CFMS FEMC

Canadian Federation of Medical Students

Fédération des étudiants et des étudiantes en médecine du Canada

CFMS Guide to Medical Professionalism: Recommendations For Social Media

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Executive Summary

The CFMS Guide to Medical Professionalism: Recommendations for Social Media has been produced in follow-up to the original CFMS Guide to Medical Professionalism: Being a Student Professional. It was motivated by a strong desire from both students and faculty for guidance in this area from the learner's perspective. Production of the document was the final step in a sustained deliberation among student leaders affiliated with the CFMS. The guide is divided into four main sections: professional guidelines, best-practice recommendations, sample case-studies, and an extensive review of the academic literature on medical students and social media.

The professional guidelines espoused in the document can be summarized with a few foundational principles. Students are proto-professionals with rights and responsibilities that approach those attributed to licensed physicians. The same professionalism principles and policies that apply to medical students in person apply to them online. Social media are public forums, irrespective of privacy, security and intended audience. Finally, what can be termed the golden rule of social media best-practice recommendations: Students are encouraged to act online and in person in such a manner as they would be comfortable observing their own physicians acting away from clinical duties.

CFMS Guide to Medical Professionalism: Recommendations for Social Media

Preamble

This document has been produced as a follow-up to the original CFMS Guide to Medical Professionalism: Being a Student Professional[1]. The motivation for this document is two-fold. As time has passed since the initial guide was disseminated, it has become increasingly clear that students want more guidance in acting professionally online. Furthermore, students and faculty leads across the country agree on a desire for students themselves to produce such guidelines, as students have unsurpassed expertise in the realm of social media. While such work can – and has – been pursued in silos, the CFMS feels that the topic is important enough to warrant a national approach[2].

The publication is divided into four main sections. The first section is designed to help provide clear guidelines to medical students regarding professional boundaries online, with a focus on social media. The second section is designed to collate best practices for medical students wishing to present themselves online in the best possible light. The third section attempts to provide some examples of online behaviour with critique. Finally, the fourth section provides a survey of the academic literature on the topic. All sections were produced with guidance from professional standards from across the country, the

academic literature, and advice published by the Office of the Privacy Commissioner of Canada.

The completion of this guide is the final step in a deliberative and collaborative process that has been ongoing for over a year. The author met with motivated student leaders in working groups at the CFMS 2012 Spring General Meeting in Banff, Alberta and at the 2012 Annual General Meeting. At these meetings, student leaders identified with the need for increased guidance in the professional use of social media. Moreover, all students surveyed admitted to having some concern at various points during their education in regards to the online actions of their peers. The consensus from these working groups also led to the framework for this guide: recommendations on professionalism, tips on savvy Internet use and case-studies.

The guide is written in a formal, prescriptive tone. After some discussion, this choice is deliberate. The attitude is not intended to reflect any special authority of the author or of the CFMS, but rather to underscore the seriousness of the subject matter. Moreover, it was felt that the guide would not serve its purpose with soft recommendations. It is our goal that students voluntarily and enthusiastically accept the precepts of online professionalism detailed herein. Adherence to the delineated principles does not excuse students from their other existing obligations to the policies of their respective faculties, universities and regulatory colleges, where applicable.

However, the author and the CFMS continue to feel that the best approach to professionalism involves a sustained dialogue between students and faculty members. The production of this guide does not detract from the responsibility of faculties of medicine to teach and reinforce professional expectations and responsibilities to students, including mention of pitfalls specific to social media[3, 4]. In the case of online professionalism, this is best done accompanied by relevant and continually-updated case examples. Faculties can also identify staff (e.g. in the IT department) who are able and willing to help students clean up their online presence. Finally, the CFMS feels that students should be involved in the 'adjudication process' when individual learners are at risk of remediation for professionalism concerns related to social media[4].

This guide, out of necessity, is meant to be living and a work-in-progress. It is the intention of the author that the guide be updated on a regular basis to reflect new trends in social media that put strains on medical professionalism. We hope you find this guide useful.

Best Regards,

Ian Brasg, CFMS VP Education 2012-2013

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Part 1: Professional Boundaries for Medical Students Online

Medicine's privileged position is said to result from a 'bargain' between medicine and society, the basis of which is professionalism[5]

Social media can be defined as internet-based media and interfaces designed to connect people to each other and facilitate interaction with user-generated content[3, 6]. Examples of existing social media include, but are not limited to, Youtube, Facebook, Twitter, LinkedIn, and Google+[6]. Social media enhance and improve the lives of medical students in innumerable ways[7]. They help students keep up to date on current events and the latest health trends, as well as help them to formally and informally learn material[8-11]. They contribute to class cohesiveness and fight student isolation, both within their faculties and from family, friends and the world at large[4, 8, 10, 12]. Social media also help students destress and relax from their intensive curricula and afford them the opportunity to publically take pride in their achievements and hard work[3, 4].

Student professionalism, however, can be strained by the use of social media due to its familiarity, ubiquity and impersonal nature[1]. As such, the use of social media brings about new responsibilities[7, 13]. At the same time, no new foundational professional axioms are needed for student guidance[9, 11]. Central to this discussion is the notion that medical students are nascent self-regulating professionals whose statements and actions reflect not just on themselves but also on larger organizations, institutions and ideals[1, 3, 4, 7, 10, 12, 14]. Medical

students have a fiduciary responsibility to help maintain public trust and confidence in our future profession[10]. This should always be borne in mind.

Many obligations incumbent on medical students are present at all times, whether at school or at home and whether working or not[13, 15]. More over, medical students are responsible for all content published in their name or in pseudonym on social media[11, 13]. It is crucial to note that there is no such thing as a private social media network[1, 4]. By the connected definition of social media, all medical students who use it have 'friends' or direct links to non-clinicians, members of the lay public and healthcare professionals outside of any given circle of care[11]. The publication of private patient information in social media online is therefore a breach of confidentiality[6, 7, 10-16]. Social media should be treated as a public forum akin to an op-ed in a newspaper or a lecture[12]. Anything that would be inappropriate to share in these more traditional outlets should be considered inappropriate to share online[11, 16].

Students should refrain from posts that use institutional intellectual property, copyrights or trademarks (e.g. a university crest or hospital logo) without explicit written permission. Such care should extend to the unauthorized dissemination of copyrighted material, such as lecture recordings[16]. Similarly, students should be careful to not present themselves as official representatives of said institutions in public forums[1, 6, 10, 11, 13]. Personal and professional opinions must be carefully differentiated[1, 6, 11].

It is permissible to post or publish media online that address the clinical setting and training. Above all else – including freedom of expression – patient confidentiality must be upheld online[4, 14]. This applies to writing, pictures, audio recordings and video[7]. The obligation to prevent breaches of confidentiality extends to all medical students, even to those who have witnessed but are not directly involved in the incident[10, 13]. By consensus definition, confidential patient information is identifying information[12, 13]. Identifying information is any information that can be reasonably foreseen to be used, alone or in part, to identify specific patients[13]. This definition holds even if the information is only identifying for the patient himself[13]. This definition also holds if the information is only identifying for individuals with access to additional confidential information[12, 13]. As a general rule, all photographs, audio recordings and videos of patients are inappropriate for online posting[6, 7, 12]. Consent obtained for educational purposes does not extend to consent for public dissemination and such publication would cross a clear red line[12]. However, even when appropriate consent is obtained for public posting and the media-containing posts are sufficiently anonymized, public perception remains an important consideration. An individual viewing a sensitive picture posted online by a medical student will not assume consent has been obtained and may therefore come to think less of the profession.

The same rules apply for harassment, slander, libel and discrimination online as do in person and in traditional media. Harassment, slander, libel and

discrimination remain unwelcome and unacceptable in professional and educational communities[6, 14, 16]. Moreover, there is no place for sexual harassment anywhere, including social media. Care must be taken to distinguish acceptable satire and jocular remarks with one's peer group from hurtful and offensive interactions, given the lack of context often inherent to online interactions[4, 6, 7, 11, 13, 17]. Acceptable satire must tread especially carefully in portraying anyone outside of the professional medical framework, including patients, vulnerable socioeconomic groups, allied health staff and non-medical professionals[7]. These concerns are especially acute in the context of end-of-year variety shows that traditionally satirize the medical student experience[7, 17, 18]. Furthermore, it is unprofessional and inadvisable to form or accept a social media connection with patients or individuals with whom there is an active therapeutic, supervisory or evaluative relationship[4, 6, 8, 11, 12, 19, 20]. As nascent health professionals, students should refrain from criticizing specific colleagues or health professionals online, but rather address concerns in a private forum[4, 11]. Similarly, trainees must be careful about offering medical advice in any non-educational setting, including on social media. Students must not present themselves as licensed physicians in these interactions[13, 14].

Finally, the rules of academic integrity continue to apply online[13]. Social media and the internet should not be used for plagiarism or gaining unfair advantages with respect to evaluation, such as by sharing or receiving examination content[11, 14].

Part 2: Recommendations for Optimizing the Medical Student Online Presence

Mutual respect should be the guiding principle of social media interactions, as in real life[6, 13, 15, 16]. Students should generally behave online with the belief that there will be a permanent record of their actions[1, 4, 10, 13, 15]. An important corollary of this is that students lose control of online posts the moment they are placed on the Internet. Prior to posting anything online students should reflect on whether it would be embarrassing or detrimental to have on the record for their future public selves[20]. In particular, students are encouraged to think twice about posting media that portrays them or their peers participating in what could be perceived as unprofessional behavior such as inappropriate sexualized behaviours, binge drinking, drug use and illegal activity[3, 4, 6, 11, 19].

Consider setting up social media profiles with high security and privacy settings that are balanced with one's desire to be 'searchable' online[4, 6, 20]. Students should be familiar with these settings and the relevant terms of reference and should follow any changes closely[20]. Various name changes and pseudonyms may add to this security, as may regular review and purging of one's non-extant social connections[6, 8]. The use of high security, privacy and pseudonyms should not be construed as license to act unprofessionally or

without ownership over published content. Rather, these suggestions are made in part to make unanticipated social medial interaction with patients less likely. Strong passwords should be employed for social media, and different passwords should be used for every account and service[20]. It is especially important to use different passwords for clinical and social applications. However, while these collective changes may make one more difficult to find online, they do not change the public nature of any material posted and are insufficient for the protection of patient information[8, 20]. If desired, students can create a wholly separate, professional online presence and connect with professional colleagues through this avenue[8]. The separation between personal and professional online profiles should be made explicit.

Students should employ automated services (such as Google Alerts) that generate email updates whenever a student's name appears online[1, 6, 8]. Similarly, students should actively curate their online presence to optimize their professional appearance[6, 8]. Medical students are encouraged to not publish their private email addresses online (e.g. in order to reduce 'spam' and 'phishing' risks). If necessary, a tertiary dummy account should be used that is easily expendable if compromised. Care should be taken when using cloud computing. Confidential information should only be shared within the circle of care over secure and encrypted connections[6].

Part 3: Case Examples

It is exceedingly difficult to provide examples of professionalism in social media with commentary that reaches consensus. At the same time, such cases are arguably the most important section of this document, as they provide real-life guidance for CFMS members. The following cases attempt to illustrate areas of agreement and characterize grey areas as they arise.

Example 1:

After a night out with friends, John – a first year medical student – awakes in the morning to find pictures of him enjoying beer at a pub with friends. Are these pictures appropriate?

These pictures are likely appropriate. As long as the medical student is of legal drinking age, photographs of him using alcohol responsibly are not unprofessional. Context is key to this discussion, however. A number of additional details may make these pictures unprofessional:

- Suggestions that the student is intoxicated (e.g. stumbling around, accompanying video featuring slurred speech, vomiting)
- Sexual activity while drinking
- Suggestions of binge drinking (e.g. illustrations of drinking games, numerous drinks lined up in a row)

On a related note, photographs of illicit drug use are never appropriate for posting on social media. Tobacco use, however, is different. There continue to be medical students who use tobacco for a variety of reasons. Certainly these products are addicting and students should not be faulted. Illustrations of tobacco use in a measured fashion (e.g. without glorification, without chain-smoking) may rest in a gray area.

Example 2:

Susan, a third-year medical student, had a frustrating day on her ER rotation. One patient particularly got on her nerves by repeatedly asking for opioids that she felt were not indicated. Susan took to Facebook and updated her status as follows: "These drug-seeking patients are so hard to deal with. I wish they would just bother some other ER". Is this status appropriate?

This status is likely inappropriate. Susan has made disparaging remarks about patients in a public forum. Whether or not the patient was indeed 'drug-seeking', this statement has the potential to undermine public trust and confidence in the profession. Moreover, Susan has likely previously disseminated online where she is working. The patient in question may come to see the status if it gets shared (or re-tweeted) and identify themselves as being described. This may not cross the line of publishing patient health information, but should be discouraged. Instead, the student might have simply stated they had a tough shift today. Social media can help medical students vent frustrations and cope without

violating precepts of professionalism. On a similar note, students sometimes find themselves describing diseases, operations or procedures that they feel have been sufficiently anonymized. Students should take care to ensure that what they are describing occurs with enough frequency so as not to be identifying. This is seemingly a gray-area and it is difficult to state where red-lines lie.

Example 3:

Sayid, a second-year medical student, was incensed at recently announced healthcare cuts for a disadvantaged population and decided to write a letter to an online local news forum. He signed the letter as "Sayid Ali, Maple School of Medicine" (his faculty). Is this appropriate?

This is likely inappropriate. While Sayid may or may not have just intentions in mind, his signature may allow others to conclude that he is speaking formally for his faculty on the matter. Moreover, the signature does not properly identify Sayid as a student rather than a faculty member. Our institutions have many stakeholders that they need to maintain positive relations with – including various levels of government – and this letter has the potential to harm relations. Students should refrain from misrepresenting their affiliations in public work. That being said, students should feel free to identify as 'medical students' when the context is relevant. If necessary for the message, the student may consider identifying as 'medical student at Maple School of Medicine', but should take care to explicitly delineate that 'opinions expressed are my own'. The appropriate

member of a school's administration should approve work that can be perceived as being reflective of official school policy prior to dissemination.

Example 4:

Maya is a fourth-year student completing an elective in a dermatology clinic. One young male patient expresses attraction to her and asks for her number, but she declines. She returns home from clinic to find that the patient has found her on Facebook and 'friended' her. What should Maya do? She expects to see the patient again in clinic for follow-up.

Maya should decline the request for connection from the patient with an explanation of her actions. In her explanation, Maya might explain that she has a personal policy to not accept such requests from active patients. She may also consider redirecting the patient to her professional online presence (e.g. a LinkedIn account). It is seemingly never acceptable for a medical student to request a connection from an active patient of theirs or from a student they have a role in evaluating. 'Friend' requests from former patients may be acceptable for personal accounts provided time has elapsed. Students considering forming romantic connections with former patients should note that most regulatory colleges have policies on this which define required time intervals prior to acceptability. For some therapeutic modalities (e.g. psychotherapy) such relationships may never be acceptable.

Example 5:

Deepa was taking a break from studying by looking at some photos of friends on social media. As she scrolled down Deepa was shocked to see a photo of some of her classmates making sexualized gestures towards a life-like synthetic model of the breast. Deepa was offended by the photo. What should Deepa do?

The scenario of observing a colleague acting inappropriately is anecdotally very common. The gestures observed in the photo are likely inappropriate, despite the model being simulated rather than living. A patient observing the photo would likely come to think less of the students involved and this sentiment may come to extend to the profession. Deepa should consider starting by privately and discretely getting in touch with the 'owner' of the photo, as well as the other students featured, to let them know that she finds it offensive. In most cases students do not realize that they have posted inappropriate media and are happy to take them down. If the situation instead involved a clear violation of law or regulation (e.g. privacy regulations, laws against libel) and the students refused to remove the content, it would be appropriate for Deepa to inform a school administrator about what she witnessed. We all have a responsibility to uphold the public's trust in the profession.

Part 4: Academic Literature Survey

This section attempts to survey the academic literature addressing online professionalism and medical professionals. The majority of the articles surveyed are commentaries, while the studies are small and limited to individual schools and cities. Academic works are grouped by theme and are not necessarily in chronological order. As the Internet and social media are rapidly changing, only recent articles are included. This analysis is a reasonably exhaustive discussion of articles published on professionalism and social media. Regulatory college statements and policies have been excluded.

In 2008 an early analysis of American medical students and residents using Facebook was undertaken[21, 22]. A small number of students were found to publically identify with sexist, profane and racist notions that may be considered unprofessional[21, 22]. More widespread, however, was the incidence of pictures of the learners with alcohol (70%)[22]. Many of these photos also contained cues suggesting problem, unhealthy drinking[22]. A letter submitted in response to this analysis called for a national discussion of professionalism issues in medicine, in addition to strategies at the individual faculty level[2]. A similar article by *MacDonald et al.* that examined New Zealand medical students identified similar rates of photographs featuring alcohol use, with some suggesting intoxication. *Garner et al.* demonstrated related concerns with British medical students in

2010[23]. Most to the point, more than half of the students in their study endorsed embarrassment over publically available photos that featured them on Facebook[23]. A majority also admitted to previously observing unprofessional online behaviour by their peers[23]. It is unclear whether these rates and trends still hold true as social media and its users have matured.

A related series of commentaries by *Farnan et al.* chronicles discussions regarding balancing the appropriateness of publishing a recording of medical student-directed satirical shows with the importance of free speech[17, 18]. One of the works from 2008 was one of the first to sound the alarm at the potential for the Internet to instigate and magnify unprofessional conduct[18]. The authors conclude by calling for faculty-led educational endeavours for students on the pitfalls of social media, while cautioning against the effectiveness of restrictive policy[17]. A follow-up study by *Farnan et al.* in 2010 is notable for identifying interesting patterns of beliefs among 'super-users' of social media[24]. Such heavy users are both more likely to oppose university regulation on online professionalism and more likely to feel a strong personal responsibility to uphold professionalism on the Internet[24].

Gorrindo and *Groves* produced a *JAMA* commentary in 2008 that reiterates a common worry about professionalism and social media[25]. They enrich this perspective, however, by delineating the many other forms of personal information about physicians that are also available on the Internet[25]. This

includes education and certifications, professional associations, disciplinary action, lawsuits, patient reviews, performance reviews and even mortgage deeds[25]. They conclude with advise about online stewardship that has come to attain consensus[25]:

1. Publish self-curated content to suppress less favourable online content in an attempt at search-engine optimization
2. Use the highest level of security and privacy settings when using social media
3. Be persistent in insisting that untrue or slanderous material pertaining to physicians be removed
4. Have a discussion with patients that admit to using electronic resources to look up one's personal information
5. Regularly search using one's name (a 'vanity search') to identify newly published content

A subsequent quantitative study from 2010 found that the physicians studied had an average of 8 websites each that provided professional information on them[26]. A third of physicians had personal information available on the Internet, including previously identified categories but also charitable donations and political affiliations[26]. Finally, the majority of physicians studied were reviewed on "quality rating sites", however all but a few had less than 5 reviews, suggesting misinformation and bias[26].

Lagu et al. provided a reminder in a 2008 article that blogs maintained by health professionals can generate similar concerns to other manifestations of social media[27]. Almost 20% of blogs accessed in their analysis described partially identifying encounters with patients[27]. A similar percentage of blogs included negative depictions of patients, and an even larger portion included negative depictions of health professions and institutions, including colleagues[27].

In 2009 a group of authors co-wrote a journal article attempting to explain the mechanics of social media, especially Facebook, to peer physicians and ethicists[20]. The authors then proceed to draft out early ethical guidelines. Online friendships with patients are to be discouraged (if not verboten) for a number of concerns, including the heightened opportunity for romantic overtures and the secondary prioritization of therapy[20]. They then raise a novel discussion of how the clinical relationship is affected by online information that the physician may inadvertently discover about the patient. For guidelines, they propose that physicians decline requests from patients to connect on social media but do so accompanied by an explanation of why. Furthermore, physicians should be cautious regarding what they post online and what they place in patients' medical records that originates online. Finally, physicians should thoroughly read social media privacy policies and endeavour to protect their own activities using the highest possible security and privacy settings[20]. A related perspective from *Jain* in the New England Journal of Medicine relayed a personal account of personal

and professional realms colliding on Facebook and the emotions induced thereafter[9].

In one study by *Chretien et al.*, administrators at numerous American medical schools were surveyed regarding online professionalism violations involving medical students[3]. The majority of respondents reported having less than 5 violations come to their attention over the last year. Four main themes of violations emerged from the analysis[3]:

1. Inappropriate sexualized posts and activity
2. Unprofessional disparagement and discrimination
3. Substance use and abuse
4. Health information privacy violations

It is important to note that some faculty members flagged activity involving sexual undertones and profane language as professionally problematic, despite clear consensus on their unacceptability[3]. Finally, most surveyed administrators reported that their schools did not have policies pertaining to online activity and social media, while a minority felt that their general policies would be sufficiently applicable[3].

In another study by the same author, students from one school were studied in a focus group regarding their perspectives on professionalism and social media[4]. Students generally agreed that violations of patient confidentiality were uniformly unacceptable, but that most other activities fell into a grey area

with a lack of consensus[4]. The majority of students focused on how their choices online may come to affect them professionally in the future, while only a few considered how their present actions reflected on their peers, institution and profession at large[4]. The medical students present in the focus group expressed some hostility towards faculty-derived directions regarding online activity, but were more amenable to recommendations[4]. Finally, students felt that fellow medical students were best suited to help decide on 'consequences' for inappropriate online activity[4].

The author subsequently studied faculty use of social media and networks. Of internal medicine clerkship course directors who admitted to previously or currently using social networks, a majority had received a request for connection from a current medical student; an even larger number of respondents reported such an experience with residents[19]. A minority of educators surveyed reported accepting such requests in the past, for reasons that included mentorship and existing, close relationships[19]. Those who declined cited concerns regarding changing dynamics and dissemination of personal information[19]. The consensus among respondents was that accepting connection requests from current students was largely inappropriate, while the same with former students was appropriate[19]. Photographs of learners with alcohol were also viewed as inappropriate by a majority of respondents, despite a lack of context regarding appropriate use. Finally, there was a lack of consensus

between older and younger course directors regarding the acceptability of publication of anonymized clinical encounters in social media[19].

In a 2011 analysis of physicians on Twitter, *Chretien et al.* found that almost one-half of tweets were related to health and well-being. Of note, the authors categorized 3% of analyzed tweets as unprofessional, including breaches of confidentiality, crude language, and discriminatory pronouncements[28]. The authors included in this analysis advertising products and therapies that either lacked evidence or were contradicted by known evidence[28]. Her collaborator *Kind* studied US faculty of medicine social media policies earlier in 2010. Only 13 out of 128 schools studied had policy, guidelines or consensus agreements addressing the topic of social media[29]. The statements took different approaches to addressing online professionalism. While some clearly mentioned specific behaviors like violations of patient confidentiality – and declared them impermissible – others sought to encourage students to be cautious and provided a framework for self-reflection regarding online activity[29]. Similarly, a perspective by *Greysen, Kind and Chretien* reinforced the notion that professionals using the Internet leave behind a "footprint" that is difficult to erase[30]. A discussion of problematic behaviour again reiterated that some find photographs of physicians drinking distasteful, even if there is no suggestion of intoxication[30]. Finally, the authors reiterate a call for consensus-seeking discussions between all medical school stakeholders[30].

A 2011 opinion piece by *Mostaghimi et al.* contributes to the discussion of online professionalism by honing in on the frequent lack of separation between personal and professional identities in social media[8]. The work is also novel for its suggestion of a simple solution: a "dual-citizenship approach" in which physicians have separate personal and professional social media identities[8]. Professionals are advised to routinely screen the Internet for references to their identities and actively curate them. Public professional profiles can then be created to redirect attention and hits away from content created earlier[8].

In 2011 the American Medical Association issued an opinion on "Professionalism in the Use of Social Media" in which the organization succinctly delineated principles to guide physicians and medical students that were developed in the preceding academic works[31]. Privacy regulations continue to apply online. Physicians should use the most secure and private settings available for personal content online and regularly monitor their online presence[31]. Boundaries between physicians and patients should continue to be respected online; personal and professional online identities should be kept as separate as possible. Medical professionals have a duty to act on unprofessional content produced by peers[31]. Finally, actions taken by individual physicians can reflect on the profession as a whole and may have repercussions for careers[31].

Similarly, the Canadian Medical Association published "rules of engagement" in 2011 for physicians and social media[32]. The guide begins by

reiterating that the same professional principles apply to online and offline content. The CMA guide makes similar statements to the AMA document regarding patient privacy and the need for security[32]. The CMA adds emphasis on the permanence of online content and the non-existence of anonymous content[32]. Reference is also made to libel and issues of intellectual property. The guide concludes with its "rules":

1. "Understand the technology and your audience"[32]
2. "Be transparent"[32]
3. "Respect others"[32]
4. "Focus on areas of expertise"[32]

The Office of the Privacy Commissioner of Canada has a number of useful fact sheets available online. One report distinguishes between an individual's intentional and unintentional online identities[33]. The intentional identity is best represented by information deliberately entered into social media, while the unintentional identity is represented by cumulative information from comments on articles, directories, items added by others, petition contact info, etc[33]. Since an individual does not have control over the unintentional identity, they are advised to curate their intentional identities, for instance by refraining from uploading personal contact information wherever possible[33]. Another helpful document lists ways of protecting oneself while using social media[34]. These include the following:

- Using the highest privacy settings[34]

- Frequently confirming privacy settings[34]
- Keeping your own personal information off of social media[34]
- Using nicknames or pseudonyms; posting pseudonymous email addresses[34]
- Thinking about permanence before posting on social media[34]
- Re-checking audience settings before posting media[34]
- Asking friends to refrain from tagging you in unprofessional or invasive media[34]
- Refraining from ‘checking-in’ on social media[34]

Part 5: Works Cited

In general, the ethical principles inherent in professionalism guidelines cannot be referenced in a traditional fashion. References are indicated where similar principles can be found espoused elsewhere. The guide includes cross-references to faculty professionalism policies, where they exist, that make explicit reference to online activity or social media. This was incorporated in order to demonstrate various degrees of consensus regarding individual statements. These references should not be construed as exhaustive; online and social media activity may be subject to broader pre-existing policies at our faculties. General professionalism policies have not been cited in this manner for brevity, however those pertaining to schools lacking separate documents for online professionalism are cited here[35-37].

1. Mondoux S. CFMS Guide to Medical Professionalism. Ottawa: Canadian Federation of Medical Students; 2010.
2. Gorrindo T, Groves JE, Gorrindo PC. Intersection of Online Social Networking with Medical Professionalism: Can Medicine Police the Facebook Boom? J Gen Intern Med 2008;23:2155.
3. Chretien KC, Greysen SR, Chretien J-P, Kind T. Online Posting of Unprofessional Content by Medical Students. JAMA 2009;302:1309-15.
4. Chretien KC, Goldman EF, Beckman L, Kind T. It's Your Own Risk: Medical Students' Perspectives on Online Professionalism. Academic Medicine 2010;85:S68-S71.
5. Cruess SR, Cruess RL. Understanding medical professionalism: a plea for an inclusive and integrated approach. Medical Education 2008;42:755-7.
6. McGill Faculty of Medicine. Guidelines for Medical Students in the Public Forum. Montreal: McGill University; 2011.

7. Queen's University School of Medicine. Aspects of Professionalism in an Electronic World. Kingston: Queen's University.
8. Mostaghimi A, Crotty CH. Professionalism in the Digital Age. Annals of Internal Medicine 2011;154:560-2.
9. Jain SH. Practicing Medicine in the Age of Facebook. N ENGL J MED 2009;361:649-51.
10. Student Medical Society of Saskatchewan. Professionalism in Social Media Guidelines. Saskatoon: University of Saskatchewan.
11. University of Manitoba Faculty of Medicine. Professionalism Online - guidelines for the appropriate use of the internet electronic networking, and other forms of electronic communication. Winnipeg: University of Manitoba; 2010.
12. Gall C, Chan F, Lent B. Use of Social Networking Sites and Other Electronic Media by Medical Students. London: Western University; 2010.
13. University of Toronto Faculty of Medicine. Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media. Toronto: University of Toronto.
14. University of Alberta Faculty of Medicine & Dentistry. Professionalism Standards for Students In The Faculty Of Medicine & Dentistry. Edmonton: University of Alberta.
15. Bos D. NOSM Online Professionalism Framework Policy. Sudbury and Thunder Bay: Northern Ontario School of Medicine; 2012.
16. University of British Columbia Faculties of Medicine and Dentistry. Professional Standards for Learners and Faculty Members in the Faculties of Medicine and Dentistry at the University of British Columbia. Vancouver: University of British Columbia; 2012.
17. Farnan JM, Paro JAM, Higa JT, Reddy ST, Humphrey HJ, Arora VM. The Relationship Status of Digital Media and Professionalism: It's Complicated. Academic Medicine 2009;84:1479-81.
18. Farnan JM, Paro JAM, Higa J, Edelson J, Arora VM. The YouTube Generation: Implications for Medical Professionalism. Perspectives in Biology and Medicine 2008;51:517-24.
19. Chretien KC, Farnan JM, Greysen SR, Kind T. To Friend or Not to Friend? Social Networking and Faculty Perceptions of Online Professionalism. Academic Medicine 2011;86:1545-50.
20. Guseh II JS, Brendel RW, Brendel DH. Medical professionalism in the age of online social networking. J Med Ethics 2009;35:584-6.
21. Ferdig RE, Dawson K, Black EW, Black NMP, Thompson LA. Medical students' and residents' use of online social networking tools: Implications for teaching professionalism in medical education. First Monday 2008;13.
22. Thompson LA, Dawson K, Ferdig R, et al. The Intersection of Online Social Networking with Medical Professionalism. J Gen Intern Med 2008;23:954-7.
23. Garner J, O'Sullivan H. Facebook and the professional behaviours of undergraduate medical students. The Clinical Teacher 2010;7:112-5.
24. Farnan JM, Higa JT, Paro JAM, Reddy ST, Humphrey HJ, Arora VM. Training Physicians in the Digital Age: Use of Digital Media Among Medical Trainees and

Views on Professional Responsibility and Regulation. AJOB Primary Research 2010;1:3-10.
25. Gorrindo T, Groves JE. Web Searching for Information About Physicians. JAMA 2008;300:213-5.
26. Mostaghimi A, Crotty BH, Landon BE. The Availability and Nature of Physician Information on the Internet. J Gen Intern Med 2010;25:1152-6.
27. Lagu T, Kaufman EJ, Asch DA, Armstrong K. Content of Weblogs Written by Health Professionals. Journal of General Internal Medicine 2008;23:1642-6.
28. Chretien KC, Azar J, Kind T. Physicians on Twitter. JAMA 2011;305:566-8.
29. Kind T, Genrich G, Sodhi A, Chretien KC. Social media policies at US medical schools. Medical Education Online 2010;15.
30. Greysen SR, Kind T, Chretien KC. Online Professionalism and the Mirror of Social Media. J Gen Intern Med 2010;25:1227-9.
31. American Medical Association. Opinion 9.124 - Professionalism in the Use of Social Media; 2011.
32. Canadian Medical Association. Social media and Canadian physicians - issues and rules of engagement. Ottawa; 2011.
33. Stoddart J. Online Identity: Between Privacy and Virtual Profiles. Ottawa; 2008.
34. Office of the Privacy Commissioner Online. Protecting your Privacy Online: Frequently Asked Questions. Ottawa; 2012.
35. University of Calgary Medicine Classes of 2006 and 2007. University of Calgary Medical School Student Code of Conduct. Calgary: University of Calgary; 2009.
36. Dalhousie University Faculty of Medicine. Faculty of Medicine Professionalism Policy. Halifax: Dalhousie University; 2009.
37. Michael G. DeGroote School of Medicine. A Guide to Standards of Professional Behaviour and Complaint Resolution for Students & Faculty in the Clinical Setting. Hamilton: McMaster University.