Create a personal online physician brand that works

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Using social media channels and other online tools for promotion can help physicians market their unique skills to potential patients, educate their communities about vital health issues, and connect with colleagues for local and even global collaborative projects.

At least 70 percent of patients shop for physicians online, so a personal brand and online presence have become essential elements of modern medical practice. Five experts, including past and future AMA presidents, recently participated in an AMA Reinventing Medical Practice Community discussion in which they offered advice on this pressing topic.

This story is part of the AMA’s Navigating the Payment Process topic hub. Explore other Medical Topics That Matter.

“Brand is reputation plus image,” said AMA President-elect Barbara L. McAneny, MD, an oncologist in Albuquerque, New Mexico. “When I started practice, I realized that I needed to build a reputation for being up to date in my field, being compassionate, approachable and a hard worker who would go the extra mile for patients. Now I also have to make sure that my website shows those characteristics, is constantly updated and eye-catching!”

A physician’s brand is how they uniquely and intentionally present themselves to their audience, said Tyese Gaines, DO, aka “Doctor Ty,” a New Jersey-based emergency physician, journalist and medical practice public relations consultant.

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“Think of your brand as expressing who you are and making it easy for people to know what you stand for,” said Dr. Eyvazzadeh, aka “the Egg Whisperer.”

Having an established personal brand helps build practice awareness and can offset stray negative
remarks, according to panelist Ravi Goel, MD, a Cherry Hill, New Jersey-based ophthalmologist and former chair of the AMA Young Physicians Section.

“A single negative comment can damage professional reputation and affect practice growth,” he said. “Colleagues need to build a personal brand to protect their reputation and professional growth.”

**Branding as physician advocacy tool**

Panelist Fatima Cody Stanford, MD, an obesity medicine physician at Massachusetts General Hospital and Harvard Medical School, noted how she uses her brand to advocate for her patients.

“As an obesity medicine physician scientist, I work to dispel weight bias and stigma, which is pervasive in medicine and throughout the lay population,” Dr. Stanford said. “By presenting lectures and engaging with the print, radio and broadcast media, I use personal branding to help mitigate the negative bias associated with the care of patients with obesity.”

Panelists noted how different social media channels reach different audiences and demographics. Younger patients were most likely to see messages on Instagram. Facebook is better for reaching patients 35 and older. LinkedIn is good for business-to-business communication, while Twitter is helpful for sparking conversations or connecting at conferences. YouTube content is also an option and connects well to other channels.

These channels are all useful for disseminating educational messages, which is both part of establishing a brand and a vital part of being a doctor, panelists said.

“To be a good physician, one has to be a teacher—even if the audience is just the patient you are caring for,” said panelist Jim Rohack, MD, AMA past president and emeritus cardiologist for Baylor Scott & White Clinic in Temple, Texas. He added that giving talks to local groups “is an easy way to get out of the office and touch the community in a way that pays huge dividends.”

Dr. Gaines noted that social media can be used to find like-minded colleagues. This can lead to sharing each other’s posts, which helps with supplying content for your channels while building a following.

**What to watch out for**

Brand builders need to be aware, however, that sharing of content, logos and stories is still subject to copyright laws plus medical ethics and privacy considerations.
“Physicians should also take care to not inadvertently form a physician-patient relationship by taking any action that could be construed as providing an opinion or medical advice,” warned AMA Senior Division Counsel Tuyet DesJean. “A simple reminder or disclaimer may help set expectations when engaging with others in cyberspace.”

In terms of privacy, the standard rules apply, said panelist Jennifer Joe, MD, a Boston-based nephrologist, emergency physician, editor and entrepreneur.

“As a general rule, I never talk about patient cases in a public space—whether online or in an elevator,” Dr. Joe said.

The AMA Reinventing Medical Practice Community discussion page also lists resources on social media, physician reputation management and more.