Social media guidelines and best practices: recommendations from the council of residency directors social media task force.

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Social media has become a staple of everyday life among over one billion people worldwide. A social networking presence has become a hallmark of vibrant and transparent communications. It has quickly become the preferred method of communication and information sharing. It offers the ability for various entities, especially residency programs, to create an attractive internet presence and "brand" the program. Social media, while having significant potential for communication and knowledge transfer, carries with it legal, ethical, personal, and professional risks. Implementation of a social networking presence must be deliberate, transparent, and optimize potential benefits while minimizing risks. This is especially true with residency programs. The power of social media as a communication, education, and recruiting tool is undeniable. Yet the pitfalls of misuse can be disastrous, including violations in patient confidentiality, violations of privacy, and recruiting misconduct. These guidelines were developed to provide emergency medicine residency programs leadership with guidance and best practices in the appropriate use and regulation of social media, but are applicable to all residency programs that wish to establish a social media presence. [West J Emerg Med. 2014;15(1):26–30.]

**INTRODUCTION**

The term “social media” encompasses a wide variety of Internet-based resources to share content among users. This term includes social networking sites, video- or picture-sharing sites, forums, blogs, and other tools. Information is predominantly user generated and can be shared openly or with select groups. Social media has become a staple of everyday life among over one billion people worldwide.¹-³

A social networking presence has become a “hallmark of vibrant and transparent communications.”⁴ In emergency
Pillow et al

Social Media Guidelines and Best Practices

...use of social media among emergency physicians is unusually strong... emergency physicians have embraced the healthcare side of social media in a way not seen among other specialists. In addition to the various EM blogs and sites covering daily practice issues, there has even been a call for integrating social media into emergency-preparedness efforts. Social media has now become a preferred method of communication and information sharing. It offers the ability to create a smooth transition. Areas of responsibility for the content manager include:

1. Ensuring that content is current, accurate, and in accordance with the communications plan. (See below)
2. Ensuring communications that are acceptable in the medical workplace. This includes respecting copyrights, intellectual property and protected health information (PHI), as well as similar sensitive or private information.
3. Ensuring consent of all involved parties for the use of recordings, photos, images, video, text, slideshow presentations, artwork and advertisements is obtained and...
whether those rights are purchased or obtained without compensation. Included in this should be prospective consent for use of any photographs or images of residents or other personnel in the residency program.

Site management is an evolving realm with unforeseen risks. Content managers may be responsible or liable per individual institutional requirements, for all content posted on the sites. It is recommended that content managers proactively address the use of social media and potential issues. This should encompass:

- Target audience
- Purpose of the site, including educational objectives and explicit consideration of the function of the site such as degrees of access and interactivity planned
- Level of privacy and security required
- Issues of medical advice and redirection of patients to appropriate venues
- Plans to deal with adverse events, including spam, negative comments, complaints, and unprofessional behavior.

COMMUNICATION PLAN

A program should have a communications plan/policy that proactively addresses the use of social media and potential issues. This should encompass:

- Target audience
- Purpose of the site, including educational objectives and explicit consideration of the function of the site such as degrees of access and interactivity planned
- Level of privacy and security required
- Issues of medical advice and redirection of patients to appropriate venues
- Plans to deal with adverse events, including spam, negative comments, complaints, and unprofessional behavior.

RESIDENCY PROGRAM-SPECIFIC ISSUES

Education

Residency programs should provide guidance and education to residents, fellows, faculty, and other personnel under their supervision regarding appropriate social media use. Particular attention should be paid to professionalism issues, including personal reputation and medical privacy. Direct policing of individual resident or personnel activities on the Internet (aside from on the department-sponsored social media site) is discouraged as it represents a significant intrusion into resident privacy and is beyond the capability and purview of a residency program. However, should an issue involving a personal site be brought to the attention of a program, it is the responsibility of the program to take appropriate action to protect privacy and professionalism standards.

Professionalism and privacy

Professionalism and privacy issues are accentuated on social media. The same standards of professionalism and privacy are required online as in person, but normal standards may not be sufficient to avoid misperceptions or legal issues. Residents should familiarize themselves with the American Medical Associations’ Professionalism in the Use of Social Media guidelines. Posted content must be assumed to be permanent, public, and even if deleted may still exist in an archive, database, or download formats. Information may prove to be damaging to an individual’s reputation among colleagues and patients, and may affect future relationships and employment. Privacy settings are relatively easy to circumvent and should not be relied upon to protect postings from public disclosure. Respect for patient confidentiality is essential as federal and state confidentiality laws apply to social media sites. Even de-identified discussion of patients and specific medical cases on social media sites should be avoided.

Recruitment & Educational Relationships

A program should recognize the potential for inequitable relationships to exist through social media. Institutional guidelines with regard to harassment and appropriate relationships should be applied to interactions on social media as in other venues. It is our strong recommendation that people in a position of power/authority not initiate a personal online relationship with an individual in a subordinate position. Exceptions may be made for situations where it is appropriate for monitoring a remediation/probationary circumstance or for primarily educational group experience, such as with an online journal club hosted on a social media platform.

A program director or other individuals in positions of authority (e.g. chief resident) should apply a consistent action to requests for a social media relationships to avoid favoritism or perception of such. It is recommended that individuals in a position of authority maintain a separate public presence that may be used for residency purposes such as facilitating online educational interactions (e.g. Facebook journal club) or monitoring a trainee for remediation purposes, including monitoring of professionalism if previous issues have existed.

Significant controversy exists with regard to whether a program should search for online information about prospective residents. Each program should individually decide whether and how they will use online information and consistently apply the same standard to all applicants. This decision should encompass consideration of:

- Search limitations (e.g. different names, common names, variation in presence on the Internet)
- Lack of knowledge of context of posting, including whether or not an individual was aware of or had control of the image or information
- Detection of information that is, under federal employment guidelines, considered off-limits for consideration for hiring purposes, including such issues as marital status, sexual orientation, religious beliefs, or health conditions
- Pre-emptive determination of how potentially “illegal” or damaging information may be used in consideration of an applicant
- Bias toward particular types of activities being posted
- Generational differences in acceptability of postings
- Whether a program will disclose searches to applicants

Pillow et al
CONCLUSION

Every residency program should develop a social media policy and educational effort for learners with early involvement of institutional personnel. The program should designate a content manager who is responsible for the site, including compliance with institutional regulations. The program should also have a communications plan that addresses the use of social media in an anticipatory manner. Proper use of social media is a key professionalism issue, and it is the responsibility of the program to provide education to residents, fellows, faculty, and other staff under their supervision. Although social media can be a powerful tool, programs should recognize that the potential for inequitable relationships exist. Individuals in a position of authority, in general, should not initiate an online relationship with an individual in a subordinate position.

These guidelines were developed to assist residency program leadership with appropriate use of social media platforms. Additional resources are being made available online through CORD to assist with educational efforts. These will be found at http://cord.sharepointsite.net/default.aspx.

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Social Media Guidelines and Best Practices


