MEDICAL PROFESSIONALISM IN THE AGE OF SOCIAL MEDIA

WCMQ Grand Rounds
Dora Stadler, MD FACP
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DISCLOSURE STATEMENT

Speaker:

Dr. Dora Stadler

• Has no relevant financial relationships to disclose
• Will not be discussing unlabeled/unapproved use of drugs or products
OBJECTIVES

• Define medical professional identity
• Evaluate the role of personal and professional identity in the virtual world
• Formulate an approach to professional and deliberate social media presence
**TWITTER**
Hey, I'm eating #broccoli.

**FACEBOOK**
I like broccoli.

**FOURSQUARE**
This is where I eat broccoli.

**INSTAGRAM**
Here's a vintage photo of my broccoli.

**YOUTUBE**
Here I am eating my broccoli.

**LINKEDIN**
My skills include eating broccoli.

**PINTEREST**
Here's a broccoli recipe.

**GOOGLE+**
I'm a Google employee who eats broccoli.

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**SOCIAL MEDIA**
Forms of electronic communication through which users create online communities to share broccoli, ideas about broccoli, and other broccoli.

**WHO USES IT?**
75% INTERNET USERS

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Accessed March 18, 2018
DO YOU USE ANY TYPE OF SOCIAL MEDIA?

a. Yes

b. No
SOCIAL MEDIA USE BY HEALTHCARE PROFESSIONAL

• One study showed 70% of medical students (in US) used FB by 2009 (Black et al 2010)

• Another study indicated 82% of medical students used social media for educational purposes (O’Sullivan et al 2017)

• Survey on QuantiaMD** found that more than 90% of physicians used some form of social media, 65% used it for professional purposes (Modahl, 2011)

** inherent bias
POPULAR SOCIAL MEDIA
HOW MANY OF YOU USE FACEBOOK?

A. Have account and post several times a week or more
B. Have account and post weekly
C. Have account but post less than weekly
D. Have account, rarely/never post, but read it regularly
E. Don’t have account
INSTAGRAM?

A. Have account and post several times a week or more
B. Have account and post weekly
C. Have account but post less than weekly
D. Have account, almost never post, but look at it regularly
E. Don’t have account
SNAPCHAT?

A. Have account and send daily/several times a week
B. Have account and send snaps weekly
C. Have account but send snaps less than weekly
D. Have account, almost never send, but receive/read snaps regularly
E. Don’t have account
TWITTER?

A. Have account and tweet several times a week or more
B. Have account and tweet weekly
C. Have account but tweet less than weekly
D. Have account, almost never tweet, but read others’ tweets regularly
E. Don’t have account
SOCIAL MEDIA AND MEDICAL PROFESSIONALISM
SOCIAL MEDIA USE

Benefits
• Foster collegiality
• Enhance professional development
• Form national/international collaboration network
• Benefit public health
• Benefit patient education

Concerns
• Quality of information
• Compromise patient confidentiality
• Erode public trust in medical profession by posting content deemed ‘inappropriate’

PROFESSIONALISM CONCERNS

Activities that pose concerns to healthcare providers’ professional identity

1. Compromising patient confidentiality
2. Eroding public trust in medical profession by posting content deemed ‘inappropriate’
GUIDANCE

Hippocratic oath (4th/5th century BC)

“But I will keep pure and holy both my life and my art.... and whatsoever I shall see or gear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should no be published abroad, will never divulge, holding some things to be holy secrets.”

Nightingale Pledge (original 1893, below from 1935 version)

“I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling”

Pharmacist oath (original 1983)

I will respect and protect all personal and health information entrusted to me... I will hold myself and my colleagues to the highest principles of our professions’ moral, ethical and legal conduct
PATIENT CONFIDENTIALITY

Laws

• HIPAA
  (Health Insurance Portability and Accountability Act of 1996)
• HITECH
  (Health Information Technology for Economic and Clinical Health 2009)

Guidelines

• AMA Code of Ethics
• Code of Professional Behavior and Ethics for Nurses and Midwives (HMC)
PROFESSIONALISM CONCERNS

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“A belief system in which group members ... declare to each other and the public that shared competency standards and ethics values as they promise to uphold in their work what the public and individual patients can and should expect from medical professionals” (ABMS Definition of Medical Professionalism, 2012)

3 part promise

1. to serve patient’s and public’s interests
2. to maintain knowledge and technical skills for good medical practice
3. to have interpersonal (communication) skills to do the above
WHAT IS PROFESSIONAL IDENTITY?

PROFESSIONAL IDENTITY

What is a healthcare providers’ professional identity?

• One’s professional self concept based on attributes, beliefs, values, motives and experiences (Ibarra 1999; Schein 1978)

• ‘Sense of oneness with one’s profession. Alignment of roles, responsibilities, values and standards... consistent with those practices accepted by the professions’ (Goltz, 2014)

• Professionalism associated with trust, specialized knowledge, and the discretion needed to manage risk in public service (Freidson, 2001)

• Professional identity formation- It’s about core values, moral principles, and self-awareness. It’s about educating the heart and mind, the nurturing of practical wisdom.* (Hedy S. Wald. http://academicmedicineblog.org/to-be-a-doctor-reflections-on-the-professional-identity-formation-special-issue/ accessed march 6, 2018)
ADAPTING BEHAVIOR

Image from https://www.telegraph.co.uk/news/worldnews/northamerica/usa/11783634/Traffic-lights-100th-anniversary-When-was-the-first-traffic-light-installed.html. Accessed March 20, 2018
Social Networking Principles

On a professional level, it has many significant benefits: from the collaborative exchanging of ideas or discussion of health issues; to the invaluable promotion of nursing and better health and health care for all.

However, nurses have a responsibility first and foremost to their patients. As a nurse, you must always ensure that anything you post or publish could never undermine your patient’s treatment or privacy. There is also the unavoidable truth that information on social media can take on a life of its own – where inaccuracies become “fact”.

With that in mind, the American Nurses Association (ANA) has created a set of principles to guide you when using social media, allowing nurses to get the best out of it while safeguarding themselves, the profession, and their patients.

Our principles for social networking:

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient-nurse boundaries.
3. Nurses should understand that patients, colleagues, organizations, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing organizational policies governing online conduct.

Helpful tips on getting social right
Social Media and Physicians’ Online Identity Crisis

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Social Media and Medical Professionalism: Rethinking the Debate and the Way Forward

Tara Fenwick, MEd, PhD

Abstract

This Perspective addresses the growing literature about online medical professionalism. Whereas some studies point to the positive potential of social media to enhance and extend medical practice, the dominant emphasis is on the risks and abuses of social media. Overall evidence regarding online medical professionalism is as with any new area of practice limited; however, simply accumulating more back and reconsider its assumptions regarding both professionalism and the digital world of social media. Toward this aim, she outlines three areas for critical rethinking by educators and students, administrators, professional associations, and researchers. First she raises some cautions regarding the current literature on using social media in medical practice, which sometimes leap too quickly from description to of online medical professionalism specifically. Third, the author argues that the virtual world itself and its built-in codes deserve more critical scrutiny. She briefly summarizes new research from digital studies both to situate the wider trends more critically and to appreciate the evolving implications for medical practice. Next, the author revisits the potential benefits of social media, including the...
Climbing Social Media in Medicine's Hierarchy of Needs.
Chretien, Katherine; Kind, Terry; MD, MPH

DOI: 10.1097/ACM.0000000000000430
The Scope of the Problem

Research Letter
March 21, 2012

Physician Violations of Online Professionalism and Disciplinary Actions: A National Survey of State Medical Boards

S. Ryan Greysen, MD, MHS, MA; Katherine C. Chretien, MD; Terry Kind, MD, MPH; et al

Article Information

To the Editor: The use of social media by physicians to post unprofessional content online has been well documented.1,2 While concerns about online professionalism have prompted the creation of guidelines for social media use from professional societies such as the American Medical Association,3 there is no information about oversight by licensing authorities for physician uses of the Internet or disciplinary consequences for violations of online professionalism.

From: Physician Violations of Online Professionalism and Disciplinary Actions: A National Survey of State Medical Boards
Could you be fired because of a social media post?

Published: Friday, July 22nd 2016, 2:52 am CDT
Updated: Friday, July 22nd 2016, 3:39 am CDT
By Eric Pointer, Digital Content Producer/Reporter

SHREVEPORT, LA. (KSLA) - This day and age people are glued to their phones and constantly posting on social media. Many are posting about recent events going on in the country, like the killings in Baton Rouge and Dallas.

KSLA News 12 has been flooded with emails regarding a post from a woman identified as a University Health nurse. The post contains hateful comments.

Viral Miami Doctor Who Fought With Uber Driver Fired by Hospital

A Miami doctor whose altercation with an Uber driver went viral in January was fired from Miami’s Jackson Health System on Friday.

Anjil Ramkissoon, a fourth-year neurology resident, was placed on leave after the video showed her fighting with an Uber driver when she got into his car without a reservation and refused to get out, NBC News reported.

‘Jackson Health System is moving forward with the termination of Dr. Anjil Ramkissoon, a resident doctor. She is entitled to an appeal process,’ the hospital said in a statement, reported by NBC.

In the video, Ramkissoon is seen yelling at the driver and throwing things at him, while he refuses to drive her anywhere. As the two scuffle, she kicks him and he pushes her to the ground.
PRACTICAL ADVICE

Social Media and Physicians’ Online Identity Crisis
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User-created content and communications on Web-based applications, such as networking sites, media sharing sites, or blog platforms, have dramatically increased in popularity over the past several years, but there has been little policy or guidance on the best practices to inform standards for the professional conduct of physicians in the digital environment. Areas of specific concern include the use of such media for nonmedical purposes, implications for confidentiality, the use of social media in patient education, and how all of this affects the public’s trust in physicians as patient-physician interactions extend into the digital environment. Opposition offered by online moderators incites more users to
SOCIAL MEDIA HIGHWAY CODE*

• Concern 1
  • Online anonymity does not really exist

• Recommendation:
  • Be aware of the image you present and manage proactively

• Concern 2
  • Personal and professional identity not always separable

• Recommendation
  • Be aware of privacy settings and access to/longevity of personal posts
  • Look at how ‘total body of information’ reflects on you
SOCIAL MEDIA HIGHWAY CODE*

• **Concerns 3**
  • How/whether to give personal advice

• **Recommendation**
  • Engage with the public but be cautious about giving personal advice (medico-legal, confidentiality implication)

• **Concern 4**
  • Concerns in regards to confidentiality and privacy

• **Recommendation**
  • Take care in posting de-identified information that may be pieced together with information from other sources to breach confidentiality
SOCIAL MEDIA HIGHWAY CODE*

• Concern 5
  • Ability to maintain professional boundaries

• Recommendation
  • Show human side, but maintain clear professional boundaries, be aware of complexities is select cases

• Concern 6
  • Lack of physician online presence can be detrimental

• Recommendation
  • Be an ambassador for good science but recognize social media may not be the platform for all discussions
SOCIAL MEDIA HIGHWAY CODE*

• **Concern 7**
  • Freedom of expression and/or disinhibition

• **Recommendation**
  • Treat others with consideration, politeness and respect
  • Consider ‘public expectation’ of HCP behavior

• **Concern 8**
  • ‘Naïve’ online behavior

• **Recommendation**
  • Consider that online behavior may be monitored, recorded, quoted - comments in social media sites may be regarded as public property
SOCIAL MEDIA AND PROFESSIONALISM: CASE STUDIES
An emergency room nurse, Katie Duke was a character on the medical reality show called ‘New York Med’ which portray life in the emergency room at hospitals in NY and New Jersey.

After an episode a nurse posted a photo (taken by a colleague) on her Instagram account of the state of an emergency room after treating a trauma patient.

The photo was labeled ‘Man vs. 6 train’.

She was fired.
Man vs. 6 Train... The After.
#lifesaving#EMS#ER#Nurses #Doctors #nymed #trauma#realLife
DO YOU THINK MS. DUKE SHOULD HAVE BEEN FIRED?

A. Yes
2. No
3. I don’t know
DISCUSSION

1. Was the patient’s privacy violated?

2. Was the behavior of the nurse unprofessional (thereby eroding trust in the medical profession)?

3. Do you think the same thing would have happened to Ms. Duke if she were not on a television show?
DISCUSSION

1. Patient privacy
   - Not clearly violated, although indirect information could potentially be enough

2. Professionalism
   - ‘insensitivity’
   - Need to look at who has access to information (patient’s family and friends)

3. Social Media
   - Reach and permanence of information
Mr. Smith is a young new pharmacist at a large internal medicine clinic in the city. He comes from a very small town where their family doctor (the only doctor in town) was also a friend and played golf with her Dad. Their families often had dinner together.

A patient, after several friendly but professional encounters at the clinic, sends him a friend request on Facebook.
DO YOU THINK MR. SMITH SHOULD ACCEPT THE FRIEND REQUEST?

A. Yes
2. No
3. I don’t know
DISCUSSION

1. What are the complexities of social media relationships with patients?

2. Is this different than being friends with your family doctor in your home town?
DISCUSSION

What are the complexities of social media relationships with patients?

• Blurring of the provider-patient boundary

• Personal boundaries in terms of information about the patient (or the provider)

• Confidentiality -- ‘private’ may not be secure

Is this different than being friends with your family doctor in your home town?

• Boundaries and expectations for the interaction (24h presence)

• Longevity of posted information

• Ability of information to spread

• Electronic exchanges and ‘disinhibition’
Mr. Smith, being new in town, accepts the friend request, figuring it is not really
different from his family being friends with the family physician.

A few months later, his patient messages him over the weekend, asking about
potential side effects he is having to a new medication.
DISCUSSION

How should Mr. Smith respond to the patient?

• Provision of medical advice can be a legal issue
  • Inform Mr. Smith that you cannot give medical advice through this source
  • Supply other contact information
  • Supply source for generic information about the question
  • Supply source for emergency services

• Potential disadvantage to those with barriers/less access to services

• This practice will evolve in the near future
SUMMARY

Professional identity
• Complicated concept revolving around core values, skills and morals related to health care providers.
• Patient confidentiality and professional provider behavior are 2 of these core morals.

Professional and personal identity in the virtual world
• Professional and personal identity in the virtual world are often not completely separable therefore require the provider to be aware of potential lack of confidentiality, privacy as well as the longevity of postings.
• Professional representation in the virtual world can enhance collaboration, (quick) spread of scientifically valid information to a wider audience.

Health care providers therefore must formulate a deliberate social media presence with consideration to the points above, navigating using existing guidelines, but with a flexibility and openness to future applications (as well as pitfalls).
FINAL RECOMMENDATION

Think about social media presence in a creative and critical manner

Enjoy and innovate!!
SELECTED REFERENCES


EXTRA SLIDES
SOCIAL MEDIA EXPLAINED
(DONUT EDITION)

- I'm eating a donut
- I like donuts
- This is where I eat donuts
- Here's a video of me eating a donut
- Here's a vintage photo of my donut
- Here's a pretty donut recipe
- Here's a viral picture of my donut
- My skills include donut eating
- Now listening to "Donuts"
- I'm a Google employee who eats donuts
CAN ONE HAVE 2 IDENTITIES?

CAN/SHOULD YOU HAVE DUAL IDENTITIES??

- **PROS:**
  - Allows for a private versus public persona
  - Minimises risk to patients, and others can contact you in a personal environment
  - "Being myself" versus "Being a doctor"

- **CONS:**
  - "Rob's" patients of the opportunity to see their clinicians as humans
    - The professional identity as constituted by the personal identity
  - Operationally Impossible
    - Web searches can quickly connect the two
PROFESSIONAL NETWORKING SITES

LinkedIn

Doximity

Work blogs, tweeter accounts
Who are physicians responsible to in terms of professional obligations?

- institutional rules, efficiencies
- patients and families
- broad social needs
- medical science
- professional standards and regulatory codes
- to their OWN personal values
PROFESSIONALISM COMPLEXITIES

• Traditional frameworks place heavy demands on providers

• Providers have professional obligations to
  • Institutions
  • Patients and families
  • Broad social needs
  • Medical science
  • Professional standards/ regulatory codes
  • To their own selves