

Poor Online Patient Ratings of Otolaryngologists in the United States: What are Patients Saying?

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INTRODUCTION

A recent US study of online ratings of otolaryngologists (OTLs)¹ revealed that the majority of reviews were positive; however, the reasons behind negative reviews remains to be elucidated. Physician rating websites have gained popularity and are used commonly by patients. The anonymity provided by such forums may empower patients to provide honest, candid responses. As of December 2010, a total of 33 websites were dedicated to providing this forum². In spite of the increased popularity of these sites, many physicians view them unfavorably.

The implications of negative physician reviews on a public forum include damage to one's reputation, potential loss of employment, personal distress or fear for safety, medico-legal issues, and damage to the trust society has in OTLs as a group.

OBJECTIVES

Our study aims to explore themes that arise from negatively perceived care interactions with American otolaryngologists as recorded by patient online reviews.

METHODS

- We obtained reviews by searching RateMDs.com (RateMDs Inc.) for "Specialty: Ears Nose and Throat (ENT) doctor" in all American states.
- Patient reviews that were given a negative global score of ≤2 stars were included.
 - If a physician received greater than five negative comments, only the most recent five were included.
- Through an iterative, multistep process a qualitative thematic analysis was conducted.



- To guide the initial development of the coding framework, we applied a previously validated Canadian framework³ to the Accreditation Council for Graduate Medical Education (ACGME) core competencies (Figure 1).
- Reviewers achieved congruence (kappa range 0.8-1.0 of assigned codes) to indicate high inter-rater reliability.
- After 350 entries were coded, no new themes emerged and further coding would have been redundant.

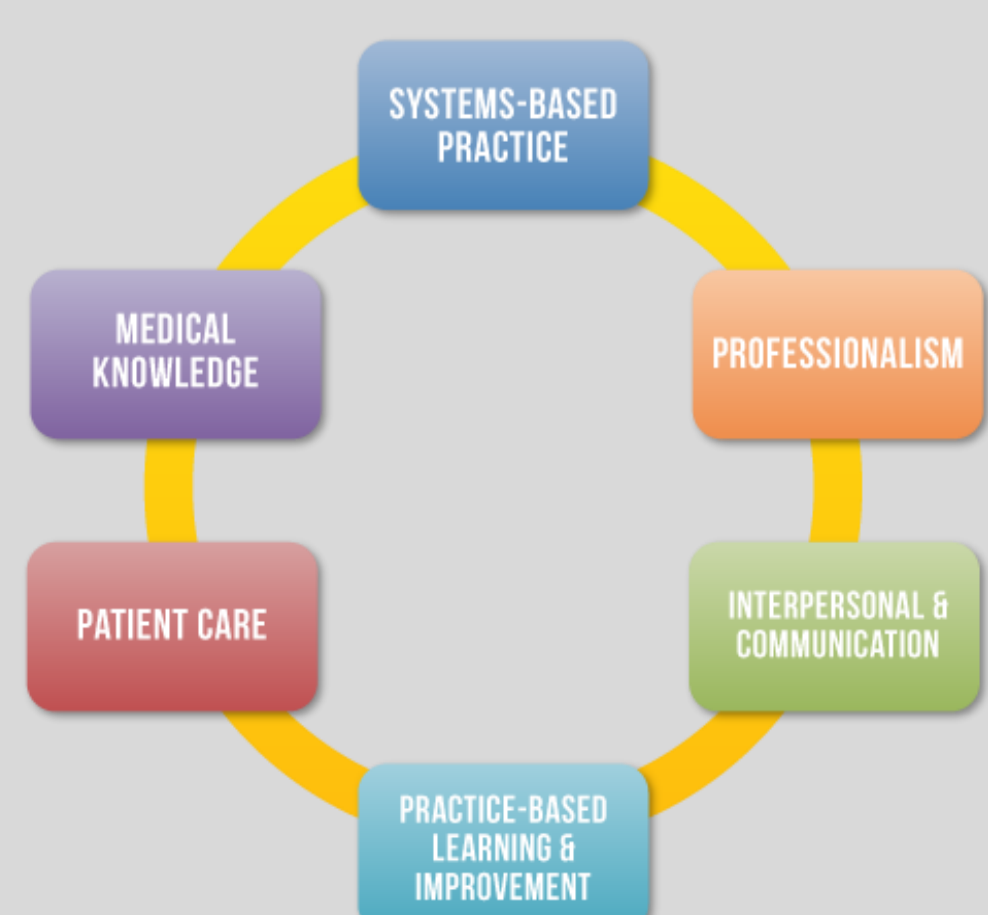


Figure 1: ACGME Core Competencies

RESULTS

Percent of Otolaryngologists Included by State (%)

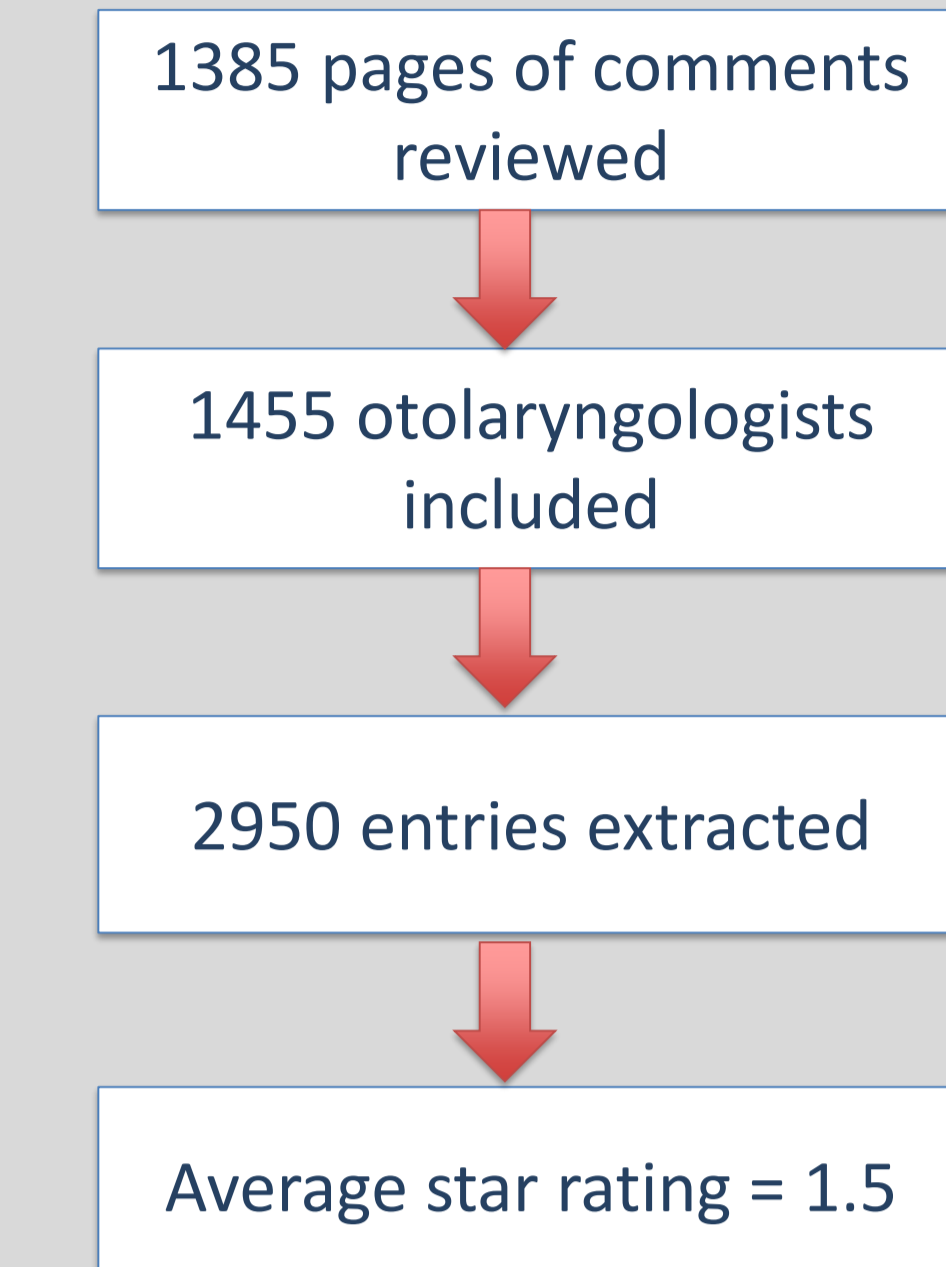
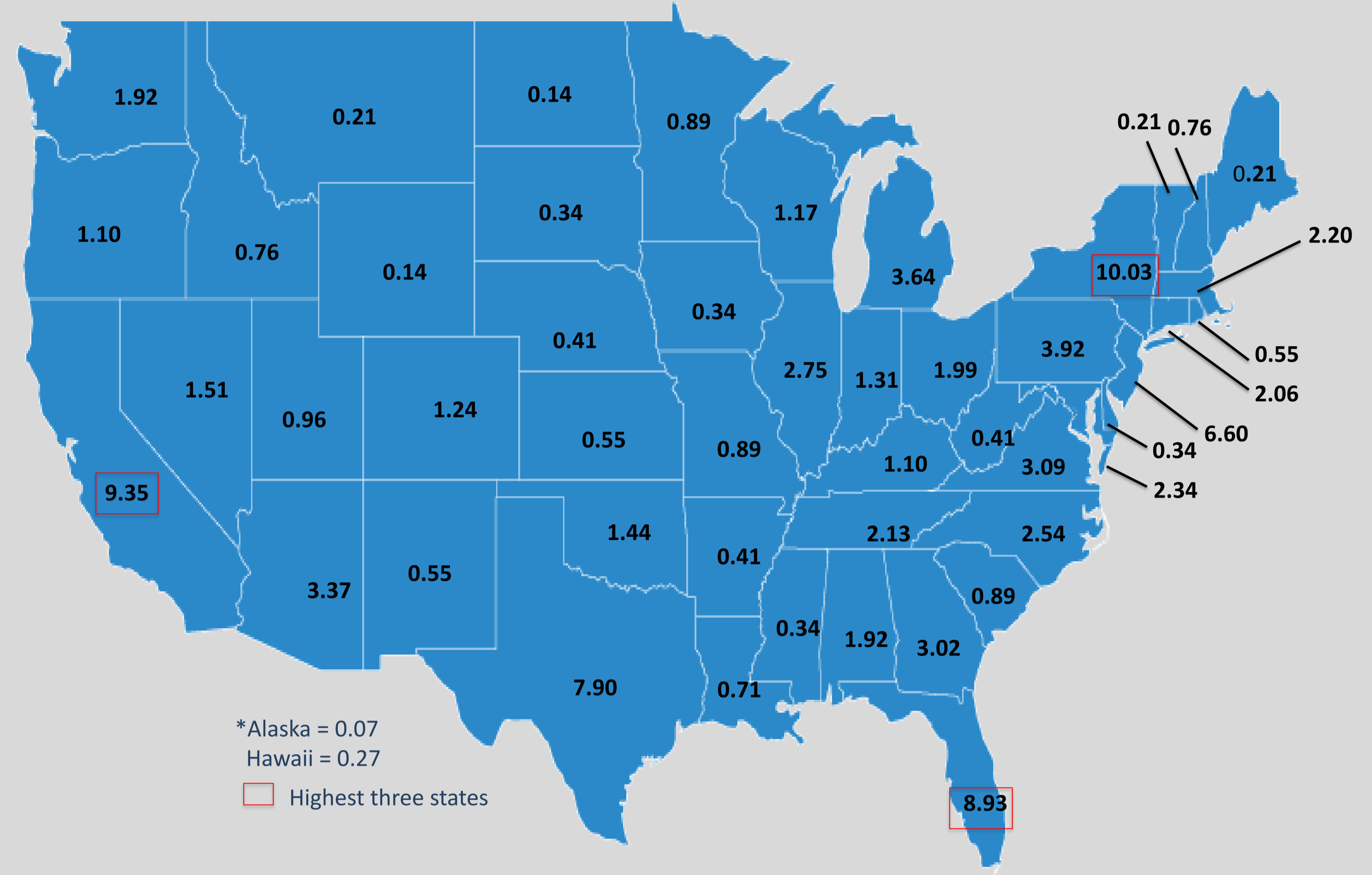


Table 1. Themes and Sub-themes

Theme/Sub-theme	Code	Relative frequency (%)	Representative quote
Patient Care			
Poor follow up	PF	3.5	"the worst service and follow through of any doctor i have been patient to..."
Time spent/rushed	PT	5.3	"Our entire conversation lasted 5 MINUTES!"
Unhelpful	PU	8.1	"this doctor actually said to me "I have another patient to see", pushed two sample bottles of Nasonex at me and said I needed to see a psychiatrist and a neurologist."
Perceived poor decision making/reasoning/pressure for surgery	PP	3.6	"Doctor doesn't even give you time to talk he will say tubes need to be installed and thats the only way."
Patient safety	PS	1.0	"I found this dangerous and unnecessary"
Lack of advocacy	PL	0.2	"not a doctor with dignity who gave an oath to Hippocrates"
Refusal to see	PR	1.3	"I couldnt even get an appt the receptionist told me to go back to my primary care"
Medical Knowledge			
Perceived clinical skill	MC	5.8	"Rather than checking out all of my symptoms, he was firm in the fact he could do nothing and that I needed to live with the condition."
Perceived surgical skill	MS	1.2	"She completely botched my sinuses and claims to be a cosmetic surgeon."
Perceived knowledge	MK	0.8	"he seemed as he had no idea what he was doing."
Perceived failure/complication of treatment	MF	3.5	"performed a "routine" sinus and deviated septum surgery on me and damaged the structure of my nose, causing the bridge to lose shape."
Patient Based Learning and Improvement			
Lack of evidence-based practice	LE	1.2	"He didn't even culture me!! He actually told me that if he couldn't see fungus, I didn't have it! "
Lack of recognition of one's roles and limitations	LR	0.7	"He nearly killed my son in the hospital by misdiagnosis, refusal to listen and final refusal to step aside when he couldn't help."
Systems Based Practice			
Cost of health care	SC	5.6	"To my disbelief I was charged over \$2,000"
Practice environment	SP	0.8	"and plus his office is huge and so noisy and out of control."
Staff, medical learners	SS	8.7	"The front desk is horrible. Those ladies clearly do not want to work there."
Time management (wait for apt/office)	ST	7.6	"never less than an hour in the waiting room, and then another 20-30 minutes in the room waiting for the doctor."
Medico-legal	SL	0.6	"He has been sued for medical malpractice numerous times, as of this writing he has one open/active medical malpractice case pending against him in the state"
Poor service	SV	0.8	"I felt that I was courteous enough to call and let them know that I might be late. They or he could have extended the same courtesy to me."
Professionalism			
Behavior (arrogant/dismissive/lack of empathy)	RB	12.6	"This is the rudest man I have ever met in my life. He insulted me, made derogatory and very personal remarks, used profanity and mocked my condition right at the front desk in front of his staff"
Conflict of interest (personal/ financial)	RC	3.8	"He examined me for something I didn't come to him for (tried to bill me for this) and tried to cover up those results and he tried to protect my doctor,his friend, by trying to fool me"
Privacy and confidentiality	RP	0.2	"They insisted even though I told them i did not feel comfortable in them taking pictures, they had to be taken for my file"
Untrustworthy	RU	1.5	"Claimed "surgery," when there was none; and indicated that the visit was 45 minutes when she spent less than 18 minutes."
Interpersonal Skills and Communication			
Inadequate communication (explanation/listening)	IC	5.0	"After about a 2 minute consult he told me there was nothing wrong. After re-explaining my symptoms to him, he told me to go see a psychiatrist because "it's all in your head.""
Informed consent	II	0.2	"Staff moves you along too quickly and if you are having surgery you are given papers to read and pushed out the door."
Poor accuracy/detail in records	IP	1.3	"Even though my visit was a follow-up, in their system they had my diagnosis wrong, as well as a misunderstanding about what medication they had prescribed and why"
Lack of respect for healthcare team members	IL	0.7	"He threw things around the room, shoved the Charge Nurse out of his way, ripped my wife's headphones right out of her ears, yelled at ALL of the nurses and performed some procedure on my wife while she was in her bed and wouldn't give the opportunity for even local anesthesia."
Indirect Emotion			
Capitalization of words or sentences	IEC	5.6	"TO SAY THAT NAME WAS EXTREMELY ARROGANT AND PATRONIZING WOULD BE A GROSS UNDERSTATEMENT."
Sarcasm or disrespect	IED	1.0	"Not a doctor but a businessman!"
Hyperbole	IEH	1.0	"The absolute worst doctor ever!"
Exclamation marks, numerous question marks	IEQ	6.3	"I WOULDN'T LET THIS MAN DO SURGERY ON A CORPSE!!!"

DISCUSSION

- An analysis of negative reviews of American OTLs by patients reveals a number of areas where improvements could be made to quality of care.
- The three most frequently identified codes did not relate to medical knowledge, but emerged from patient care, systems based practice and professionalism.
- Lack of advocacy, privacy and confidentiality, and informed consent were the three least commonly cited concerns.
- Front line staff would appear to play an important role in the overall experience of the patient.
- Patients value evidence-based medicine delivered by compassionate and respectful physicians.

CONCLUSIONS

- Assuming the feedback provided is accurate and constructive, there may be a unique opportunity for OTLs to reflect on their interactions with patients using online rating webpages such as RateMDs.
- OTLs are accountable to patients and the care they receive.
- In isolating and aligning predominant themes with the ACGME framework, we may be able to integrate teaching into the post-graduate training and continuing professional development to avoid such negatively perceived interactions and enhance quality of care in the future.

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