient management for example a Facebook page has been used to help patients with diabetes manage their blood glucose levels (6). Facebook pages have also been suggested for patients who require weight-management to disseminate healthy recipes, local walking or running events, exercise programs and tips on how to keep blood pressure low (2).

Although some health professionals have reported seeing the potential of social media to improve communication and interaction with the public, many remain extremely wary of engaging with patients on social media due to the challenges and implications for professionalism (7). This wariness may be

justified given reports of doctors in the USA (8) and UK (9) having their licence to practise suspended and even revoked by regulatory bodies, due to unprofessional behaviour on social media.

Recognising that for many health professionals social media is already part of their routine working lives, several governing bodies have published guidelines recommending how social media should be used. Some of the challenges that health professionals, educators and students face when using social media are summarised in Box 1, which have been drawn from the guidelines.

Box 1. Challenges of using social media

Posting inappropriate content: Students and novice social media users may not understand the impact that posts containing offensive text or photos can have on themselves or the health profession, for example posts suggesting excessive alcohol use, illegal drug use and sexual content (10). Educators could advise students to not post anything on social media that they would not say in person to their grandparents!

Blurred boundaries: Students and novice users may also not realise that social media allows several groups of individuals such as friends, family, lecturers, senior colleagues and patients to access their social media. The boundaries between one's private life and professional or educational life can become blurred (11,12,13). Educators should advise students that they need to consider that their online audience may range from their personal friends to senior colleagues and patients and therefore they need to consider how they wish to portray themselves.

Sharing patient information: Social media is often used to share news from one's daily life and so it is understandable that students may, in a state of excitement, accidentally post information about a patient while on placement (14). Educators must make clear to students that posting any information that identifies the patient breaches the confidentiality and privacy of the patients and must not be posted. Educators should remind students that they are representing the profession and any breaching of patient confidentiality reflects extremely badly on the health profession.

Lack of control: The reach of a social media post is unpredictable and depending on privacy settings can be completely out of one's control (10,15). For

example, Twitter is a public platform meaning that a tweet has the potential to reach any other Twitter user worldwide. Educators should make it clear to students that posts can have much further reach than anticipated. Educators should encourage students to set any accounts which they wish to use for non-professional reasons to private. Students should be reminded to perform regular Google or social media searches on themselves to ensure that their social media footprint maintains professionalism standards.

This paper summarises and aims to give meaning to the guidelines, to help health professionals use social media more effectively.

Methods

Nine guidance documents published by medical governing bodies in major international English-speaking countries were reviewed (see Table 1). Thematic analysis was conducted on the documents which involved: reading each document three times, coding key words or phrases, categorizing codes into subthemes and condensing subthemes into broader common themes.

Table 1 The governing bodies and their respective guidance documents analysed.

Governing body	Document name
Australian Medical Association and New Zealand Medical Association	Social Media and the Medical Profession (2010) (10)
British Medical Association	Social media: Practical guidance and best practice (2018) (11) Social media, ethics and professionalism (2018) (12)
General Medical Council (UK)	Doctor's Use of Social Media (2013) (13)

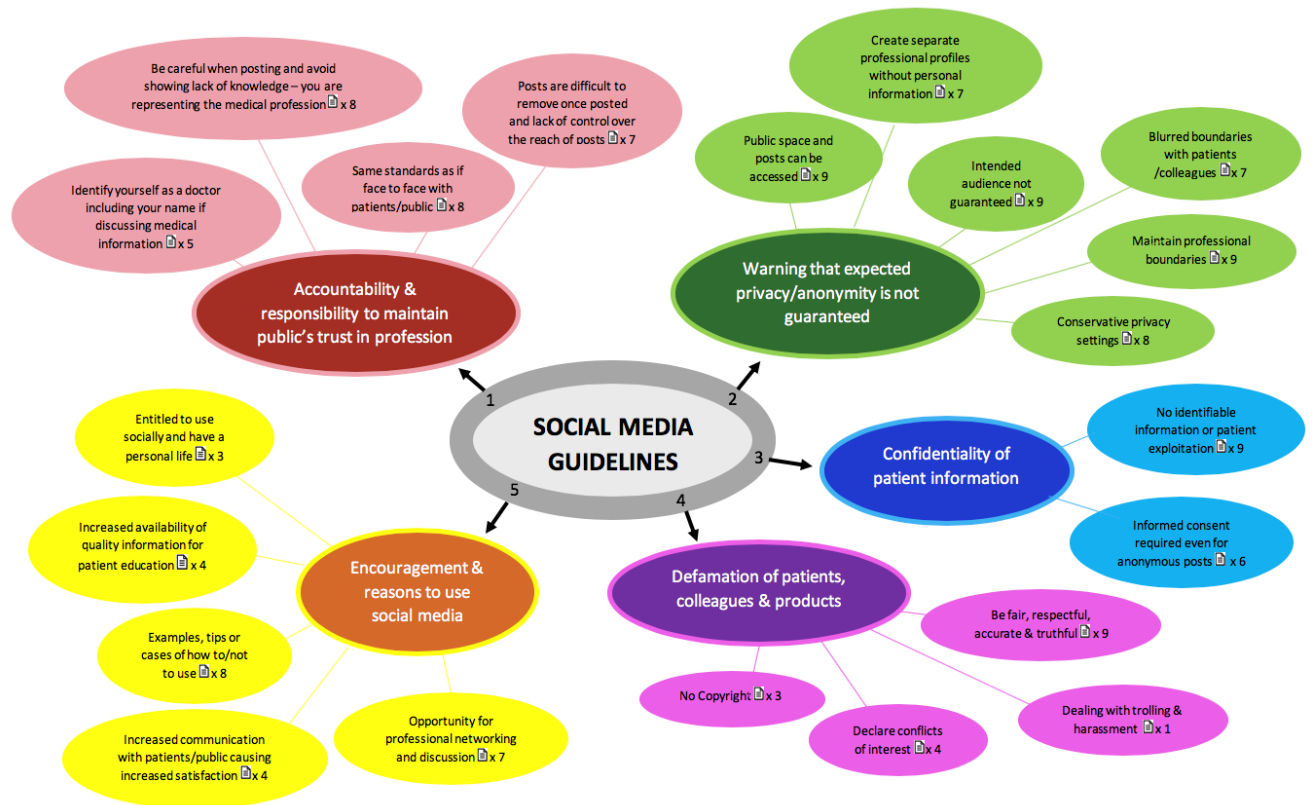
Canadian Federation of Medical Students	Guide to Medial Professionalism: Recommendations for Social Media (2013) (14)
American College of Physicians	Online Medical Professionalism: Patient and Public Relationships: Policy Statement from the American College of Physicians and the Federation of State Medical Boards (2013) (15)
Federation of State Medical Boards (USA)	Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice (2012) (16)
American Medical Association	Professionalism Guidelines for Social Media Use: A Starting Point (2015) (17)
Canadian Medical Association	Social Media and Canadian Physicians: Issues and Rules of Engagement (2011) (18)

Findings

Figure 1 illustrates the five common themes that were identified in each of the guidance documents and the sub-themes which contribute to each theme. Not all documents contain each sub-theme (as indicated in Figure 1), which may reflect the level of weight associated with each sub-theme by the respective governing body.

Four of the five themes relate to warnings about the potential risks of using social media as a health professional and this is likely to engender a more guarded, rather than an expansive approach to social media use. The final theme explores the potential benefits of using social media. Whilst this message is contained within all the guidance documents, it is subdued. For those who turn to the guidelines in the hope of gaining practical advice on how to use social media, they will most likely be disappointed. In the next section we have attempted to give meaning to the guideline themes to help health professionals proactively contribute to social media, and this forms the basis of the suggested tasks in Box 2, which we envisage could form part of a faculty or interprofessional training session.

Figure 1 Themes and subthemes identified in the guidance documents on professional social media use.



What do the guidelines mean in practice?

Maintaining patient confidentiality does not mean that social media cannot be used to share learning from patient cases. One of the advantages of social media is that it allows health professionals to share knowledge with colleagues and patients, which should include educational patient cases. With care, patient identity can be kept confidential by deliberately changing details such as gender, age, or by being non-specific about the date of consultation, and perhaps the anatomical site of the ailment (19). Six of the nine documents recommend that signed consent is obtained from the patient despite anonymization, and we suggest that this is particularly important if the case includes images of the patient's ailment, that may increase the likelihood of the patient being identified.

Defamation is clearly unacceptable whether it be of patients, colleagues or products. Time should be taken to reflect on how and why a health professional intends to use social media and the online presence

or identity they are conveying. Consider your preference for who you would like to follow you on social media or who you would like to be allowed to follow. If you post frequently about research, you are likely to attract more research active colleagues. The online identity of a health professional is often the first impression made to patients, colleagues and organisations and this should be a consideration when developing a social media profile, including the profile picture. Any affiliations, or conflicts of interest should be clearly stated in the profile so that the online audience is aware of factors which may influence postings.

Privacy cannot be guaranteed on social media, and so to ensure privacy the guidelines recommend that health professionals set up separate personal and professional social media accounts using conservative privacy settings. However, having a private professional account will limit the reach of posts and the ability to share health related information and openly communicate with colleagues. For professional Twitter and Instagram accounts, it may be worthwhile keeping them public and deciding to use these spaces in the same way as if disseminating health related information at a public event. However, health professionals might want to keep some social media accounts private and the privacy settings should be tested by conducting regular checks as follows: ask a trusted colleague who is not a “friend” or “follower” (to replicate a random member of the public) to perform a Google search of you (probably using your name) to ascertain what access they have to your social media profiles and information. This can be an extremely informative practical exercise to ensure the privacy settings are appropriate.

Responsibility to maintain the public’s trust – although maintenance of a high reputation is a primary concern for the governing bodies, this should not inhibit health professionals engaging in a dialogue to improve their understanding of work related issues. It is probably inappropriate for a health professional to reveal that a lack of knowledge may have led to poor patient management. However, if for example a doctor tweets asking for information about breast cancer support following surgery they are likely to receive useful information, including perhaps what patient support can be provided by local voluntary cancer support groups. Whilst some may argue that the doctor should have been aware of this support, it illustrates how a doctor, like any other health professional, may explore other avenues of support to offer patients, and demonstrates continued learning and information gathering. Furthermore, health

professionals should feel that they can start a discussion about healthcare issues on social media, and the guidelines indicate that social media can be used as a conduit to implement change.

Reasons to use – the guidelines acknowledge and encourage health professionals to use social media for benefits such as networking with colleagues, sharing and discussing latest best practice, however there is a lack of practical examples and ideas for how health professionals are using social media. One research article entitled “#colorectalsurgery” (20) gives an account of how this Twitter hashtag allowed international colorectal surgeons to form a community of practice and share their experiences of using different surgical techniques. Posting publications on social media is frequently used by academics and health professionals alike – sharing research data on social media including a weblink to access the full article (where publication rules allow), as a way of increasing the reach and readability of the research which may lead to increased citations. Contributing to event hashtags such as conferences or public events is another way health professionals can engage with social media, for example, tweeting a picture beside a poster you are presenting or catching up with colleagues and including the conference hashtag in your tweet, enhances your professional profile and could lead to future collaborations if viewers of the hashtag identify with the message of your tweet.

Conclusion

Guidelines from governing bodies have predominantly focused on the risks of using social media, which although necessary, may inhibit productive experimentation with social media. Health professionals from the same ward or team could consider setting up a Facebook page containing relevant health information, for patients to access. Health professionals might also consider opening a Twitter account to facilitate transfer of information on professional news and network with colleagues. As social media begins to have an impact on healthcare, we encourage health professionals to develop their social media skills and strive to become eProfessionals!

Box 2. Suggested task for a training session on the use of social media

- Open a professional Twitter account using your work email
- Decide on how you want to use it and consider the online identity you want to convey
- Design your profile
 - Chose a profile picture (perhaps to represent your work environment)
 - use your full name especially if going to be discussing healthcare
 - identify yourself as a health professional and specify your occupation – the public will consider this when reading your posts
 - name your employer but state “views are my own” to concisely acknowledge that your posts do not necessarily reflect the views of your employer
 - state any conflicts of interest
 - option to include personal information or interests such as “dad” “baker” “coffee lover”
- Decide on your privacy settings – for Twitter it might be easiest to have a public account to start with to allow others to follow you more easily.
- Explore and build your network by searching for relevant colleagues or associations in the search bar – try following relevant colleagues with similar research/work interests, you can always unfollow them!
- Post about a health related topic based on a recent publication you’ve read
- Follow a clinical education conference hashtag of choice
- Once social media profiles have been set up and used, conduct a peer observation exercise of each other’s social media accounts – this is to test the privacy settings and content visible to the public

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