



# The Digital Footprint of Academic Urologists: Where Do we Stand?

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<b>OBJECTIVE</b>	To characterize the digital footprint of academic urologists by examining their web search results and identifying patterns within them.
<b>MATERIALS AND METHODS</b>	Faculty lists were obtained from the top 10 ranked Urology residency program websites. A standardized Google search for “First Name Last Name Degree” was then completed for each staff physician. The total number of results and type of sites returned were recorded and patterns contained within identified.
<b>RESULTS</b>	A total of 247 staff physicians were identified, with 13-36 per institution. A median of 11 (interquartile range: 10-12) search results returned for each person. Most (number = 231) staff had at least 1 rating site returned, with a mean of 3.50 (standard deviation: 1.45) noted. Overall, 3.44 (1.39) pages related to the practice were listed. Social media use was poorly visible, with a median 0 [0-1] results listed and only 7 Twitter accounts observed. More than half of sites, 6.34 (1.87) on average, were physician-controllable content. Having certain types of results was significantly associated with fewer ratings sites. Having an additional degree was also associated with significantly fewer ratings sites and more sites with physician-controllable content.
<b>CONCLUSION</b>	The digital footprint of academic urologists contains more physician-controllable content than noncontrollable information; however, social media visibility in this group is poor. Optimization of the digital identity of academic urologists may be possible by exploiting the patterns observed in this study. UROLOGY 90: 27–31, 2016. © 2016 Elsevier Inc.

In the online age, discussion of social media and digital identity is a growing trend in the medical community, and the urologic community is no exception. Broadly defined, digital identity is an individual's readily accessible online personal and professional information.<sup>1</sup> Internet searches for urologists return a mix of personal websites, professional web pages, social media sites, and a litany of auto-populated physician-rating sites.<sup>2</sup> Taken together, these results can be classified into “active” and “passive” components of digital identity based upon their use for interacting with others or simply providing information, respectively. For instance, social media sites exemplify physician-controllable content and can be considered “active” rather than “passive” online material, such as what may be found on an institutional faculty profile page or professional association website.<sup>3</sup>

Such considerations are relevant as patients increasingly use the Internet to seek out medical information.

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Over two-thirds of patients use the web for medical information, whereas about 20% search for physicians and treatment based upon online reviews.<sup>4</sup> Yet searching for a medical professional can prove challenging to patients due to the number of automated physician-rating sites and other information that results from online queries. Considering their automated generation and ubiquitous presence on the first page of Internet search results, such physician-rating sites may represent a separate “default” element of digital identity, separate from its “passive” and “active” components. The inherent problem is that rating sites often contain information that is incorrect and can be difficult or impossible to remove. Regardless of interest in or engagement with the online realm, all physicians have a digital identity that may be inaccurate or unflattering. What proportions of it are active, passive, or default, remain unknown.

Proprietary search engine algorithms dictate the results and order of sites listed on Internet searches. Many websites attempt search engine optimization by utilizing a number of techniques, including key words, coding, and site structure to improve visibility in web searches. Physician-rating sites have optimized these techniques and often appear on the front page when searching a physician's name. However, for the individual, engaging in social media is one means of building visibility and creating a controllable digital presence, and may help physicians populate search results with accurate information.

Recent interest in social media use has been significant enough to warrant a *Best Practices* update and *Recommendations of Appropriate Use* by the American Urological Association (AUA) and European Association of Urology, respectively.<sup>5,6</sup> Despite these advances, a recent survey of urologists found 70% use social media for personal purposes, but many avoid it professionally due to a lack of perceived benefit.<sup>7</sup> Considering this, what types of online activity are visible in search results for urologists? This study addresses this question by characterizing the digital footprint of academic urologists at 10 prominent academic institutions.

## MATERIALS AND METHODS

Online faculty lists were obtained from the top 10 ranked urology programs in the 2014-2015 Doximity Residency Navigator database. This selection of programs was utilized as it represents a peer-generated listing of prominent urology training programs. Although these rankings are subjective, it can be assumed that the faculty at such institutions are not only influential members of the academic urology community, but also are of varying levels of age and seniority. A single individual used Mozilla Firefox on a single computer to complete a Google search of "First Name Last Name Degree" for each faculty member. Repeated searches using Microsoft Bing and Yahoo were completed for 3 individuals with similar results returned, but more repeated results observed. Therefore, Google was used to perform the study. The total number of hits on the first page was recorded. Each hit was then subsequently categorized based upon site type (Table 1).

The absence of a specific site type for an individual was excluded from initial descriptive analyses but not aggregate statis-

tics. Descriptive statistics were calculated to appropriately identify the mean (standard deviation) or median [interquartile range] number of each site type returned. Results were further dichotomized into physician-controllable (comprised of "active" and "passive" elements of digital identity) and noncontrollable (comprised of "default" elements of digital identity) site content, based upon the website. Least squares linear regressions were run to determine the effect of certain site types on the number of rating sites or results for another individual returned. Lastly, the effects of having an advanced degree on search result patterns were determined via a one-way analysis of variance and pairwise comparisons, as indicated.

## RESULTS

A total of 247 staff physicians were identified across the 2014-2015 Doximity top 10 urology residency programs: Cleveland Clinic, Johns Hopkins, Vanderbilt, University of California Los Angeles, University of California San Francisco, Mayo Clinic, University of Michigan, University of Texas Southwestern, Weill Cornell New York Presbyterian, Northwestern. Faculty size ranged from 16 to 36 individuals. A median of 11 [10-12] search results returned for each person (Table 1). Rating sites returned for 231 (93.5%) individuals, with a mean of 3.50 (1.45) observed. Only 38 people had results return for another physician having the same name, with a median of 3 [1.0-4.5]. All 247 staff had institutional profile pages appear, with 2.85 (1.20) listed on average. Overall, 3.44 (1.39) pages related to an individual's practice returned, with (N = 124) maps and (N = 19) licensure information comprising the remainder of these (Table 2).

**Table 1.** Overall search results with missing site types omitted from calculations

Site Type	Number of Staff With Type	Percent of Staff With Type	Mean Number Returned	Standard Deviation	Median Number Returned	Interquartile Range
Total results	247	100	10.83	1.02	11	10-12
Industry page (drug company, device company, etc.)	11	4.45	1.09	0.30	1	1-1
Rating site (vitals, healthgrades, etc.)	231	93.5	3.50	1.45	3	3-4
Another person	38	15.38	3.66	3.05	3	1-4.5
Institute page (hospital, university, etc.)	247	100	2.85	1.20	3	2-4
License detail	19	7.69	1	0	1	1-1
Map	124	50.0	1.02	0.13	1	1-1
Groups (American Urological Association, Society of Urologic Oncology, etc.)	117	47.4	1.49	0.86	1	1-2
Journal article	45	18.2	1.56	0.72	1	1-2
Book	16	6.48	1.19	0.40	1	1-1
YouTube	51	20.6	1.08	0.27	1	1-1
Podcast	0	0	0	0	0	0
News/Other media (news interview, online interview, etc.)	179	72.5	1.32	0.68	1	1-1
Twitter	7	2.83	1.14	0.38	1	1-1
Google+	55	22.3	1	0	1	1-1
Blog	11	4.45	1.27	0.65	1	1-1
Facebook	4	1.62	1	0	1	1-1
Personal web page	10	4.05	1.3	0.48	1	1-2
LinkedIn	31	12.6	1.10	0.30	1	1-1
WebMD profile	105	42.5	1.02	0.14	1	1-1
Doximity	70	28.3	0.91	0.87	1	0-2

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