



# Practice Guideline: Using Social Media

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## Introduction

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More regulated health professionals than ever before are using social media. At the same time, concerns are growing about the potential of these digital technologies to damage the reputation of health care organizations and threaten the privacy of client information. Occupational therapists are advised to refer to the College of Occupational Therapists of Ontario's (the College's) Code of Ethics and practice standards for guidance on how to use social media in a way that is congruent with the values and standards of the profession. OTs using social media in their practice are required to apply the College's legislation, standards and principles in a responsible, intentional manner at all times.

### What is Social Media?

Social media are digital technologies and practices that enable people to use, create and share content, opinions, insights, experiences and perspectives, build relationships and promote discussion. The hallmark of social media is user-generated content and interaction. This document will focus on social media such as Google +, Facebook, Twitter, ZoomInfo and LinkedIn. That is not to say that there aren't a number of emerging digital technologies that will continue to be developed.

Each social media platform has its own style and reputation. LinkedIn, for instance, is predominantly a formal business site. Blogging and micro-blogging sites, such as Twitter, are informal and use slang or texting abbreviations; for example, "LOL" for laugh out loud.

Using social media in occupational therapy practice offers numerous benefits. It can foster collegial relationships and enable OTs to widely disseminate information. Social media can also help OTs to coordinate care with other practitioners and further their professional education. When using social media for professional and personal purposes, OTs need to carefully consider how to maintain professional boundaries, prevent conflicts of interest, avoid breaches of confidentiality, and maintain trust and confidence in the profession.

This practice document guides OTs in using social media safely and ethically. As a College guideline, it describes recommended practice, and is intended to enhance and support prudent practice.

While only employees of an organization may be able to access internal social media, colleagues and clients are able to view external social media. In addition, new social media vehicles are being developed all the time.<sup>1,2</sup>

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<sup>1</sup> Corporate Policy 407, Pfizer, (2012).

<sup>2</sup> Central Office of Information, UK, (2009).

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The use of email is not included in this guideline. It has been addressed in the Standards for Record Keeping.

The College participated in an inter-college collaboration on the development of an E-learning module entitled *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals*, which can be found on the College website.<sup>3</sup>

Please refer to *Appendix 1* for a glossary of social media terms.

## Maintaining Professionalism

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With social media, the line between public and private, professional and personal is easily blurred. While there is a distinction between an OT's professional and private life, an OT's poor judgment in his or her personal life may reflect not only on the individual therapist, but on the profession. Occupational therapists are expected to maintain professionalism at all times in occupational therapy practice. This is consistent with Farnan, et al, (2013)<sup>4</sup>, who similarly states that professionalism is the foundation for the social contract between physicians and society, and that societal expectations often extend beyond professional practice and into the daily activities of the physician. Poor judgement reflects not only on the individual physician but also on the profession. This statement also reflects, and is congruent with the College's position on the professionalism of occupational therapists.

Occupational therapists should be aware that perception can be taken as reality on online social networks, and that the lines between public and private, personal and professional, are easily blurred in social media. Careful consideration should be given to the use of social media for OT practice, as well as for personal use.

Before creating an online professional presence, reflect on why you are using social media in your practice. Ask yourself, "Am I using social media to enhance client learning or to satisfy a personal need?" Before using social media for advertising and marketing, review the College's *Standards for Prevention and Management of Conflict of Interest*, and the advertising section in the College's General Regulation. Carefully consider the positive and negative implications of using a social media site where anyone can freely advertise at no cost.

Some examples of positive implications are that by using a social media program, the OT can reach a large number of potential clients; the OT can foster collegial relationships with other health professionals, and can widely disseminate health education to clients or potential clients on a clinical issue. Examples of some negative impacts are that information on social media sites may be manipulated by others and run the risk of an inadvertent breach of privacy and confidentiality of the client or the OT, risks of reputational damage when clients don't know how to correctly apply

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<sup>3</sup> *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals*, COTO website (2013).

<sup>4</sup> Jeanne M. Farnan, MD, et al. (2013). *Position Paper of the American College of Physicians. Online Medical Professionalism Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards*, *Annals of Internal Medicine*. 158(8):620-627

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information found online to their personal health situation and might err in carrying out the OT's advice. Whenever an OT uses his or her professional designation online, the OT is viewed as acting in a professional capacity.

Therapeutic relationships with clients should be the same online as they are in person. For example, clearly establish and maintain appropriate boundaries by keeping your personal social media pages separate from your professional pages. Do not invite personal relationships onto your professional pages. Similarly, do not invite professional relationships onto your personal pages. "Friending" or disclosing personal information to a client online can blur professional boundaries and may be considered a dual relationship. For more information, refer to the College's *Standards for Professional Boundaries*.

Whether on a personal or professional social media site, make it a habit to use the principle, **Pause Before You Post, Reflect Before You Click**. In social media, only post comments and photos that you are willing to make public. Before you save, send or post a comment, ask yourself, "Would I want this information printed in a newspaper, plastered on a billboard or broadcast on TV?" If the answer is no, reword the comment or don't post it at all. Similarly, before posting a photo or video, ask yourself, "Is this susceptible to misrepresentation or manipulation?" If the answer is yes, refrain from posting it. With social media, it's better to err on the side of caution.

Once you disclose personal information online, it may be impossible to completely retract it from the internet. This means there is a high potential for social media sites to use content even when the author deletes it, or does not give explicit consent for its use. Once information is digitized, the author relinquishes all control.<sup>5</sup>

OTs also need to recognize that there is a high risk that anonymous postings no longer exist on the internet. With the ever-increasing sophistication of search engines, the ability to link posts or comments to the original contributor has never been easier.

## Ensuring Client Privacy and Confidentiality

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OTs must apply the relevant privacy legislation to the social media environment. OTs practising in a hospital must adhere to the *Freedom of Information and Protection of Privacy Act* (1990), and those working for local government organizations need to follow the *Municipal Freedom of Information and Protection of Privacy Act* (1990). All OTs need to be vigilant in complying with the *Personal Health Information Protection Act* (PHIPA, 2004).

To protect client privacy and confidentiality, OTs must not post a client's personal health information on a social media site, nor should they post testimonials. For example, while a client may be eager to add

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<sup>5</sup> *Professional Advisory, Use of Electronic Communication and Social Media*, Ontario College of Teachers (2011).

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a testimonial to an OT's Facebook page, by giving their name, the client is revealing confidential personal information. The OT should explain to the client that as per the Advertising Regulation, that the College does not allow testimonials and that the posting would be a risk to the client's privacy.

OTs are advised to obtain informed consent regarding client participation with the OT in social media. As stated in the College's *Standards for Consent*, the OT should discuss the parameters of the consent with the client and document the discussion in the client record. It would also be prudent not to use social media to comment on, or tag or identify a client, colleague or other individual without the person's consent.

Most social media platforms allow the user to place constraints on those who can view the page. Learn how to use these privacy settings and controls to restrict access to your pages. To activate high-level security, review the detailed instructions in the privacy section of the social media platform or on other online resources. OTs should appreciate that no privacy mechanism is fully guaranteed. It is not always possible to control who views your social media postings.

OTs also need to review the confidentiality rules used on external access to information posted on the document sharing sites or virtual storage sites, such as Dropbox. If using these sites professionally, always review the privacy agreement before clicking on the **I accept the terms** button.

## Avoiding a Conflict of Interest

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Prior to posting on the social media site of a third-party supplier, vendor or other private company, the OT should examine the possibility of the posting causing a conflict of interest. Consider for example, a vendor asking an OT to blog on an educational topic on the vendor's website. If the OT's blog appears on the same page as a testimonial from a user of the vendor's products, it may be perceived that the OT is recommending the vendor's products, resulting in a perceived conflict of interest.

To recognize a potential conflict of interest on a social media page or platform, ask yourself, "Is anything competing with the duty to treat clients in a professional capacity? What would a colleague or neutral observer think of an OT posting here?" When participating in social media, OTs must apply the College's *Standards for Prevention and Management of Conflict of Interest*.

## Monitoring Your Online Presence

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Consider dedicating resources to screening, filtering, monitoring and responding to postings, blogs, tweets and Rich Site Summary feeds, such as automatic updates of podcasts, e-newsletters and electronic direct mail. The OT should also check his or her social networking circle to see who is accessing and posting comments and content. If a friend has posted photos that do not reflect the OT's professionalism, the OT needs to ask the friend to remove them. If a client has posted a testimonial, the

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OT is accountable for the breach of client confidentiality. After alerting the client, the OT needs to remove the testimonial from the site.

OTs also need to regularly review their social networking sites, as well as the business and human resources sites, such as ZoomInfo and LinkedIn. In addition, it is prudent to monitor your name on search engines, such as Google. Some information that is posted about you might be completely fictional. Alternatively, you may find information attributed to you that refers to someone who has the same name as you. The OT may need to take steps to clarify, remove or correct any inaccuracies and document the steps taken.

This kind of issue may pose a professional risk to the OT. Some OTs maintain a Risk File in which they keep occurrences and issues of potential professional risk, in order to have a paper trail outlining a description of the risk, and what steps the OT has taken to mitigate that risk. This kind of record keeping provides a prudent approach to pro-active risk management.

## Communicating Online

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When using social media for professional communication, be transparent and respectful. Only share what you would say face-to-face to an individual or group; do not make unauthorized or personal disclosures. Your comments reflect your values and beliefs and affect the reputation of your health care organization and your profession.

Professionalism is reflected in the OT's choice of language and posted images. Consider that the use of abbreviations, acronyms and medical terminology may cause confusion and be misunderstood. Communicating with incomplete sentences can also detract from the clarity of the message.

OTs using social media are advised to determine the required documentation practices and maintenance of communications, following the College's *Standards for Record Keeping and the Essential Competencies of Practice for OTs in Canada*, 3rd edition.

Social media platforms are useful for introductions and initiating professional relationships, but when possible, take the dialogue offline. Some individuals have a rule that after three online interactions, they move the communication to a phone conversation or face-to-face meeting. In-person conversations allow a more complete understanding because they offer additional information from the person's tone of voice, other non-verbal cues and body language.

Social networking sites allow OTs to send messages and invitations en masse. Since customizing communication to a client demonstrates professionalism and supports the therapeutic relationship, consider whether mass messages are always appropriate.

## Organizational Considerations

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To mitigate the potential risks of using social media, it would be prudent for OTs who own an occupational therapy business or who are in private practice to develop a policy for social media use. (See References for examples of social media policies.) Employers should consider a training plan for employees to reinforce their social media policy and encourage entries based on the company or practice's values and ethics. This training should be ongoing to reinforce the organization's guiding principles in its social media strategy.

OTs who are employees should know their employer's philosophy, policy, procedures and proprietary information on social media. Some hospitals and health care facilities have a policy to monitor all social media communications involving the organization's name, logo and identity. Obtain permission before using logos, or posting corporate information or links to other sites.

Social media policies may restrict referencing the organization on websites and require staff to speak in first person and make it clear they are speaking for themselves and not on behalf of the organization. Some health care organizations ask employees to use a disclaimer such as, "The views expressed are my own and do not necessarily reflect the views of my employer".<sup>6,7</sup>

An OT who hosts a social media site unrelated to his or her practice setting may use a variation of a disclaimer on the site's home page. The disclaimer could, for example, state "that the opinions expressed do not represent the opinions and views of the employee's professional organization, but convey the personal view of the creator."<sup>8</sup>

## Conclusion

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Farris Timimi, 2012<sup>9</sup>, encourages social media use and offers a simple social media policy.

### 12 Word Social Media Policy

*Don't Lie, Don't Pry, Don't Cheat, Can't Delete, Don't Steal, Don't Reveal.*

The straightforward message of his article is that the same general rules and values that apply to offline professional behavior apply to online behavior. The difference is the online platform can leverage a mistake to a much wider audience.

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6 Sunnybrook Health Sciences Centre, (2012). *Social Media: Policy and Guidelines for Use*.

7 University Health Network, (2011). *Policy and Procedure Manual, Administrative- Information Security and Appropriate Use of Technology*.

8 Washington University School of Medicine, St Louis, Sept., 2012. *Addendum to the Washington University in St. Louis, Social Media Policy*.

9 Timimi, F. MD. (2012). *A 12-word Social Media Policy, Mayo Clinic Center for Social Media*.

This basic principle underscores why OTs should develop a social media policy. Know the risks and behave accordingly. OTs can use these 12 words as the foundation for their social media policy.

Remember the common principle, ***Pause Before You Post and Reflect Before You Click***. This guideline provides basic information for occupational therapists who use social media professionally and personally. In addition to following the College's standards and guidelines, the references offer the OT additional relevant and more detailed advice upon which to base their practice when using social media.

# Appendix 1

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## Glossary<sup>10</sup>

**Blogs:** A website containing the writers or group of writers' own commentaries, experiences, observations, opinions, etc., often having images and links to other similar websites.

**Conflict of Interest:** When the OT has a relationship or interest, which could be seen by a reasonable person as improperly influencing their professional judgment or ability to act in the best interest of the client. Conflicts of interest may be actual, potential or perceived. Often viewed in terms of monetary benefits, or may also be a result of a boundary-crossing or violation, such that the OT is meeting his/her own needs in the relationship to the detriment of the client, either immediately or in the future.

**Podcasts:** A digital media audio or video file or recording usually part of a themed series that can be downloaded from a website to a media player or computer. Audio files that are shared online and meet three criteria; first, that it is episodic; second, that is downloadable; third, that it is program-driven, mainly with a host and/or theme.

**RSS:** Rich Site Summary, a format for delivering regularly changing internet content.

**Social Bookmarking:** Sites which allow users to share, organize, search, and manage links to internet resources. The practice of saving bookmarked web pages to a public website is a way to share the links with other internet users.

**Social Media:** Digital technologies and practices that enable people to use, create, and share content, opinions, insights, experiences, and perspectives. Social media can take many forms, including text, images, audio, video, and other multi-media communications. Popular examples include blogs, social networking websites such as Facebook and Twitter, and YouTube.

**Social Networking:** The development of social and professional contacts; the sharing of information

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10 ICompConsulting, (2013) *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals*, Inter-College Social Media eLearning Module.

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and services amongst people with a common interest.

**Twitter:** A free social networking website that allows users to micro-blog; a blog that contains brief entries about the daily activities of an individual or company.

**User Forums:** A meeting or medium where ideas and views on a particular issue can be exchanged and where members discuss issues according to pre-defined topics. Each discussion has opportunity for response from other members of the forum and is normally maintained in reverse chronological order. Members may also create user profiles and send each other private messages similar to a social network, however the focus of a user forum remains strongly centred on threaded discussions.

**Wiki:** A piece of server software and website that allows users to freely create content that can be collaboratively edited using any web browser. Wiki supports hyperlinks and has a simple text syntax for creating new pages and cross-links between internal pages. Wikis are often used to create collaborative websites, to power community websites, for personal note taking, in corporate intranets, and in knowledge management systems. Popular wikis include Wikipedia and Wikia.

## Appendix 2

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### Why You Should Surf the Web Incognito<sup>11</sup>

Condensed from an article by Marc Saltzman, *Toronto Star*, Monday, August 13, 2012.

Marc Saltzman's article in the *Toronto Star*, Monday, August 13, 2012, cautions users to be aware that their online activities are not private. He explains that one's surfing sessions are tracked by websites, search engines and social networks, and often by one's internet service provider, government and potentially hundreds of tracking companies. He further states that the typical user wants to protect themselves from all types of malicious users.

For example, Facebook shows ads for various products, tuned into the user's needs, such as an ad for your local gym, because as your computer's unique internet protocol (IP) address, assigned by your internet service provider, reveals your geographical whereabouts. Saltzman recommends searching out and purchasing new technological products which can protect the user, such as, free "online proxy servers" that conceal one's identity, or use virtual private network software, that encrypts your online sessions. There is other software that defends one against internet surveillance that threatens personal freedom and privacy.

Saltzman also reports some social media sites have recently released features that prohibit the service from collecting information about its users, and that there are a number of "do not track" tools, and plug-ins being currently released for sale.

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<sup>11</sup> Used with permission of Marc Saltzman, freelance journalist and author.

## Appendix 3

### Online OT Activities<sup>12</sup>

This table, originally developed for physicians with the title “Online Physician Activities: Benefits, Pitfalls, and Recommended Safeguard in the United States”, has been adapted for occupational therapists who use social media.

Activity	Potential Benefits	Potential Pitfalls	Recommended Safeguards
<b>Communications with clients using texting, and instant messaging</b>	Greater accessibility	Confidentiality concerns	Establish guidelines for types of issues appropriate for digital communication
	Immediate answers to non-urgent issues	Replacement of face-to-face or telephone interaction	Reserve digital communication only for clients who maintain face-to-face follow-up
		Ambiguity or misinterpretation of digital interactions	Refer to the College’s <i>Standards for Record Keeping</i>
<b>Use of online educational resources and related information with clients</b>	Encourage patient empowerment through self-education	Non–peer-reviewed materials may provide inaccurate information	Vet information to ensure accuracy of content
	Supplement resource-poor environments	Scam client sites that misrepresent therapies and outcomes	Refer clients only to reputable sites and sources
<b>OT-produced blogs, microblogs, and OT posting of comments by others</b>	Advocacy and public health enhancement	Negative online content, such as “venting” or ranting, that disparages clients and colleagues and employers	“Pause before posting”
	Introduction of OT “voice” into such conversations		Consider the content and the message it sends about an OT as an individual and the profession

<sup>12</sup> Jeanne M. Farnan, MD, et al. (2013). Position Paper of the American College of Physicians. *Online Medical Professionalism Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards*, *Annals of Internal Medicine*. 158(8):620-627

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<b>OT posting of his/her personal information on public social media sites</b>	Networking and communications	Blurring of professional and personal boundaries  Impact on representation of the individual and the profession	Maintain separate personas, personal and professional, for online social behavior  Scrutinize material available for public consumption
<b>OT use of digital venues for communicating with colleagues about client care</b>	Ease of communication with colleagues	Confidentiality concerns  Unsecured networks and accessibility of protected health information	Implement health information technology solutions for secure messaging and information sharing  Follow institutional practice and policy for remote and mobile access of protected health information

## Appendix 4

### Best Practices: Ten Key Elements of a Good Social Media Policy by Russell Herder, and Ethos Business Law<sup>13</sup>

Following are Russell Herder's ten key headings of a good social media policy which will be of assistance for occupational therapists using social media as part of their practice. OTs may wish to develop their own social media policy for themselves and their employees. These 10 key elements are congruent with the College's standards and guidelines for practice.

1. Overall philosophy
2. Honesty and Respect
3. Confidential and Proprietary Information
4. Online Identity
5. Focus on Job Performance
6. Avoid Conflicts of Interest
7. Include a Disclaimer
8. Monitoring
9. Universal Application
10. Other Policies

<sup>13</sup> *Ten Key Elements of a Good Social Media Policy* by Russell Herder, and Ethos Business Law, (2009). *Social Media: Embracing the Opportunities, Averting the Risks*. Information found online.

## Legislative & College References

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### Legislative References

*Occupational Therapy Act, 1991*

*Regulated Health Professions Act, 1991*

*Personal Health Information Prevention Act, 2004*

*Freedom of Information and Protection of Privacy Act, 1990*

*Municipal Freedom of Information and Protection of Privacy Act, 1990*

### College References

*General Regulation, Official Regulation, Part V: Advertising (2001)*

*Standards for Consent (2008)*

*Standards for Record Keeping (2008)*

*Standards for Professional Boundaries (2009)*

*Standards for Prevention and Management of Conflict of Interest (2012)*

*Code of Ethics (2012)*

## References

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1. *Pfizer's Policies on Business Conduct, (The Blue Book), (2012). Includes Corporate Policy, 407, on Social Media.*
2. Central Office of Information, (2009). *Engaging Through Social Media: A Guide for Civil Servants*. Available: [http://coi.gov.uk/documents/Engaging\\_through\\_social\\_media.pdf](http://coi.gov.uk/documents/Engaging_through_social_media.pdf)
3. *Pause Before you Post: Social Media Awareness for Regulated Health Professionals, COTO website (2013).*
4. Jeanne M. Farnan, MD, et al. (2013). Position Paper of the American College of Physicians. *Online Medical Professionalism, Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards, Annals of Internal Medicine. 158(8):620-627.*
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10. ICompConsulting,(2013) *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals, Inter-College Social Media eLearning Module.*

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11. Marc Saltzman, (2012). *Why You Should Surf the Web Incognito*, Toronto Star, used with permission of Marc Saltzman, freelance journalist, author, consultant, whose specialties are in consumer electronics, computers, internet trends, technology and interactive entertainment.
12. Russell Herder, (2009). *Ten Key Elements of a Good Social Media Policy. Ethos Business Law. Social Media: Embracing the Opportunities, Averting the Risks.*

## Resources

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The following resources provide occupational therapists with relevant information on the use of social media.

Change Foundation. (2011). *Using Social Media to Improve Healthcare Quality: A Guide to Current Practice and Future Promise*. Available at: <http://www.changefoundation.ca/docs.socialmediatoolkit.pdf>

Davis, M, and Stark, A. Editors. (2001). *Conflict of Interest in the Professions*.

*Professionalism : Social Media Outreach.*, (2012). CMAJ, 184 (11)

Sutter Health, (2011). *Social Media Tip Sheet for Sutter Health Network Employees*

Symplur, LLC. (2012). *Connecting the Dots in Healthcare Social Media*

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