Guidelines for Social Media and Electronic Communication

An occupational therapist’s guide to safe use of social media and electronic forms of communication.
Guidelines Social Media and Electronic Communication

These guidelines have been developed by the Occupational Therapy Board of New Zealand (OTBNZ) to provide advice to occupational therapists on using social media and other forms of electronic communication.

Definitions:

**Social media** are internet technologies that allow people to connect, communicate and interact in real time to share and exchange information. This includes Facebook, blogs, Twitter, email groups, and instant messaging. It encompasses text, photographs, images, video, and audio files.

**Electronic communication** includes email and text messaging by cellphone.
The Benefits and Pitfalls

Social media is an exciting and valuable tool when used wisely. It can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with health consumers* and family members, and educating and informing consumers and health care professionals.

Health care organisations that utilise electronic and social media typically have policies governing employee use of such media in the workplace. Careful control over the content of such sites is usually maintained. Occupational therapists need to be aware of, and follow these policies.

Occupational therapists may also use social media in their personal lives. This may include having a Facebook page, a Twitter feed or blogging on various websites. Occupational therapists are responsible for maintaining the same standards of professional behaviour in social and electronic media as they would when communicating face to face. The ease of emailing, texting and posting, and the commonplace nature of sharing information via social media may appear to blur the line between occupational therapists' personal and professional lives. Quick, easy and efficient technology, and the introduction of hand-held devices reduce not only the time it takes to post, but also the time to consider whether the post is appropriate and the consequences of posting inappropriate content. A general rule is to not write anything you would not like to see in a newspaper.

Occupational therapists may unintentionally breach health consumer confidentiality and privacy if they assume that:

- the communication or post is private and accessible only by the intended recipients
- the occupational therapist fails to recognise that content, once posted or sent, can be disseminated to others
- content deleted from a site is no longer accessible
- it is harmless if private information about health consumers is disclosed if the communication is supposedly accessed only by the intended recipient. (This is still a breach of confidentiality)
- it is acceptable to discuss or refer to health consumers if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. (This is a breach of confidentiality and demonstrates disrespect for patient privacy)
- because a health consumer has the right to disclose personal information about himself or herself (or a health care organisation has the right to disclose otherwise protected information with a patient's consent), occupational therapists do need to refrain from disclosing health consumer information without a care-related need for the disclosure.

*the term health consumer is used throughout this guideline. However OTBNZ recognises that occupational therapists work in other sectors other than health. These guidelines apply to all areas of work.

Text Messaging

Using texting for appointments may be appropriate but care should be taken when using texting for more comprehensive health matters.

For example – it is not appropriate to give bad news or to try to assess a health consumer's condition by text messaging. In these cases a phone call or face-to-face meeting is more appropriate.
Respect health consumers' privacy and confidentiality

Examples of intentional or inadvertent breach of confidentiality are when patient information or images are posted online, comments are made about health consumers who may not be named but can still be identified or health consumers are referred to in a degrading or demeaning manner. Be aware that patient emails or answerphones could be accessed by others.

EXAMPLE

Mary, an occupational therapist working in an elderly residential facility tells her mother about a resident who was her neighbour. Mary’s mother then rang the resident’s daughter to ask her how her mother is coping with moving into residential care. The daughter was not aware that her mother had moved into care.

CODE OF ETHICS

2.4 protect the confidential nature of consumer information gained through professional contact, within the limits prescribed by the Privacy Act 1993, and in accordance with local policies and procedures.

3. Occupational therapists shall demonstrate that the dignity, privacy, safety, health and concerns of people receiving their services are important and respected.

3.5 ensure all care is taken to maintain confidentiality of records, including electronic communication.

Guidance: Confidentiality and privacy in the health context

Confidentiality and privacy are related, but distinct concepts. Any health consumer information learned by the occupational therapist during the course of treatment must be safeguarded. Such information may only be disclosed to other members of the health care team for health care purposes with consent from the health consumer. Confidential information should be shared only with the health consumer’s informed consent, when legally required or where failure to disclose the information could result in significant harm.

Privacy relates to the health consumer’s expectation and right to be treated with dignity and respect.
Work respectfully with colleagues to best meet health consumers’ needs

Be respectful to your employer, colleagues and other health providers in all communications or posts. Be professional in your language and the opinions you express.

EXAMPLE

Max gets drawn into a derogatory discussion about the behaviour of a colleague on his friends Facebook page. Max doesn’t realise his friend is ‘friends’ with other work colleagues and his comments quickly get passed back to the colleague he was discussing. His colleague complains to the manager and Max is asked to attend a disciplinary meeting. Max is asked to apologise and is given a warning about this behaviour.

Max is now aware that anything he posts or emails could be disseminated to others, and now refrains from entering into any discussions about his workplace on electronic media.

Relationships are built on trust. The health consumer needs to be confident that their most personal information and their basic dignity will be protected by the occupational therapist. Health consumers will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate ‘need to know’. Any breach of this trust, even inadvertent, damages the particular occupational therapist-health consumer relationship and the general trustworthiness of the occupational therapy profession.

CODE OF ETHICS

3.1 3.3. SECTION C

Occupational therapists shall not bring the profession or other health professions into disrepute. Occupational therapists shall:

- uphold and foster the values, integrity and ethics of the profession
- take due care and act with integrity not to undermine or defame another health professional’s reputation.
Act with integrity to justify health consumers’ trust

Code of Ethics 2.2

Occupational therapists shall ensure that people receiving their services feel safe, accepted, and are not threatened by actions or attitudes of the therapist.

Occupational therapists shall not enter into or continue with any relationships (personal or professional) with consumers or their carers that will, or have the potential to, exploit or harm the consumer and/or their family/whanau.

Examples where professional boundaries may be breached are when health consumers are made ‘friends’ on personal social media websites.

Occupational therapists generally should not initiate or accept friend requests except in unusual circumstances such as where an in-person friendship pre-dates the clinical relationship.

Remember it is possible to de-friend or change settings on some electronic media.

EXAMPLE

Neil accepts a friend’s request on Facebook from Jane whose name he recognises. The chatting develops and at times becomes personal. Neil’s manager is also a friend on Neil’s Facebook page and sees the connection, and at times is copied into communication. Neil’s manager knows that Jane is a health consumer of health services that Neil works for.

Neil’s manager reminds him that it is his responsibility to maintain the professional boundaries of the relationship. By friending a current patient he may have inadvertently compromised the relationship as well as his professional reputation with others who view his site.

Remember that what you see on a health professional’s friend page who has friended a past or current patient will show on your own Facebook page.
Maintain public trust and confidence in the profession

CODE OF ETHICS

2. Occupational therapists shall ensure that people receiving their services feel safe, accepted, and are not threatened by actions or attitudes of the therapist.

3.1 Occupational therapists shall not bring the profession or other health practitioners into disrepute. Occupational therapists shall: uphold and foster the values, integrity, and ethics of the profession.

If you are identified as an occupational therapist online you should act responsibly and uphold the reputation of your profession.

EXAMPLE

One of Debbie’s health consumers looks her up on Facebook and is surprised to find out that she attended the Pub Crawl as a student and still has the photo on her profile page. She no longer wants Debbie to look after her.

It is every occupational therapist’s responsibility to maintain public confidence in the profession. Debbie would be wise to think carefully about any information she posts and to ensure she uses appropriate privacy settings.

For more information please contact OTBNZ at enquiries@otboard.org.nz