

Psychiatrists' Use of Electronic Communication and Social Media and a Proposed Framework for Future Guidelines

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Background. Recent and ongoing advances in information technology present opportunities and challenges in the practice of medicine. Among all medical subspecialties, psychiatry is uniquely suited to help guide the medical profession's response to the ethical, legal, and therapeutic challenges—especially with respect to boundaries—posed by the rapid proliferation of social media in medicine. Ironically, while limited guidelines exist for other branches of medicine, guidelines for the responsible use of social media and information technology in psychiatry are lacking. **Objective.** To collect data about patterns of use of electronic communications and social media among practicing psychiatrists and to establish a conceptual framework for developing professional guidelines. **Methods.** A structured survey was developed to assess the use of email, texting, and social media among the active membership of the Group for the Advancement of Psychiatry (GAP) to gain insight into current practices across a spectrum of the field and to identify areas of concern not addressed in existing guidelines. This survey was distributed by mail and at an annual meeting of the GAP and a descriptive statistical analysis was conducted with SPSS. **Results.** Of the 212 members, 178 responded (84% response rate). The majority of respondents (58%) reported that they rarely or never evaluated their online presence, while 35% reported that they had at some time searched for information online about patients. Only 20% posted content about themselves online and few of these restricted that information. Approximately 25% used email to communicate with patients, and very few obtained written consent to do so. **Conclusion.** Discipline-specific guidelines for psychiatrists' interactions with social media and electronic communications are needed. Informed by the survey described here, a review of the literature, and consensus opinion, a framework for developing such a set of guidelines is proposed. The model integrates four key areas: treatment frame,

patient privacy, medico-legal concerns, and professionalism. This conceptual model, applicable to many psychiatric settings, including clinical practice, residency training, and continuing medical education, will be helpful in developing discipline-wide guidelines for psychiatry and can be applied to a decision-making process by individual psychiatrists in day-to-day practice. (*Journal of Psychiatric Practice* 2013;19:xxx-xxx)

KEY WORDS: Internet, email, social media, psychiatry, guidelines, survey, privacy, confidentiality, consent, Facebook, texting, online presence, Group for the Advancement of Psychiatry

Studies show that, among the active ingredients of all psychiatric treatments, the quality of the therapeutic alliance is crucial in predicting measurement-based outcomes.¹⁻³ However, advances in technology, novel communication strategies, and social media are challenging conventional understanding of the therapeutic alliance, perhaps putting our professional and personal identities at risk. It is estimated that the primary method of communication used by col-

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Practitioner's Corner

lege students today is Facebook, and that 22% of all time spent online in the United States is spent on social networking sites.^{4,5} In 2009, over 234 million people over the age of 13 were using mobile devices, and the social messaging service Twitter processed more than one billion "tweets."⁶ Nor is this phenomenon limited to the young. In 2010, social media use by those over the age of 65 increased by 100% and now approximately one in four in that age group are part of a social networking site.⁷ These numbers are growing rapidly, and Facebook reported 1 billion users in September 2012.⁸

Advances in information technology hold great promise for patient care by providing increased access to patient data, improved coordination of care, and web-based therapies. However, psychiatrists must be attuned to the potential risks of social networking. The intersection between professional identity and social networking is complex,^{9,10} and social networking is changing the practice of medicine itself.¹¹ Confidentiality, autonomy, and patient privacy, among other medico-legal issues, need to be continually evaluated in the context of expanding electronic communication with patients.¹²⁻¹⁴ The blurring of boundaries within doctor-patient relationships is an ever-expanding problem in a world of increased connectivity,^{15,16} and professional organizations such as the American Medical Association have begun to examine this issue.^{17,18} Privacy and security issues are central for both doctor and patient.¹⁹ For example, it is unresolved whether physicians performing Internet searches concerning current or prospective patients may in some way breach ethical standards.²⁰ To appropriately manage technology, novel communication strategies, and social media requires new knowledge, attitudes, and skills that are inadequately addressed in current medical student and residency education.²¹

In light of the rapid increase in the use of these technologies and the many clinical ambiguities involved, we undertook a study in this area that had two goals. The first goal was to document current patterns of use among psychiatrists using a sample of primarily academic psychiatrists who are members of the Group for the Advancement of Psychiatry (GAP). Guided by the needs identified in those data, the second goal was to create a conceptual framework that our significant governing associations can use to create formal guidelines that can be tailored to unique practice settings for widespread dissemination.

METHODS

Literature Review

In order to evaluate the current status of guidelines and recommendations regarding social media, Internet-based technologies, and electronic communication in psychiatric patient care, a literature search was performed in the fall of 2009 using PubMed, PsycINFO, and general search engines. The following various Boolean combinations of key words were used: *social + media + Internet + guidelines + texting + Facebook + psychiatry + psychotherapy + child psychiatry*. The results of this initial literature search informed the creation of the survey. Similar searches were repeated through the spring of 2012 during the preparation of this manuscript.

Survey Development and Data Analysis

A survey on the use of novel communication strategies, Internet-based communication tools, and social media was developed (see Appendix). Questions addressed demographics, use of email, web searches, and personal and professional use of web sites and social media. Structured and open response questions addressed ethical, legal, and safety concerns as well as negative or positive consequences of electronic communication and social media. In an effort to balance length of survey (for timely completion and participation) with level of detail, questions regarding whether patient or provider initiated various forms of contact were not included. The Likert scale terms used in the survey were defined as follows: Never 0% of the time; Rarely < 10% of the time; Sometimes 10%-50% of the time; Routinely 50%-80% of the time, and Almost always > 80% of the time. An Institutional Review Board exemption for this survey study was obtained through Tufts Medical Center in Boston, Massachusetts.

Survey data were collected in paper form and entered into a Microsoft Access database (Microsoft Corporation, Redmond, WA, 2002). Likert scale and nominal data were converted into numeric output, which was analyzed using Microsoft Excel (Microsoft Corporation, Redmond WA, 2002) and SPSS (SPSS for Windows, version 10.1.0; SPSS, Chicago, IL). Statistically valid comparison of Likert scale data to nominal or continuous data (e.g., psychiatric specialty or age, respectively) was outside the scope of this

study. Rather, descriptive statistics provided a rich data set for the exploration of new media habits among the sample population and suggested the need for a conceptual framework to inform the future development of guidelines. Unanswered portions of the survey were excluded, resulting in small variations in the number of descriptive data points. In addition, those respondents who identified themselves as “never” having used particular types of media were excluded from further consideration in analysis of that media type.

RESULTS

Demographics of the Survey Respondents

The survey was distributed to members and fellows of GAP, both at their annual meeting in April 2010, and via standard mail. GAP, founded in 1946, is an organization made up of psychiatrists dedicated to shaping psychiatric thinking, public programs, and clinical practice. Its 31 committees meet semi-annually to review, explore, and disseminate new ideas, with the goal of moving the profession forward. The GAP membership includes many current and past leaders of major psychiatric organizations, residency program directors and teachers, and researchers. Thus, the group represents a sample of current psychiatric practitioners, ranging from members in training (at the resident level) to retirees.

Of the 212 members, 178 (84%) responded. Three members responded to the survey twice and, in those cases, the first survey returned was used. Respondents represented a wide range of ages (29–88 years, mean 58 years, standard deviation [SD] 14 years); they had received their medical degrees between 1945 and 2007 (mean 1978, SD 15.4 years previously). Respondents worked in a variety of sub-disciplines, including administration, education, psychopharmacology, forensics, geriatrics, consultation liaison psychiatry, and addiction medicine. At the time the survey was completed, most of the respondents ($n = 140$, 79%) worked with adults, while 46 (26%) reported working with children. The majority of the respondents ($n = 118$, 66%) were working in academic settings, while 86 (48%) were in private practice. Of the 93 respondents who answered the question concerning their percent effort, 73% were working full time. No data were collected regarding location of practice; however,

approximately 80% of GAP members are located east of the Mississippi.

Survey Results

The full survey is shown in the Appendix and key results are presented in Table 1. The majority of respondents (58%) rarely or never used online search engines to determine what information was publicly available about them. Thirty-five percent (35%) of respondents had at some time searched for information online about their patients. Information was not obtained on whether these searches were made with the informed consent of the patient. A substantial minority (20%) sometimes, routinely, or almost always posted online content about themselves, and 36% rarely or never restricted online personal information. The vast majority (93%) rarely or never communicated with patients via text messaging; however, there was wider acceptance of communicating with patients via e-mail (32% sometimes, routinely, or almost always). Of those respondents who communicated with patients via e-mail, 44% had never requested permission from the patients, 49% received verbal consent from the patient, and only 7% obtained written consent to communicate by e-mail.

DISCUSSION

Key Findings

The results of the GAP survey, while limited by sample bias, are consistent with other reports that use of social media and online communication is prevalent throughout current psychiatric practice. Given the widespread use of online search engines to gain information, patients' use of the Internet to obtain information about their providers can be assumed. Thus, management of one's online presence and protection against misinformation and inappropriate personal information being available online will become increasingly important to maintain the essential boundaries of routine psychiatric practice. It is therefore interesting and perhaps cause for concern that the majority of the psychiatrists surveyed rarely or never accessed information about themselves online. However, 35% had at some time used online search engines to find information about their patients. No consensus exists about how this information can or should be used in the treatment

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Table 1. Survey responses of psychiatrists from the Group for the Advancement of Psychiatry (N = 178)

| <i>Question—How many have:</i> | <i>Almost Always</i> | <i>Routinely</i> | <i>Sometimes</i> | <i>Rarely</i> | <i>Never</i> |
|---|----------------------|------------------|------------------|---------------|--------------|
| "Googled" themselves?" | 2% | 10% | 30% | 45% | 13% |
| "Googled" patients? | 1% | 1% | 4% | 29% | 65% |
| Posted online content? | 2% | 10% | 8% | 27% | 53% |
| Restricted online personal information? | 42% | 16% | 6% | 3% | 33% |
| Texted with patients? | 0% | 4% | 3% | 6% | 87% |
| Emailed with patients? | 2% | 5% | 25% | 36% | 32% |

process, and whether the therapeutic relationship is threatened by this intrusion into the patient's life outside therapy.

The majority of respondents also indicated that they did not post information online, which may reflect limitations related to the population that was studied (see below). However, of those who do post online, over 30% did not make use of privacy restrictions to limit online personal information about themselves. This implies that information not intended for professional colleagues and patients may still be available to those groups without the practitioner's knowledge.

In this study population, text messaging was rarely used to communicate with patients, although e-mail communication with patients appeared to be more widely accepted. Almost half of the respondents who reported communicating via e-mail with patients did not request permission from the patient prior to initiating this method of communication. The results of this survey are consistent with another survey recently completed by another group in the New York State Office Of Mental Health System (personal communication, Aaron Krasner MD).

Survey Limitations:

Our survey had a number of limitations. First, the population surveyed may not be fully representative of practicing psychiatrists, since the survey was limited to GAP members. In addition, psychiatrists in community settings were under-represented in the sample given the high proportion of academic psy-

chiatrists (56%). The mean age of the respondents was also relatively high at 58.3 years.²² Therefore, young and early career psychiatrists, and those in community settings, were not adequately represented in the sample we surveyed. Because of this, it would have been inappropriate to infer trends regarding differences in use of electronic communications and social media between older and younger participants in the survey. The implications of this are significant, because it is likely that younger psychiatrists have greater familiarity and experience with social networking media. Thus, results from our sample may have underestimated the actual usage of social media among practicing psychiatrists. Likewise, early career psychiatrists may be more aware of the potential risks and problems associated with the use of social networking, so that the proportion that use privacy settings and/or obtain informed consent from patients may be higher. Future studies should sample a broader sector of psychiatrists to better characterize the social networking usage of psychiatrists in general. Nevertheless, the data presented here do raise significant questions and highlight the importance of comprehensive guidelines to better regulate the increasing use of online communications and social media in the psychiatrist's office.

Likewise, in order to balance the length of the survey (and its impact upon response rates) with level of detail, we did not include directionality of initiation of contact (whether provider to patient or vice versa) and depth of online exploration (looking for contact information via a Google search versus searching

public records for a history of criminal conviction) as components of this survey. Nevertheless, space for comment was provided, and a majority of individuals who used this space reported receiving unsolicited electronic communications from patients.

FUTURE DIRECTIONS: DEVELOPING COMPREHENSIVE GUIDELINES

Existing Guidelines

Beginning with the earliest published protocols regarding the use of email in medicine in the 1990s,¹¹ various guidelines have been published that have addressed online communications in medicine. Guidelines are currently available concerning email,¹¹ social networking,¹⁸ patient-targeted “Googling,”¹⁵ and online presence.¹⁸ The American Association of Directors of Psychiatry Residency Training (AAD-PRT) recently developed a curriculum for residents and medical students concerning these issues.²³ In addition, Gabbard et al. recently published an article that included guidelines for maintaining professional boundaries online.²⁴

However, to date, psychiatry is lacking guidelines that cover the diverse modes of electronic communication, including social media, as well as a heuristic framework for conceptualizing these issues that can be applied equally in a residency training program or a private outpatient practice. The lack of an accepted set of guidelines by a major professional organization in psychiatry requires individual institutions and/or independent practitioners to create their own guidelines or, as our data suggest, to operate without explicit protocols.

The results of the survey presented here suggest that psychiatrists' use of social networking and electronic communication is both wide and varied. Yet, based on both the survey results and our literature review, there is insufficient guidance from the literature or from our professional organizations. This state of affairs underscores the need for a discipline-specific set of guidelines that are accepted as the standard of care. The creation of such a comprehensive set of guidelines is beyond the scope of this paper. However, we propose a heuristic framework that individual clinicians and institutions can use when presented with a clinical scenario and that can also aid in the development of comprehensive guidelines for our profession.

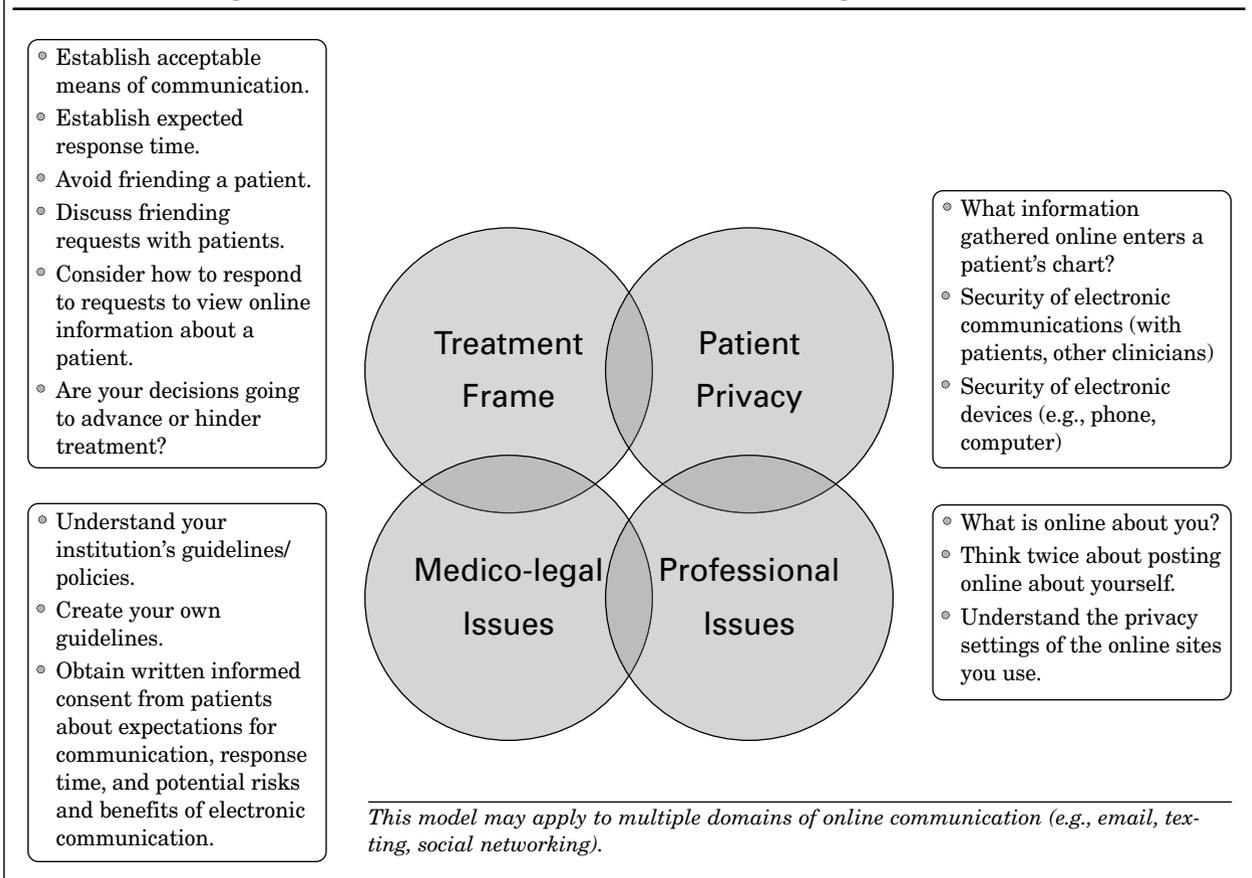
A Proposed Framework for Developing Guidelines

Informed by the survey, review of the literature, and consensus opinion, we propose a framework for developing such a set of guidelines. In particular, respondents to our survey frequently noted medico-legal implications and unforeseen consequences with respect to the therapeutic relationship. We therefore propose that a comprehensive guideline on electronic communications and social networking for psychiatrists should address four key areas or “lenses”: 1) treatment frame, 2) patient privacy/confidentiality, 3) medico-legal concerns, and 4) professionalism. These four areas should be considered when approaching the broad range of challenges that may arise between patients and physicians with regard to electronic communications and social media. When considering any patient encounter, from e-mail to an unsolicited text message to a “friend” request, the practitioner can use these four lenses (Figure 1) to view the encounter and arrive at a considered response. These same four lenses are also useful when considering more familiar forms of out-of-session communication, such as phone, fax, or written contact, as well as new technologies that may emerge in the future. For example, while we have not specifically addressed increasingly common photographic or video-based communications, the four lenses would be equally useful in scenarios involving these forms of online sharing.

Naturally, as depicted in the figure, these lenses overlap and interact with one another. Depending on the circumstance of the patient-physician encounter, certain lenses may take precedence. While certain actions may be inappropriate in all circumstances (e.g., friending a patient), the appropriateness of most contacts will depend on multiple issues such as practice setting, patient-specific factors, and physician preferences. The physician is encouraged to view each circumstance in a dynamic fashion. Ultimately, these are proposed tools for the busy physician in the rapidly changing social media environment, not prescriptive dictums.

The following section presents selected examples for how this framework can be applied to various dilemmas related to electronic communications and social media and the psychiatrist-patient relationship. These examples are not intended to represent a

Figure 1: "The Four Lenses": A heuristic framework for the evaluation of clinical situations involving electronic communication and social networking



complete set of guidelines but rather to demonstrate how such guidelines might be framed around these four key areas.

Treatment Frame

1. Consider establishing acceptable means of communication for your practice. Some physicians may be comfortable with email and text, some only with email, and some with only phone or written contact.
2. Consider communicating to patients the expected response time for each form of communication at the beginning of treatment.
3. Consider the risks inherent in creating a "dual relationship" by "friending" a patient on Facebook or through other online social media.
4. If a boundary is breached (e.g., a patient "friends" you or a patient sends you a text message when

you have already indicated that you will not reply to texts), consider addressing this directly within the treatment sessions, as you would any breach of the therapeutic frame.

5. Consider how to respond to requests from patients that you access their online information. Perhaps this information can be reviewed with the patient in session if it is deemed beneficial for the treatment or helpful in establishing a therapeutic alliance (e.g., with adolescents or children).
6. When considering any question about treatment frame, consider whether your choice will advance or hinder the treatment.

Patient Privacy/Confidentiality

1. While patients may google you to find out about your practice or background, carefully consider the potential pitfalls of googling your patient.

Psychiatrists may consider googling their patients out of curiosity about what other information is available online that may provide a window into the patient's life. Is it appropriate to google patients to satisfy your curiosity, to verify factual information, or to gather collateral information before discharging the patient from an emergency department? What type of countertransference issues should one consider in these situations? Can these be used therapeutically?

2. Consider whether information gathered online should be entered in a patient's chart. If a patient emails you, many guidelines require that these emails be printed and entered in the patient's record. Should this also apply to text messages or google searches regarding the patient?
3. Consider and discuss with patients the security of electronic communications such as email or text messages.
4. Think carefully about electronic communication with your colleagues about patients. Consider both the security of these communications and their potential disclosure to your patients.
5. Consider the security of your electronic devices (e.g., cell phone, computer) in the same way you would safeguard the security of your paper charts.

Medico-Legal Issues

1. Understand your institution's guidelines and policies. If there are no guidelines, consider creating your own. Share them, in appropriate detail, with your patients and consider posting them in waiting areas.
2. Consider obtaining written informed consent from patients about expectations regarding communications, response time, potential risks and benefits of electronic communication, and potential impact on treatment frame and patient privacy.

Professionalism

1. Consider performing an Internet search of your own name. Find out what is online about you, personally and professionally, and monitor this regularly.
2. Consider the professional risks of posting material online about yourself.
3. Understand and manage the privacy settings of the online sites you use.

4. Consider establishing a clear distinction between your professional and personal online presence.
5. Educate yourself about resources available to correct false or misleading information about you online (e.g., www.reputation.com).

CONCLUSION

While psychiatrists have long considered boundaries in their interactions with patients, developing technologies are challenging those boundaries in new ways. The survey of GAP members presented here demonstrates the need for a set of guidelines regarding these scenarios. A heuristic framework was presented using the four lenses of treatment frame, patient privacy/confidentiality, medico-legal concerns, and professionalism. Hopefully, this will help to focus the creation of widely accepted guidelines for our profession that are robust enough to accommodate emerging and future forms of electronic communication. Just as psychiatrists have handled more traditional modes of communication in a variety of ways, there are multiple ways to respond to electronic communication. A broad but thorough set of guidelines should provide flexibility for individual clinicians and institutions to make choices that reflect individual practice styles. These four lenses provide a comprehensive, conceptual model through which clinicians can examine communications issues that may arise in treatment.

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Appendix: 2010 survey of members of the Group for the Advancement of Psychiatry concerning use of electronic communications and social networking

For questions with five choices, please use the following benchmarks:

- Never = 0% of the time
- Rarely = less than 10% of the time
- Sometimes = 10%–50% of the time
- Routinely = 50%–80% of the time
- Almost always = more than 80% of the time

1. Do you use email to communicate with patients?

- Never Rarely Sometimes Routinely Almost always

2. Do you routinely obtain permission to do so?

- No Verbally In writing

3. Do you use texting to communicate with patients?

- Never Rarely Sometimes Routinely Almost always

4. For which of the following do you use email or texting to communicate with patients?

- Email Text
- Setting up, cancelling, or changing appointments
 - Conveying clinical information (psychoeducation, test results)
 - Medication management (reducing side effects, adjusting doses)
 - Therapeutic intervention, support between sessions
 - Having patients send clinical information or questions
 - Other (specify)

5. Do you use email to communicate with others (e.g., other treaters, schools) about patients?

- Never Rarely Sometimes Routinely Almost always

6. Do you routinely obtain permission from the patient to do so?

- No Verbally In writing

7. Do you use texting to communicate with others about patients?

- Never Rarely Sometimes Routinely Almost always

8. For which of the following do you communicate with others by email or texting?

- Email Text
- Exchange clinical information about a mutual patient
 - Collateral information relevant to a patient
 - Exchange clinical advice about a patient
 - Exchange logistical information (e.g., scheduling, insurance)

9. Do you use an Internet search engine (e.g., Google, Yahoo, Bing) to search for personal information about patients?

- Never Rarely Sometimes Routinely Almost always

10. Have you ever used an Internet search engine to search for information about yourself (“self-googling”)?

- Never Rarely Sometimes Routinely Almost always

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Appendix: *continued*

11. Do you post information about yourself on the web (e.g., Facebook, Flickr, blogs)?

Never Rarely Sometimes Routinely Almost always

12. If so, which of the following have you used for personal or professional postings?

Personal Professional

Social networking sites (Facebook, MySpace, Twitter)
Media sharing sites (Flickr, YouTube...)
Blog postings
Wikipedia or similar sites
Personal webpage
Webpage through an organization

13. Do you restrict access to personal information on the Internet (privacy settings)?

Never Rarely Sometimes Routinely Almost always

14. If so, how certain do you feel that you have set these privacy controls to prevent access to those whom you wish not to see the information?

Not certain Fairly certain Very certain

15. Have you had any of the following educational experiences about either email or social networking/electronic communication other than email (e.g., texting)?

Email Other

CME course
Institutional programming
Residency/fellowship training
Individual review of professional guidelines

16. Do you have concerns about how electronic communications and social networking might adversely affect any of the following?

Safety of yourself, your practice, or family (e.g., stalking, violence)

Safety of patient (e.g., suicide)

Issues related to privacy of your own personal information

HIPAA compliance, patient confidentiality

Ethical issues other than confidentiality, specify _____

Legal issues other than confidentiality, specify _____

Clinical issues, specify _____

Doctor-patient relationship/therapeutic alliance

Professionalism, professional boundaries (access to inappropriate material, e.g., patient sees you in a bikini or sends you a picture of herself in one)

17. What are your concerns about the proliferation of electronic communication and social networking with respect to mental health in general (e.g., Internet bullying, expectation of instant communication, unhealthy narcissism)?

18. Have you experienced positive outcomes from the use of electronic communications and social networking?

Never Rarely Sometimes Routinely Almost always

If so, please describe _____

Appendix: continued

19. Have you experienced negative outcomes from the use of electronic communications and social networking?

- Never Rarely Sometimes Routinely Almost always

If so, please describe _____

20. Have you ever had a patient request any of the following?

- Email contact
- Contact through Facebook, MySpace, or other personal postings
- Contact through Facebook, MySpace, or other professional postings

21. Do you, your practice, or your institution have guidelines regarding electronic media and communications with patients? Yes No Unknown

Demographics

22. Age _____

23. Year of medical school graduation _____

24. Year of completion of most recent post-graduate training _____

25. Specialty/subspecialty interest. Check all that apply

- Adult psychiatry
- Child and adolescent psychiatry
- Geriatric psychiatry
- Substance abuse
- Consultation-liaison/psychosomatic medicine/orthopsychiatry
- Forensic psychiatry
- Psychotherapy
- Psychopharmacology
- Education
- Administration
- Other _____

26. Practice type. Check all that apply.

- Academic
- Private practice
- Inpatient
- Outpatient
- Residential
- Full time
- Part time

Please feel free to add any comments below about the survey itself or about issues related to this topic that we have not asked about.