


medical advice.”

In its current state, Medicine 2.0 is a double-edged sword: while it promotes access to medical information to most of the population, it is also a source of rumors and conspiracies that may ultimately damage public health. Nevertheless, as Dr. David Shaywitz noted in his Forbes blog, “I reject the view that Internet and social media are somehow degrading the culture of medicine... instead, I see emerging modalities as offering the profession an urgently needed chance to radically update its approach, and interact with patients, data, and each other in important new ways.”⁸ As an increasing number of physicians adopt an online presence professionally, we can expect Medicine 2.0 to grow and flourish as well. 

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Maintaining Professionalism Online: An Interview with Dr. Kevin Pho

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Maintaining professionalism in online spaces can be challenging for physicians, and can present difficulties in maintaining separation between physicians’ personal and professional lives. The UBCMJ spoke with Dr. Kevin Pho, an expert in social media use for healthcare providers, about some practical guidelines for maintaining an online presence. Kevin Pho, MD, is an internal medicine physician and co-author of *Establishing, Managing, and Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices*. He is also founder and editor of *KevinMD.com*.

Why do you feel an online reputation is important for doctors?

According to the Pew Internet and American Life Project,

44% of adults online are researching their doctors on the Web.² Most physicians are a bit apprehensive about being visible online despite already having an online presence—in most cases from physician rating sites or media stories. Doctors may not like what they see, especially if they have poor reviews, or have a negative news story written about them.

It’s important for doctors to take control of how they appear online since that’s often the first impression patients have of them.

What do you think is the best way for medical practices to brand themselves on social media platforms?

There are essentially two ways to establish an online reputation. The first is to ‘claim’ profiles on existing physician rating sites. All of them allow you to do so - some for a fee. There is value in that approach as it allows

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you to correct inaccurate information about you and your practice.

However, there's a downside. Many physician ratings sites are for-profit, and some sites force physicians to agree to skewed terms of service agreements in order to correct information.

The second approach is to proactively create content online. I recommend first spending about 45 minutes and creating a LinkedIn profile, which is essentially a digital translation of your resume. LinkedIn profiles often get ranked high on search engine results.

Next, create a profile on Google Places for Business. There is a bit of friction with Google Places, since you have to verify your practice via a postcard or a phone call. But it's well worth it, since Google Places listings show up prominently on Google searches.

Now that you have a presence online, you can either stop there or explore other social media platforms. What are your social media goals? Do you want to educate patients, connect with colleagues, or speak up about health policy? You should spend time on social media platforms to best achieve those goals. The more platforms you engage in, the bigger your online presence will be.

What is your take on the roles and implications of physician rating sites such as ratemyMD.com?

If you look at every other industry, whether it's books, movies, restaurants or hotels, people want to know what others are thinking. The same goes for health care. The difference is that the physician rating industry is fragmented and its content is of questionable reliability.

Physician ratings bring a transparency that the consumers demand, so they're here to stay. The industry needs to evolve into a more central 'clearinghouse' of ratings, perhaps married to objective quality measures. We're far from that ideal today.

How should physicians respond to online reviews of themselves or their practices?

First, they should listen to the reviews. Often, review sites are the only way patients can offer any feedback. Once patients leave my exam room, I don't know what they thought about me, the medical assistant or nurses, or whether there was enough parking. But all of these influence the patient experience and many issues that contribute to a negative rating can be easily corrected.

Second, resist the temptation to respond to negative reviews immediately. It's rare that an online argument results in anything productive and, in fact, it can violate patient privacy. Instead, post a standard reply asking that the patient call the clinic - take the conversation offline.

If that dispute can be successfully resolved, the patient may even take his comment down, or post an addendum saying, 'Hey, this clinic is actually listening to what I have to say.'

Third, don't sue. There are few successful lawsuits

where a doctor successfully sued a site for a negative rating. Also, don't sue patients. All that does is bring more media attention to the criticism, which can then appear on Google searches. That can make a bad online situation even worse.


Finally, ask more patients to rate you online. Dozens of studies have found that the majority—up to 90%—of physician ratings are positive. So ask all your patients to rate you online—don't just cherry-pick the good ones. If you're a proficient physician, this action makes negative ratings look more like outliers.

Any general advice and tips for maintaining professionalism online as a medical student or physician?

Hospitals and medical societies have created social media guidelines that govern online professionalism. It boils down to what I call the 'elevator test.' If you're on a social network, imagine yourself in a crowded hospital elevator. Whatever you post on a social network needs to be appropriate if it is said aloud in that elevator.

A special mention on Facebook: About 35% of doctors receive friend requests from patients, and 40% accept them.³ I don't think that's wise - the personal information typically shared on Facebook isn't necessarily what you want to share with patients.

With Facebook specifically, I agree with most guidelines' suggestion to separate personal and professional identities. You can keep a personal Facebook profile, but only 'friend' close friends or family members. Then you can have a separate Facebook page which is open to the public and can be valuable in sharing reliable health information to those who seek it on Facebook.

The UBCMJ would like to thank Dr. Kevin Pho for providing his insight on this topic. For more tips and information on maintaining professionalism in online settings, check out Kevin's book *Establishing, Managing, and Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices*. 

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