

HOW TO SHAKE THE **AI SLOP** OFF YOUR SOCIALS

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SECTION 01

The AI Slop Test

Five tells your content was written by a machine, and what your patients already noticed.

Your patients are not reading your posts and thinking "what a helpful physician." They are scrolling past, thinking "that is ChatGPT." Rory Sutherland's Alchemy principle applies perfectly: the things that work in communication signal effort, cost, or personal risk. AI content signals none of those. In healthcare, efficiency reads as indifference.

The Five Tells

- **The hedging opener.** "In today's fast-paced healthcare landscape..." No physician talks this way. You would say "Look, here is the thing about back pain."
- **The five-paragraph essay.** Intro, three body paragraphs, conclusion. Every time. Real expertise has asides, contradictions, half-formed opinions. That messiness is what makes it human.
- **The synonym carousel.** "Crucial," "essential," "vital," "paramount" within three paragraphs. Humans have favourite words. AI avoids repetition because it is graded on vocabulary.
- **The zero-stakes claim.** "Patient care is incredibly important." True and useless. Your content needs to say something someone could push back on.
- **The missing first person.** "It is recommended that patients..." versus "I tell my patients..." The first is a pamphlet. The second is a physician.

The Sutherland Test: If you would not say it to a patient across from you in your office, do not post it.

SECTION 02

The Voice Extraction Framework

Turn a five-minute phone recording into a month of authentic content.

The fix is not about writing. It is about talking. You already explain complex medical concepts to patients every day. That is the content. We just need to capture it.

1. **Record yourself for five minutes.** Voice memo. One question you answered in clinic. No script. The stumbles and tangents are where your voice lives.
2. **Transcribe and extract signature phrases.** The analogies you use, your go-to reassurances, how you explain risk. These become your voice library.
3. **Build a voice brief.** Document your patterns for anyone creating content on your behalf: opening style, explanation method, tone, what you avoid.
4. **Generate from the transcript, not a blank page.** One recording yields: a long-form post, 3-4 short posts, quote cards, a FAQ answer, and a video script.

The Dunford Principle: Your voice is your positioning. The way you explain disc herniation differently from every other orthopaedic surgeon in your city is your competitive moat.

What a Voice Brief Looks Like

Element	Example
Opening style	"So here is the thing about..."
Explanation method	Everyday analogies (cars, plumbing, sports)
Signature phrase	"What I tell my patients is..."
Tone	Direct, warm, slightly irreverent
Avoids	Jargon without translation, hedge language, passive voice

SECTION 03

The 80/20 Healthcare Content Rule

Why education converts and promotion does not.

Binet and Field's research: brand-building outperforms activation by roughly 60/40 in most categories. In healthcare, it skews even harder toward brand-building because the decision is not a purchase. It is a trust decision. "Do I trust this person with my body?" is not answered by a "Book Now" button.

80% educate, explain, tell stories from practice. 20% promotional. New services, availability, events. But only after the 80% has built trust.

What Counts as Educational Content

- **Myth-busting:** "Three things my patients believe about [condition] that are not true"
- **Process transparency:** "Here is exactly what happens during [procedure], minute by minute"
- **Decision frameworks:** "How I help patients decide between Option A and Option B"
- **Clinical stories (anonymised):** "A patient came in with [symptom]. Here is what we found"
- **Behind-the-scenes:** "What my morning looks like before the first patient walks in"

The posts that get zero engagement follow a pattern: they lead with credentials, fill the middle with generic tips, and close with "Call us today!" The posts that convert start with a specific observation, share something the reader did not know, and end with a perspective, not a pitch.



The Ritson Reality Check: Most physician social media fails because it tries to do brand-building and activation simultaneously, which means it does neither. Pick the lane for each post. Educational content does not need a call to action. Let it breathe.

SECTION 04

The HIPAA Content Checklist

What you can post, what you cannot. In plain English.

HIPAA does not prevent you from creating content. It prevents you from sharing Protected Health Information without consent. That is a much narrower restriction than most physicians assume.

You CAN post: general health education, your clinical opinions, composite patient stories, before/after photos with written consent, your own experiences, staff and facility content.

You CANNOT post: identifiable patient info without consent, photos with patients visible in background, screenshots of patient messages/reviews, specific case details a patient or family could recognise.

Pre-Post Checklist

- No patient names, initials, or identifiable nicknames
- No specific dates of service
- No photos with identifiable patients without consent
- Composite cases use details from multiple patients
- Written media release on file for before/after images
- No screenshots of patient communications
- When in doubt, compliance-aware colleague has reviewed



SECTION 05

The Five-Minute Video Formula

One recording. Ten deliverables. Zero production crew.

Neil Patel's content multiplication: create once, distribute many. The base unit is a five-minute phone recording. Vertical. One topic. You, talking to a camera the way you talk to a patient.

The Recording Setup

- **Location:** Your office or any quiet space. Natural light from a window beats any ring light.
- **Equipment:** Your phone propped vertically. Lean it against a coffee mug.
- **Format:** One patient question you answered today. One myth. One procedure to demystify.

- **Structure:** Hook (15 sec why it matters), Explain (3-4 min answer), Close (30 sec next steps).

The Ten Deliverables

#	Deliverable	Platform
1	Full video (5 min)	YouTube, Facebook
2-4	3 short clips (30-60 sec each)	Reels, TikTok
5	Full transcript as LinkedIn post	LinkedIn
6	3 pull-quote graphics	Instagram, LinkedIn
7	SEO blog post on your website	Your website
8	FAQ page answer	Your website
9	Email newsletter snippet	Email list
10	Audiogram with captions	Stories, X

The Math: 5 minutes/week = 10 pieces across 5+ platforms = 40+ monthly touchpoints from 20 minutes of effort. The ROI is in the compounding presence.

SECTION 06

The Trust Timeline

Why healthcare content takes 90 days to convert, and why your last agency left at day sixty.

A patient does not see one post and book. They see twenty posts over three months, mention you to their spouse, Google you, check reviews, see another post, then book. The conversion path is long, non-linear, and invisible to anyone measuring week-over-week.



Phase	When	What Happens	What You See
Seeding	Days 1-30	Algorithms learn you. Voice gets established.	Low engagement. Feels like a void. Normal.
Compounding	Days 31-60	Repeat viewers form. Search engines index.	Engagement up. DMs start. Few bookings.

Converting	Days 61-90	Trust reaches threshold. Quiet watchers act.	Phone calls. "I saw your video about..."
Flywheel	Day 90+	Old content keeps working. New converts faster.	Steady inbound. Paid ads perform better.

The Binet Rule: If you measure content marketing on a 30-day cycle, you will always kill it before it works. The returns are non-linear. Nothing, nothing, nothing, then everything.

How to Survive the Silence

- 1. Measure leading indicators, not lagging ones.** Track profile views, saves, shares, DMs, and website sessions. These move before bookings do.
- 2. Set expectations before you start.** The 90-day framework is not a disappointment. It is a filter. Physicians who understand it outperform those who do not.
- 3. Document the compound effect.** Your 50th post will outperform your 5th even if the content quality is identical, because the audience already trusts you.
- 4. Do not pivot strategy at week six.** The biggest waste in healthcare marketing is not bad content. It is restarting the trust timeline every time you switch agencies.

SECTION 07

The AI Citation Playbook

How to become the physician AI cites first. Eight steps plus the off-site source audit.

Your next patient is not going to Google ten blue links. They are going to ask ChatGPT or Perplexity: "Who is a good orthopaedic surgeon in [city] for a torn ACL?" The AI will give them a name. The question is whether it is yours. This is not SEO as you have known it. This is GEO (Generative Engine Optimisation), AEO (Answer Engine Optimisation), and LLM-SEO. Different names for the same thing: making your practice the answer AI systems retrieve.

Crestodina's key insight: AI trains on the entire web. Your website is half the story. Off-site sources (directories, reviews, publications, associations) carry enormous weight. The sources that matter are category-specific: not which sites AI cites most overall, but which it references when YOUR patient asks about YOUR specialty.

On-Site Foundation (Steps 1-4)

- **Step 1: Complete every structured profile.** Google Business, Healthgrades, Zocdoc, Vitals, Doximity. Be specific: "ACL reconstruction, meniscus repair" not just "sports medicine."
- **Step 2: Build structured FAQ pages.** Question as H2, answer in 2-3 paragraphs. These are exactly the queries patients ask AI tools.
- **Step 3: Add schema markup.** Physician, MedicalOrganization, FAQPage, LocalBusiness. Invisible to patients, visible to every AI system.
- **Step 4: Publish condition-specific content on your domain first.** AI models prioritise authoritative sources. Your domain, then distribute elsewhere.

Off-Site Strategy (Steps 5-7)

- **Step 5: Get cited by third-party sources.** Local media quotes, guest articles, podcast interviews, hospital bios. Each mention is a vote of confidence in the AI's eyes.

- **Step 6: Consistent NAP + credentials everywhere.** "Dr. Jane Smith, MD, FAAOS" exactly the same on every listing. Inconsistency fractures your digital identity.
- **Step 7: Generate and respond to reviews.** Volume matters more than perfection. 200 reviews at 4.7 beats 15 reviews at 4.9. Respond to every one.

Step 8: The Off-Site Source Audit (Crestodina Method)

Instead of guessing which sources matter, peek inside AI's reasoning directly:

- 1. Predict prompts.** Ask ChatGPT to generate 10 buyer-style prompts a patient in your city would use when researching your specialty.
- 2. Run in Google AI Mode / Gemini.** Add: "Include brands mentioned, sources referenced, and supporting links." Run all 10 prompts.
- 3. Extract the source archive.** Ask: "Extract off-site source evidence from each response: prompt, brands mentioned, sources, links."
- 4. Analyse and prioritise.** Paste into ChatGPT: "Identify which off-site sources shape AI answers for my specialty. Return top 5 source categories, actions, and where I am underrepresented versus competitors."

Which Off-Site Sources Matter Most

Source	Examples	Action
Medical directories	Healthgrades, Zocdoc, Vitals, Doximity	Complete every field. Update quarterly.
Review platforms	Google Reviews, Yelp, RateMDs	Systematic review generation. Respond to all.
Professional associations	AMA, specialty societies, state boards	Active profiles. Contribute articles.
News / health media	Local news, Healthline, hospital newsrooms	Expert quotes. Guest columns.

What The Audit Typically Reveals

If AI is using...	You influence it by...	Who handles it
Review sites (Google, Healthgrades)	Systematic review generation, reputation management	Front desk process or customer marketing
Medical directories (Zocdoc, Vitals)	Listing completeness and regular updates	In-house marketing team
Trade publications, associations	Content collaborations, expert quotes, profiles	In-house or PR partner
Listicles and comparison posts	Guest posting, digital PR, outreach to publishers	SEO or digital PR agency

The Hidden Layer: Pre-Training Memory

Sometimes AI does not search at all. It relies on pre-training: the massive dataset it was built on. If your name appears in medical journals, news articles, or professional association pages that were in that training data, the model already "knows" you. ChatGPT and Claude default to training data. Gemini and Perplexity lean toward live search.

Test what AI remembers: ask ChatGPT with web search off, "Without searching the web, tell me what you know about Dr. [Your Name], [specialty], in [city]." The response reveals what the model retained from pre-training. Run the same test on Claude and Gemini. Gaps between models reveal where your off-site presence is weak. Traditional PR fills this gap: press placements are heavily weighted in training data. A quote in a local newspaper, a feature in your hospital's newsroom, an interview on a health podcast: these are not just marketing. They are training data for the next version of every AI model.

Monthly AI Visibility Check

- Ask ChatGPT, Perplexity, and Google AI: "Best [specialty] in [city]?" Note if you appear.
- Ask ChatGPT (no web search): "What do you know about [your practice]?" Note gaps.
- Record which competitors appeared. Update your action plan.

Dunford + Crestodina: AI citation is not gaming an algorithm. It is structuring your expertise so the machine has no choice but to return your name. Your website is one input. Directories, reviews, media mentions, association profiles: those are the rest.

The Physician Who Shows Up First

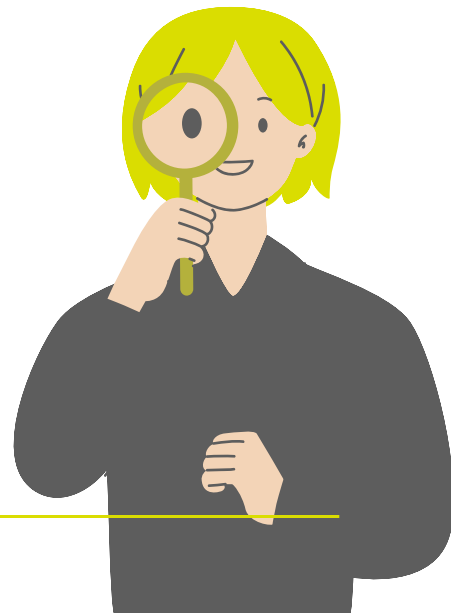
The physicians who appear in AI results today are not necessarily the best clinicians. They are the ones with the most structured, consistent, and widespread digital presence. That advantage is temporary. Right now, the bar is low because most practices have not adapted. A complete Google Business Profile, 200+ reviews, a structured FAQ section, and three media mentions puts you ahead of 95% of your competitors in most markets.

But the window is closing. Every month, more practices get advice like what you have just read. The ones who execute first build a compounding advantage: more reviews, more citations, more training data, more AI confidence.

Your First 30 Days: The Priority Sequence

- 1. Week 1:** Claim and complete Google Business Profile. Ask 10 patients for reviews. Record your first five-minute video.
- 2. Week 2:** Build one FAQ page on your website with schema markup. Claim Healthgrades and Zocdoc profiles. Post the video and 3 clips.
- 3. Week 3:** Run the Crestodina off-site source audit (Step 8). Identify your top 3 citation gaps. Respond to every review from Week 1.
- 4. Week 4:** Pitch one local media outlet for an expert quote. Record your second video. Set up your monthly AI visibility check.

Run the audit. Follow the eight steps. Do the monthly check. This is the new game, and the physicians who move now will own the answer.



What Happens Next

This guide gives you the frameworks.
But frameworks without execution are just good intentions.

The physicians in our portfolio who see results are the ones who record their first five-minute video this week, not next month.

If you want a team that runs this playbook for you, keeps you HIPAA-compliant, builds your AI citation profile, and stays past day sixty, that is what we do.

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Growth advisory and brand strategy for physicians who want to be found, not just listed.

