

## NEW PERSPECTIVES: PART II

# Social Media Etiquette: Conventional Norms in a Non-conventional Era

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When talking about social media and medicine, we are often faced with a divided landscape: enthusiastic adopters and skeptical avoiders. For the former, social media brims with endless possibilities for advocacy, learning, and engagement while for the latter, it is synonymous with dreadful stories of HIPAA violations, ethical dilemmas, and the prospect of online activities becoming yet another time sink. In 2009, 60% of medical schools reported incidents of medical students posting unprofessional content on the web (JAMA 2009; 302(12):1309-15). While many hospitals lack a policy regulating "online" behaviors, others have addressed this quite comprehensively. The Mayo Clinic offers a "Social Media Residency" (<http://socialmedia.mayoclinic.org/social-media-residency/>) that encourages health professionals to embrace an online presence. As physicians consider dipping their toes into the sea of social media, they will need to adopt some form of "etiquette" to guide their steps. Here are some suggestions:

1. *Separate your personal presence from your professional one.* This could mean reserving one medium (e.g. Facebook) for family and friends, while using another (e.g. Twitter) for professional activities. It could also include separating the Facebook page for your practice

from your personal one. Use your privacy settings to manage who has access to each part of your profile.

2. *Never post protected health information. Ever.* Some applications (such as Doximity, Sermo, Figure 1) are specifically designed for health professionals and may offer HIPAA protected discussion forums. Still, curate your content and remember that even the much touted "self-destruct" feature of Snapchat messages can be circumvented by a well-timed screenshot on any phone.
3. *Post clear disclaimers.* Separate your opinions from those of your institution, such as "tweets = own opinion." Also clearly outline your purpose, such as "blogging about medical education" or "tweeting about patient safety."
4. *Set boundaries, and adhere to them.* An interesting study published in the *Annals of Internal Medicine* discusses various online scenarios that may trigger an investigation by state medical boards (Ann Intern Med 2013; 158:124-30). In addition, the Federation of State Medical Boards has issued guidelines regulating online interactions between physicians and patients (<https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/public-social-media-guidelines.pdf>). One commonly asked question is

whether to "friend" a patient using a personal Facebook account. (The answer is "no.")

5. *Be professional at all times.* It is acceptable to post your opinions and to advocate for a cause, as long as discourses are kept civil and online behaviors mirror offline ones. One useful definition of "e-professionalism" is "the attitudes and behaviors reflecting traditional professionalism paradigms but manifested through digital media" (Teach Learn Med 2013; 25(2):165-70).
6. *Disclose any conflicts of interest on your website, blog, or profile.*
7. *"Think twice, tweet once."* This is a golden rule that applies to both online and offline interactions. Avoid the quick reflex response.
8. *Respect personal space and response times.* Although social media is, by definition, "social," don't demand interactions and impose your presence on others. Never pester others to engage with you.

Despite the current pervasiveness and endless possibilities offered by social media, the learning curve can be steep. For health care professionals, the technical aspects can be daunting as well. These general principles of professionalism and ethics offer useful starting points for each of us as we engage in this new platform for professional interactions.