



# Practice nurses and social media – how to avoid hidden pitfalls

**LISA NOLAN**, HEALTHCARE VIRTUAL ADMINISTRATOR AT ASLAN VIRTUAL ADMIN

It's probably safe to say that anyone who is not using social media by now is either afraid of it or doesn't have the time for it.

**W**hile time is certainly an issue for many, a significant number of people remain intensely distrustful of social media. Worries about invasion of privacy, concern about personal security (particularly in relation to children) and fear of cyber-bullying are all valid reasons to steer clear.

Nurses face a whole host of additional risks if they are active on social media sites: professionalism, ensuring appropriate nurse/patient relationships, legal/moral/ethical issues, being seen to give medical advice and maintaining patient confidentiality are all issues that should be considered.

We are used to maintaining patient confidentiality in the 'real' world. It was drummed into us during our training and for the most part is, thankfully, normal practice in healthcare settings. Talking about patients in lifts, corridors or the car park instinctively feels wrong so our default habit is to avoid it at all costs. Customs and practices related to patient privacy in healthcare settings are pretty much set in stone now.

However, the pace of our migration to the online world has been supersonic, so customs and practices there are still evolving and, quite frankly, leave a lot to be desired. One indicator of this is that of the 48 medical boards in the US, 44 have received complaints about violations of online professionalism.

There have been some spectacular online breaches of confidentiality from healthcare providers all over the world. Some are so blatantly negligent they are difficult to credit. Others may have been unintentional but they are breaches of privacy nonetheless.

For example:

- Violations by healthcare professionals around the world have included, a physician asking a patient for a date, another who labelled a patient lazy and ignorant for attending hospital repeatedly for treatment of uncontrolled blood sugars, a medical student who filmed a chest drain being inserted into a patient whose face was clearly visible, the sharing of a picture of a patient's medical record on a healthcare employee's Facebook account, a nurse assistant who took and shared a picture of a quadriplegic patient after he had had a bowel movement, discussions with colleagues on Facebook about specific patients and the sharing of a photo of a stab victim who later died.

**If you wouldn't say it using a loudspeaker at the GPO, don't post it online.**

- An A&E doctor in the US posted an account of a shift on Facebook in 2011. Although she didn't give names, she included enough detail about one patient's injuries so that a third party was able to identify them. Although the doctor deleted her Facebook account as soon as she knew her patient had been identified, she was subsequently found guilty of unprofessional conduct, fired by the hospital and fined by her state medical board.
- I watched a discussion on Twitter last year where a doctor posted a picture of an x-ray on Twitter along with some clinical details and the patient's age, and asked medical colleagues to give their opinions – basically he was crowdsourcing. Other doctors who were online at the time responded quickly, not with medical opinions, but suggesting that he had given too much information in his Tweet and therefore other patients who had been in his waiting room that day could potentially have identified the patient.
- A nurse in Scotland was suspended for posting pictures of patients having surgery on Facebook.
- In the US a patient took a video of another patient who was drunk, and posted the clip online. The hospital made huge efforts to have the video deleted, but were unsuccessful because it hadn't violated that particular forum's rules. The online debate about this case centred around free speech vs. the patient's right to privacy.

There are ways to manage risks on social media. As is often the case, common sense is the most useful tool. If you wouldn't say it using a loudspeaker at the GPO, don't post it online. Venting about how busy you were today because one of your patients arrived at your surgery with a stab wound and subsequently had to be transferred to A&E by ambulance, is breaching confidentiality and possibly even putting them in danger if their assailant finds out what hospital they are in. Complaining about the trouble you are having getting a family with triplets to keep up with their vaccinations is basically identifying them to anyone else who was in your waiting room and noticed a parent with triplets. Posting a get well message to a patient on your Facebook timeline, or even via a message on their timeline, is another example of a violation of privacy, even though it might be well-meaning.

Remember, a momentary lapse of professionalism online is permanent and searchable, even if you later delete it.

**In addition to following the usual rules of patient confidentiality, don't forget:**

- 1) Texting and – mailing counts as 'online activity'.
- 2) Don't rely on privacy settings to keep your online activity contained to a specific audience. In fact, from 11<sup>th</sup> November Google will show users' names and photos (along with any ratings and comments they may have made on particular products in the past) in internet adverts; i.e. endorsing marketers' products – unless they specifically opt out. Facebook is also currently changing its policies so that all users will be discoverable via their Graph Search – unless they specifically opt out. Always assume that anything you post online is visible to everyone, both now and in the future.
- 3) Most of the teenagers and adults sitting in your waiting room right now have a smartphone and children are likely to have Nintendos that have inbuilt cameras. Are they taking pictures of other patients? How would your practice deal with this if another patient complained?
- 4) Be careful if taking team photos of you and your colleagues

## Are [patients in your waiting room] taking pictures of other patients? How would your practice deal with this if another patient complained?

with the intention of posting them online. Make sure that no patient is in the background and that no patient notes are visible either. Someone could easily zoom in on that image and read the notes or patient's name.

- 5) Changing details (like a name or age) doesn't guarantee confidentiality.

**Resources:**

*There are a number of useful resources for nurses using social media. Here are some of the best ones.*

The Nursing and Midwifery Board of Ireland has guidelines for nurses using social media. [http://www.nursingboard.ie/en/publications\\_current.aspx](http://www.nursingboard.ie/en/publications_current.aspx)

The ICGP has numerous factsheets and guidelines on the use of social media, all relevant to both GPs and Practice Nurses. [http://www.icgp.ie/go/in\\_the\\_practice/it\\_faqs](http://www.icgp.ie/go/in_the_practice/it_faqs)

The Nursing and Midwifery Council (UK) has guidelines on applying their Code to social networking sites. <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Social-networking-sites/>

The American Nurses Association has an extensive Social Networking Principles Toolkit at <http://www.nursingworld.org/socialnetworkingtoolkit.aspx>

CDC Social Media Tools, Guidelines & Best Practices <http://www.cdc.gov/socialmedia/Tools/guidelines/>

Nurse Together has a five minute YouTube clip entitled Social Media Guidelines for Nurses via [www.nursetogether.com](http://www.nursetogether.com)

We Nurses has a very useful set of links to guidelines for nurses using social media, via [www.wenurses.co.uk](http://www.wenurses.co.uk)

**References and Sources:**

[www.FierceHealthcare.com](http://www.FierceHealthcare.com)  
[www.medicalprotection.org](http://www.medicalprotection.org)  
 Physician Violations of Online Professionalism and Disciplinary Actions: A National Survey of State Medical Boards – JAMA. 2012; 307(11): 1141-1142. doi:10.1001/jama.2012.330.