EDUCATE, EXCITE, ENGAGE

CrossMark

Tim J. Bristol PhD, CNE, ANEF*

Social media policies for success

Sammy is a new registered nurse (RN) on the medical surgical unit. She graduated 4 months ago and just passed her NCLEX 3 weeks ago. She is excited to be on the unit for her first full shift. She met her preceptor and is going to meet the client. A quiet older gentleman (Mr. H.) who smiles and seems interested in the fact that Sammy is a new nurse. After a few hours into her shift, she enters the patient's room. She leans over the client and takes a "selfie" with Mr. H. After showing it to the client, he smiles. That night she proudly posts the photo as her new profile picture. Three days later, Sammy is in the human resources department with her nurse manager facing disciplinary action to include termination. She finds out the family is outraged and want actions taken against "that nurse." The family notified the state board of nursing.

Unfortunately, Sammy was a high-achieving student. Unfortunately, as a student, she never learned how to professionally manage social media. Unfortunately, this scenario is not uncommon (National Council of State Boards of Nursing [NCSBN], 2011; Peck, 2014). A quick Internet search will reveal many such stories of well-meaning nurses excited about their clients and their profession.

What are we doing to prepare our graduates to be professionals in the 21st century? One might say that we live in the age of social networking. Nursing programs need to find ways of helping train future health care professionals in using these tools to improve patient outcomes. Policy will help promote success in this journey.

1. Usage of social media in health care

Reviewing a couple hospital and health care system Web sites quickly reveals how social media is being used to connect with current and potential clients. One estimate is that more than 1290 hospitals are using Facebook (Mayo Clinic, 2012). Some facilities are now using wearable technology and social networking such as Google Glass to connect health care providers and share data (Glauser, 2013; see Fig. 1). For the student, nurse and faculty member, the message is that social media is a positive tool for use in the health care industry. The conflict arises when the nurse tries to cross the chasm of professional and personal life.

Fig. 1 Paula Byrne, MSN, RN, from the College of St. Scholastica is a Google Glass Explorer.

* Corresponding author.
  E-mail address: tim@nursetim.com.

Clear policies, that are communicated well, will help students, faculty, and nurses make decisions that allow for successful use of social media in nursing education.

2. The policy development and dissemination process

An effective social media policy is best developed by a diverse team at the college or university level. The team will work with multiple stakeholders to ensure that it promotes professional growth while helping faculty and students adhere to essential regulations. Once the policy is developed, dissemination must be managed and frequently evaluated. A variety of strategies can be used to ensure successful implementation.

2.1. College wide collaboration for policy development

Ideally, the policy on social media usage will originate at the college or university level. Partnering with other departments will help faculty and students across the campus with a consistent message of acceptable "virtual" behavior. An interdisciplinary committee will benefit from rich discussions and collaboration around the use of social media. This promotes better understanding of the opportunities and challenges faculty and students face when using these resources and tools.

2.2. Departmental team and student involvement

Even with a college-wide approach, social media used in health care settings presents unique challenges. Because of the need for patient privacy, social media policies for the nursing program will need to consider the tenets and regulations found in the Health Insurance Portability and Accountability Act (HIPAA; NCSBN, 2011). It is essential that faculty and students fully understand the regulations related to maintaining privacy for the client.

Asking students to participate in the policy development will help ensure adequate explanations, and expectations are included. The students often view social media with different perspectives as compared to faculty. Faculty also have the potential to learn of creative uses of technology when collaborating with students in this way.

At the departmental level, once an initial policy is drafted, the entire faculty should offer suggestions for revisions.

2.3. Clinical agency involvement

The importance of involving clinical agencies in social media policy development cannot be understated. They can offer valuable insight to ensure the policy will facilitate success for students and faculty in the clinical agencies. This action will also help build trust between the clinical agency and the nursing department. Trust facilitates capitalizing on social media benefits for both patients and students. Often, clinical agencies will begin to see the nursing department as a resource in the process of managing social media.

3. Policy components

The different components of the social media policy can vary depending on the intended audience and location. Some policies may be global in nature and address the student in multiple environments (see Appendix A). Other policies are more specific and directed to only the clinical environment (see Appendix B). Identifying the purpose of the policy will help with in selecting components and concerns to be addressed.

3.1. Professional components

The main reason most schools and programs develop and enforce a social media policy is to avoid violations of HIPAA. Being clear on the sharing of protected information is essential. It is also useful to give clear guidelines with devices and on-line services. For instance, a direct statement related to not taking photographs of clients is appropriate. Another directive should involve common social networking tools such as Facebook, Twitter, and email. No information regarding the clinical experience should be shared using these tools. Lewis and Clark Community College went on to include "and any others not mentioned." The reason for this phrase is that technology evolves quickly, and a new tool may become available before the policy can be adjusted.

This part of the policy will also emphasize that the student is responsible to strictly obey any guidelines or policies of the agencies in which they are active as a student or professional. Students should remember that even when they are not at school or the clinical agency, they can still violate federal mandates related to HIPAA and disciplinary action may result.

Some policies give guidance on professional etiquette. Appendix A explains the importance of acknowledging the client when using mobile technology in their presence. It also emphasizes that when using mobile devices in clinical, staff and faculty have the right to view the student's phone.

3.2. Academic components

Faculty and students must understand certain academic principles as well. For instance, Appendix A states that the "nursing program" can take disciplinary action based on what happens on-line. Students can only take pictures in labs when it is part of an assignment. Students may not use their phones for personal conversations or texting during "class, lab, and clinical experiences." This policy goes as far as to remind students that what happens on-line could be viewed by potential employers. In addition, faculty must be aware that they cannot violate student privacy on-line.