

XX. Policy on Social Media and Out-Of-Work Conduct *Reviewed May 2022*

A. General Principles

This policy is based upon the following fundamental principles.

1. Patient confidentiality is of primary importance, as outlined in *The Health Information Portability and Accountability Act [HIPAA]*.
2. Tulane University, as a University, values the importance of free speech and open discourse. As such, the University, being respectful of free speech and expression of ideas, does not prohibit residents from engaging in social media and/or voicing opinion outside of the workplace.
3. Maintaining respect for colleagues and co-workers is requisite for establishing a professional environment in the workplace, thereby ensuring optimal team-based patient care.
4. Enrollment in a Tulane University residency or fellowship program bestows upon the resident the reputation and prestige of Tulane University. In exchange, it is the responsibility of each resident to uphold and protect the reputation of Tulane University.

B. Policy on Social, Electronic and Print Media:

1. Patients
 - a. Any and all depictions or descriptions of patients must comply with *The Health Information Portability and Accountability Act [HIPAA]*. Personal health information is defined by HIPAA as any information about an individual in oral or recorded form, where the information identifies an individual or for which there is a reasonable basis to believe it can be used to identify the individual.
 - b. At no time shall patient information be shared without the signed consent of the patient. The University does not govern the content, format, or process for obtaining this consent; Tulane residents must strictly adhere to the policies and procedures of the respective hospital, clinic or healthcare system in which the patient received care.
 - c. These guidelines apply even if the individual patient is the only person who may be able to identify him or herself on the basis of the posted description. Anonymous descriptions must not contain information that will enable *any* person, including people who have access to other sources of information about a patient, to identify the individuals described. This encompasses all emails and text messages sent from personal phones.
 - d. At no time shall patients, or patient stories, be depicted in a disparaging, demeaning, or insulting manner. Even if patients are not identified (by name, record number, image), or even if consent has been obtained from the patient, any description of patient care should be professional and respectful of the patient.
2. Description of the Patient Care/Work Environment
 - a. All descriptions of the workplace environment shall respect the privacy rights of colleagues and co-workers. Individuals shall not be identified by name, or be described in such a fashion that their identity is easily apparent, without explicit consent of that individual.

- b. The tone and content of all conversations, social media and otherwise, shall remain professional and respectful of all healthcare and University colleagues. Posting demeaning or insulting comments or images about colleagues and co-workers to third parties is unprofessional behavior, and a violation of the Tulane University GME Policy on Harassment (Chapter XIX).
 - c. While the University does not prohibit describing disagreements on issues and with people in the workplace, residents are strongly cautioned to not express these disagreements in social, electronic and print media for the following reasons:
 - i. The description of the disagreement is likely to be one-sided, without the “other side” having the opportunity to present their side of the agreement.
 - ii. Readership of the described disagreement is likely to take the description out of context.
 - iii. The description on social, electronic, or print media is unlikely to result in a meaningful solution/resolution of the disagreement.
3. Description of Self and/or Self Opinions
- a. The resident retains the right to express their individuality via pictures, opinions and posts on social, electronic and print media.
 - i. All posted opinions and images, however, are to be professional; unprofessional statements evoking, but not limited to, racism, sexism, and discriminatory statements will not be allowed, and are grounds for review by the program’s clinical competency committee with respect to the professionalism core competency.
 - ii. Residents are advised to be cognizant of the image being portrayed, particularly with respect to posted images and photographs, and how that image would be viewed as being consistent with the professional physician. Employers, patients, and administrators can search and view all information posted in any forum. Enacting privacy settings does not necessarily mean that information will not end up in a public format.
 - b. In engaging in social, electronic, or print media communications, residents are reminded of the following:
 - i. The resident has full responsibility for the content of individual online postings (for example: blogs, social networking sites and other digital media).
 - ii. The permanency of published material on the Web. Most electronic media becomes cached. This means that even if the information is subsequently “taken down,” it likely still endures as accessible to the rest of the world on the Internet.
 - iii. The importance of your individual safety when posting personal materials, such as phone/pager numbers or daily schedules online.

C. Association with, and Naming of, Tulane University:

- 1. In expressing opinions via external communications, residents should exercise caution in identifying themselves as Tulane University employees; comments made by an individual are easily ascribed to the opinion/position of the University as a whole. If the resident does disclose

their association with Tulane University, the communication should explicitly note that the opinion/position expressed within the communication is solely the position of the resident, and not of Tulane University or the respective healthcare institution (i.e., hospital, clinic or healthcare system) in which they work.

2. If there is any question as to how an external communication will be received, residents are encouraged to consult with the Tulane University and/or respective hospital's Office of Public Relations. The Graduate Medical Education Office, and the resident's Program Director can also provide advice in reference to external communications.

D. Offering Medical Advice:

1. Residents are not restricted from voicing opinions on medical topics via electronic or print media. Residents are advised, however, to exercise caution in such statements and to utilize the following guidelines in making these statements:
 - a. Residents should not misrepresent their qualifications.
 - b. The discussion or opinion should be evidenced-based where possible.
 - c. The discussion or opinion should be generic to the topic, and not designed to diagnose or treat an individual patient via electronic means.
 - d. Advice should not be offered; where the discussion or opinion could be interpreted as offering advice, the communication should include a disclaimer that the reader should consult with a physician prior to making any decision.
2. Residents are reminded that the terms of their employment with Tulane University limits the provision of medical advice within the context of the teaching environment, where appropriate supervision exists; malpractice insurance may not extend to medical advice outside of the teaching environment.

E. Outside-of-Work Conduct

1. It is expected that residents behave professionally in and out of work, as behavior in both settings exemplifies the development of the professionalism competency, and reflects upon Tulane University reputation.
2. Tulane University respects the privacy of all of its residents. Tulane does not prospectively monitor residents' outside-of-work activities.
3. All professionals have a collective professional duty to assure appropriate behavior, particularly as it pertains to professional behavior
1. Unprofessional behavior outside of work may be investigated if it is brought to the attention of the program director and/or DIO and may be integrated into the Clinical Competency Committee's assessment of the resident's professionalism core competency.

F. The University's Role in Monitoring and Enforcement

1. Tulane University will not monitor residents' social, electronic or print communications without cause to do so. Tulane University assumes no liability or responsibility for resident's social, electronic, or print communications of which it is not aware.

2. All professionals have a collective professional duty to assure appropriate behavior, particularly in matters of privacy and confidentiality. It is the responsibility of each University employee to self-monitor this policy and report violations to the respective program director and/or DIO.
3. Tulane University reserves the right to inspect a resident's social and/or electronic media for cause, as defined by a report of a violation of this policy.
4. Tulane University reserves the right to monitor a resident's social and/or electronic media for cause, as defined by a previous violation of this policy.
5. Penalties
 - a. If a social, electronic, or print media posts/communication is deemed to be inappropriate by the program director or the clinical competency committee, the resident will be asked to redact or take down the communication. The resident has a right to appeal this decision to the DIO, who shall have the final decision regarding redacting or taking down the communication
 - b. The clinical competency committee is entitled to integrate violations of this policy into their decisions regarding probation, suspension, non-renewal and termination (Chapter XX), particularly with respect to the core competency.
 - c. Residents in violation of this policy may also be subject to discipline from the respective hospital, clinic or healthcare network. Residents in violation of this policy may also be subject to prosecution or a lawsuit for damages for a contravention of HIPAA.

G. Electronic Communication with Residents

1. Afferent communication:
 - a. The GME Office recognizes importance of communicating to residents about events, opportunities, and additional information necessary for clinical care.
 - b. However, the GME Office also recognizes that excessive electronic communication to residents can lead to "alert" fatigue.
 - c. Further, the GME Office also recognizes the potential for abuse in sending electronic communications to the residents that are inappropriate.
2. Efferent communication:
 - a. The GME Office recognizes the value of obtaining information from residents via surveys.
 - b. However, the GME Office also recognizes that excessive communication leads to "survey fatigue." In such a scenario (i.e., excessive surveys), there is a risk that residents' compliance with essential surveys (such as the ACGME annual survey) will diminish.
 - c. Further, the GME Office also recognizes that the residents' opinions are the intellectual property of the residents, and residents should not be compelled to express those opinions unless they are essential to the viability of the training programs and the clinical operations in which our residents participate.
3. The GME Office will operate a resident, program director and program coordinator list-serve. All three list-serves will be centrally monitored in the GME Office.

- a. The list-serve address will only be released to the respective recipients, and entities or individuals approved by the GME Office.
 - b. Only afferent communications that are within the above guidelines will be allowed to be distributed to the residents.
 - c. Communications regarding industry or pharmaceuticals will not be authorized, as per the guidelines in the Vendor Policy.
 - d. Entities or individuals who repeatedly violate the above guidelines regarding appropriate messaging will be excluded from further use of the list-serve.
4. All surveys distributed to the residents must first be approved by the GME Office. Residents will be instructed to disregard any survey that has not been previously approved by the GME Office.
 5. Residents' email addresses will not be shared with any individual outside of the University unless there is, in the judgment of the DIO, direct reason, consistent with the training and clinical care environment, to do so.