



College of Dietitians of Prince Edward Island

College of Dietitians of Prince Edward Island Practice Directive: Social Media

Introduction

Social media is a relatively new concept that includes websites and applications that allows the facilitation of information and ideas. Through social media, we are able to share, create and co-create, discuss, and modify user-generated content. Social media includes blogs, wikis, message boards, chat rooms, forums, podcasts, support groups, clouds, social networking (Instagram, Pinterest, Facebook, Twitter, LinkedIn, etc.) and social communities (YouTube, Skype, etc.). Dietitians are accountable to conduct themselves ethically and competently at all times, even when posting on social media (both in personal and professional situations). This document was adapted with permission from the College of Dietitians of Ontario and outlines the position of the College of Dietitians of Prince Edward Island (CDPEI) with respect to appropriate use of social media.

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 judgement as to when you can rely on implied consent versus a more formal written or verbal consent to communicate with clients via social media.

Example: sharing a specific scenario on a forum to obtain advice from other dietitians (i.e. Dietitians Support Group).

Confidentiality & Privacy

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 to ensure you are complying with the appropriate protocols. Social media can be a great tool to seek or share evidence-based information with the dietitian community. Use caution when communicating client personal health information for the purposes of research. In a small province like PEI, client information can be easily identifiable through a case scenario either by the public or the client themselves. Be sure to avoid identifiers. Identifiers can include: a picture, name, age, specifics from interaction with the client, disease conditions, socio economic status, race, gender, etc. Where interactions with clients become more complex and individualized, you should take the conversation away from social media and consider using the telephone, video conference, or meeting your client in person. Before sharing client information, be sure to ask yourself: 1) have you obtained the client's informed consent? 2) have you ensured that there is no information given that might identify the client? 3) are you sharing this in a professional manner? Professionalism is required even without client identifiers. For example, complaining about a client interaction or poking fun of a client could be identified by the client or the public, putting the client RD relationship in jeopardy, not to mention, also reflects badly on the profession.

When using social media, apply the relevant privacy legislation included in the *Health Information Act (2018)*.

Example: *Unacceptable: "I have a 56 yo woman living in Wellington with IBS. She is going on a trip to Florida and wants information on what to eat while travelling. Does anyone have information to share?"*

Acceptable: *"Does anyone have resources on IBS while traveling?"*

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., lol, emojis, etc.).

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. It would be considered crossing a boundary and would have the potential to interfere with the client-RD professional relationship.

Personal social networking profiles contain a great deal of information relating to an RD's personal 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 these relationships wherever possible. This can easily be 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 the client 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 pages. 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, Instagram or Twitter) 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 refer to the RD's personal social networking page (if they have one).

RD's 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, uncleared browser caches, or by saving or screenshotting a photo or post. Negative or unflattering images and statements, such as derogatory remarks, vulgar language 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. RDs and their clients should be aware of the limits to what can safely be communicated via social media.

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, website or blog they are managing, regardless of whether they posted a comment or not. If readers post comments or ask questions, respond to them, verify that all of the information is accurate and post corrections when needed. Seek to remove all inappropriate comments (insults, foul 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.

Evidence-Based Information

Employers, clients and public at large rely on an RD's expertise to provide accurate and timely information. Any information communicated through social media should always be evidence-based. When you include hyperlinks to other information (e.g., websites, videos, podcasts, etc.) in social media posts, all information should be current, accurate and reliable. This also applies to "liking" and "sharing" content. Use your professional judgement to ensure content is both evidence-based and professional. 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.

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 prohibited. 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 "Marketing of Services and the Sale, Endorsement and Recommendation of Products" position statement.

Advertising/Promoting Products or Product Lines

Social media provides a unique opportunity for RDs to provide education on foods and specifically food products to large groups of users. It is imperative that RDs follow the guidelines set out in our position statement "Marketing of Services and the Sale, Endorsement and Recommendation of Products" on both their personal and professional social media profiles.

Record Keeping: Therapeutic Client Relationships

All significant social media communication with any therapeutic client-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 health record; and/or c) printing hard copies or attaching copies of electronic social media correspondence in the client health record.

Record Keeping: 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.

Record Keeping: 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 PEI 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 provide therapeutic client services in more than one province, or even with clients who reside in another country, be registered with each regulatory College or check with the respective College to determine if registration is required. RDs must be transparent with clients and the public by letting them know in what province and regulatory College they are registered. The public has the right to file a complaint with the College regarding an RD's conduct. To do this, people need to know which provincial College(s) to file the report to. RDs should clearly indicate on social media sites that they work in PEI and are registered with the College of Dietitians of PEI.

Benefits to Social Benefits

Social media has many benefits in today's society. When everyone expects a rapid response, instant messaging and free 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 social media in dietetic practice, contact the College of Dietitians of Prince Edward Island.

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References

- College of Dietitians of Ontario Resume. (2013). *Social Media and Dietetic Practice*. Available at: [https://www.collegeofdietitians.org/resources/professional-practice/social-media/social-media-and-dietetic-practice-\(2013\).aspx](https://www.collegeofdietitians.org/resources/professional-practice/social-media/social-media-and-dietetic-practice-(2013).aspx).
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