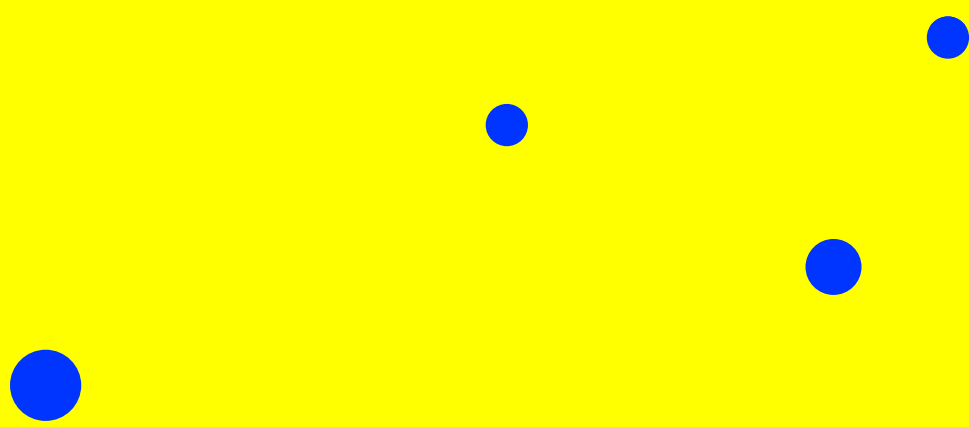


DANIEL GHINN



PEER IMPACT

FIELD GUIDE



*Understanding how influence
actually works in healthcare*

An introduction to the ideas in
PEER IMPACT

Something fundamental has changed in how healthcare professionals learn from one another.

The most visible voices are not always the most influential. The biggest follower counts don't reveal who peers genuinely trust. And the traditional signals of expertise, while still important, tell an increasingly incomplete story.

Influence in healthcare has not disappeared. It has been redistributed. Understanding where it now sits, and how it operates, requires a different lens.

This guide introduces the concept of *peer impact*: the observable effect a clinician has on how other clinicians think, discuss, and adapt their practice. It is the foundation for identifying and engaging with Digital Opinion Leaders in ways that respect how professional communities actually function.

WHAT IS PEER IMPACT?

Peer impact is not about how loudly someone speaks, how visible they are, or how many people follow them. It is about the effect they have on how other clinicians think.

That effect accumulates through:

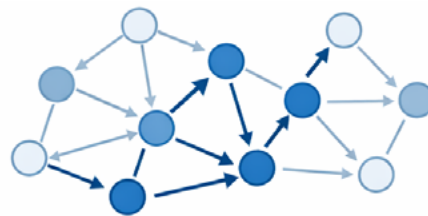
- Helping peers interpret evidence more clearly.
- Reducing uncertainty when guidance feels unclear.
- Reframing questions in ways that move discussion forward.
- Sharing experience that resonates with real-world practice.

Peer impact emerges gradually. It is visible not through prominence, but through how others respond: whose perspective gets referenced when uncertainty arises, whose contributions travel through networks, whose interpretations help peers make sense of complexity.

This is why *visibility* is such an unreliable signal. It captures activity, but not effect. It shows who is seen, but not who is shaping thinking.



Visibility
Broad Reach



Peer impact
Trusted Conversations

THE THREE SIGNALS MOST TEAMS MISS



When teams focus only on visibility, they miss the signals that reveal where peer impact actually sits. These three signals are harder to measure, but far more revealing.



SIGNAL I: WHO PEERS REFERENCE (NOT WHO POSTS MOST)

Peer impact shows up when clinicians reference one another by name, when ideas are repeated or built upon by others, or when a particular interpretation resurfaces across multiple conversations.

Look for: Whose perspectives get cited when peers explain their thinking? Who is tagged or mentioned when questions arise? Whose contributions become part of how others frame problems?

Why it matters: Being referenced signals trust. It shows whose thinking peers find useful enough to adopt, adapt, or recommend to others.



SIGNAL 2: WHAT QUESTIONS PERSIST (NOT WHAT'S LOUD)

Not all conversation is equal. Some topics generate noise but fade quickly. Others keep returning, evolving as peers grapple with them over time.

Persistent questions reveal where guidance feels unclear, where evidence meets real-world complexity, and where clinicians genuinely need help from one another.

Look for: What concerns come up repeatedly across different contexts? What topics continue to generate discussion even after information has been shared? Where does conversation deepen rather than move on?

Why it matters: Persistent questions show where peer impact forms. These are the areas where clinicians most value each other's experience and interpretation.



SIGNAL 3: WHERE TRUST FORMS (NOT WHERE EYEBALLS ARE)

Trust does not form in public view. It accumulates through consistency: who continues to contribute thoughtfully, who remains present as questions evolve, whose insights prove useful in practice.

Some of the most impactful clinicians are relatively quiet. They do not post frequently or generate large audiences. But when they do contribute, peers respond.

Look for: Who do peers return to when new uncertainty arises? Whose experience gets described as helpful? Who is present in conversations without dominating them?

Why it matters: Trust is the currency of peer impact. Without it, visibility is just noise.

THE LISTENING-FIRST APPROACH

Most teams begin with the wrong question. They ask: Who are the Digital Opinion Leaders we should engage?

A more revealing question is:

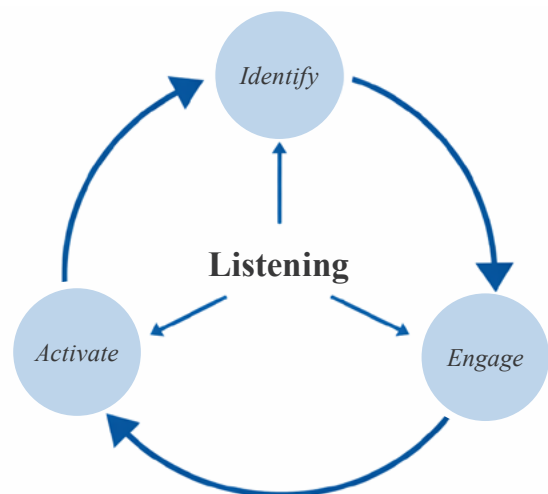
What matters to clinicians right now, and who is helping them make sense of it?

This shift is profound. When listening comes first, identification becomes an act of recognition rather than selection. You observe where peer impact is already forming, rather than assuming you know who matters based on traditional signals.

The Identify–Engage–Activate Cycle

Effective work with Digital Opinion Leaders follows a continuous cycle, grounded in listening:

- **Identify:** Recognise peer impact by observing how clinicians respond to one another over time. Notice who is referenced, what questions persist, and where trust forms.
- **Engage:** Align with what clinicians already care about. Support their work rather than directing it. Engagement succeeds when it feels collaborative, not transactional.
- **Activate:** Enable alignment to take effect. When understanding is clear and engagement is respectful, momentum emerges naturally. Activation is not orchestration; it is the result of doing the earlier work well.



Listening never stops. As conversations evolve, understanding must be renewed. The cycle continues, shaped by what matters now, not what mattered six months ago.

CASE IN POINT

One global pharmaceutical team began a project assuming they already knew who the key voices were in their therapeutic area. They had built their list using traditional indicators: publication history, speaking engagements, recognised expertise.

Before moving forward, they decided to validate the list against actual professional conversation in the specific indication they were focused on.

What they found was sobering. Many clinicians on their list were not participating in the relevant online discussion at all. Others were active, but not in that disease area. Almost none were being referenced by peers within the conversation that mattered most to the team's objectives.

The original list was not wrong; it simply answered a different question. It showed who was formally recognised, not who was shaping how peers thought about this specific clinical challenge.

Once the team shifted to listening first, a different group of contributors emerged. Not the most prominent voices, but the ones peers were actually turning to for interpretation, practical insight, and sense-making.

The revelation was not just discovering new people. It was recognising how incomplete their previous view had been.

FOUR QUESTIONS TO ASK BEFORE YOUR NEXT DOL PROJECT

Before beginning your next Digital Opinion Leader identification or engagement initiative, consider these questions:

Are we starting with listening, or with lists?

If your starting point is names rather than conversation themes, you are making assumptions before observing reality.

Are we measuring visibility, or observing peer response?

High activity and large followings tell you who is seen. They do not tell you who is shaping thinking.

Do we understand what clinicians actually care about right now?

Professional concerns evolve. What mattered six months ago may no longer be where uncertainty sits today.

Are we looking for who is loud, or who peers turn to?

The most impactful voices are not always the most prominent. Trust often accumulates quietly.

If you answered “no” to any of these questions, listening should be your first step, not your last.

NEXT STEPS

Read PEER IMPACT

This guide introduces the core principles. The book provides the full framework, real-world examples, and practical methodology for identifying and engaging with Digital Opinion Leaders in ways that respect professional communities.

[Available to order on Amazon.](#)



Explore DOL Finder

DOL Finder is the only platform built specifically to identify Digital Opinion Leaders through a listening-first methodology. It reveals peer impact at scale by analysing how healthcare professionals engage with one another, not just how visible they are.

Discover more at dofinder.com.

