Rhode Island Board of Medical Licensure and Discipline Policy Guidelines

for the

Appropriate Use of Social Media and Social Networking in Medical Practice

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Introduction

The Rhode Island Board of Medical Licensure and Discipline in collaboration with community partners and the Federation of State Medical Boards sets forth this policy guidance on the appropriate use of social media and social networking in medical practice.

Social media and social networking reflect the changing technology and times we live in. The purpose of this guideline is to educate physicians regarding the appropriate use while maintaining the high professional standards required by our profession.

Preamble

The use of social media has become increasingly important across all industries – including healthcare. *QuantiaMD* surveyed more than 4,000 physicians and reported in September 2011 that 87 percent use a social media website for personal use and 67 percent use social media for professional purposes.[1] In addition, there is evidence that physicians connect with patients through social media websites. Research indicates that 35 percent of practicing physicians have received friend requests from a patient or a member of their family, and 16 percent of practicing physicians have visited an online profile of a patient or patient's family member.[2]

Social media use presents several challenging questions for administrators and physicians, such as where the boundary of professionalism lies, and whether work experiences can be shared without violating the privacy and confidentiality of patients. One meta-analysis of physician blogs found that nearly 17 percent included enough information about patients for them to be identified.[3]

Medical schools and their students often use online social networking websites,[4,5] and students have been disciplined for posting unprofessional online content.[6] In addition, most physician licensing authorities in the United States have reported incidents of physicians engaging in online professionalism violations, many of which have resulted in serious disciplinary actions. In a 2010 survey of Executive Directors at state medical boards in the United States, 92 percent indicated that violations of online professionalism were reported in their jurisdiction. These violations included Internet use for inappropriate contact with patients (69 percent), inappropriate prescribing (63 percent), and misrepresentation of credentials or clinical outcomes (60 percent). In response to these violations, 71 percent of boards held formal disciplinary proceedings and 40 percent issued informal warnings. percent), suspension (29 percent), or revocation (21 percent) of licensure.[7]

These growing concerns about physician use of social media underscore the need for social media policies. Many hospitals and health care organizations, such as the American Medical Association, American College of Physicians, Cleveland Clinic, and Mayo Clinic, have developed social media policies.[8,9,10,11]

Social media has enormous potential for both physicians and their patients. It can be used to disseminate information and forge meaningful professional relationships. However, these benefits must occur within the proper framework of professional ethics, and physicians need information on the importance of maintaining the same professional and ethical standards in their online activity or communications using other forms of electronic media. The Rhode Island Board of Medical Licensure and Discipline (BOARD) has developed this policy to encourage physicians who use social media and social networking to protect themselves from unintended consequences of such practices and to maintain the public trust by:

- Protecting the privacy and confidentiality of their patients
- Avoiding requests for online medical advice
- Acting with professionalism
- Being forthcoming about their employment, credentials and conflicts of interest
- Being aware that information they post online may be available to anyone, and could be misconstrued

Appropriate Physician-Patient Relationship

The health and well-being of a patient depend upon a collaborative effort between the physician and patient. The physician-patient relationship is fundamental to the provision of acceptable medical care, and physicians are expected to recognize the obligations, responsibilities and patient rights associated with establishing and maintaining an appropriate physician-patient relationship. The relationship between a physician and patient begins when an individual seeks assistance from a physician for a health-related matter, and the physician agrees to undertake diagnosis and treatment of the patient.[12]

The physician-patient relationship can begin without a personal encounter, which allows for online interactions to constitute the beginning of the relationship. Physicians should remember that when using electronic communications they may be unable to verify that the person on the other end of the electronic medium is truly the patient; likewise, the patient may not be able to verify that a physician is on the other end of the communication. The standards of medical care do not change by virtue of the medium in which physicians and their patients choose to interact.

The following narratives demonstrate examples where unintended consequences of physicians' use of social media and social networking may undermine a proper physician-patient relationship and the public trust.

1. An urologist who is an astute clinician and well respected by his colleagues recently began posting his comments, views and observations on Twitter. The same day that the United States Preventive Services Task Force came out with a recommendation, in October 2011, against routine Prostate-Specific Antigen (PSA) screening in healthy men for prostate cancer, he posted a tweet with writing that used disrespectful language to disagree with the recommendation. The tweet has now gone viral and has been read by many of his patients, colleagues, fellow researchers, family and friends.

2. A patient noted disrespectful language on a physician's blog when the physician expressed frustration towards another patient who had to visit the emergency department multiple times for failing to monitor her sugar levels. The physician referred to the patient as "lazy" and "ignorant" on their blog.

3. Approximately two years after a physician left his private practice, a former patient asked to "friend" him on Facebook. The physician had set up a Facebook account to participate in a review course for Maintenance of Certification (MOC), but remained on Facebook to stay in touch with family. The physician felt conflicted about the request because he was no longer the patient's physician, and had no intention of returning to private practice. The patient was also very emotionally fragile, and cried at most office visits. The physician wrestled with whether or not to accept the request, but eventually did so for fear that rejecting the request would damage the former patient's self-esteem. The former patient never posted anything inappropriate, and only contacted the physician to wish him a happy birthday. The physician still feels uncomfortable maintaining this online "friendship," and has considered closing his Facebook account.

4. A psychiatrist in her 30s used Facebook to befriend a former female patient of similar age who she took care of when she was psychiatry resident in another state. They had "hit it off" because they had similar tastes in music and art and developed a level of trust that the patient said she had not had with anyone else. They now periodically exchange pleasantries on Facebook, but lately the patient's affect online appears different, worrying the psychiatrist. The psychiatrist is planning to spend the holidays with her family in the same state as her former patient, and is considering getting together with her former patient to "catch up," but is unsure how to properly initiate contact with her former patient. Should the psychiatrist just meet her for coffee? Is it appropriate for them to meet at all? She knows she probably shouldn't use Facebook because it may not be private, but she also doesn't want to give the patient her personal e-mail address.

5. A concerned patient notes that her physician frequently describes "partying" on his Facebook page, which is accompanied by images of himself intoxicated. The patient begins to question whether her physician is sober and prepared to treat her when she has early morning doctor's appointments.

6. A physician comes across the profile of one of his patients on an online dating website and invites her to go on a date with him. The patient feels pressured to accept the invitation because her next appointment with her physician would be awkward if she refuses.

7. A first-year resident films another doctor inserting a chest tube into a patient. The patient's face is clearly visible. The resident posts the film on YouTube for other first-year residents to see how to properly do the procedure.

These examples highlight the importance of proper boundaries within the physician-patient relationship. Even seemingly innocuous online interactions with patients and former patients may violate the boundaries of a proper physician-patient relationship.

Physicians should not use their professional position, whether online or in person, to develop personal relationships with patients. The appearance of unprofessionalism may lead patients to question a physician's competency. Physicians should refrain from portraying any unprofessional depictions of themselves on social media and social networking websites.

Parity of Professional and Ethical Standards

To ensure a proper physician-patient relationship, there should be parity of ethical and professional standards applied to all aspects of a physician's practice, including online interactions through social media and social networking sites.

Candor

Physicians have an obligation to disclose clearly any information (e.g., financial, professional or personal) that could influence patients' understanding or use of the information, products or services offered on any website offering health care services or information.

Privacy

Physicians have an obligation to prevent unauthorized access to, or use of, patient and personal data

and to assure that "de-identified" data cannot be linked back to the user or patient.

Integrity

Information contained on websites should be truthful and not misleading or deceptive. It should be accurate and concise, up-to-date, and easy for patients to understand. Physicians using medical websites should strive to ensure that information provided is, whenever possible, supported by current medical peer-reviewed literature, emanates from a recognized body of scientific and clinical knowledge and conforms to minimal standards of care. It should clearly indicate whether it is based upon scientific studies, expert consensus, professional experience or personal opinion.

How these ethical standards relate to the proper use of social media by physicians is explored further in the next section.

Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

The following guidelines are recommended for physicians who use social media and social networking in their personal and professional lives.

Interacting with Patients

Physicians are discouraged from interacting with current or past patients on <u>personal</u> social networking sites such as Facebook. Physicians should only have online interaction with patients when discussing the patient's medical treatment within the physician-patient relationship, and these interactions should never occur on <u>personal</u> social networking or social media websites. In addition, physicians need to be mindful that while advanced technologies may facilitate the physician-patient relationship, they can also be a distracter which may lessen the quality of the interactions they have with patients. Such distractions should be minimized whenever possible.

Discussion of Medicine Online

Social networking websites may be useful places for physicians to gather and share their experiences, as well as to discuss areas of medicine and particular treatments. These types of professional interactions with other physicians represent an ancillary and convenient means for peer-to-peer education and dialogue. One current example is Doximity, a professional network with more than 567,000 U.S. physician members in 87 specialties. Using Doximity, physicians are said to be able to exchange HIPAA- compliant messages and images by text or fax and discuss the latest treatment guidelines and medical news in their specialty.[13] While such networks may be useful, it is the responsibility of the physician to ensure, to the best of his or her ability, that professional networks for physicians are secure and that only verified and registered users have access to the information. These websites should be password protected so that non-physicians do not gain access and view discussions as implying medical advice, which may be counter to the physicians' intent in such discussions. Physicians should also confirm that any medical information from an online discussion that they plan to incorporate into their medical practice is corroborated and supported by current medical research.

Privacy/Confidentiality

Just as in the hospital or ambulatory setting, patient privacy and confidentiality must be protected at all times, especially on social media and social networking websites. These sites have the potential to be viewed by many people and any breaches in confidentiality could be harmful to the patient and in violation of federal privacy laws, such as HIPAA. While physicians may discuss their experiences in non- clinical settings, they should never provide any information that could be used to identify patients. Physicians should never mention patients' room numbers, refer to them by code names, or post their picture. If pictures of patients were to be viewed by others, such an occurrence may constitute a serious HIPAA violation.

Disclosure

At times, physicians may be asked or may choose to write online about their experiences as a health professional, or they may post comments on a website as a physician. When doing so, physicians must reveal any existing conflicts of interest and they should be honest about their credentials as a physician.

Posting Content

Physicians should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the medical community. Physicians should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. Physician employees of health care institutions should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications. Physician writers assume all risks related to the security, privacy, confidentiality of their posts and should be aware that their professional liability insurance may not cover breaches of privacy incurred during blogging activity performed outside the scope of their employment. When moderating any website, physicians should delete inaccurate information or other's posts that violate the privacy and confidentiality of patients or that are of an unprofessional nature.

Professionalism

To use social media and social networking sites professionally, physicians should also strive to adhere to the following general suggestions:

- Use separate personal and professional social networking sites. For example, use a personal rather than professional e-mail address for logging on to social networking websites for personal use. Others who view a professional e-mail attached to an online profile may misinterpret the physician's actions as representing the medical profession or a particular institution.

  - Report any unprofessional behavior that is witnessed to supervisory and/or regulatory authorities.
  - Always adhere to the same principles of professionalism online as they would offline.
  - Cyber-bullying by a physician towards any individual is inappropriate and unprofessional.
  - Refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

Medical Board Sanctions and Disciplinary Findings

The Rhode Island Board of Medical Licensure has the authority to discipline physicians for unprofessional behavior relating to the inappropriate use of social networking media, such as:

- Inappropriate communication with patients online
- Use of the Internet for unprofessional behavior
- Online misrepresentation of credentials
- Online violations of patient confidentiality
- Failure to reveal conflicts of interest online
- Online derogatory remarks regarding a patient
- Online depiction of intoxication
- Discriminatory language or practices online

State medical boards have the option to discipline physicians for inappropriate or unprofessional conduct while using social media or social networking websites with actions that range from a letter of reprimand to the revocation of a license.

Future Changes

The Rhode Island Board of Medical Licensure and Discipline recognizes that emerging technology and societal trends will continue to change the landscape of social media and social networking, and how these websites are used by patients and physicians will evolve overtime. These guidelines are meant to be a starting point for the discussion of how physicians should properly communicate with their patients using social media. These guidelines will need to be modified and adapted in future years as technology advances, best practices emerge, and opportunities for additional policy guidance are identified.

Key Definitions and Glossary

Blog - Blog is a word that was created from two words: "web log". Blogs are usually maintained by an individual with regular entries of commentary, descriptions of events, or other material such as graphics or video. Entries are commonly displayed in reverse-chronological order. "Blog" can also be used as a verb, meaning to maintain or add content to a blog.

Bridging – Bridging can refer to the function patient networking sites serve for people living with chronic disease. Social networking for the chronically ill bridges the gap between the restrictive conditions in which they live and access to support groups and other resources that are important for coping and recovery.

Chat - Chat can refer to any kind of communication over the Internet, but traditionally refers to one-to- one communication through a text-based chat application commonly referred to as instant messaging applications.

Comment - A comment is a response that is often provided as an answer of reaction to a blog post or message on a social network. Comments are a primary form of two-way communication on the social web.

E-mail - Electronic mail, commonly called e-mail or email, is a method of exchanging digital messages from an author to one or more recipients. Modern e-mail operates across the Internet or other computer networks.

Facebook - Facebook is a social utility that connects people with friends and others who work, study and live around them. Facebook is the largest social network in the world with more than 800 million users.

Forums - Also known as a message board, a forum is an online discussion site. It originated as the modern equivalent of a traditional bulletin board, and a technological evolution of the dialup bulletin board system.

Hashtag - A hashtag is a tag used on the social network Twitter as a way to annotate a message. A hashtag is a word or phrase preceded by a "#". Example: #yourhashtag. Hashtags are commonly used to show that a tweet, a Twitter message, is related to an event or conference.

Instant Messaging - Instant messaging (IM) is a form of real-time direct text-based communication between two or more people. More advanced instant messaging software clients also allow enhanced modes of communication, such as live voice or video calling.

LinkedIn - LinkedIn is a business-oriented social networking site. Founded in December 2002 and launched in May 2003, it is mainly used for professional networking. As of June 2010, LinkedIn had more than 70 million registered users, spanning more than 200 countries and territories worldwide

New Media - New Media is a generic term for the many different forms of electronic communications that are made possible through the use of computer technology. The term is in relation to "old" media forms such as print newspapers and magazines that are static representations of text and graphics.

Skype - Skype is a free program that allows for text, audio and video chats between users. Additionally, users can purchase plans to receive phone calls through their Skype account.

Social Media - electronic communication through which users create online communities to share information, ideas, personal messages, and other content.

Social Networking - networking using an online service, platform, or site that focuses on building social relations among people who share interests and/or activities.

Texting - Text messaging, or texting, refers to the exchange of brief written text messages between fixed-line phone or mobile phone and fixed or portable devices over a network.

Tweet - A message or update that one posts on Twitter.

Twitter - Twitter is a platform that allows users to share 140-character-long messages publicly. User can "follow" each other as a way of subscribing to each other's messages. Additionally, users can use the @username command to direct a message towards another Twitter user.

Webinar - A webinar is used to conduct live meetings, training, or presentations via the Internet.

Wiki - A wiki is a website that allows the easy creation and editing of any number of interlinked web pages via a web browser, allowing for collaboration between users.

Wikipedia - Wikipedia is a free, web-based, collaborative, multilingual encyclopedia project supported by the non-profit Wikimedia Foundation.

Yelp - Yelp is a social network and local search website that provides users with a platform to review, rate and discuss local businesses and services.

YouTube - YouTube is a video-sharing website on which users can upload, share, and view videos.

(More Detailed Glossary of Social Media Terms)

References

1. Modahl M, Tompsett L, Moorhead T. Doctors, patients, and social media. 2011. Available at www.quantiamd.com/q-qcp/DoctorsPatientSocialMedia.pdf. Accessed January 24, 2012.
2. Bosslet GT, Torke AM, Hickman SE, Terry CL, Helft PR. The patient-doctor relationship and online social networks: results of a national survey. J Gen Intern Med. 2011. 26(10): 1168-74.
3. Lagu T, Kaufman EJ, Asch DA, Armstrong K. Content of weblogs written by health professionals. 2008. J Gen Intern Med. 23(10): 1642-6.
4. Kind T, Genrich G, Sodhi A, Chretien KC. Medical Education Online 2010, 15: 5324.
5. Thompson LA, Dawson K, Ferdig R, Black EW, Boyer J, Coutts J, Black NP. The intersection of online social networking with medical professionalism. 2008. J Gen Intern Med. 23(7): 1954-7.
6. Chretien KC, Greysen SR, Chretien JP, Kind T. Online posting of unprofessional content by medical students. JAMA. 2009. 302(12): 1309-15.
7. Greysen SR, Chretien KC, Kind T, Young A, Gross C. Physician violations of online professionalism and disciplinary actions: a national survey of state medical boards. Under review.
8. AMA Policy: Professionalism in the Use of Social Media. http://www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml. Accessed February 1, 2012.
9. Snyder L. American College of Physicians Ethics Manual. Ann Intern Med. 2012;156:73-104
10. Cleveland Clinic Social Media Policy. http://my.clevelandclinic.org/social_media_policy.aspx. Accessed February 1, 2012.
11. For Mayo Clinic Employees. http://dev.sharing.mayoclinic.org/guidelines/for-mayo-clinic-employees/. Accessed February 1, 2012.
12. Model Guidelines for the Appropriate Use of the Internet in Medical Practice. Federation of State MedicalBoards. 2002.
13. https://www.doximity.com. Accessed on February 1, 2012.

Further Reading

1. Berkman, ET. Social networking 101 for physicians. http://mamedicallaw.com/2009/10/19/social-networking-101-for-physicians/. Accessed September 22, 2011.
2. Cleveland Clinic Social Media Policy. http://my.clevelandclinic.org/social_media_policy.aspx. Accessed February 1, 2012.
3. Duke University Health Center Facebook Guidelines. http://www.dukehealth.org/about_duke/about_website/standards/facebook_guidelines. Accessed September 16, 2011.

4. Faust, R. Developing a Social Media Policy for your Hospital, Practice.
http://www.physicianspractice.com/blog/content/article/1462168/1926515. Accessed September 17,2011.
5. Kaiser Permanente Social Media Policy.
http://xnet.kp.org/newscenter/media/downloads/socialmediapolicy_091609.pdf. Accessed September 22,
2011.
6. Social Media Participation Guidelines. http://www.scribd.com/doc/27664236/Ohio-State-University-
Medical-Center-Social-Media-Participation-Guidelines. Accessed September 18, 2011.
7. Social Networking and the Medical Practice. http://www.osma.org/files/documents/tools-and-
resources/running-a-practice/social-media-policy.pdf. Accessed September 17, 2011.
8. White Paper: A Nurse's Guide to the Use of Social Media.
https://www.ncsbn.org/11_NCSBN_Nurses_Guide_Social_Media.pdf. Updated August, 2011. Accessed
September 21, 2011.
9. VUMC Social Media Policy.
http://www.mc.vanderbilt.edu/root/vumc.php?site=socialmediatoolkit&doc=26923. Accessed Sept. 17,