

## Professionalism in the Digital Age

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The increased use of social media by physicians, combined with the ease of finding information online, can blur personal and work identities, posing new considerations for physician professionalism in the information age. A professional approach is imperative in this digital age in order to maintain confidentiality, honesty, and trust in the medical profession. Although the ability of physicians to use online social networks, blogs, and media sites for personal and professional reasons should be preserved, a proactive approach is recommended that includes actively managing one's online presence and making informed choices about disclosure.

The development of a "dual-citizenship" approach to online social media that separates public and private personae would allow physicians to both leverage networks for professional connections and maintain privacy in other aspects. Although social media posts by physicians enable direct communication with readers, all posts should be considered public and special consideration for patient privacy is necessary.

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The old art cannot possibly be replaced by, but must be incorporated in, the new science.

—Sir William Osler

The omnipresence of the Internet at work, at home, and via mobile devices has led to the birth of the modern information age. Physicians, like other professionals, are expanding their use of Internet-based resources at work while simultaneously developing individual digital lives marked by sharing thoughts, journals, and media online. Unlike previous advances in communication, such as the telephone and e-mail, the inherent openness of social media and self-publication, combined with improved online searching capabilities, can complicate the separation of professional and private digital personae. Together, these changes create challenges and opportunities in terms of online behavior that require physicians to consider the evolution of professionalism in a digital era.

The American Medical Association's recent policy on Professionalism in the Use of Social Media (1) addresses some of these challenges and provides a starting point for moving forward. As more providers and trainees use social networks and blogs, health care professionals must be aware of what is being posted online and how it is presented. Furthermore, the use of online rating sites and search engines by patients requires physicians to understand and manage their online identities and personal brands. Together, these challenges demand that physicians proactively review and maintain their digital lives.

### THE PHYSICIAN IDENTITY

How can physicians maintain a professional image when search engines juxtapose official biographies with Face-

book profiles, political donations, and newspaper clippings (2)? Research suggests that physician characteristics, such as obesity, can affect the confidence that patients have in their providers (3). Should we, as physicians, be concerned whether the personal habits and views that we reflect in online posts and photographs do not match our professional recommendations to patients? These challenges are magnified for medical students and trainees who are "growing up online" and may have left "digital footprints" reflecting behavior and ideals that they would not openly share as professionals.

Despite concerns about individual privacy, social media offer opportunities for professional use, including connecting with colleagues or public health outreach. Physicians can leverage social network profiles for professional, personal, or combined purposes, and their decisions about online disclosure should reflect these choices. Most physicians currently do not maintain clear separation between these online "worlds," and the first Facebook "friend" request from a patient can be an awkward exercise in boundaries (4).

Ultimately, a physician's online presence will vary and be guided by personal preferences and personality. Unlike physician disclosure during office visits, we know little about how online disclosure affects the patient-physician relationship at present (5, 6).

### THE PHYSICIAN AND SOCIAL MEDIA

Regardless of physician preference, clear limits exist about what physicians and other providers can share online. Recent studies detail the online posting of unprofessional content by medical students and the prevalence of publicly viewable Facebook accounts among medical students and residents (7, 8). Nurses and ancillary staff also have been reprimanded for inappropriate online posts (9-11). A review of physician blogs revealed that 17% contained information that could identify the patient or his or her physician, including 3 blogs with identifiable photographs (12).

Physicians must also be aware of unintentional online disclosure of patient information. Online posts can create a

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**Table. Challenges and Recommendations Associated With Use of Social Media by Physicians**

Challenge	Recommendation
Managing your identity and professional image	Perform “electronic self-audits” to monitor your online presence Maximize online privacy settings for personal profiles and social networking sites Develop “dual citizenship” online with separate professional (public) and personal (private) networking profiles Develop a professional biography for patients and others to preferentially find when using search engines
Using social media in a professional manner	Understand that all posted content should be considered public and permanent Encourage online behavior of physicians, nurses, physician extenders, and office staff to mirror the standards of behavior maintained in the office Refrain from posting potentially identifiable vignettes online unless you obtain patient consent
Communicating with patients electronically and professionally	Preferentially use secure messaging for electronic communication with patients or, where not available, provide informed consent for e-mail Avoid direct communication with patients via third-party platforms (e.g., Twitter, Facebook) Recognize that patients may have unequal access to electronic resources

sense of community between writers and their regular audience, but participants should not expect privacy or exclusivity within this network. Physician authors should expect that patients and their families have access to published materials, even if the physicians exclude names or a post is subsequently deleted. A recent survey of medical school deans about unprofessional online behavior underscored this possibility by reporting that 2 out of 46 incidents were first identified by the patient or a family member of the patient (7).

Beyond these gross transgressions, subtle oversteps of boundaries raise concerns for professional reputation and responsibility. Most hospital elevators have large signs reminding staff not to discuss patients in public settings. Even if a patient’s name is not used, details or the tone of the discussion may alarm others in the elevator. In this fashion, social networks may be considered the new millennium’s elevator: a public forum where you have little to no control over who hears what you say, even if the material is not intended for the public.

Although identifiable patient details should certainly be off limits, what about open complaints online? If complaining about one patient in front of another patient is considered poor form, what about complaining about one patient in front of thousands? The “hidden curriculum” of these interactions may influence how patients perceive physicians and health care overall.

### A PROACTIVE APPROACH TO PROFESSIONALISM

We fundamentally believe in preserving the ability of physicians to use online media, social networks, blogs, and video sites for personal and professional reasons. Any effort to block or discourage use of these media would be unenforceable and counterproductive. Physicians should know how information flows online and that the context surrounding personal information or social media may be limited. Medical educators and institutional policymakers should develop curricula and progressive social media policies that enable physicians to engage with their friends, families, and patients in safe and productive ways (Table).

Formal guidelines for such professionalism are currently in development. Hospitals have begun to embrace social media at the institutional level. As of October 2010, 830 hospitals nationwide had active accounts on YouTube ( $n = 395$ ), Facebook ( $n = 639$ ), Twitter ( $n = 635$ ), or blogging sites ( $n = 92$ ) (13). However, hospitals and medical schools are still developing clear policies for individual providers (14, 15). For example, Vanderbilt University Medical Center has created a social media policy for faculty and students that does not discourage use of these media but provides boundaries if a person self-identifies as a medical center employee (16).

We recommend that physicians perform routine “electronic self-audits” of their online identity by using search engines to determine the amount and type of personal information that they share online. Although most information probably will be professional (for example, an office location or an official biography), many searches will reveal personally identifiable information (17, 18).

Physicians who wish to maintain a professional identity online and a private identity among friends and family may pursue “dual citizenship” by creating a separate online profile that is intended to appear among the first results when someone queries a search engine about a physician. Physicians can accomplish this through a professional home page; an online curriculum vitae; or services, such as Google Profiles ([www.google.com/profiles](http://www.google.com/profiles)). The dual-citizenship approach is particularly advantageous for pre-professionals in transition, because profiles can redirect traffic away from other content that may no longer be under one’s direct control.

Physicians who desire an outward, professional presence on social networking sites, such as Facebook, may choose to create a “public figure” in order to better control information. This method also obviates the need to accept or deny a friend request from a patient or other person. Physicians alternatively can use professional social networking sites, such as LinkedIn and Sermo.

Despite these techniques, absolute separation of professional and personal identities is nearly impossible. Al-

though using a pseudonym may reduce the chances of incidental disclosure, patients who are motivated to identify information about their physicians probably will succeed. Physicians who are aware of their digital identities will be best able to address any questions that a search may reveal.

Beyond physician identity, we discourage using social media, such as Facebook and Twitter, as a form of communication between patients and providers, primarily because the social media companies have ultimate control over the information without a guarantee of security. Messages sent via social media are best used for general announcements, such as influenza vaccine availability or other broadcast alerts related to public health.

Physicians who blog must be aware of the purpose, scientific or storytelling nature, and audience of their posts. Patients may be alarmed if they identify their stories online despite their physicians' careful attempts to protect the patients' identities, even if their stories are used for educational purposes. For all posts that discuss specific patients, a process similar to informed consent in which the physician discusses the nature of the post with the patient and requests the patient's permission might be most appropriate.

The digital revolution of the past 25 years has just begun to influence medicine. Social networking and online communication remain in their infancy. Physicians should take advantage of these tools for personal and professional use but must be aware of the potential effect of their online actions. As a profession, we must seek to identify common standards and develop resources to teach current physicians and trainees a basic set of principles to guide electronic interactions now and in the future.

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