1. Patient confidentiality - HIPAA


Despite recent guidelines promoting online professionalism, consequences for specific violations by physicians have not been explored. In this article, the authors gauged consensus among state medical boards in the United States (response rate, 71%) about the likelihood of investigations for violations of online professionalism by using 10 hypothetical vignettes. High consensus was defined as more than 75% of respondents indicating that investigation was "likely" or "very likely," moderate consensus as 50% to 75% indicating this, and low consensus as fewer than 50% indicating this. Four online vignettes demonstrated high consensus: Citing misleading information about clinical outcomes (81%; 39/48), using patient images without consent (79%; 38/48), misrepresenting credentials (77%; 37/48), and inappropriately contacting patients (77%; 37/48). Three demonstrated moderate consensus for investigation: depicting alcohol intoxication (73%; 35/48), violating patient confidentiality (65%; 31/48), and using discriminatory speech (60%; 29/48). Three demonstrated low consensus: using derogatory speech toward patients (46%; 22/48), showing alcohol use without intoxication (40%; 19/48), and providing clinical narratives without violation of confidentiality (16%; 7/48). Areas of high consensus suggest "online behaviors" that physicians should never engage in, whereas moderate- and low-consensus areas provide useful contextual information about "gray areas." Increased awareness of these specific behaviors may reduce investigations and improve online professionalism for physicians.

2. Image of the profession

3. Free speech vs. professionalism

Web 2.0 applications, such as social networking sites, are creating new challenges for medical professionalism. The scope of this problem in undergraduate medical education is not well defined. We assessed the experience of US medical schools with online posting of unprofessional content by students and existing medical school policies to address online posting. An anonymous electronic survey was sent to deans of student affairs, their representatives, or counterparts from each institution in the Association of American Medical Colleges. Data were collected in March and April 2009. Main outcomes were: percentage of schools reporting incidents of students posting unprofessional content online, type of professionalism infraction, disciplinary actions taken, existence of institution policies, and plans for policy development. Results: Sixty percent of US medical schools responded (78/130). Of these schools, 60% (47/78) reported incidents of students posting unprofessional online content. Violations of patient confidentiality were reported by 13% (6/46). Student use of profanity (52%; 22/42), frankly discriminatory language (48%; 19/40), depiction of intoxication (39%; 17/44), and sexually suggestive material (38%; 16/42) were commonly reported. Of 45 schools that reported an incident and responded to the question about disciplinary actions, 30 gave informal warning (67%) and 3 reported student dismissal (7%). Policies that cover student-posted online content were reported by 38% (28/73) of deans. Of schools without such policies, 11% (5/46) were actively developing new policies to cover online content. Deans reporting incidents were significantly more likely to report having such a policy (51% vs 18%; P = .006), believing these issues could be effectively addressed (91% vs 63%; P = .003), and having higher levels of concern (P = .02). Conclusion: Many responding schools had incidents of unprofessional student online postings, but they may not have adequate policy in place.

Our take home points: large anonymous survey of all deans of student affairs. Definitely has responder bias. Few respondents reported having professionalism policies that could apply to student online postings and very few of these explicitly mentioned Internet use.

• “Commentary: The Relationship Status of Digital Media and Professionalism: It’s Complicated.”

The rising popularity of digital applications, such as social networking, media share sites, and blogging, has significantly affected how medical trainees interact with educators, colleagues, and the public. Despite the increased popularity and use of such applications amongst the current generation of trainees, medical educators have little evidence or guidance about preventing misuse and ensuring standards for professional conduct. As trainees become more technologically savvy, it is the responsibility of medical educators to familiarize themselves not only with the advantages of this technology but also with the potential negative effects of its misuse. Professionalism, appropriateness for public consumption, and individual or institutional representation in digital media content are just some of the salient issues that arise when considering the ramifications of trainees’ digital behavior in the absence of established policies or education on risk. In this commentary the authors explore the rising use of digital media and its reflection of medical trainees’ professionalism. To address possible issues related to professionalism in digital media, the authors hypothesize potential solutions, including exploring faculty familiarity with digital media and policy development,
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educating students on the potential risks of misuse, and modeling professionalism in this new digital age.

Our take home points: examples given – posting a med student sketch on YouTube, cites example of surgeon posting video of removing foreign body from patient’s rectum, patient’s family requesting a different resident after seeing questionable content on resident’s MySpace

• “The Intersection of Online Social Networking with Medical Professionalism.”

Our goal was to measure the frequency and content of online social networking among medical students and residents. Using the online network Facebook, we evaluated online profiles of all medical students (n = 501) and residents (n = 312) at the University of Florida, Gainesville. Objective measures included the existence of a profile, whether it was made private, and any personally identifiable information. Subjective outcomes included photographic content, affiliated social groups, and personal information not generally disclosed in a doctor-patient encounter. Results: Social networking with Facebook is common among medical trainees, with 44.5% having an account. Medical students used it frequently (64.3%) and residents less frequently (12.8%, p < .0001). The majority of accounts (83.3%) listed at least 1 form of personally identifiable information, only a third (37.5%) were made private, and some accounts displayed potentially unprofessional material. There was a significant decline in utilization of Facebook as trainees approached medical or residency graduation (first year as referent, years 3 and 4, p < .05). While social networking in medical trainees is common in the current culture of emerging professionals, a majority of users allow anyone to view their profile. With a significant proportion having subjectively inappropriate content, ACGME competencies in professionalism must include instruction on the intersection of personal and professional identities.

Our take home points: Unique case study that looked at all medical trainees at a single institution

• “Online Professionalism and the Mirror of Social Media.”

The rise of social media—content created by Internet users and hosted by popular sites such as Facebook, Twitter, YouTube, and Wikipedia, and blogs—has brought several new hazards for medical professionalism. First, many physicians may find applying principles for medical professionalism to the online environment challenging in certain contexts. Second, physicians may not consider the potential impact of their online content on their patients and the public. Third, a momentary lapse in judgment by an individual physician to create unprofessional content online can reflect poorly on the entire profession. To overcome these challenges, we encourage individual physicians to realize that as they "tread" through the World Wide Web, they leave behind a "footprint" that may have unintended negative consequences for them and for the profession at large. We also recommend that institutions take a proactive approach to engage users of social media in setting consensus-based standards for "online professionalism." Finally,
given that professionalism encompasses more than the avoidance of negative behaviors, we conclude with examples of more positive applications for this technology. Much like a mirror, social media can reflect the best and worst aspects of the content placed before it for all to see.

First, some of the online content that has been identified as unprofessional in both the medical literature and mass media may not clearly violate existing principles of medical professionalism. For example, some physicians may not realize that images of off-duty drinking on a social networking site may raise questions from the public about unprofessional behavior, especially if intoxication is implied. A second and related concern is that many people experience a sense of disinhibition in their online actions. Social media in particular can create a perception of anonymity and detachment from social cues and consequences for online actions. Thus, medical professionals may say or do things they would not say or do in person, such as disclosure of confidential information (including pictures of patients), or display speech and behaviors that are disrespectful to colleagues or patients and their families. Third, the potential impact of such indiscretions is much greater than typical face-to-face interactions because of the wide reach of this media. While physicians must always be vigilant to avoid violating patient confidentiality, a slip made online can have far greater impact than one made over lunch with a colleague.

4. Friending patients in social media

- “The Patient–Doctor Relationship and Online Social Networks: Results of a National Survey.”

The use of online social networks (OSNs) among physicians and physicians-in-training, the extent of patient-doctor interactions within OSNs, and attitudes among these groups toward use of OSNs is not well described. **Objective:** to quantify the use of OSNs, patient interactions within OSNs, and attitudes toward OSNs among medical students (MS), resident physicians (RP), and practicing physicians (PP) in the United States. A random, stratified mail survey was sent to 1004 MS, 1004 RP, and 1004 PP between February and May 2010. **Measurements:** Percentage of respondents reporting OSN use, the nature and frequency of use; percentage of respondents reporting friend requests by patients or patients’ family members, frequency of these requests, and whether or not they were accepted; attitudes toward physician use of OSNs and online patient interactions. **Results:** The overall response rate was 16.0% (19.8% MS, 14.3% RP, 14.1% PP). 93.5% of MS, 79.4% of RP, and 41.6% of PP reported usage of OSNs. PP were more likely to report having visited the profile of a patient or patient’s family member (MS 2.3%, RP 3.9%, PP 15.5%), and were more likely to have received friend requests from patients or their family members (MS 1.2%, RP 7.8%, PP 34.5%). A majority did not think it ethically acceptable to interact with patients within OSNs for either social (68.3%) or patient-care (68.0%) reasons. Almost half of respondents (48.7%) were pessimistic about the potential for OSNs to improve patient-doctor communication, and a majority (79%) expressed concerns about maintaining patient
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confidentiality. Conclusion: Personal OSN use among physicians and physicians-in-training mirrors that of the general population. Patient-doctor interactions take place within OSNs, and are more typically initiated by patients than by physicians or physicians-in-training. A majority of respondents view these online interactions as ethically problematic.


The Internet allows student doctors and physicians to rapidly communicate and share information with millions of people. Those who participate in social networking must be aware of the professional pitfalls and legal challenges of social networks on the Internet, and how to honor the moral obligations of the patient-doctor relationship when using these sites. The authors discuss two ethical scenarios that could arise when a dermatologist uses Web 2.0 online social networking websites such as Facebook and Twitter. The authors provide firm recommendations about what is considered professional and unprofessional online content and how to monitor and maintain a professional online presence.

Our take home points: Cites Crotty and Mostaghimi AIM article creating separate public and private online personas. Uses 2 simple cases to illustrate the gray zone between physicians and patients and Facebook. Case 1: should a doctor accept a patient’s friend request? Case 2: a resident is inadvertently exposed by a patient’s mother with an unprofessional photo taken during medical school. The patient is a close friend of the resident’s younger cousin who could see “private” photos of the resident’s Facebook.


As of June 2011, just five policies could be identified that explicitly address social networking, professionalism and ethics: two national (one in the US by the American Medical Association and the other in New Zealand), one state-level policy (Massachusetts), and two medical school policies (Byrnes 2011). Just as was true in the earliest days of the HIV epidemic, genetic research, and enhancement technologies no one truly understands what social networking is going to do to the medical profession. We feel its presence, we see how it is beginning to change healthcare, and therefore we fear the uncertainty that lies ahead. So better to reign it in under the guise of “exceptionalism” than first to seek and understand how social networking could actually revolutionize medicine for the better and how with a few simple safeguards in place patients, providers and institutions could be protected from those actual moral and professional risks that exist from healthcare social networking.

- “Facebook Activity of Residents and Fellows and Its Impact on the Doctor–Patient Relationship.”
Facebook is an increasingly popular online social networking site. The purpose of this study was to describe the Facebook activity of residents and fellows and their opinions regarding the impact of Facebook on the doctor-patient relationship. **METHODS:** An anonymous questionnaire was emailed to 405 residents and fellows at the Rouen University Hospital, France, in October 2009. **RESULTS:** Of the 202 participants who returned the questionnaire (50%), 147 (73%) had a Facebook profile. Among responders, 138 (99%) displayed their real name on their profile, 136 (97%) their birthdates, 128 (91%) a personal photograph, 83 (59%) their current university and 76 (55%) their current position. Default privacy settings were changed by 61% of users, more frequently if they were registered for >1 year (p=0.02). If a patient requested them as a 'friend', 152 (85%) participants would automatically decline the request, 26 (15%) would decide on an individual basis and none would automatically accept the request. Eighty-eight participants (48%) believed that the doctor-patient relationship would be altered if patients discovered that their doctor had a Facebook account, but 139 (76%) considered that it would change only if the patient had open access to their doctor's profile, independent of its content. **CONCLUSIONS:** Residents and fellows frequently use Facebook and display personal information on their profiles. Insufficient privacy protection might have an impact the doctor-patient relationship.

- "Medical Professionalism in the Age of Online Social Networking."

The rapid emergence and exploding usage of online social networking forums, which are frequented by millions, present clinicians with new ethical and professional challenges. Particularly among a younger generation of physicians and patients, the use of online social networking forums has become widespread. In this article, we discuss ethical challenges facing the patient-doctor relationship as a result of the growing use of online social networking forums. We draw upon one heavily used and highly trafficked forum, Facebook, to illustrate the elements of these online environments and the ethical challenges peculiar to their novel form of exchange. Finally, we present guidelines for clinicians to negotiate responsibly and professionally their possible uses of these social forums.

Our take home points: FB leads to extraneous interactions to the doctor-patient relationship, privacy concerns because other people can see when a doctor friends a patient, physicians can see information not intended for them (pt smoking). Doctors should never friend patients. But what if a patient friends you? Will denying the request damage the therapeutic relationship? Address these concerns face to face to facilitate understanding. Consider dual citizenship: separated professional and personal profiles.
“Professionalism in the Digital Age.”


The increased use of social media by physicians, combined with the ease of finding information online, can blur personal and work identities, posing new considerations for physician professionalism in the information age. A professional approach is imperative in this digital age in order to maintain confidentiality, honesty, and trust in the medical profession. Although the ability of physicians to use online social networks, blogs, and media sites for personal and professional reasons should be preserved, a proactive approach is recommended that includes actively managing one's online presence and making informed choices about disclosure. The development of a "dual-citizenship" approach to online social media that separates public and private personae would allow physicians to both leverage networks for professional connections and maintain privacy in other aspects. Although social media posts by physicians enable direct communication with readers, all posts should be considered public and special consideration for patient privacy is necessary.

*Our take home points: seems to have realistic view: “We fundamentally believe in preserving the ability of physicians to use online media, social networks, blogs, and video sites for personal and professional reasons”. Any effort to block or discourage use of these media would be unenforceable and counterproductive.*
Teaching Professionalism in Social Media

Workshop SGIM 2013
Cleveland Clinic Lerner College of Medicine

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CCLCM Professionalism Competency

“Demonstrate knowledge and behavior that represents the highest standard of medical research and clinical practice, including compassion, humanism, and ethical and responsible actions at all times.”
Professionalism Standards

• Demonstrates compassion, honesty and ethical practices with regard to research and patients.
• Meets professional obligations in a reliable and timely manner.
• Treats others in the healthcare environment in a manner that fosters mutual respect, trust, and effective patient care.
Medical Professionalism in the New Millennium: A Physician Charter

Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine*

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Fundamental Principles

• Principle of primacy of patient welfare.
• Principle of patient autonomy.
• Principle of social justice.

Commitments

• Commitment to professional competence
• Commitment to honesty with patients
• Commitment to patient confidentiality
• Commitment to maintaining appropriate relations with patients
• Commitment to improving quality of care
• Commitment to improving access to care
• Commitment to a just distribution of finite resources
• Commitment to scientific knowledge
• Commitment to maintaining trust by managing conflicts of interest
• Commitment to professional responsibilities
“The Charter” and CCLCM

• Introduced in year 1 Foundations of Clinical Medicine Course

• Serves as an anchor for all years of Foundations of Clinical Medicine
Social Media and Professionalism

• Emerging area without clearly defined guidelines

• Piloted an interactive workshop for 3rd year students using a real example
  – Anonymous tweet about a patient
  – Identified 4 key areas to explore in small groups
    – Posting anonymously vs own name
    – Posting about patients in online space even if de-identified
    – Who should monitor/policy for unprofessional conduct
    – Free speech vs. image of the profession
  – Students self-identified to lead groups in advance along with faculty preceptors

• Goal today is to share components of our workshop as tools you can use at your medical center
AMA Guidelines

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

Privacy and Confidentiality

• Avoid posting patient identifiable information online
Monitor your Internet presence

Ensure content you post and that posted about you by others is accurate and appropriate
Boundaries

Boundaries of patient-physician relationship just as in any other context
Separate Identities

Keep separate professional and personal profiles
Monitor Others

- Contact individual posting unprofessional content
- Report to appropriate authorities
Recognize impact of unprofessional content

On individual careers, identity
On image of the profession