“What would you do if asked for health advice on Twitter?”

The potential that social media has to reach out to patients and the public is enormous, and healthcare professionals are just starting to act on this.

Many nurses are open about nursing being their profession when using social media. They have a lot to gain by doing so, such as peer support, professional discussions, exchanging knowledge and sharing ideas. But, by stating that you are a nurse on these public forums, there is risk that you may have chance encounters with the public looking for healthcare information.

My Facebook account is just for friends and family; I would never dream of extending it to patients or their relatives or to people I don’t know. But, even if the strictest privacy settings are used, Facebook must still be treated as a public space. All of my friends and family know that I am a nurse, so what would I do if one of them asked for my nursing opinion?

There are many variations on this scenario – from general enquiries to more pressing medical situations – so it is hard to say what I would do. Given that my Facebook account is full of people I know, I would probably telephone the individual in question and point them in the right direction for advice or information. This approach takes the issue out of the public space and into a private environment that allows for an easy two-way conversation.

My Twitter account is very different – I use it as a healthcare professional and discuss nursing issues with colleagues. There are only a few people on my Twitter account who I have even met, let alone know well. Anyone can follow me and read my tweets. If someone asked for health information on Twitter, again, this is subject to many variables, but I am sure that I would engage with them. I do not feel that I could ignore a request or block that person from following me. I would point them to the information or the help that they were seeking if I could, but might do this via a private message.

In both situations, I would always ensure that I adhered to the NMC code of conduct and the NMC guidance for social networking (www.nmc-uk.org/social-networking-advice). I would never step out of my area of expertise, even if this meant I had to advise the person that I could only help them by informing them where they might find information or assistance.

We all approach and use social media in different ways. Some nurses may feel that they would not want to risk having a chance encounter with a member of the public and make their entire social media accounts private and locked down. Equally, there is nothing wrong with having open Facebook and Twitter accounts. Whatever you choose, remember that all social media is a public space regardless of privacy settings and must be treated as such.

As social media expands, the potential that nurses will have chance encounters online with the public will grow. The profession needs to be prepared for this and nurses should consider how they will manage these encounters while adhering to the NMC code and boundaries of professional expertise. NT

Teresa Chinn is a nurse and NurChat coordinator for Newcross Healthcare Solutions

HIGHLIGHTS

Best practice in chronic heart failure care p16
Abdominal pain may signal pneumonia in children p21
Changing culture to improve older people’s care p12

Embrace new schemes that cut admissions

Both staff and services in the NHS are feeling the strain, stuck in a sandwich of resource cuts and increasing demands from patients. Initiatives that can ease the squeeze are vital.

This week we feature a scheme that uses ambulatory emergency care to cut hospital admissions and improve the patient experience (page 14). Emergency nurse practitioners manage patients with conditions such as deep vein thrombosis, palpitations and cellulitis. Most patients are referred by their GP but some are pulled in from A&E. Over three months 231 patients out of 410 avoided hospital admission because of the initiative, with 62% of the patients rating the service as outstanding. A hospital admission is something to be avoided not only for the patient but also for staff who have to deal with all the paperwork.

Kathryn Godfrey is practice and learning editor of Nursing Times.
kathryn.godfrey@emap.com
Twitter @GodfreyKathryn. Don’t miss the practice blog, go to nursingtimes.net/practiceblog