AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Social Media for Family Physicians:
Guidelines and Resources for Success

AAFP Communications/Social Media

Social media channels enable anyone with access to the Internet to disseminate news, information, or opinions, making everyone a publisher in a sense. Content shared via social media may reach one person or may reach millions of people, depending on the social media platform, the message, and the audience. But now, with more than 90 percent of online adults using social media regularly,[1] these media can be extremely influential.

Why social media for physicians?

Social media channels benefit physicians both as sources of content and as platforms for the dissemination of content:

- Many physicians have turned to social media to help them keep up with new information they need to know to provide quality care. One recent study found that more than 70 percent of primary care physicians and oncologists use social media at least once a month to explore or contribute health information.[2] Social media can help physicians stay up to date on news that may affect their patients or prompt patient questions.
- Social media can enhance professional networking efforts.
- Social media tools such as blogs, social network sites (Twitter, Facebook, LinkedIn, etc.), and video sites (YouTube, Vimeo and Vine) give physicians a platform to:
    - express their views on health care-related topics,
    - share general clinical or practice information (e.g., flu shot availability), and
    - educate their patients and their community at large.

The last two of these uses require more time commitment and involve more personal exposure than the others. Consequently, these guidelines will deal most with these areas, especially the last.

While the American Academy of Family Physicians (AAFP) recommends that physicians explore the use of social media, you must decide whether you want to go beyond exploration, basing your decision on your own circumstances and the value you find in social media for yourself, your patients, and your community. If you decide to become active in social media — especially if you are interested in disseminating information and opinions — these guidelines are for you.

Unless the use of social media is part of your job description, of course, it is not likely to be a source of income. It is much more likely to represent a cost. For "cash-only" practices and practices with a significant percentage of direct-pay patients, the additional time needed to build the practice's social media presence represents an overhead cost that the practice may be able to pass on. Not so for physicians paid on a fee-for-service basis by third-party payers. There is no CPT code for time spent on social media.

That does not mean that the use of social media offers no financial benefit. While consumers searching for a new physician typically rely on personal recommendations and on the list of physicians in their health insurance network,[3] social media marketing can help establish and

enhance a physician's reputation and visibility online. A strong social media presence can benefit the practice as a form of word-of-mouth advertising. In addition, a vibrant online community helps keep patients engaged and informed, perhaps benefitting patient retention.

Just as important as financial return on investment is social return on investment (SROI), a term used by Howard J. Luks, MD, to refer to the social benefits you get from educating people, humanizing your presence, and making health care more social.[4] This arguably leads to more productive face-to-face encounters with patients who come to the office better informed and better prepared. It also gives you the personal satisfaction that comes from sharing your knowledge beyond the physical confines of your office.

Is social media use part of "meaningful use"?

Meaningful use, in the terminology of the Centers for Medicare & Medicaid Services, is the use of a certified electronic health record (EHR) system to achieve various specified goals. None of those goals currently requires the use of social media and, according to Jason Mitchell, MD, Director of the AAFP Center for Health Information Technology, none of the certified EHR systems he is aware of integrate social media tools. To the extent that physicians are paid for value, not volume, however, they have an incentive to use whatever methods will improve outcomes and decrease costs.

How much time will social media take?

How much time you must invest will be based on your goal. What do you want to do with social media? At one extreme, if your goal is to monitor a channel such as Twitter for health news and information, it can be done in 30 minutes or less per day, spread across the day in smaller blocks of time to coincide with lunch and breaks. At what might be the other extreme, if you want to promote your practice as well as provide thought leadership on health matters through a Facebook page or blog, you will need to consider posting at least once every other day. You will also need to plan what to post and respond to questions or comments on your page. Maintaining an active blog can be especially time consuming, requiring perhaps hours of work daily.

Getting Started in Social Media

If you do decide to take the plunge, start with the steps listed here and outlined in "An initial approach to social media," below.

1. Determine your goals. Ask yourself where you want to go with social media. Do you want to keep up with news and developments in medicine, enrich your professional network, educate and inform patients, or advocate a point of view?
2. Explore the top social media channels. If you are looking to social media simply to learn and not to post your own thoughts and information, you may want to explore several platforms — Twitter, Facebook, and LinkedIn, for instance — and check out various blogs to look for sources you wish to follow or groups you wish to join. On the other hand, if you intend to disseminate content, you will want to start by identifying your target audience, because your choice of target audience will influence your choice of channel. Do you want to share information with patients and the general public? Only peers? Legislators?
3. Decide how much time and effort you can invest. Can you make your social media effort part of your daily schedule?
4. Select the appropriate channel or channels for getting your message to your chosen audience. This includes consideration of the use of personal versus professional accounts:

- **Facebook** encourages conversations, connections, and sharing between both individuals and organizations, although it tends to be used for informal communications between friends and acquaintances.
    - Facebook allows for the creation of both a personal profile as well as a business page. Physicians should consider using a business page to engage with the public as it allows for better control over what is shared and posted to the page. It also allows for multiple administrators. Lastly, it separates what is still private for family and friends from public content meant to connect on a more professional level. See the AAFP Facebook Guide.
- **LinkedIn** is more professionally oriented, focusing on business relationships, branding, and job-related information. This makes relationships less casual and more businesslike. See the AAFP LinkedIn Guide.
- **Twitter** promotes real-time sharing and conversing with other users and monitoring of up-to-the-minute news. It also allows users to become part of larger peaking trends or conversations such as the one that developed concerning the location and availability of emergency services in the wake of Hurricane Sandy. See the AAFP Twitter Guide. Twitter postings, called "tweets," are limited to 140 characters and tend to scroll off users' screens fairly quickly as new tweets arrive, giving them relatively short active life spans.
- **Blogs**, created using web services such as Blogger http://www.blogger.com and WordPress http://wordpress.org, allow the greatest freedom in terms of posting length and format but do not come with their own networks of users the way Facebook, LinkedIn, and Twitter do. Building the audience for a blog can be challenging but very rewarding. This level of engagement is at the same level as a journalist who writes full articles. This is one of the most demanding forms of social media in terms of time and effort, but also offers greater SROI.
- **Google Plus (aka G+)** is Google's answer to Facebook. It allows you to join interest-based communities as well as follow and segment fellow G+ members into circles (e.g., friends, celebrities, business associates). Google Plus is integrated with other Google services such as Gmail, Google Docs, Google Maps, YouTube, and Google Search.
- **YouTube, owned by Google,** is a video-sharing website on which users can view, comment, upload, and share videos. While YouTube is a social networking channel, typically the videos hosted on YouTube are embedded and viewed on other platforms such as Facebook or Google Plus. As YouTube becomes more tightly integrated with other Google services, users will benefit from the addition of enhanced features and accessibility.

In addition to the consumer-focused social media services mentioned above, professional peer-to-peer services also represent a way to find and interact with either a niche audience or on a niche topic. These sites tend to be secure, closed communities.

Member use of these services primarily involves keeping up to date with new developments in the field and reading expert commentary. Due to their secure nature, these services also give members a way to communicate with colleagues — whether for consulting on patient issues, discussing professional challenges, or simply keeping in touch. Examples of peer-to-peer communities include:

- Sermo
- Doximity
- QuantiaMD

- MedScape Connect
- MomMD

While these professional communities are free for physicians to join and use, it should be remembered that their business model typically involves aggregating and selling member data to health care companies that are interested in learning what physicians think.

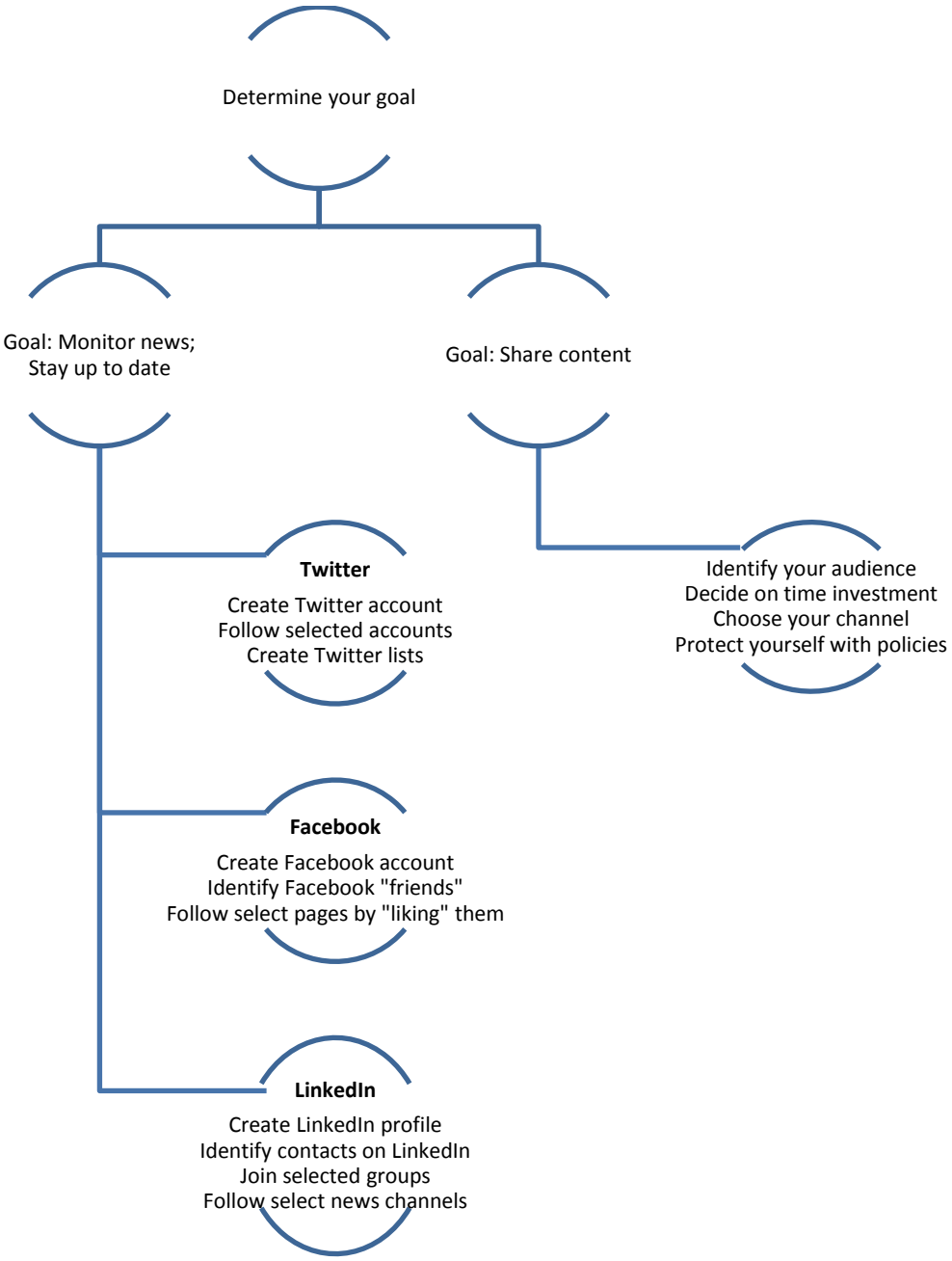
Each social media channel has its own unique style of communication. If you are new to a channel, the best advice is to “Lurk, Listen, and Learn.” Engage after you feel comfortable. When you begin to post, a good rule of thumb is to "think like a publisher, talk like a friend."

Tips on getting started

You will learn how to use each channel of social media as you go along, but a few tips can help to start:

- Don’t skimp on your social media effort. Doing something well takes time. If you don’t have the time and can't share the responsibility with a colleague, assign a properly trained staff member to do it for you. If you don’t have staff, re-evaluate your goals, the channel you want to use, and the time investment required versus the benefits you expect.
- Know your audience. If you are writing for lay users, don’t write like a clinician. Your followers won’t understand what you are saying.
- Use the right social media tools for what you want to accomplish. Your goals will determine which tools to use. For example, if you want to monitor news, set up Twitter lists to segment your interests. Organizing Twitter this way makes it much easier and more efficient to stay up to date.
- Manage your message. In a multi-physician practice, your message should be consistent across the organization.

An initial approach to social media:



SOCIAL MEDIA PROFESSIONALISM

The power and benefit of social media channels is that they allow broad sharing of information, at little to no cost. Naturally, this benefit is also a curse, since unqualified people spouting medical advice or pseudoscience and marketers pushing products and services can present themselves as experts on the Internet. Unfortunately, with many adults researching medical conditions online and attempting to self-diagnose, this widespread misinformation can be dangerous. One important role for physicians in social media is to combat this misinformation. There are other roles, too, of course. Here are two:

1. Some physicians and health care organizations use social media to educate their patients and the general public. Take these examples:

- Health agencies in San Francisco and Washington, D.C. use text messages as well as YouTube to help spread information on safe sex and condom use. http://youtu.be/LWcABcngUwc.
- Kansas City pediatric subspecialist Natasha Burgert, MD, offers child-rearing tips on her blog, KC Kids Doc http://kckidsdoc.com as well as on Facebook, Twitter, Google Plus, and YouTube. She also answers patients' questions by email and text message.
- Premier Family Physicians in Austin, TX, uses their Facebook page http://www.facebook.com/PremierFamilyPhysicians creatively, with a feature called "Are You Smarter Than a Medical Student"? The practice uses photos to engage patients in health education by challenging fans of their page to type in an answer to questions that they pose on their wall.
- Wendy Sue Swanson, MD, a Seattle pediatric subspecialist who blogs as Seattle Mama Doc http://seattlemamadoc.seattlechildrens.org, monitors social media channels to know what her patients may be talking about and the issues affecting them. "Using social media, she can let families know that a crib setup pictured in a news story is dangerous for a baby, for example, or weigh in on a breast-feeding controversy."[5]

2. Others focus more on the health care system than on health, aiming their content chiefly at other physicians, health care providers, and policy makers, as well as interested lay people. They may set out to gather health care news, comment on the news, or advance a philosophy of health care. Here are two examples:

- Kevin Pho, MD, a nationally known health care blogger, covers breaking medical news as well as topics covering physicians, patients, and conditions on his blog, KevinMD http://www.kevinmd.com/blog/.
- Mike Sevilla, MD, blogs and podcasts about issues related to family medicine at Family Medicine Rocks.

In a nutshell, physicians should seek to contribute educational content to enable the public or their peer community to benefit from their knowledge and experience. If you decide to focus on giving patients accurate health information, don't veer into online diagnosis. Limit yourself to sharing general medical insights and debunking misleading information found online.

Patient privacy and HIPAA

The rules regarding patient privacy that apply to everything else that you do in health care also apply to social media, of course. A good rule of thumb is not to write about individual patients, even in general terms. Trying to maintain patient anonymity to the degree required by the Health Insurance Portability and Accountability Act (HIPAA) while discussing the patient's case is

fraught with pitfalls. In 2011, for instance, Alexandra Thran, MD, an emergency department physician in Rhode Island, was reprimanded and fined for posting information related to a patient on her personal Facebook profile. Dr. Thran had been venting about her day and, while not specifically identifying patients, she had included enough detail about one patient's injuries that an unauthorized third party was able to identify the patient.[6]

While only covered entities and business associates must adhere to the HIPAA rules, patients are free to disclose whatever health information they choose. Once disclosed on your social media channel, however, protected information can quickly lead to patient embarrassment, third-party comments, and the risk of an inadvertent comment on your part. If you think that comments or questions on your social media channel begin to approach HIPAA violations, stop the conversation and, if possible, remove it from the channel.

Keeping posts and tweets at the community level, not the patient level, enables you to share your insights and benefit your local community while enhancing rather than risking your professional reputation. You can write about conditions, treatment options, and research as long as you use general terms. For a good example of posting about a condition, read Dr. Howard Luks' article, "Pediatric Shoulder and Elbow Injury Prevention: Obey the Pitch Counts!"

Medical board concerns

One of the challenges facing physicians is increased regulatory scrutiny due to the position they hold in our society. In some cases, what you post online can threaten your license.[7] Each state medical board operates independently, though, so what may cause concern for one board may not necessarily interest another. The general guidelines below were pulled from a survey of state medical boards.[8] This list is not comprehensive.

High consensus. Nearly all medical boards agree that the following would trigger an investigation:

- Posting misleading clinical information on a physician's website
- Posting photos of patients without their consent
- Misrepresenting your credentials online
- Inappropriately contacting a patient (e.g., through a dating website, Facebook message, public tweet, etc.)

Moderate consensus. Less than 75 percent but more than 50 percent of medical boards said the following would trigger an investigation:

- Posting a photo online depicting alcohol intoxication
- Violating patient confidentiality by posting information containing potential identifiers
- Using discriminatory language on a blog or social media site

Low consensus. Less than half of state medical boards said the following would trigger an investigation:

- Posting something on a blog or social media site that is disrespectful of patients but doesn't contain potential identifiers
- Posting a photo to a social media site that shows physicians drinking but clearly not intoxicated
- Providing generalized patient narratives without violating confidentiality

Communications with individual patients

Generally, public communication in a patient-physician relationship is not desirable to either party. The patient may worry about private information being inadvertently shared while the physician faces liability issues related to patient privacy. Some social channels provide for "private" communications between individuals, but it can be all too easy to mistakenly send publicly what is intended to be a private communication. Moreover, social networks such as Facebook that have changing privacy policies further increase the risk that private information may be shared.

In terms of patient-physician dialogue, the question arises about whether physicians should "friend" and interact with patients at all on social networks such as Facebook. This is not a simple issue. A physician's Facebook friend of long standing may later become his or her patient, for example. Practice setting can play a role, too, for instance, in rural communities where many people may know and consider one another friends and where social networks foster even stronger feelings of community and professional boundaries are blurred. See "Social Media in Medicine: Do Your Patients 'Like' You?"

We recommend that physicians not accept patient friend requests in their personal social networks. This not only protects the physician from exposure to litigation but maintains the boundary needed for a professional physician-patient relationship. Facebook, in particular, offers a way to keep this boundary intact by the use of a business page. Facebook business pages allow physicians to post information, moderate questions and comments, plus analyze which posts were most relevant through a robust series of page and post metrics. That said, if the physician chooses to engage with patients on social channels such as Facebook, the key becomes how and where patient questions are answered. In addition to observing HIPAA rules:

- Never initiate a medical conversation with a patient over a social media channel. Insist on a visit.
- Never diagnose. Instead, educate and engage. Provide answers only to general, non-patient-specific questions such as dosage recommendations for OTC medications — information that can also be found on the manufacturer's website.
- If a patient uses a social media channel to ask a complicated, sensitive, or patient-specific question, direct the patient to your secure patient portal or an appointment.
- If the request is urgent, call the patient with your response. Just because the question originates on a public social networking channel doesn't mean the answer has to use the same channel.

Beyond appropriate conduct

It's possible to act ethically and legally in all your social media efforts and still act unwisely. Remember, what you do online affects your reputation. One thing to keep in mind as well is that many news sites allow commenting on articles via social media login. You can comment on a news article simply by connecting through one of your social media channels. The same process that allows social commenting may then share that information back to your own wall or feed. Not every news site does this, but enough do to warrant this warning. The following tips can help. They were assembled from various sources on the Web:

Be aware of perceptions. *Ask yourself, "How will this comment or post reflect on my professional reputation?"* The lines between public and private, and between personal and professional, are blurred on social media networks. Like it or not, physicians are held to a higher standard in the public's eye, and whatever you post, whether personally or professionally, is likely to reflect on your professional reputation, that of your practice, and, if you are an

employed physician, that of your employer. Don't post personal pictures or messages on your professional channel unless they directly relate to or enhance your business or reputation.

Consider personal posts public. *Ask yourself, "How will people who don't even know me take what I write?"* Everything you post online has the potential to be viewed by users who may not be the intended readers. To this end, avoid addressing polarizing topics unless the issue directly involves what you represent or stand for in your profession.

Keep your context in mind. *Ask yourself, "Will what I'm writing be perceived as being on behalf of my practice, or as my individual professional opinion — or as just a personal message?"* Even the use of a disclaimer may not be enough to separate your opinions from those associated with your role. Although it should not be expected that all of your social media use be work-related, it makes sense to keep the items that you share with your personal network as separate as possible from those you share with your professional network. Consider using separate sign-ins and separate tools, such as TweetDeck, HootSuite, or BufferApp, when sharing with your personal network to avoid posting to the wrong audience.

Be yourself. *Ask yourself, "Am I comfortable with the idea that my boss or my mother might read this?"* You are responsible for the content you post. Never impersonate someone else or purposefully obscure your identity. Transparency builds trust! Write in a friendly tone and in the first person. Respect your audience and the forum in which you participate. Never say something on one social network that you contradict on another. Care about what you are talking about.

Write what you know. *Ask yourself, "Can I answer any follow-up questions on this topic?"* Stick to your area of expertise and provide your unique perspective on a topic. Don't misrepresent yourself as an expert on a subject if you aren't. If you need help, find an expert.

Respect copyrighted and confidential information. *Ask yourself, "Am I sharing information that may be confidential or sensitive to my business?"* Know the laws and your employer's policies, and don't break them. Respect proprietary information and content, patient and practice confidentiality, brands, trademarks, copyright, and fair use conventions.

Don't be shy; share! *Ask yourself, "Would my audience value this information?"* Great content is available on the Web, and you don't need to create all the content you distribute. A link is not an endorsement, so don't be shy about sharing something if you feel it is worthwhile to your colleagues and friends. Just be sure to credit the source in a way that's clear to your audience. The AAFP, among other organizations, creates a lot of good content. We encourage you to link to AAFP articles, patient handouts, blog posts, and calls to action, if you like.

Give credit where credit is due. *Ask yourself, "Can I legally and ethically reuse and share this information?"* If you "reblog," "retweet," or otherwise share content you didn't create, always cite your source and link back to the original post. Citing sources can't be stressed enough. This is very important when it comes to commenting on news articles online. If you have any sense that the originator might object to your sharing his or her content, ask permission before sharing. Never use copyrighted material without permission. Use trackbacks when sharing another person's blog post (see http://en.wikipedia.org/wiki/Trackback). If you share images from others, either get explicit permission to do so, or make sure the images have a Creative Commons license that permits sharing. Attribute them, too.

Mistakes happen. *Ask yourself, "Does this reflect badly on my practice?"* One mistake will attract more attention than a hundred successes. If you make a mistake, admit it quickly. Most of the time, you can then move on. If you need guidance, the AAFP's social media response diagram might help (see the Appendix).

Listen, think … then respond. *Ask yourself, "Have I thought this through carefully?"* Monitor and reply to comments in a timely manner when a response is appropriate. Always add value to the conversation. If you can't, think about whether a response is needed. Avoid responding to baited posts, and redirect sensitive posts to a more appropriate offline channel. Post content that's open-ended and invites a response from your audience. Encourage comments.

Use a friendly but professional manner. *Ask yourself, "Is my tone defensive, angry, or condescending?"* Be friendly, polite, and professional, especially when you disagree with someone. Not everyone is going to agree with you, and people often feel free to express their displeasure or disagreement in very candid terms. Understand that your intended tone may not translate well in writing, so be careful to separate emotion from your response. Acknowledge alternate opinions and provide constructive comments in response. Remember, once the words are out there, you can't get them back. If you find yourself working too hard to defend your position or getting hot under the collar, take a step back and let your online community defend you, because they will if you're justified.

On the subject of defensiveness, think twice before responding to a negative review posted on a physician-rating site. While online physician-rating services are becoming common, the Pew Research Center says that only about one in five Internet users have consulted these types of online reviews and rankings. And while online reviews arguably have a negative bias, only 3 percent to 4 percent of people actually post health care-related reviews. By posting responses to these types of reviews, you inadvertently draw attention to them and increase their credibility. If a former patient complains, try to resolve the complaint in a phone call or through some other offline channel.

Remember that everything online is discoverable. *Ask yourself, "Do I want my patients and my colleagues to see this?"* Before you post, remember that online messages cannot be retrieved or deleted. Public tweets and posts are indexed and stored on search engines such as Google or cached by the provider of your social media channel, so even if you delete your post, it can probably be found. If you wouldn't want your boss, a plaintiff's attorney, or a judge to see it, don't post it.

SOCIAL MEDIA POLICIES

If you are in a practice where you have staff manage your social media channels, take some commonsense steps to protect yourself.

First, develop a social media policy for your office and make sure all staff with social media access understand it. This may be one overall policy or various policies that cover blogging and commenting. Your social media policy should include rules such as these:

- Don't share confidential or proprietary information about the practice.
- Maintain patient privacy.
- Write in the first person.
- Only approved staff may engage on official social channels.
- Do not initiate or accept friend requests from patients.
- Staff in management/supervisory roles should not initiate "friend" requests with employees they manage.

A great source for health care social policies can be found on a website called Social Media Governance, and the AAFP social media policy may also help.

Manage staff use of your social channels

Limit the number of staff who will have access to your practice social media accounts. This allows you to know who is posting on your behalf and ensures consistency of message. Having too many staff involved typically results in uncoordinated posting and inconsistent messaging.

In addition, while physicians cannot control what their staff will post on their own channels, they must understand that their online activities can be a poor reflection on the physician, practice, and/or hospital. A best practice to employ is one of non-interference. Physicians and staff should not post or comment on the official page from their personal page. If it's valuable enough to be shared on the official page, post it as an administrator. Being connected is great, but the overlap from personal to professional should never happen.

From a risk-mitigation standpoint, loose password controls can harm your reputation. For example, employees fired by the British entertainment retailer HMV decided to get even by broadcasting their "mass execution" on the company's official Twitter account.[9]

In addition, as part of your social media usage policy, ensure that passwords are not changed without your knowledge and that you always have a backup administrator on your accounts. You don't want your passwords walking out the door if an employee leaves. When an employee with knowledge of your passwords leaves your employment, change your passwords.

Lastly, physicians should create "strong" passwords (e.g. alphanumeric with symbols, at least 8 characters). This is the easiest way to safeguard your social media channels (and reputation) from unscrupulous individuals.

Commenting guidelines for your channel

Any physician setting up a blog or other website that allows comments or a social networking channel that allows viewers to post or share should post a well-defined policy outlining what is allowed. These guidelines should be consistent across all of your social channels.
For example, this is the AAFP commenting policy as it appears in Facebook (https://www.facebook.com/familymed/info):

"We welcome your comments and encourage thoughtful discussion and differing viewpoints on this page. Feel free to challenge the ideas of those with whom you disagree (including the AAFP), but please be respectful.

In regards to this page, we reserve the right (but assume no obligation) to remove comments that are racist, sexist, abusive, profane, violent, obscene, or that libel, incite, threaten, or make personal attacks. In addition, we will not permit messages selling products, recruiting, political campaigning or endorsements or promoting commercial or other ventures or those perceived as spam (especially from anonymous posters)."

Assignment of ownership

In certain circumstances, staff may create a social media account for the practice. The question of who ultimately "owns" such an account can be murky when workers tweet or post on behalf of employers, especially if an employee tweets under his or her own name or a user name that he or she created. This represents not only a risk to your practice reputation if this employee leaves (and can continue using the account) but a loss of followers for your practice that may have taken years for your practice to attract.

A good approach is to establish the accounts yourself and then add your practice name to all staff user names. Here is an example:

- For an employee named John at a practice called Main Street Family Medicine (MSFM), the practice might create a new twitter handle, @JohnMSFM.
- To ensure ownership and management of the account, the practice would set the password and have the employee complete an assignment-of-ownership form.
- If John leaves the practice, you can then change the handle; a handle can be created for his replacement while maintaining the account followers.

Employee activity on their personal channels

As an employer, you may become frustrated with personal social media posts made by your employees in their own accounts. Some types of posts can reflect badly on your business. As an employer you should understand what recourse you have.

A post by an employee on a social media website may be protected by the National Labor Relations Act if it relates to working conditions, wages, and constitutes "concerted activity." According to the National Labor Relations Board (NLRB), concerted activity that is protected is activity that 1) involves two or more employees acting together to improve wages or working conditions or the actions of a single employee who involves co-workers before acting or acts on behalf of others, 2) seeks to benefit other employees, and 3) does not involve reckless or malicious behavior such as sabotage, threats of violence, or the spreading of lies about a product.[10] The NLRB provides more information on its website http://www.nlrb.gov/concerted-activity.

Consider seeking legal advice when you are dealing with employee social media posts that you find offensive, especially if you are thinking of terminating the employee in question. Similarly, you might want legal advice regarding what you can and cannot ask employees concerning their personal social media accounts.

State laws

To date, six states (Delaware, Maryland, Michigan, New Jersey, Illinois, and California) have outlawed employer efforts to force employees to turn over social media account information.[11] Kansas, Missouri, and Texas have recently introduced similar legislation. These new laws respond to cases where employers asked job applicants for their login information in order to perform a background check.

While these laws prevent an employer from asking employees for passwords to their social accounts, they do not prevent the viewing of employee posts or tweets that are publicly available. There are also exceptions related to investigations into employee misconduct such as violation of corporate social media policies.

Again, you might want to get legal advice for questions regarding what you can and cannot ask for in regards to employee social media accounts.

Social media for employed physicians

Employed physicians should make sure they understand what policies and guidelines are in place before establishing a professional social media account. Remember, by establishing a professional account, you are positioning yourself as a public representative for your employer.

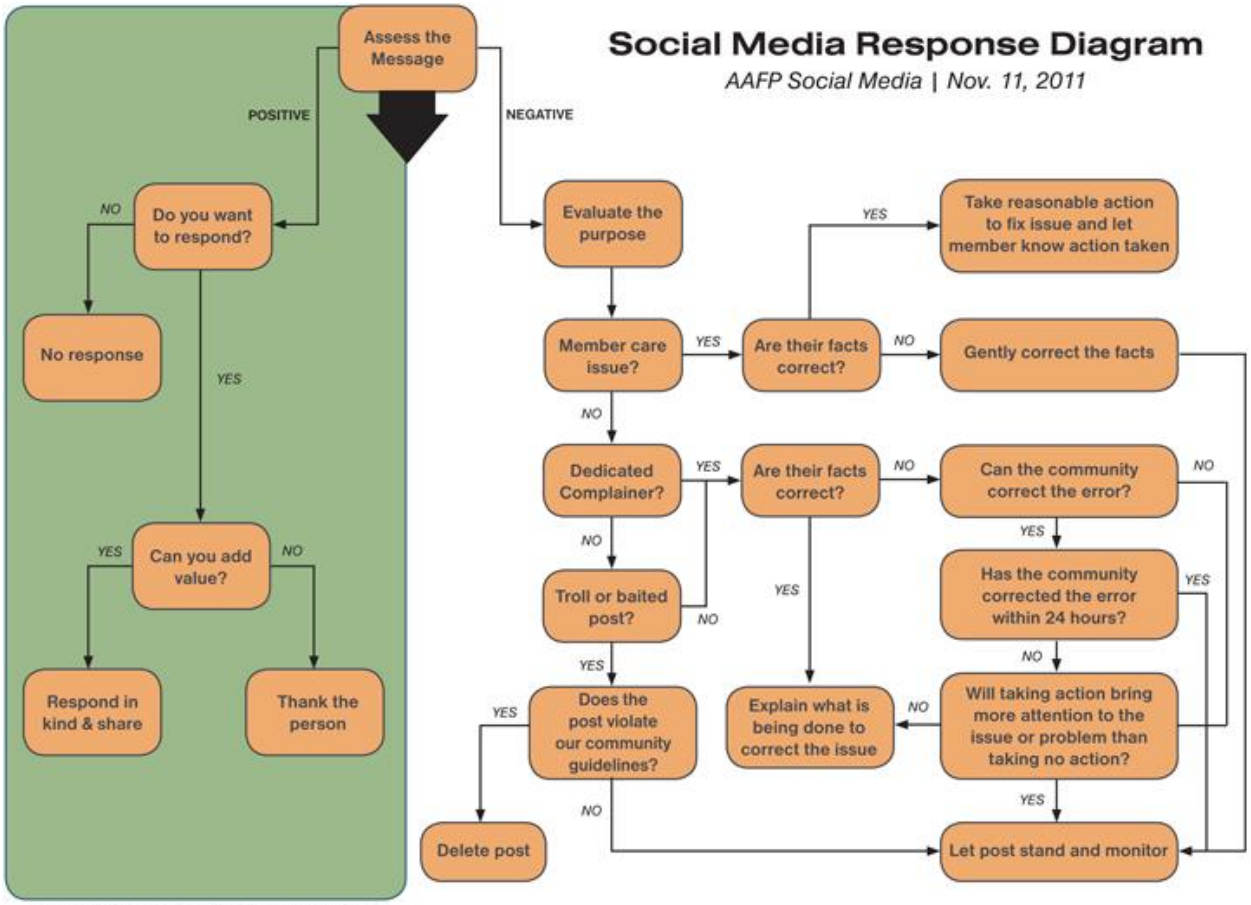
Good questions to ask your employer before setting up a social account:

- Do you have a social media policy? This may include an organizational policy, as well as separate blogging and commenting policies.
- What types of posts are considered off-limits?
- Who can speak on behalf of the organization?
- Are employees allowed to access their social media accounts while “on the clock”? When and where?

If you establish a personal account, ensure that you have a disclaimer in place identifying your employer and stating your posts represent your views and not those of your employer.

APPENDIX

You may find managing your social media presence easier if you consider in advance how you will handle problems that may come up, perhaps even planning out your potential responses on paper. In doing so, you might find the AAFP's algorithm, shown here, a useful starting place for your own approach.


Social Media Response Diagram
AAFP Social Media | Nov. 11, 2011
Assess the Message
POSITIVE
NEGATIVE
Do you want to respond?
NO
No response
YES
Can you add value?
YES
NO
Respond in kind & share
Thank the person
Evaluate the purpose
Member care issue?
YES
Are their facts correct?
YES
Take reasonable action to fix issue and let member know action taken
NO
Gently correct the facts
NO
Dedicated Complainer?
YES
Are their facts correct?
NO
Can the community correct the error?
NO
YES
Has the community corrected the error within 24 hours?
YES
NO
Will taking action bring more attention to the issue or problem than taking no action?
NO
Explain what is being done to correct the issue
YES
NO
Troll or baited post?
NO
YES
Does the post violate our community guidelines?
YES
Delete post
NO
Let post stand and monitor
Sources: SocialFish, USAF Blog Triage, Altimeter Group

SOURCES

1. Experian Marketing Services. The 2012 Digital Marketer: Benchmark and Trend Report. http://www.experian.com/simmons-research/register-2012-digital-marketer.html. Accessed March 12, 2013.

2. McGowan BS, Wasko M, Vartabedian BS, et al. Understanding the factors that influence the adoption and meaningful use of social media by physicians to share medical information. *J Med Internet Res.* 2012 Sep 24;14(5):e117. http://www.jmir.org/2012/5/e117. Accessed March 8, 2013.

3. Tu HT, Lauer J. Word of Mouth and Physician Referrals Still Drive Health Care Provider Choice, [HSC Research Brief No. 9]. December 2008. http://www.hschange.com/CONTENT/1028/. Accessed March 8, 2013.

4. Luks HJ. Medicine and Social Media: Your Personal Social ROI. Howard J. Luks, M.D. website. http://www.howardluksmd.com/medical-social-media/medicine-and-social-media-roi/. Published July 30, 2012. Accessed March 11, 2013.

5. Ostrom CM. Facebook friends with your doctor: good medicine or ethically 'icky'? *The Seattle Times.* http://seattletimes.com/html/localnews/2018900764_socialdocs12m.html. Published August 11, 2012. Accessed March 12, 2013.

6. State of Rhode Island Department of Health Board of Medical Licensure and Discipline. In the matter of Alexandra Than, MD: consent order [C10-156]. http://www.health.ri.gov/discipline/MDAlexandraThran.pdf. Published April 13, 2011. Accessed March 12, 2013.

7. Greysen SR, Chretien KC, Kind T, et al. Physician violations of online professionalism and disciplinary actions: a national survey of state medical boards. *JAMA*. 2012;307(11):1141-2. http://jama.jamanetwork.com/article.aspx?articleid=1105088. Accessed March 12, 2013.

8. Greysen SR, Johnson D, Kind T, et al. Online professionalism investigations by state medical boards: first, do no harm. *Ann Intern Med.* 2013;158(2):124-30. http://annals.org/article.aspx?articleid=1556363. Accessed March 12, 2013.

9. Hardawar D. Fired employees hijack HMV's Twitter to livetweet their 'mass execution.' Venturebeat website. http://venturebeat.com/2013/01/31/fired-employees-hijack-hmv-twitter/#hCFBqfdbTOxZkFV7.99. Published January 31, 2013. Accessed March 11, 2013.

10. National Labor Relations Board. Protected concerted activity. National Labor Relations Board website. http://www.nlrb.gov/concerted-activity. Accessed March 11, 2013.

11. National Conference of State Legislatures. Employer access to social media usernames and passwords. National Conference of State Legislatures website. http://www.ncsl.org/issues-research/telecom/employer-access-to-social-media-passwords.aspx. Published January 17, 2013. Accessed March 11, 2013.