



# Social Media and Dietetic Practice

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**Need to Know Quiz**

CDO recently collaborated with six other health regulatory colleges in Ontario to develop an e-learning module titled: *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals*.

The module reviews the professional standards of practice, the legislation and the principles RDs need to know to establish risk management strategies to maintain a professional reputation and appropriate professional relationships in dietetic practice. It also answers everyday practice questions and offers best practice suggestions for using social media. Numerous examples and case-based scenarios are included to help RDs reflect on their own use of social media in dietetic practice. This article outlines some of the key points to consider when using social media in dietetic practice.

## INTRODUCTION TO SOCIAL MEDIA

Social media is a broad term used to define a group of web-based applications that facilitates the exchange of information and ideas online. Social media allows individuals and communities to share, co-create, discuss, and modify user-generated content.<sup>1</sup> This has changed the way people, organizations and communities communicate.

Social media includes blogs, wikis, message boards, chat rooms, forums, podcasts, electronic polling, social bookmarking, clouds, social networking (facebook, twitter, linkedin), and social communities (YouTube, Skype, ooVo).

## SOCIAL MEDIA USE IN DIETETIC PRACTICE

Social media can be used for a number of reasons in dietetic practice including:

- Increasing RD capacity to reach clients and their families with timely high-quality health & nutrition information/resources;
- Answering questions and obtaining feedback from clients, families and the public;
- Raising public awareness of key nutrition issues;

- Promoting and advertising upcoming events, programs or dietetic services available;
- Providing education to nutrition students and dietetic interns;
- Networking with other professionals and sharing educational information; and
- Creating common-interest groups on nutrition topics.

## INFORMED CONSENT

When providing services and interacting with clients using social media, informed consent must be obtained. In many cases, consent may be implied when clients choose to engage in communication via social media. However, it is important to inform clients of the security issues surrounding communicating personal health information through any medium on the Internet. Use your professional judgment as to when you can rely on implied consent versus a more formal written or verbal consent to communicate with clients via social media.

## CONFIDENTIALITY & PRIVACY

When using social media, apply the relevant privacy legislation including the *Personal Health Information Protection Act* (PHIPA), 2004. Under PHIPA, health professionals are accountable for ensuring personal health information is not collected, used or disclosed without the informed consent of the client. In social media, this can be challenging given the openness of the Web and the fact that communication is occurring in electronic social groups and postings, where many participants have access.

You may need to take extra steps when using social media to protect client confidentiality. Keep abreast of the current tools and computer settings available that increase online security and privacy. Also, refer to organizational privacy and confidentiality policies surrounding social media use to ensure you are complying with the appropriate protocols.

## COMMUNICATION PRACTICES

Social media can help enhance communication by making information mobile and easily accessible. However, it also inherently has added risks of miscommunication and a possible decrease in the level of individualized care or services compromising the client therapeutic relationship.

Strive for clear, professional and audience-appropriate communication when using social media. Abbreviations, acronyms and medical terminology can be confusing and hard to understand. Texting short and incomplete sentences can add to this confusion. Be aware that not all clients and users of social media are aware of online language culture (e.g., short forms such as lol, brb, etc.).

RDs and their clients should be aware of the limits to what can safely be communicated via social media. Where interactions with clients become more complex and individualized, you may need to take the conversation away from social media and consider using the telephone or seeing your client in person.

## MAINTAIN PROFESSIONAL BOUNDARIES

RDs must separate their personal and professional life when using social media. It would not be appropriate for RDs to accept clients as friends under their personal social networking profiles. According to chapter 10 of CDO's *Jurisprudence Handbook for Dietitians in Ontario* accepting a client as a "friend" on facebook (or other personal social networking sites) would be considered a boundary crossing. Specifically, this would fall under the category of *dual relationships*, as this proposed friendship has the potential to interfere with the client-RD professional relationship.<sup>2</sup>

Personal social networking profiles contain a great deal of personal information relating to an RD's social life. A client who is a "friend" of an RD under their personal profile would be privy to messages, photos, and other personal information that may compromise the dynamics of the professional relationship. It is best to avoid dual relationships wherever possible. This can be easily done on social networking sites by not accepting or simply

disregarding the client's "friend" request. In the interest of maintaining a good professional relationship and open communication, you may wish to explain to clients why you did not accept the social networking invitation.

In addition, RDs should not invite any of their clients to be "friends" on their personal social networking page. RDs should also pay attention to privacy settings to limit the amount of personal information publically available on their social networks.

An RD (or their organization) may create a professional social networking page (e.g., on facebook) that outlines the services and/or posts nutrition info/videos/articles/resources, etc. Clients or members of the public can "like" the page, receive updates, comment on any postings, and ask questions, etc. This professional page should not be connected to the RD's personal social networking page (if they have one).

RDs need to respect clients' personal lives and avoid conducting online searches for information about a client, unless the RD has serious concerns about the client inflicting harm on themselves or others (e.g., presenting a duty to warn).

## UPHOLDING A PROFESSIONAL IMAGE

Information, pictures, professional and personal opinions posted on social media and the Web may be permanent. Even if deleted, old posts may be accessible via archived versions or uncleared browser caches.

Negative or unflattering images and statements, such as derogatory remarks, and inaccurate or misunderstood information can be harmful to your professional image and impact client trust. As regulated health care professionals, RDs must always be mindful of the accessibility of information on the Internet, including information posted on personal and professional social media profiles.

**Stop and reflect before posting anything online. This is a critical component of managing social media in dietetic practice.**

## MODERATE COMMENTS

RDs are responsible for all information posted on any social networking page, twitter account, website or blog they are managing, regardless of whether they posted a comment or not. If readers post comment or ask questions, respond to them, verify that all the information is accurate and post corrections when needed. Seek to remove all inappropriate comments (insults, fowl language, inaccurate or misleading information).

Many social networking platforms have settings that send notification emails to the administrator when comments are posted. Use this feature to moderate comments. The frequency for moderating comments depends on the site traffic (e.g., daily for heavy traffic, weekly for lighter traffic).

On some websites and blogs, there are settings to accept anonymous comments or only accept comments from those who have set up a profile. The latter is advisable so that you can identify who makes comments, and if need be, correspond with a user individually.

## EVIDENCED-BASED INFORMATION

Employers, clients and the public at large rely on an RD's expertise to provide accurate and timely nutrition information. Any information communicated through social media should always be evidence-based. When you include hyperlinks to other information and resources (e.g., websites, videos, podcasts, etc.) in social media posts, all information should be current, accurate and reliable.

Provide appropriate evidence-based documentation to substantiate any claims made about health and nutrition issues or expert opinions. RDs cannot rely on trends or hearsay; they need concrete evidence to support their nutrition recommendations, opinions, and advice.

It is also advisable that RDs become familiar with popular online discussion forums and website resources where clients are acquiring health and nutrition information to be able to comment on the credibility of the content. Where the accuracy of information is questionable, direct the users to reliable, evidence-based online resources.

## CONFLICT OF INTEREST

Given the casual nature of social media and the opportunities to market and advertise services and products, be aware of behaviours and actions that may lead you to a conflict of interest. For more information on conflict of interest, refer to the chapter 9 of the *Jurisprudence Handbook for Dietitians in Ontario*.<sup>3</sup>

## ADVERTISING/PROMOTING DIETETIC SERVICES

Social media provides opportunities for RDs to promote their dietetic services. Sites can be created by a group or an individual RD for a variety of purposes such as describing nutrition services, sharing nutrition tips and resources, summarizing recent nutrition research, recipe ideas and professional opinions.

The College encourages professional advertising of dietetic services. When advertising, keep in mind the public's best interest and ensure full disclosure and transparency.

Client testimonials on any social media site are discouraged. The truth or value of the testimonials cannot be verified by the public and testimonials from a select number of clients may not be representative of all clients and can be taken out of context. Testimonials may also create a conflict of interest for the RD and compromise the relationship between an RD and clients by putting them in an awkward position when asked to provide testimonials.

While RDs are not responsible for third party websites and unsolicited comments, RDs should strive to be aware of comments posted about their practice. Where information is inaccurate, misleading, fraudulent or defamatory, RDs should contact the third party's website administrator to request a correction or deletion.

For more information on advertising dietetic services refer to the Winter, Spring and Summer 2010 issues of *résumé* newsletter.

## RECORD KEEPING

### Therapeutic Client Relationships

All significant social media communication with any therapeutic client-RD relationship should be documented. Follow organizational policies for documentation, if there are any. If there are none, the documentation may include:

- a) a summary of the social media correspondence between RDs and clients in the client health record;
- b) cutting and pasting social media correspondence in the electronic client health record; and/or
- c) printing hard copies or attaching copies of electronic social media correspondence in the client health record.

### Non-Client Care

Where social media is used to educate the public, employers or private practitioners, use professional judgement to determine how much record keeping is required. It may be good practice to document the nature of the topics communicated over social media and keep a log of significant comments and interactions with users.

### Access to Records

RDs should also think about whether they might need future access to the original information they posted on social media. Ensuring that continued access (e.g., user names and passwords) to original social media correspondence may be imperative if a client, the College or a court order requires an RD to submit those records.

## PROVINCIAL MEMBERSHIP

Social media has provided opportunities for RDs in Ontario to provide services in other provinces or even outside of Canada. In Canada, each province has its own regulatory College for the dietetic profession. The College's best advice is that RDs who work in more than one province, or even with clients who reside in another country, be registered with each regulatory College.

That being said, it may be challenging and expensive for

RDs to register with multiple regulatory bodies. If an RD cannot register with multiple bodies, then they must be transparent with clients and the public by letting them know in what province and regulatory College they are registered with. People have the right to verify an RD's profile on the College register and to file a complaint with the College regarding an RD's conduct. To do this, people need know which provincial college to file the report to. RDs should clearly indicate on social media sites that they work in Ontario and are registered with the College of Dietitians of Ontario.

## BENEFITS TO SOCIAL MEDIA

Social media has many benefits in today's society when everyone expects a rapid response, instant messaging and free and liberal access to information. These benefits include the ability to meet the demand for instant delivery of information, advice and education, and creating communities of practice to support health professionals and clients. Above all, as long as RDs are able to meet their professional obligations for using social media within dietetic practice, social media may certainly be a viable option and value-added service for clients and the public.

For any additional questions surrounding using social media in dietetic practice, contact the Practice Advisory Service at: [practiceadvisor@cdo.on.ca](mailto:practiceadvisor@cdo.on.ca), 416-598-1725/1-800-668-4990, ext. 397.

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## References

- 1 Andreas M. Kaplan, A. M. & Haenlein, M. (2010). *Users of the world, unite! The challenges and opportunities of Social Media*. Business Horizons, 53(1), p. 59-68. Available from: <http://michaelhaenlein.com/Publications/Kaplan,%20Andreas%20-%20Users%20of%20the%20world,%20unite.pdf>
- 2 Steinecke, R. & CDO. (Web Edition, Fall 2012). *Jurisprudence Handbook for Dietitians in Ontario*, Chapter 10: "Boundary Issues", p. 113. <http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf>
- 3 Ibid. Chapter 9: "Conflict of Interest", p. 101 <http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf>