

How to Utilize Blogs for Residency Education

Jay Khadpe, MD, FAAEM, FACEP

Nikita Joshi, MD

The Challenge

Blogs are the most commonly utilized social media tool, having outpaced wikis, Twitter, and Facebook.¹ Any residency program can utilize a blog to facilitate functions of residency training, including education, administration, and scholarly activities. However, technological barriers may prevent widespread adoption of this platform among graduate medical education programs. In this Rip Out, we guide readers through the basic considerations and steps to help them locate, and participate in, medical education blogs as well as to create their own blog.

What Is Known

Web-based tools are increasingly utilized in medical education based on their advantages in overcoming physical and geographical barriers, providing searchable content, and allowing for interactivity.¹ These media tools not only provide a venue for rapid dissemination of educational information, but also set the stage for the content creator and learner to easily interact.²

A blog is a website that supports informal and conversational dialogue on a variety of topics. Within a residency program, blogs as data exchange can fulfill many of the administrative requirements for a program, such as scheduling rotations, storing contact information, and providing up-to-date information on program events. Residents can post content on a blog for other residents to review, which provides a modern version of “morning report” or “morning rounds.” For asynchronous learning, posts from weekly conferences and other learning experiences can provide residents who were not present access to the material.

A blog can facilitate intraprogram collaboration and idea dissemination; residents share their experiences on rotations, discuss pertinent cases, and provide updates on their residency journeys. Faculty can monitor and respond using the blog’s comments section to further promote engagement, discussion, and peer-to-peer education. High-quality blogs can promote one’s program beyond a home institution and advance resident and faculty careers as an accepted form of scholarly activity.^{3,4}

How You Can Start TODAY

1. *Identify and follow existing medical education blogs.* The easiest way to identify blogs that target

Rip Out Action Items

Program directors should:

1. Identify high-quality blogs that meet your or your program’s educational needs.
2. Participate in blogs by commenting on posts and submitting your own posts.
3. Identify a gap or need and create your own medical education blog.

your educational needs is word of mouth from your peer group. Ask faculty and residents what blogs they read to get an initial list. Most blogs will list other related blogs on their site in a “blogroll” that further expands your selection options. Additional blogs can be identified using search engines such as www.googlefoam.com. To consolidate the content from multiple blogs into 1 place, select a few blogs to actively follow and subscribe to their rich site summary (RSS) feeds. RSS feeds allow for automatic syndication—a summary of new blog posts to subscribed users.

2. *Create a user profile for each blog.* A blog profile should include your name, title, institution, and links to your other social media accounts. Add a professional avatar to your blog profile to complete your professional online identity.
3. *Respond to posts in the comments section.* Blog participation enables you to interact with the author and other readers to improve topic understanding and create ongoing professional relationships. Making frequent comments is a great introduction to the use of blogs as an educational tool.
4. *Submit posts to a blog for publication.* Once you are comfortable with the basics of consuming content using blogs, it is time to become an author. Many blogs, such as www.aliem.com and www.emdocs.net, will solicit educational posts for their site, which creates an easy way to become a blog author and engage in online scholarship.

What You Can Do LONG TERM

1. *Start a blog, which can be a simple and inexpensive process even for a novice.* The initial considerations are to select (1) the blog platform of the software that is used to create and publish the blog; (2) the hosting service, which allows the blog to be accessible on the Internet and stores the site’s data on its servers; and (3) the domain name (eg, <http://icenetblog.com>).

DOI: <http://dx.doi.org/10.4300/JGME-D-16-00357.1>

royalcollege.ca) that uniquely identifies the blog site. Check with your local colleagues and institution to determine what domain name is already available, is supported, and meets your needs.

2. **Choose the blog design and layout.** Most platforms have available design templates or themes, or may allow access to third party sources that can be free or purchased.⁵ Plugins are customized features for a blog platform that add functions such as security, data backup, and Twitter integration. Well-chosen design, layout, and plugins should help, not hinder, the reader's ability to interact with the blog's content and help create an identity for the blog.
3. **Create content.** The next step is to create the actual blog content. Ensure that all content strictly adheres to Health Insurance Portability and Accountability Act principles. Consider obtaining and safely storing patient consent from any case report or image media posted. When deciding on a posting frequency, it is important to consider both the authors and the audience: too frequently may exhaust the reader and writers and too infrequently may cause readers to lose interest.⁶
4. **Disseminate content.** Finally, there are several methods for disseminating the content created for a blog such as RSS. Integrating other social media platforms like Twitter, Google+, or Facebook with a blog allows interested users to see new blog content on their timelines or news feeds.

Resources

1. Cheston CC, Flickinger TE, Chisolm MS. Social media use in medical education: a systematic review. *Acad Med.* 2013;88(6):893–901.
2. Mallin M, Schlein S, Doctor S, et al. A survey of the current utilization of asynchronous education among emergency medicine residents in the United States. *Acad Med.* 2014;89(4):598–601.
3. Gruzd A, Staves K, Wilk A. Tenure and promotion in the age of online social media. *Proceedings of the American Society for Information Science and Technology.* 2011;48(1):1–9.
4. Sherbino J, Arora VM, Van Melle E, et al. Criteria for social media-based scholarship in health professions education. *Postgrad Med J.* 2015;91(1080):551–555.
5. Sandars J. Twelve tips for using blogs and wikis in medical education. *Med Teach.* 2006;28(8):680–682.
6. Saichaie K, Benson J, Kumar AB. How we created a targeted teaching tool using blog architecture for anesthesia and critical care education—the A/e anesthesia exchange blog. *Med Teach.* 2014;36(8):675–679.



Jay Khadpe, MD, FAAEM, FACEP, is Assistant Residency Director and Assistant Professor of Emergency Medicine, College of Medicine, University of Florida; and **Nikita Joshi, MD**, is Clinical Instructor, Department of Emergency Medicine, Stanford University School of Medicine.

Corresponding author: Jay Khadpe, MD, FAAEM, FACEP, University of Florida Health Jacksonville, Department of Emergency Medicine, 655 West 8th Street, Jacksonville, FL 32209, 904.244.3817, jkhadpe@gmail.com