Crafting a positive professional digital profile to augment your practice

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Abstract

A digital profile is the sum content about a person on the Internet. A digital profile can be composed of personal or professional information shared on public Web sites posted personally or by others. One of the most effective ways to build a positive professional digital profile is through social media. It is increasingly important to maintain a positive digital profile as others mine the Internet to find out about a professional prior to meeting him or her. As the digital environment continues to grow, it will become increasingly difficult to neglect a professional digital profile without potential negative consequences. There are many benefits to creating a digital presence and using the tools available to learn about neurology and interact with other professionals and patients in ways that were not possible in the past. The spread of social media to a large part of the population makes it unlikely to go away.

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The growing digital environment has moved quickly beyond personal use and entertainment to professional activity. Digital media provides a venue for continuous real-time updates on professional content from others, and allows for professionals to create their own content. Despite increased use in other industries, physicians have had misgivings about online communication tools outside of personal use.¹ Caution is appropriate, but great opportunities are missed regarding the benefits of maintaining a positive professional digital profile. Neurologists in particular have been slow adopters, with younger neurologists more likely to engage in online tools like social media.²

What is social media?

Stated simply, social media is communication. To better understand social media, it is necessary to introduce the concept of Web 2.0.³ In Web 1.0, content was primarily posted by site owners. Web 2.0 depends on interactions between users. Wikipedia pioneered this idea: all of its content is posted by users and others are allowed to edit the content. Web 2.0 technologies for the purpose of health care interactions is referred to as Medicine 2.0 or Health 2.0.⁴ The

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Table 1 Common social media tools

Tool	Description	Example sites
Social network	Web site where individuals sign up and create a “home page,” which is customizable. Posts can be updated regularly with text, video, or photographs. Posts can be visible to friends or the public at large.	Facebook.com; MySpace.com; Google+; MD-specific: Doximity.com; Sermo.com
Blogs	Individuals primarily write text on a frequent basis about a defined topic. Usually they are less than a page in length, although posts can be lengthy. Blogs can also have video content. Blogs generally allow for comments in reaction to the post. Can have advertisements that can provide revenue stream to the person posting. Most bloggers post around once a week.	Wordpress.com; Blogspot.com
Microblogging	Individuals are limited by character space when posting. Posts usually have tags associated with them to make them searchable by others with similar interests. Posts are much more frequent. Posts often link out to external sites like blogs. Allow for conversations about specific topics.	Twitter.com; Tumblr.com; Stumbleupon.com; Reddit.com
Video sharing	Individuals post video content. Videos can either be homemade or can be professional quality. Comments can be left about the videos. Others can “subscribe,” which means they are notified when a new video is uploaded by that account.	YouTube.com; Vimeo.com; UStream.com

Web is already evolving past Web 2.0 to Web 3.0,⁵ or the semantic Web, which tailors interactions based on context. For example, search tools take into account past searches, current location, and what results were useful in the past. Web 3.0 implies filtering and curation of content to fit the user.

Social media is a product of Web 2.0 that allows posting text or multimedia content targeted to specific audiences with potential to reach a greater audience. The choice of platform on which to build a digital profile depends on the content to be delivered and the target audience. In health care, target audiences include providers, patients, and the general public.

What are the options within social media?

There are several basic platforms hosting interactions on social media (table 1). The roots of social media are e-mail listservs. Listservs are user-friendly and are similar to closed Web-based chat groups. Listservs can help establish networking within specific communities, but do not add to a broader public profile. More recent social media platforms were created to create spaces for posting to broader audiences.

Facebook is the prototypical social network, and it remains the most frequently used social media Web site. The draw of Facebook in building a digital profile is the sheer volume of users. Most people join to share with friends by posting text, videos, and photographs. Numerous Web sites like Google+ have similar features but none currently has the reach of Facebook. Although individuals can post publicly on Facebook, most health care professionals post in public groups and pages. An example of a Facebook page in neurology is the National Parkinson Foundation site sharing content related to Parkinson disease (<https://www.facebook.com/parkinsondotorg>). Professional groups like the American Academy of Neurology (AAN) also have Facebook pages. Professionals who routinely post on these sites or on Facebook sites for their own practice group can build relationships with the greater community and educate and support community members.

LinkedIn is a site created specifically for professional interactions often used for networking and job searches. Its reach is growing with expanded group functions and increased use of

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personal content posts. As many Web search engines find a LinkedIn profile on a search of an individual, it is important for professionals to keep their profile complete and up-to-date.

There are closed health care provider-specific social networks to allow posting conversations about sensitive subjects or direct patient care. Two examples of Health Insurance Portability and Accountability Act (HIPAA)-compliant platforms are Sermo and Doximity, both of which require an active medical license for account creation.

Health care professionals can use a blog to discuss health care topics; these posts are searchable and can rapidly expand a digital profile. Kevin, MD (<http://www.kevinmd.com/blog>) has arguably the most well-read medical blog for professionals and accepts guest post submissions. Wendy Sue Swanson from Seattle Children's Hospital has a successful blog (<http://seattlemamadoc.seattlechildrens.org/>) targeted at patients with both video and text content. An established professional blog creates a venue to address any negative content that may arise about a professional. Some blogs post video or audio content, as in a podcast. Many professional journals, including *Neurology*[®], feature podcast interviews with authors and about related content (<http://www.aan.com/rss/?event=feed&channel=1>).

Microblogging is another option for brief, immediate interactions. Twitter is a microblogging platform with increasing reach. However, it is arguably the social media venue that has the steepest learning curve. Posts are restricted to 140 characters, so a shorthand language and stylized interactions have developed. Twitter provides effective and swift communication among those with similar interests, and is a great place to share ideas and post new content created on other platforms (e.g., blogs or YouTube). Neurologists regularly contributing on Twitter include @michaelokun, @drisaacs, @BertVargas, @doc4hd, @BrainHealthMD, and @ohsu-neuro (the author).

Sites for sharing image content including Instagram, Snapchat, Flickr, and Pinterest increasingly are being used to share professional content. There is a health care site, called figure 1, which offers a HIPAA-compliant venue to share photographs of physical findings and radiology studies.

Video sharing sites are a great place to expand your digital profile. YouTube has more video content uploaded per month than the big 3 US television networks have shown in the last 60 years.⁶ Neuroscience-related videos, from basic science animations to patient education materials, are increasing in number. As equipment to make quality video and audio recordings improves, many individual clinicians and clinical practices are now posting videos. Live streams of events are also more common; the Oregon Health & Science University Department of Neurology grand rounds are live streamed weekly (<http://bit.ly/1Aoby37>—this is a shortened url, a shortcut created to make a long Web address accessible to post on a Web site like Twitter).

Given these options, it is not difficult to create multiple accounts across many online platforms. This can lead to difficulty managing multiple logins to all these sites. There are apps and services allowing cross-platform sharing and posting of content across multiple social networks. This allows a single user to share similar content on multiple sites through dashboards like Post-erous or Hootsuite.

Advantages to building a personal digital profile through social media

One benefit of crafting a positive digital profile is the ability to monitor and respond to negative content. Unflattering or derogatory comments about a provider's services can be posted with little or no direct recourse available through sites like Yelp or Angie's List. There are also more specific physician rating sites like ratemymd.com or healthgrades.com. It is ideal to monitor

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these sites and address problems as they arise. Directly contacting the individual may be considered, but online contact should be handled carefully to avoid useless online arguments. In this case, driving content by posting about a practitioner through content on a blog or Twitter can help. Another potential strategy is to consider encouraging patients with positive experiences to post on these sites as it is perfectly legitimate to welcome positive feedback.

The power of social media is the potential for messages to transfer rapidly through near instantaneous sharing literally around the world within minutes, so-called viral spread. This viral spread can be harnessed to create successful fundraising campaigns, such as “Movember,” which in its initial year raised over \$120 million for prostate cancer research and is now an annual social media event.⁷ This was replicated by the Ice Bucket Challenge raising money for amyotrophic lateral sclerosis research. Not every message has this level of reach, but these examples demonstrate the potential.

The use of social media by medical educators allows posting high-quality instructional materials online at low cost. Asynchronous learning spaces where learners interact in chat or discussion forums allow small group activities without participants being in the same physical space. Lectures can be recorded easily and inexpensively by screen capture software. Couple these emerging technologies with the ability to store, share, and edit documents by multiple users, and there have been shifts in medical education. This has led to a dramatic increase in distance learning programs, and these will likely expand in the future.

In research, social media adds an efficient means to disseminate and discuss recent articles. Academic journals are rapidly disseminating new articles and creating community interaction in the digital space.⁷ For example, *Neurology*[®] now allows more rapid communication on articles in the form of WriteClick.

Outside of the research realm, patient networks are being created. Sites like rareshare.org or patientslikeme.com serve as support groups for patients with rare diseases. Patientslikeme.com demonstrated how crowd-sourced clinical data self-entered by patients with amyotrophic lateral sclerosis provided data over a several month period with minimal funding, which was similar to a multicenter trial run over several years.^{8,9} Although there are potential problems with self-reported data, this is an exciting emerging field of research.

The Mayo Clinic is an example of a clinical practice with a robust social media program¹⁰ across multiple platforms, including social media to communicate events and educational information. The Mayo Clinic Center for Social Media offers ideas for practices at socialmedia.mayoclinic.org. Through the involvement of a proactive social media coordinator, many physicians at Mayo now are involved actively in creating a personal digital profile. Many academic centers and large hospital or physician groups now have social media coordinators on staff with specific training and experience in digital communication.

Pitfalls of social media

Of course, just as a positive personal digital profile can help your professional career, there is also potential for mistakes. The pitfalls from social media stem from what gives it benefit and power; a profile can be harmed by even one misguided post. Destructive posts include material containing unverified information, unprofessional content, or inappropriate disclosures.

As it is easy to find and share information, care is required to prevent sharing information that cannot be verified. A good rule of thumb is never to share a link to an article or post without viewing the content, especially if it is not from a source you trust. Social media itself is efficient at debunking false information by increasing the number of eyes looking over the information.¹¹

Table 2 Summary of American Medical Association guidelines on professionalism in the use of social media

Patient privacy and confidentiality must be maintained as in any other communication environment. Avoid posting identifiable patient information.
Prudent use of privacy settings is advised. Understand that even with proper privacy settings, information may be shared beyond where it is originally posted.
Recommend frequent monitoring of Internet presence by each physician.
If interacting with patients, maintain appropriate boundaries of the patient-physician relationship as with any other public interaction.
Physicians may consider separating professional and personal online content to help maintain these boundaries.
If physicians see other colleagues posting unprofessional content, they have a responsibility to alert the individuals to see if they will voluntarily remove the content. If they refuse, the physicians should report the matter to appropriate authorities.
Recognize that actions and content online may negatively affect a physician's reputation with colleagues, the community, and governing medical authorities (including employers and licensing agencies). Negative behavior can undermine public trust.

The most obvious pitfall is posting unprofessional content. Unprofessional online behavior by physicians is a growing problem. Ninety-two percent of state medical boards reported at least one online professionalism violation in a year.¹² A good rule of thumb is to consider social media posts as equivalent to being in a crowded elevator or cafeteria. Consideration needs to be given to how a broader audience may interpret jokes or humor. Content taken out of context can turn a seemingly benign post into a publicity nightmare. Remember that private online posts do not ensure that others will not share your content publicly.

Health care professionals often have privacy concerns about any data entered on social media. The legal implications of digital privacy and who owns online posts are in flux, but there is no argument that social media hosts like Facebook and Google are working to maximize profitability from their sites through mining data. These concerns are legitimate. Each person must decide if the benefit received outweighs this potential risk.

There is concern about delivering health care over social media. Social media tends to blur traditional social boundaries, creating potential for inappropriate relationships with patients. As most platforms are not secure by HIPPA standards, the recommendation of most experts is not to engage in giving specific advice.¹³ Due to the concerns about professionalism online, many organizations including the American Medical Association have drafted guidelines for physicians¹⁴ (table 2).

DISCUSSION

Although there are potential pitfalls in engagement in social media, there is a great need for responsible neurologists to maintain an effective presence. Indeed, more activities will be shifting to include concurrent social media content or will occur solely within this space. Major conferences are also being affected by social media. The AAN annual meeting encourages Twitter connections. Other large meetings have had a much more robust sharing than the AAN annual meeting (for example, see the record from the recent American Association of Medical Colleges annual meeting in San Francisco, CA: <http://www.symplur.com/healthcare-hashtags/aamc14/>). This allows for back-channel discussions among meeting participants and allows interactions between the audience and session leaders. In the future, look for more parts of meetings or entire meetings to be presented online. For those who have not engaged on social media in the past, table 3 offers some tips for a person just getting started with using social media to start shaping a positive professional digital profile.

There is also a potential void if neurologists do not engage on social media platforms when the public increasingly seeks out health care information in these arenas. If this void remains, the

Table 3 Tips for building and maintaining a positive professional digital profile

Post something on a public social media platform concerning professional activities at least once a month.
Keep your LinkedIn profile complete and up-to-date.
If your office, group, or department does not have a public Facebook page, talk with your colleagues about starting one.
Set up a Google alert search for your name to receive an e-mail alert with newly posted information about you. If the post is positive, highlight it on your social network accounts. If the post is negative, consider the best way to respond.
Regularly review and update your Web page and personal biographical information.
Annually review privacy settings on all social media accounts.
If you have a social media account and are not actively using it, delete it. Having an old account not updated regularly is viewed more negatively than not having an account at all.
If your organization has a social media consultant on staff, make an appointment to have him or her review your current digital profile and make suggestions for improvement.

information on health care information will be disseminated by those outside the neurologic community. This will allow the information to come from other sources, which may have alternative motives, and also foster unchecked disinformation. Hence, engagement in social media by neurologists as a whole is not only an exciting and interesting endeavor, but is also more important than ever.

APPENDIX: CASE STUDY 1

Dr. Pham is a 30-year-old neurologist practicing in a neuroscience intensive care unit (NSICU) in an urban academic center. He would say that he does not know much about social media. He does have a Facebook account, which he uses to keep up with friends from high school and college, but never posts publicly. He considers himself tech savvy.

One night in the NSICU, a 32-year old patient, Ed, comes in with cerebellar ischemic stroke after receiving tissue plasminogen activator in the emergency department. The patient arrives awake, but 3 hours after admission, the patient becomes obtunded and requires ventilator support due to massive edema.

Three weeks later, Dr. Pham is surprised to have the family of a new admit to the NSICU specifically request that he not be the attending physician on the case. The family says they read online some disturbing things about Dr. Pham's ability to care for patients. Dr. Pham is curious about this, and with a Google search sees that Phyllis, the sister of Ed, posted a blog where in addition to talking about her emotional process of watching her brother die, she states that Dr. Pham did not give her support or much information during the process. Dr. Pham is surprised to see that Phyllis' blog is fairly popular locally as she is a popular visual artist who likes to post thoughtful pieces about her views on life. The blog post has been featured on several other Web sites, and was even mentioned in a tweet from a local news reporter. Dr. Pham feels helpless to react to what seems unfair. He remembers interacting with Phyllis and does not remember any situations where he felt the relationship with the family was strained. Dr. Pham then gets paged by the school of medicine's social media consultant, who suggests meeting to work together on a plan to counteract the negative social media activity.

The social media consultant calls Phyllis personally, and together they talk about Dr. Pham's involvement. Phyllis states that perhaps she was still "in shock" when she wrote the post, and unfair in what she wrote. Phyllis agrees to edit the blog post. The social media consultant also recommends that Dr. Pham write on the hospital blog about his reactions when a patient dies; this blog post has multiple hits, and is soon one of the top hits on Dr. Pham's Google search profile.

CASE STUDY 2

Dr. Butters works for a small community neurology clinic, which has recently been acquired by a larger community hospital. Dr. Butters is 57 years old and considers herself to be better at computers than most people her age. As the practice is taken over by the larger hospital, she and all of her partners have been asked to have a meeting with the social media coordinator for the hospital so they can help broaden the practice's reach in social media.

The meeting starts out with the social media coordinator, Nate, asking on which sites Dr. Butters is regularly posting online content. Dr. Butters states that she joined Facebook about 5 years ago mainly to

keep in contact with her sons who are now in college. She used to visit Facebook daily, but never really posted things on her timeline. She now logs in about once a month. When asked, she did say that her son “fixed” her privacy settings when she signed up for Facebook, so that her posts are only seen by her friends. She has never had any other social media accounts. Dr. Butters has never been told by her friends that her posts were offensive or off-color, and, in fact, part of the reason she rarely posts on Facebook is a fear that her posts may be misinterpreted or used in some way against her in the future. She is specifically concerned about a potential medicolegal claim against her.

Nate then performs a Google search on Dr. Butters. When her name is searched with “neurology,” and her hometown, the first page of search results has the Web site of her clinic group followed by several health care worker rating Web sites. Nate sets Dr. Butters up to blog twice a year, and encourages her to join the newly formed Facebook page for her practice. Dr. Butters also finds the AAN Facebook page and begins to receive updates when new articles are posted. She also joins a Facebook group with the Multiple Sclerosis Society, and is soon participating in discussions about new research articles as they are published. In 6 months, Dr. Butters has changed her Google search profile so that her blog posts and Facebook activity are the top items returned in the search. She is considering doing a YouTube video to introduce herself to prospective patients.

REFERENCES

1. Dolan PL. Nearly all U.S. doctors are now on social media. Available at: <http://www.ama-assn.org/amednews/2011/09/26/bil20926.htm>. Accessed December 12, 2012.
2. Avitzur O. Are neurologists happy? Spiritual? *Neurol Today* 2012;12:41–42.
3. Jessen WP. Medicine and the second generation of Internet-based services. Available at: <http://www.highlighthealthtech.com/medicine-20/medicine-20-10-medicine-and-the-second-generation-of-internet-based-services/>. Accessed December 8, 2012.
4. Van De Belt T, Engelen L, Berben S, Schoonhoven L. Definition of health 2.0 and medicine 2.0: a systematic review. *J Med Internet Res* 2010;12:8.
5. Giustini D. Web 3.0 and medicine. *Br Med J* 2007;335:1273–1274.
6. Grossman L. The beast with a billion eyes. Available at: <http://content.time.com/time/magazine/article/0,9171,2104815,00.html>. Accessed December 31, 2012.
7. Drell L. Movember: how mustaches and social media raise awareness for men’s health. Available at: <http://mashable.com/2012/05/01/movember-adam-garone-video/#m8NOv3Ghsqx>. Accessed December 14, 2012.
8. Adler JJ. A new age of peer reviewed scientific journals. *Surg Neurol Int* 2012;3:145.
9. Marcus AD. ALS study shows social media’s value as research tool. Available at: <http://online.wsj.com/article/SB10001424052748704489604576283010994997034.html>. Accessed December 16, 2012.
10. Aggarwal SP, Zinman L, Simpson E, et al. Clinical trial testing lithium in ALS terminates early for futility. *Lancet Neurol* 2010;9:481–488.
11. O’Keefe K. Real lawyers have blogs: Mayo Clinic executive: social media not an option but a requirement. Available at: <http://kevin.lexblog.com/2012/04/18/mayo-clinic-executive-social-media-not-an-option-but-a-requirement/>. Accessed December 16, 2012.
12. Campell J. Media myth alert: social-media triumphalism and its myth-busting limits. Available at: <http://mediamythalert.wordpress.com/tag/hurricane-sandy/>. Accessed December 16, 2012.
13. Vartabedian B. 33 Charts: physicians, risk and opportunity in the digital age. 2011. Available at: <http://33charts.com/2011/12/physicians-risk-opportunity-social-media.html>. Accessed December 16, 2012.
14. American Medical Association. Opinion 9.124 - Professionalism in the Use of Social Media. Available at: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9124.page>. Accessed December 9, 2015.

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