



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

POLICY GUIDE

Guidelines for Acceptable use of Electronic and Social Media



FACULTY OF
HEALTH
SCIENCES

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1. INTRODUCTION

This guideline should be read in conjunction with the University Social Media Policy ([C2017/631](#)) and the ICT Acceptable Usage Policy ([C2006/123](#)). It does not replace the University policies but aims to provide additional guidance regarding issues specific to Health Sciences students. It is important that students familiarise themselves with the consequences of breach as described in Section 6 of the University Social Media Policy.

According to the Social Media Policy, Social Media is “a broad term used to describe a range of online tools such as websites, web-based platforms and applications that are designed for online interaction, content consumption and to generate content. Examples of social media applications, channels and platforms include Facebook, Google+, Twitter, Tumblr, Snapchat, WordPress, Blogger, Wikipedia, Amazon ratings, Flickr, Instagram, YouTube, Vimeo, Viddler, Facebook Messenger, WhatsApp, Google Hangouts, chat rooms, email, etc. This list is fluid as social media continues to evolve and different applications replace others”. Please note that these guidelines also apply to all University online environments such as Wits-e, Moodle, e-OT and Microsoft Teams, among others.

2. GENERAL GUIDELINES

2.1 **Think before you post**

Social media sites are public and it is not simple or easy to delete things you have posted in haste or in anger – think before you post. Remember that posts have a very long, often indefinite, lifespan. They remain accessible long after you have forgotten about posting! A general guideline is not to post something that you would not say in public, or that you would not like to see on a billboard, with your photo - now or in the future.

2.2 **Be respectful**

Always be respectful to those who you include in your posts, or who might read your posts. Avoid racist, sexist and other derogatory or defamatory posts and slurs. Respect others' point of view, especially when they differ from you. It does not add value to a debate to launch a personal attack against someone whose viewpoint differs from yours, or to treat them with hostility or disrespect. Be careful of how your response may be interpreted. Not everybody appreciates humour and sarcasm equally, therefore use these sparingly.

2.3 **Be polite**

Avoid offensive language and text that is **all** in CAPITALS, which creates the impression that you are yelling. Use punctuations wisely – a bunch of exclamations may convey the wrong message!!!

2.4 **Go easy on tags**

Respect the dignity and privacy of others – do not tag others without their permission. Avoid tagging others in embarrassing photos or posts that may affect their reputation. Remember that employers and others use search engines to find information about prospective employees and professionals; if you tag yourself or others in embarrassing posts, you may jeopardise your own and others' reputation. If someone asks you to remove a tag or a post, do so. It is also a good idea to set your social media to notify you of any posts in which you are tagged so that you can review the tag.

2.5 **Keep private conversations private**

Never intentionally bring a private conversation, disagreement or argument into the public domain by posting about it in social networking media. Rather sort things out privately. To avoid unintentional posting of a private conversation always check your privacy settings if you do not want everyone to see your post.

3. DIGNITY, PRIVACY AND CONFIDENTIALITY OF PATIENTS

3.1 Patients have the right to privacy and confidentiality. For this reason avoid:

- Posting, tweeting or publishing any information about your patients on social networking media. Your patients have the right to recuperate in peace and privacy – allow them that by maintaining absolute confidentiality.
- Publishing photos, videos, sound clips, etc. of patients on social media. This includes images of cadavers, body parts or dissections.
- Tagging patients in posts or photos on social networking media.

3.2 You are engaged in a professional relationship with your patients. Maintain professionalism by not adding your patients as friends on social networking media. Remember that because of your involvement in a patient's health care, you are in a professional relationship with patients. Do not exploit your professional relationship with your patient by trying to gain some advantage from their social standing, or by making you look good because of what you have accomplished during your treatment of them. If you are excited about a clinical encounter, such as your first delivery of a baby or your first surgical incision, rather share your thoughts in a reflective journal or in a professional feedback/debriefing session.

4. DIGNITY, PRIVACY AND CONFIDENTIALITY OF STAFF AND STUDENTS

4.1 Regulating bodies, such as the Health Professions Council of South Africa (HPCSA), South African Nursing Council (SANC) and the South African Pharmacy Council (SAPC) have ethical rules, which afford all healthcare practitioners the right to have

their professional reputation and dignity protected. You should avoid posting comments about:

- Lecturers, researchers or other university staff (including professional and administrative staff) that may cast a negative reflection on their integrity, professional reputation or skill.
- Clinical supervisors or any staff at clinical placements that may cast a negative reflection on their integrity, professional reputation or skill.
- Your peers who are fellow students; students who are studying towards a professional degree, too are registered with professional councils and are bound by the same ethical rules.

4.2 If you are upset about what someone has said or done, rather discuss it with them in person and try to solve conflict or other issues/differences face-to-face, as soon as possible.

5. DIGNITY AND REPUTATION OF SELF

5.1 Social networking media often makes us feel anonymous. Remember that you can be identified with relative ease, therefore filter what you post, publish or tag, carefully. What you post or publish may always be accessible – think whether you want to be known, well into the future by the undesirable things you post or publish in the present.

5.2 Guard your reputation carefully. What you post as well as what others publish on your social networking pages could be detrimental to your reputation. Be honest about who you are and remain true to yourself. Do not over-inflate your achievements.

5.3 Although you should be honest about who you are, limit the personal information you provide on social networking media to prevent scam artists and others with ill-intended motives to harm you.

5.4 Be mindful when you post a comment in your personal capacity and when making comments to friends and colleagues. Be aware of the security settings of the devices you use and choose settings that would ensure your security and safety.

5.5 Avoid endorsing products via social networking media or recommending treatment/activities to members of the public or patients on social media. People may ask questions about a treatment, product or assistive device on social media, and in trying to help, you may make uninformed recommendations. This is dangerous in the absence of full knowledge and an assessment of the person. It should be noted that others who read the thread may also follow your recommendations. Should such a device, product or treatment cause harm to people who have acted on your advice, you could find yourself in serious (legal) trouble.

5.6 If you have made a mistake, admit and correct it as soon as possible. When you are correcting a post, make it clear that you have done so, to maintain credibility.

5.7 Avoid plagiarism in posts. Always cite your sources.

- 5.8 Stick to the facts. Make sure that you understand a topic of conversation before commenting. Be discerning and honest when posting comments on social media.

6 CELLPHONE USE

Always be respectful of your colleagues, teachers and patients. Therefore avoid:

- Taking or making calls while you are busy with patients (including cadavers and simulations) and during lectures or other learning encounters.
- Texting while you are working with patients/families/communities or during lectures and other learning encounters.
- Accessing social media sites while you are working with patients/families/communities and during lecture sessions unless **authorised as part of your learning activity**.

7. EMAIL COMMUNICATION

General rules of written communication apply to email communication. Therefore:

- 7.1 Emails should have a salutation. Please remember to be polite, using salutations like “Dear Prof”, or “Good day”. Never address a more senior person like a lecturer or clinical supervisor with “Hi” or “Hey”.
- 7.2 Anonymous emails are not acceptable. You should end an email with a proper closing statement, such as “Regards”, “Thank you” or “Yours sincerely”, followed by your name. If you are writing on behalf of others, you can either state it earlier in the email, or after your name. The fact that you are writing on behalf of others, does not mean that you should be anonymous. The person to whom you are writing should know whom to contact or to whom to reply.
- 7.3 Emails should have a clear, concise subject line. Without this, the receiver is unable to judge the importance of your communication or the intended recipient. This in turn may delay a response.
- 7.4 Restrict the use of tools such as marking emails urgent or generating a read receipt only to the essential.
- 7.5 Be aware that different institutions have different firewall settings, which may cause your email to land in the recipient’s spam or junk mail box. If you have not had a response, follow up your email with a polite phone call or request a face-to-face meeting. Avoid sending another email, as it is likely to end up in a spam or junk mail box again.
- 7.6 Remember that email communication is not secure. Avoid discussing private matters by email. Rather make an appointment for a face-to-face meeting.

8 ACADEMIC INTEGRITY

- 8.1 Remember that all content placed on the e-learning platform used by your department belongs to the department. You only have access to it because you are a student in that department. You may therefore not give anyone else access to the e-learning platform using your log-in credentials. Content related to patient assessment and treatment, such as documents, video and sound clips are confidential, used for teaching purposes only and may not be shared with anyone.
- 8.2 The same applies to WhatsApp groups, Microsoft Teams and other social networking groups set up for academic or course purposes. You may not invite or add someone to the group who does not serve the purpose of the group.
- 8.3 Remember, it is an examination irregularity to get external help, even from a social networking site, during written and clinical exams. Avoid asking for advice about your patients on social networking sites. Getting external help places you at risk of disciplinary action from the University.