

Applicable Policies and Addendum

These policies include, but are not limited to: Use or Disclosure of Protected Health Information (PHI) or Confidential Mount Sinai Materials; Computer Use Policy; Use of Mount Sinai's Trademarks and Proprietary Information; Electronic Communications; Confidentiality of the Medical Record; Camera and Video Recorder Use; Portable Electronic Devices; Human Resources Policies 13.5 (Electronic Mail/Email) and 13.6 (Internet Use); and all professionalism policies and codes of conduct. Policies not listed above that are in the Human Resources Manual, the Faculty Handbook, the Housestaff Manual, the Student Handbook and the Bylaws of the Hospital Staff also apply.

Addendum to Social Media Guideline

The following are fictional use-case examples of social media and blogging activities and an explanation of their appropriateness as per the Mount Sinai Health System Social Media Guideline:

1. **A patient attempts to “friend” an attending physician on Facebook.** This is almost always inappropriate, unless the doctor-patient relationship has ended. Even after the doctor-patient relationship has ended, it would be inappropriate to discuss health-related information. (Best Practice 3)
2. **A patient comments on a Mount Sinai physician’s blog and discloses protected health information with the expectation that the Mount Sinai physician will continue the discussion.** Any health-related discussions by email with patients require a written consent. Similarly, social media discussion with a patient should not directly address health concerns of individual patients. (Best Practice 3)
3. **A medical student “twitters” that he just finished rounds with the residents on a patient and describes the clinical findings of that patient.** It is difficult to be certain that information disclosed in the Twitter® post is not identifiable to that particular patient. The best type of posting would include very general information. Other posts by the same student could indicate his/her medical school and current rotation, leading to circumstances that indirectly identify the patient, such as by naming a very rare disease. (Best Practice 3)
4. **A medical student writes in her blog, naming an attending physician who did minimal teaching on rounds and recommending that other students not take clinical electives with that physician.** Legitimate critique of an educational activity is appropriate, so long as professionalism is maintained. There are more effective and less public mechanisms for relaying this type of information, and the student may be counseled accordingly. (Best Practices 1, 2)
5. **A graduate student posts to his “wall” on Facebook that half of the class was sleeping during Dr. X’s lecture on biostatistics.** This is very similar to the use case above. (Best Practices 1, 2)
6. **A pediatric resident posts (on her Facebook wall) a picture of a baby who was just discharged from her service, expressing joy, best wishes to the family, and congratulating everyone involved in this excellent patient outcome.** Without written patient/representative consent, this is a clear violation of patient confidentiality, even if the patient is not named. (Best Practice 3)
7. **A laboratory technician blogs that the laboratory equipment he is using should have been replaced years ago and is unreliable.** The public disclosure of such information increases the liability for the Mount Sinai Health System and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at Mount Sinai. (Best Practices 1, 2)
8. **A medical student wearing a Mount Sinai t-shirt is tagged in a photo taken at a local bar and posted on a friend’s Facebook page. The medical student is clearly inebriated.** The two issues are that: (1) the Mount Sinai logo identifies the affiliation to the institution; and (2) the unprofessional behavior of the student is available for all to see, including future employers and patients. The medical student did not post the photo, but should do everything possible to have the photo removed and remove the tagging link to the student’s own Facebook page. (Best Practices 2, 4)

9. A post-doctoral fellow blogs that her laboratory technician wears too much cologne, has terrible taste in clothes, and takes overly long lunch breaks. This is an inappropriate forum and set of comments and demonstrates unprofessional behavior by the post-doctoral fellow. There are legitimate and confidential mechanisms for addressing valid concerns in the workplace. (Best Practices 1, 2)

10. An oncology nurse practitioner uses an alias and blogs that Mount Sinai has the lowest bone marrow transplantation complication rate in the world. This may be a violation of Federal Trade Commission regulations that prohibit false or unsubstantiated claims, and does not disclose the employee's material relationship to Mount Sinai. (Best Practice 6)

11. An applicant to the Medical School is given access to a MSSM blog to comment on the experience. The applicant writes that another medical school in NYC is obviously more prestigious and has better housing. Mount Sinai has no recourse against non-affiliated individuals. The administrator of the blog should have established policies and procedures for editorial procedures. If the blog posting meets these editorial guidelines, then the blog posting should remain. It is likely that others will debate the original comment and place MSSM's reputation and housing status in context.

12. A medical student creates a social media website to discuss medical knowledge (e.g., "Cardiology Interest Group" on Facebook®). This is a learning community environment, in which medical knowledge is exchanged, shared and discussed. While the goal is laudable, there are still risks. A disclaimer is necessary, since postings may be incorrect, taken out of context, or improperly referenced. The moderator should take precautions to prevent the posting of information or photographs that are potentially identifiable to a particular patient. (Best Practices 1, 3, 6, 7)

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