Published in final edited form as:

J Surg Educ. 2010 ; 67(6): 381–386. doi:10.1016/j.jsurg.2010.07.006.

Guidelines for Maintaining a Professional Compass in the Era of Social Networking

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Abstract

Objectives—The use of social networking (SN) sites such as Facebook and Twitter has skyrocketed over the past 5 years, with over 400 million current users. What was once isolated to high schools or college campuses has become increasingly ubiquitous in everyday life and across a multitude of industries. Medical centers and residency programs are not immune to this invasion. These sites present opportunities for the rapid dissemination of information from status updates to tweets to medical support groups and even clinical communication between patients and providers. While powerful, this technology also opens the door for misuse and policies for use will be necessary. We strive to begin a discourse in the surgical community regarding maintaining professionalism while using SN sites.

Results—The use of SN sites among surgical housestaff and faculty has not previously been addressed. To that end, we sought to ascertain the use of the SN site Facebook at our residency program. Of 88 residents and 127 faculty, 56 (64%) and 28 (22%) respectively have pages on Facebook. Of these, 50% are publicly accessible. Thirty-one percent of the publicly accessible pages had work –related comments posted, and of these comments, 14% referenced specific patient situations or were related to patient care.

Conclusions—Given the widespread use of SN sites in our surgical community and in society as a whole, every effort should be made to guard against professional truancy. We offer a set a guidelines consistent with the ACGME and ACS professionalism mandates regarding usage of these sites. By acknowledging this need and following these guidelines, surgeons will continue to define and uphold ethical boundaries and thus demonstrate a commitment to patient privacy and the highest levels of professionalism.

Keywords

social networking; Web 2.0; professionalism; professional guidelines; internet

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Podium presentation at the Annual Meeting of the APDS, April 21 2010

Conflict of Interest Statement

The authors have no conflicts of interest to report relative to the preparation or publication of this manuscript.

Introduction

“[The] precepts of professionalism extend beyond the operating room, the clinic, and the hospital, to your family, your peers, and other professional associates, your casual contacts, your community, and wherever you venture. You are specially acknowledged, privileged, and remunerated, but this must be constantly earned. This is the embodiment of the surgical profession, now and persisting on through this new millennium. Each generation has an obligation to our past, to the present, and to the future.”¹

LaMar McGinnis, Jr., MD, FACS. 2009 Presidential Address, The American College of Surgeons

The popularity of social networking (SN) websites has exploded in the past several years. These sites, known more broadly under the umbrella of user-generated Web 2.0 applications, allow users to share information in a way that has dramatically changed interpersonal communication. Sites such as Facebook, MySpace, Twitter, and the like, allow users to maintain a personal webpage with status updates, picture albums, lists of online friends and membership in virtual groups. According to the Pew Internet and American Life Project, 46% of online U.S. adults 18 years and older use social networking sites². More notably, two thirds of teens and Generation Y (ages 18–32) who use the internet, visit these sites. Facebook, one of the most popular of these sites, claims more than 400 million active users worldwide³. The average age of Facebook users continues to rise as the popularity of these sites expands. The number of adult users of social networking sites has increased from 8% in 2005 to 46% in 2009². Status updating, a feature common to social networking sites, is quite common with more than 35 million users updating their Facebook status every day. About 20% of internet users share updates or view others’ updates on sites such as Twitter, an increase from 11% less than a year before, according to the Pew Internet and American Life Project⁴. Mobile technology has made this forum even more accessible; approximately 100 million active users access Facebook from a mobile device³.

As the use of these forums increases, so does the potential for misuse of these sites. Medical professional mandates have been in existence for as long as the profession itself. These mandates are built on the qualities intrinsic to all professions; namely, a monopoly over the use of specialized knowledge, relative autonomy in practice and the privilege of self-regulation, altruistic service to individuals and society, and responsibility for maintaining and expanding professional knowledge and skill^{5–7}. While these core attributes stay the same, their expression must remain flexible as expectations for the application of professional behavior change over time⁸. As modern societies develop new technologies, professional guidelines must be altered to meet modern standards.

The use of social networking among surgical residents and faculty has not been examined. Additionally, while other authors have presented guidelines for use of social networking sites, none have formulated these guidelines in light of separate individual and departmental professional requirements. The aim of this study is to continue the discourse about both the use of social networking sites and the need for practical guidelines for surgical housestaff and faculty. By identifying this need and developing these guidelines, surgeons will

continue to define ethical boundaries and thus continue to demonstrate a commitment to the highest levels of professionalism.

Methods

This study included all faculty in the Department of Surgical Sciences, and all General Surgery residents at Vanderbilt University Medical Center in November 2009. The authors used personally created Facebook profiles to search for the subjects' online profiles. The Institutional Review Board at Vanderbilt University allowed this study as a social behavior exempt study.

Using the online social networking site Facebook, we evaluated the online profiles of all general surgery residents (n= 88) and faculty (n= 127) at Vanderbilt University Medical Center. Objective measures included the existence of a profile, whether it was public or private, whether a status update had been posted within the last month, whether a status update had been posted within the last 24 hours, and whether there were any work-related postings. Subjective outcomes of interest included whether there were inappropriate postings related to work or patients. We defined "inappropriate" as postings that subjectively could have been construed to be unprofessional.

For public profiles, we evaluated objective information including the existence of a status update within the past 30 days, a status update within the past 24 hours, and whether there were any work-related postings. We then determined subjectively whether any work-related postings were "inappropriate".

Results

We present the results of a cross-sectional evaluation of one social networking site, Facebook, within a single department of surgery. Social networking with Facebook is common among general surgery residents and faculty at Vanderbilt University, with 64% and 22% respectively having a Facebook profile. Of these, 50% were public, allowing access to anyone who wishes to search for that individual. Of the public pages, 31% displayed work-related postings, and 14% of these postings were patient-specific. There were several examples of postings that were "inappropriate" in nature, in terms of violating patient privacy or demonstrating unprofessional conduct.

Within public faculty Facebook pages, 5 (29%) faculty members had posted a status update within the previous 30 days. Only one (2%) had posted within the prior 24 hours. Within the public resident pages, 11 (44%) had posted a status update in the past 30 days. Six (25%) residents had a status update from the previous 24 hours.

Discussion

Social networking is a ever-increasing means of communication on both personal and professional fronts. We present the results of a cross-sectional evaluation of one social networking site, Facebook, within a single department of surgery. The methods used in this study to uncover whether residents or faculty had individual Facebook pages were

conducted in such a way as to simulate what a patient might do and find if they had conducted such a search on their own.

As expected, residents are more likely than faculty to have a personal profile. However, a number of faculty also maintain Facebook profiles. At the time of our search, only half of users maintain private profiles. More importantly, of those who have publically accessible profiles, 16% contain comments that related to work or patient-related situations. While expression of personal opinions is the mainstay of these profiles, opportunity for professional truancy exists. A balanced marriage of personal freedom and individuality with professional responsibility is required for surgeons as we continue to work toward the highest levels of professionalism.

Thompson and colleagues, in their study of social networking among medical students and residents, noted that only 12.8% of residents utilized SN technology. This differs significantly from our results showing more than 60% of use among surgical residents. There are several possible explanations for this difference. First, and most probable, is the rapid increase in the prevalence of this technology. In the literature, the rate of use has increased from 8% to 46% over a 4 year period; we can only expect for future studies to reflect this increasing prevalence². Additionally, our study evaluates only surgical residents at a single institution. It is not known whether SN use may be higher among surgical residents than residents within other specialties or whether SN use may be particularly high at our institution.

In addition to providing a platform for personal communication, social networking sites, especially Facebook and MySpace, offer groups the opportunity to create unique pages for themselves. These groups, in the case of Facebook, number more than three million³. Not surprisingly, user groups related to specific medical conditions are available. Farmer and colleagues identified 757 Facebook groups related to the most prevalent non-communicable diseases from the International Classification of Diseases 10 coding⁹. There were almost 300,000 users for these groups. Given that this search was undertaken more than a year ago, these numbers have likely gone up. In addition, many professional societies maintain unique pages; The American College of Surgeons (ACS), American Medical Association (AMA), Society of Critical Care Medicine, American College of Chest Physicians, are among them. There are several surgical educational groups as well. The Selected Readings in General Surgery and ICU Rounds are two popular pages. Surgical residency programs are also represented on Facebook. Clearly, the popularity and accessibility of social networking sites are attractive to more than just the individual.

Social networking sites, with their wide-spread use, have obvious advantages for efficient communication amongst both individuals and organizations alike. However, given their dual use in both professional and personal communication, a gray line exists between these two actions¹⁰. As the popularity of social networking sites continues to skyrocket, so too are the ever increasing claims of unprofessional behavior. In his review of social networking and academia, Cain notes several examples of postings, photos and personal profiles of students leading to expulsion, inability to obtain a degree, acts of violence, and stalking¹¹. A quick internet search can yield reports of several cases within the medical community where

online activity on social networking lead to adverse consequences. Not surprisingly, medicine has not been immune to the negative aspects of online activity. In a survey of 78 American medical schools, Chretien and associates found that 60% of these schools reported incidents of medical students posting unprofessional online content¹². Less than half of the surveyed schools had or were in the process of creating policies that discussed online student-posted content. In a cross-sectional study of medical students and residents at a single institution, Thompson and colleagues noted that one third of all Facebook profiles of medical students and residents were publicly accessible¹³. On these public pages, they noted several students and residents belonged to groups that would likely be considered unprofessional in nature.

Maintaining patient privacy is integral to professionalism. Physicians learn intensely personal information about their patients. The physician-patient relationship works when this interaction, regardless of the medium, is undertaken with the implicit understanding of privacy (except for certain, well-documented exceptions). Social networking sites present a venue in which unprofessional postings, pictures or group membership can undermine this trust and erode the physician-patient relationship. In as much as this profession is a vocation, a calling, we must encourage its practitioners to maintain a level of professionalism at all times. We, as surgeons, are to follow our vow: "All that may come to my knowledge in the exercise of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal"¹⁴. The expectation of both patients and society, those to whom the profession is accountable, is dedication to patient privacy.

The Accreditation Council for Graduate Medical Education (ACGME) has mandated that residency programs focus on professionalism by placing it as one of the six general competencies for resident education. Medical professionalism, as expressed by the ACGME, involves the following components: compassion, integrity and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society and the profession; and sensitivity and responsiveness to a diverse patient population¹⁵. Likewise, the American College of Surgeons (ACS), as one of the largest governing bodies of surgeons in the United States, has recommended specific professional mandates for surgeons. The ACS Code of Professional Conduct denotes two sets of professional responsibilities, one to patients, and the other to society¹⁶. Within the 11 responsibilities to society are: providing the highest quality of surgical care, abiding by the values of honesty, confidentiality, and altruism, and participating in educational programs addressing professionalism. Professionalism extends beyond face to face encounters to include the responsible use of technology. Face to face encounters are soon lost to memory, casual telephone conversations leave little trace. SN, though seemingly casual and impermanent leaves a trail that does not easily fade. It is for these reasons that we present the guidelines below.

Guidelines

Although other authors have presented guidelines for use of social networking sites^{17, 17-19}, few have formulated these guidelines at both the individual and departmental level. We present guidelines below that strive to preserve a balance of personal freedom and

individuality with professional responsibility. Given the current prevalence of use, specifically of Facebook, and with use anticipated to increase over time given the aging millennial generation, we feel guidelines for usage at both the departmental as well as a personal level are warranted. We therefore present a list of guidelines that might be applied at these different levels to comply with professional mandates.

Departmental Guidelines

1. Understand institutional policies

Our institution, Vanderbilt University Medical Center, developed and implemented a formal policy for use of social networking, in 2009. This policy addresses both institutional marketing on these sites as well as individual employee use. Issues of compliance with existing marketing policies, institutional representation, conflict of interest and patient privacy, are also addressed²⁰. While not all institutions have such a policy, we believe that inevitably, institutions will be required to create such policies either proactively or out of necessity. These carefully created policies should serve as a foundation for any online behavior departments recommend for their faculty and residents. Infractions of the policy, like any policy, are bound to happen. We believe any social media policy should serve more to educate than punish. Other policies, such as patient privacy (HIPPA), professionalism conduct, etc., serve to inform, educate and most importantly provide clear repercussions for infractions. These policies should be utilized when cases of inappropriate online activity arise.

2. If an institutional policy does not exist, consider creating a departmental policy

Ultimately, having both an institutional and a departmental policy may lead to confusion. However, having temporary guidelines in place may aid in avoiding SN missteps. These guidelines can communicate to faculty and residents the importance of professional use of these sites. Several examples of existing policies are available on the internet²¹.

3. Educate faculty and residents regarding existing institutional or departmental policies

The general surgery residency program at Vanderbilt University Medical Center first addressed this issue late 2009 in a 30-minute educational conference. In that conference, we listed anonymous quotes from various residents' and faculty's public profiles and opened the floor for discussion. While many of these quotations met HIPAA requirements for patient privacy, they were specifically chosen to demonstrate the professional truancy that some had exhibited. We believe that this conference was effective in beginning the discussion of patient privacy and professionalism within our residency. After this conference, many residents not only changed the tenor of online comments but also strengthened the privacy settings on their pages. The director of the GME at our institution addresses all incoming residents regarding this topic during the initial orientation session prior to the start of their residency. This introduction is intentionally brief as the amount of information presented during orientation is vast. Further education regarding these policies is left to individual departments.

4. Consider the role social networking plays in issues of human resource management

The business world has recognized the potential of information disseminated via social networking sites to inform the human resources process. In a market research study of online reputation commissioned by the Microsoft Corporation, both individuals and human resource (HR) professionals were surveyed from four different countries including the United States²². In this survey, they found that nearly 70% of HR professionals in the U.S. had rejected a job candidate based on something found online. Almost 80% of surveyed HR professionals admitted to searching online for online reputational information. Search engines and social networking sites were the two most common sites used for this online research. While a similar study, to our knowledge, does not exist in the medical realm, we believe it is only a matter of time for these methods to catch on. One specific situation, the residency match process, could be a place where these methods are employed to uncover information about candidates. The acceptability and arguments against these methods for personal privacy reasons are not up for debate in this paper. However, we do feel that programs should explicitly state within their residency selection process whether or not online searches for reputations data will be utilized as part of the matching process.

5. Appoint a department representative who is responsible for the creation and maintenance of these sites

Ultimately, control of the departmental and institutional image is the responsibility of these groups. Therefore, the best way to control their images is to have a departmental representative control the information being presented in these forums. Media officers within institutions may be able to provide guidance regarding this topic.

Personal Guidelines

1. Monitor your online reputation

In the year 2010, we believe that periodic internet searches for oneself should merit the same importance as periodic credit checking. These checks, as advocated by Gorrindo and Groves²³ and others^{10, 17, 24}, allow a physician an opportunity to be aware of his or her online presence and attempt to correct any misinformation presented online.

2. Understand the privacy settings of the sites you use

Most, if not all, social networking websites have multiple levels of privacy. We recommend both understanding the privacy settings available within each of these sites as well as implementing the maximum level of privacy available. Guseh and colleagues recommend a healthy skepticism regarding these settings¹⁸. Settings may change without prior notification, be difficult to fully implement, and ultimately will not change the content “friends” are able to access.

3. Remember your audience (intended and unintended)

Social networking websites offer their users the opportunity to status update anytime and, especially with mobile phone access, anywhere. This information may be viewed by a diverse group of people, from other professionals to patients or casual acquaintances. These

individuals will view postings through the lens of their experience, and may make judgments about the individual, institution, or medical community, as a result of these online interactions. Once the information is posted, it has permanence and one has little control over its interpretation or replication. One's audience may be exponentially larger than anticipated.

Identifying oneself with a hospital or residency program creates link between one's actions and an institution, regardless of the context of those acts. Use of a work email address within a SN profile will connect an individual to an institution. How we identify ourselves online plays a large role in how we reflect on our profession and on our individual institutions. The Vanderbilt University Medical Center policy asks employees to either remove all linking information to Vanderbilt or for the employee to explicitly state that their views are not those of their employer²⁰.

4. Be aware of the permanence of online content

What we say face-to-face is lost when the memory of that encounter is forgotten. This is not the case when our thoughts are typed into a website. Rather, they become part of a permanent record. Legal ramifications of this permanence are beyond the scope of this article but may need to be considered.

5. Maintain professional boundaries

We believe the best policy is for medical professionals to refrain from online "friendships" with those whom they treat unless it is within a prescribed forum (e.g. an institutionally developed site for the purpose of medical communication). While using this form of communication for patient-provider interactions is not inherently bad, it has the potential to blur professional boundaries^{18, 25}.

Social Networking, the Medical Profession and Society

Embedded in the trust society gives the medical profession is the opportunity for self-governance and self-regulation. A key component to this responsibility is understanding and defining professionalism within the practice of medicine. New technology by necessity creates opportunity for advancement of the practice of medicine as well as the potential to violate the trust given us by society. We therefore need to continually address medical professionalism within these new contexts.

Social networking, an expanding model of communication in the 21st century, is redefining how people work and communicate. It has allowed countless professional and philanthropic organizations to advance their cause online. This increase in communication, used correctly, can benefit patients and practitioners alike. However, the medical community should not follow this trend blindly. We agree with Gorrindo and colleagues²⁶ who call for governing bodies and professional societies to openly address these technology and their application to the current practice of medicine. Several important aspects of social networking specifically have not been addressed in the current medical literature. How does information garnered from these sites play a role in litigation? Could a "Tweet" be used in a court of law? Physicians should not wait to discover to what extent an online footprint will play in legal

issues. Should physicians use information obtained about patients from these sites? Additionally, while it is tempting to use these sites to communicate with patients on a professional level, the medical profession needs to understand what patients want within this realm. To what extent should these sites play a role in undergraduate and graduate medical education curricula? The use of these sites and this form of communication is already being advocated within our profession²⁷. The practice of medicine is inherently relational; these technologies could change the paradigm of the physician-patient relationship significantly.

Reference List

1. McGinnis LS Jr. Presidential Address: Professionalism in the 21st Century. *Bulletin of the American College of Surgeons*. 2009; 94(12):8–18. [PubMed: 21449499]
2. Lenhart, A. The Democratization of Online Social Networks: A look at the change in demographics of social network users over time. 2009.
3. Facebook. 2010. 3-25-2010. Ref Type: Online Source
4. Fox, S.; Zickuhr, K.; Smith, A. Twitter and Status Updating. Fall. 2009. 9 A.D
5. Gruen RL, Arya J, Cosgrove EM, et al. Professionalism in surgery. *J Am Coll Surg*. 2003; 197(4): 605–608. [PubMed: 14522330]
6. Iramaneerat C. Instruction and assessment of professionalism for surgery residents. *J Surg Educ*. 2009; 66(3):158–162. [PubMed: 19712915]
7. Cruess SR, Johnston S, Cruess RL. “Profession”: a working definition for medical educators. *Teach Learn Med*. 2004; 16(1):74–76. [PubMed: 14987179]
8. Gaiser RR. The teaching of professionalism during residency: why it is failing and a suggestion to improve its success. *Anesth Analg*. 2009; 108(3):948–954. [PubMed: 19224808]
9. Farmer AD, Bruckner Holt CE, Cook MJ, Hearing SD. Social networking sites: a novel portal for communication. *Postgrad Med J*. 2009; 85(1007):455–459. [PubMed: 19734511]
10. Farnan JM, Paro JA, Higa JT, Reddy ST, Humphrey HJ, Arora VM. Commentary: The relationship status of digital media and professionalism: it’s complicated. *Acad Med*. 2009; 84(11):1479–1481. [PubMed: 19858794]
11. Cain J. Online social networking issues within academia and pharmacy education. *Am J Pharm Educ*. 2008; 72(1):10. [PubMed: 18322572]
12. Chretien KC, Greysen SR, Chretien JP, Kind T. Online posting of unprofessional content by medical students. *JAMA*. 2009; 302(12):1309–1315. [PubMed: 19773566]
13. Thompson LA, Dawson K, Ferdig R, et al. The intersection of online social networking with medical professionalism. *J Gen Intern Med*. 2008; 23(7):954–957. [PubMed: 18612723]
14. National Library of Medicine. Greek Medicine: The Hippocratic Oath. National Library of Medicine; 2010. 4-14-2010
15. Accreditation Council of Graduate Medical Education. Common Program Requirements: General Competencies. 2007. 3-23-2010
16. American College of Surgeons Task Force on Professionalism. Code of Professional Conduct. *J Am Coll Surg*. 2004; 199(5):734–735. [PubMed: 15559964]
17. Berkman, ET. Massachusetts Medical Law Report. 2009 Oct 19. Social Networking 101 for Physicians.
18. Guseh JS, Brendel RW, Brendel DH. Medical professionalism in the age of online social networking. *J Med Ethics*. 2009; 35(9):584–586. [PubMed: 19717700]
19. Rippen H, Risk A. e-Health Code of Ethics (May 24). *J Med Internet Res*. 2000; 2(2):E9. [PubMed: 11720928]
20. Vanderbilt University Medical Center. Social Media Toolkit. Oct 28. 2009 4-1-2010
21. Boudreaux, C. Social Media Governance. 2010. 4-1-2010
22. Cross-Tab Marketing Services. Online Reputation in a Connected World. Jan 1. 2010 3-29-2010

23. Gorrindo T, Groves JE. Web searching for information about physicians. *JAMA*. 2008; 300(2): 213–215. [PubMed: 18612120]
24. Jannsen M. Social networking and e-professionalism. *Am J Health Syst Pharm*. 2009; 66(18):1672. [PubMed: 19729575]
25. Jain SH. Practicing medicine in the age of Facebook. *N Engl J Med*. 2009; 361(7):649–651. [PubMed: 19675328]
26. Gorrindo T, Gorrindo PC, Groves JE. Intersection of online social networking with medical professionalism: can medicine police the facebook boom? *J Gen Intern Med*. 2008; 23(12):2155. [PubMed: 18830759]
27. Hawn C. Take two aspirin and tweet me in the morning: how Twitter, Facebook, and other social media are reshaping health care. *Health Aff (Millwood)*. 2009; 28(2):361–368. [PubMed: 19275991]

Figure 1.

The breakdown of public and private Facebook pages by resident and faculty within the Vanderbilt University Section of Surgical Sciences and general surgery residency program.

Table 1

Professionalism and Social Networking Guidelines

Departmental Guidelines	Individual Guidelines
1. Understand institutional policies	1. Monitor your online reputation
2. If an institutional policy does not exist, consider creating a departmental policy	2. Understand the privacy settings of the sites you use
3. Educate faculty and residents regarding existing institutional/departmental policies	3. Remember your audience (intended and unintended)
4. Consider the role social networking plays in issues of human resource management	4. Be aware of the permanence of online content
5. Appoint a department representative who is responsible for the creation and maintenance of these sites	5. Maintain professional boundaries