

PRACTICE DIRECTION: SOCIAL MEDIA AND ELECTRONIC COMMUNICATION

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The College of Dental Hygienists of Manitoba, Professional Practice Committee is responsible for developing professional resource documents for dental hygienists. Council approves these documents, of which, the purpose is to explain, enhance, add, or guide dental hygiene practice in accordance with The Dental Hygienists Act and Regulations. It is the responsibility of the dental hygienist to understand and comply with these documents.

The College of Dental Hygienists of Manitoba's Practice Direction for Social Media and Electronic Communication

Purpose

This practice direction is to provide guidance to registrants of the College of Dental Hygienists of Manitoba (CDHM) about the importance of relevant professional obligations while engaging in social media¹ and electronic communication². This document does not establish any new expectations for dental hygienists; rather, this document clarifies how existing professional, legal and ethical expectations can be met in the social media and electronic communication domains.

Background

Social media and electronic communication may be used for both personal and professional purposes. The highly accessible, informal, and commonplace nature of electronic devices and sharing information can blur the line between one's personal and professional lives, and what is considered public or private. Furthermore, the efficient nature of technology reduces the time it takes to post, send, publish, or share content, and simultaneously reduces the time to consider whether a post is appropriate, and the ramifications of inappropriate content.

The College recognizes that electronic communication and social media platforms may present important opportunities for dental hygienists, such as enhancing public education, among other potential benefits. This document is to remind registrants of the expectations of professional and ethical conduct, and that they are the same whether interacting in-person or electronically, including through social media.

Professional Expectations

A dental hygienist must be familiar with and uphold their professional Standards of Practice, Code of Ethics, privacy laws, and all other applicable laws. Dental hygienists will be held accountable for conducting themselves in a professional manner that respects the patient relationship, fosters trust, promotes respect for the profession and protects the patients' right to privacy and confidentiality.

Professionalism – A dental hygienist establishes and maintains professional and respectful relationships with patients, colleagues, and other members of the healthcare team.

¹ Social media (Oxford dictionary) – refers to using the internet to access websites and applications which enable users to view, create and share content or to participate in social networking. Some methods include, but are not limited to blogging (text, video), podcasting, social networking, news sharing, social bookmarking/social tagging, video hosting and streaming, and discussion forums.

² Electronic Communication refers to using electronic devices to communicate information. Some methods include, but are not limited to text, email, fax, phone, or audio/video chat.

- Maintain professional integrity. Be mindful and self-aware whenever using social media and electronic communication; carefully consider the potential consequences, both intended and unintended, and how your conduct might reasonably be perceived by others.
- Be aware of copyright³ and defamation⁴ laws. Online breeches can reflect poorly on professional reputation or standing, as well as result in legal action.
- Be familiar with employer policy around social media and electronic communication. For example, use of personal electronic devices during working time.
- Be aware of information posted online on your behalf (e.g., by an employer) and meeting professional obligations.

Professional Boundaries⁵ - A dental hygienist establishes and maintains appropriate professional boundaries and relationships with patients, colleagues, and other members of the healthcare team.

- Avoid establishing personal connections and direct engagement with patients through personal social media or electronic communication devices.
- Be cautious if sharing details of your personal life on social media sites. Patients, colleagues, and employers may have access to your information, putting you in a potentially difficult situation.
- Be aware when identifying your profession online once you identify as a member of your profession, your online comments are interpreted in that light. Ensure content aligns with the dental hygiene scope of practice and reflects best evidence from legitimate sources.
- Refrain from providing specific health-related and/or clinical advice through social media. Consider how information might be relied on and interpreted, and the risk of creating a reasonable perception that a professional-patient relationship exists.

Privacy and Confidentiality⁶ - A dental hygienist must respect and protect a patient's right to privacy and the confidentiality of information obtained in the context of patient care⁷.

• Do not post about or share specific patient interactions or situations, even if the patient isn't named. Even a few basic facts may be enough to identify a patient to a family member

³ Copyright Act of Canada

⁴ The Defamation Act

⁵ A boundary is the point at which a relationship changes from professional and/or therapeutic to unprofessional and/or personal.

⁶ The Personal Health Information Act (PHIA) is a provincial privacy law enacted to ensure that government organizations and health care providers are held to a high standard of confidentiality with respect to all patient information. PHIA ensures that patients feel comfortable discussing sensitive issues with their health care provider without fear that the information will be released inappropriately.

⁷ Information obtained about a patient, including photo, video, and audio, is limited to that which is learned during treatment and is subject to clinical rationale as related to patient care. It may only be disclosed to other members of the health care team for the purpose of providing care for the patient.

- or friend. Sharing or commenting on others' information online may also constitute unprofessional conduct.
- Obtaining consent to post or publish a patient's health information includes providing fully informed consent for the specific use even for a closed or private forum. Once something is posted it is difficult to control further distribution and so consent to post should identify this as a risk.
- Refrain from seeking out a patient's (or former patient's) information from social media. While an individual/patient has a right to disclose personal information about themselves online, the dental hygienist is obligated to respect privacy and confidentiality⁸.
- Be familiar with privacy settings for all platforms, however, remember that settings can change, and they are not a replacement for responsible communication practices.
- Avoid using personal electronic devices for patient communication and storing patient information, including photos, videos, or audio recordings. Devices can be lost or stolen. Patient information must be stored according to PHIA requirements.

Accountability and Duty to Report – A dental hygienist identifies and reports situations of professional, legal and/or ethical misconduct to the CDHM and/or the appropriate authority.

- Promptly report any identified breach of patient confidentiality or privacy.
- Be mindful of posting. Whether intentional or unintentional, if a complaint is received regarding unprofessional, illegal, or unethical conduct posted on social media or through electronic communication by a registrant, which threatens the public or public's confidence in the profession, the College is justified in investigating.
- Be aware of and take responsibility for your online persona. Review regularly, and to the
 best of your ability, edit any content that may be viewed by patients, professionals or the
 pubic, as unprofessional.

Myths and Misconceptions

If I'm on personal time, it doesn't matter.

• Off-duty conduct by a registrant may be subject to investigation and disciplinary action by the regulator.

I deleted the post, it's gone.

• Online activity, including electronic communication, creates a digital record that remains *forever* on a server and is discoverable in court. Also, the internet allows for instantaneous copying and forwarding of content.

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⁸ Confidential information should be obtained or shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm.

It's harmless if I discuss a client using electronic communication if it can only be accessed by the intended recipient.

• This is still a breach of confidentiality.

I'm using a private social media account.

• Social media is, by its nature, public facing. Privacy settings can create the illusion of privacy, when in fact, no privacy exists at all. Social media sites may include extremely broad waiver rights to limit use of content, for example, 'by posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose.'

A patient invited me to read their personal blog / I received a friend request from a patient.

• It's likely clear that this is an inappropriate connection between professional and patient, but it demonstrates how easily it can happen. Think carefully about requests you receive and have clear responses ready should a situation arise. You may be required to end a therapeutic relationship with a patient if professional boundaries cannot be maintained or re-established.

Pause, review, and reflect before sharing information, comments, images etc. over social media and through electronic communication, and consider the potential impact.

*This practice direction reflects current knowledge and is subject to periodic review and revisions with on-going research.

Resources

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