



EM CASES SUMMARY

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Episode 46 – Social Media and Emergency Medicine Learning

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Historical Perspective and Definitions

Social Media in Emergency Medicine Learning: Social media, including podcast and blogs have exploded in the medical community over the past 5 years. Learning how to best navigate and use these tools is key to staying current in EM medical education and practice.

Social Media: Social media (SoMe) is the interactions among people virtually connected who are creating, sharing and exchanging information and ideas in virtual communities and networks. The seven building blocks of SoMe are: identity, conversations, sharing, presence, relationships, reputation and groups.

What is FOAM and FOAMED? Mike Cadogan & Chris Nickson of Life in the Fast Lane (LiTFL) blog define FOAM: "FOAM(ed) is 'free open-access med(ical ed)ucation'. As such, FOAM is a dynamic collection of resources and tools for lifelong learning in medicine, as well as community and an ethos." The learning is asynchronous, and freely accessible across all resource settings. This levels the 'playing field' and allows interactions between users at different skill levels.

Swarm Based Medicine: Involves crowd sourcing important medical questions through social media networks and venues which helps facilitate the generation and distribution of knowledge. An innovation or change in practice is communicated from members of the swarm.

FOAM and SoMe/Swarm based medicine makes the learning an active, open-sourced process. There is more rapid integration and propagation across social media networks to users, and from users back to the source and to each other.

Tacit Knowledge Sharing: Podcasts and blogs allow sharing *experiential* knowledge among experts who have clinical experience, and have pearls and pitfalls they want to share, with the SoMe community. The information is shared more directly, more personally and alongside first hand case experience. It also provides a venue for discussion of this experiential knowledge as it develops from anecdote to evidence, among the users of that knowledge at the point-of-care setting.

Knowledge Translation: Knowledge translation is transfer of evidence from the literature to practice. Social media and FOAM can accelerate knowledge translation by disseminating perspectives,

sparking discussions, and driving rapid practice change intelligently within the culture of medicine.

The Flipped Classroom: The flipped classroom turns didactic teaching inside out; learners review the lecture content independently via videos, podcasts or written material and then meet in the classroom to problem solve, dissect and discuss the material actively, in an engaging format, rather than passively.

Quality Assurance & Peer Review

What about the reliability and quality of SoMe and FOAMed?

The traditional peer review process (*pre-publication*) of literature happens slowly, offline, and is limited to the quality of the reviews and the timeliness of publication. In contrast, once material is posted to SoMe, the *post-publication* peer review process occurs instantly! Comments, feedback, and criticism provide real time user feedback, and dialogue often helps to clarify controversies and important subtleties about the information presented. In addition, the Academic Life in Emergency Medicine blog has incorporated expert peer reviewers for some of their blog posts.

Quality FOAM sources identify who they are, provide references for their claims and suggest how to incorporate the information presented into practice. Just like journals, each FOAMEd source has accountability and its authors strive to be accurate and accountable. Trustworthiness for blogs, postcasts and SoMe sources can also be measured by the quality of the users who ‘follow’ that person, as this is a surrogate for endorsement. Research is ongoing to assess quality indicators for blogs and podcasts as well as impact factors.

The Social Media Tools

How should we be using Twitter?

The short length of Twitter (140 characters) does limit the meaningfulness, depth of discussion, and richness of dialogue. However, it is quite *easy* to use, it is conducive with the short-attention span emergency medicine user, it provides quick links to key articles and FOAM sources from trusted followers, it forces users to focus and edit themselves succinctly, provides for real time interaction between speakers and audience with the rest of the medical community during conferences, and can be used to crowd source questions that practitioners might have about particular cases or controversies.

What about Google Hangout?

A Google Hangout is a video-conferencing tool that can also permit live video conference sharing. This allows the users to watch teaching, lectures, or interviews from those SoMe users who are making waves in Emergency Medicine. Google Hangout users can interact with the educators or interviewees, and it promotes global collaborations.

How does Google Glass fit into Medical Education? Our experts suggest that it is not yet clear yet what role this wearable technology will play in medical education and training. Because a portion of the eyewear broadcasts, it may become an interactive distance learning and recording tool once its current use limitations are overcome.

10 Tips for FOAM Beginners:

From iTeach EM blog (modified by Chris Nickson)

- 1) Be a Tweeter
- 2) Register as a FOAM user
- 3) Be identifiable (not anonymous)
- 4) Be professional
- 5) Be active (in discussions *and* criticism)
- 6) Be generous with sharing and engage generously with others
- 7) The more you put in, the more you get out
- 8) Use key well-endorsed resources to get started
- 9) Filter your sources to manage "information overload"
- 10) Be fun and keep it real!

The most important aspect to getting the most out of Social Media and FOAM is to start *actively engaging and contributing* because this will make it more rewarding and interesting,

Social Media & Career Development

Can SoMe effect your career development? Social media can powerfully enhance one's research impact and academic career development by enhancing your *reach*, building your *audience*, and developing your *voice*.

References:

- 1) Mallin, M et al. A survey of the current utilization of asynchronous education among emergency medicine residents in the United States. *Acad Med.* 2014 Apr;89(4):598-601. [Abstract](#)
- 2) Nickson, C and Cadogan, M. Free Open Access Medical education (FOAM) for the emergency physician. *Emergency Medicine Australasia.* 2014 26, 76-83. [Free PDF](#)
- 3) Panahi, S. et al. Potentials of Social Media for Tacit Knowledge Sharing Amongst Physicians: Preliminary Findings. 23rd Australasian Conference on Information Systems. 2012, Dec 3-5, Greelong. [Free PDF](#)
- 4) Putora, P and Oldenburg, J. Swarm-based medicine. *J Med Internet Res.* Sep 2013;15(9):e207 [Free Full Article](#)
- 5) Bik, H and Goldstein, M. An Introduction to Social Media for scientists. *PLOS Biology.*2013;11, 4, 1-8. [Free PDF](#)
- 6) <http://iteachem.net/2013/06/ten-tips-for-foam-beginners/>
- 7) Radecki, R et al. Global Emergency Medicine Journal Club: Socail Media Responses to the November 2013 Annals of Emergency Medicine Journal Club. *Ann Emerg Med.* 2014;63:490-494. [Free PDF](#)