### Summary: Social Media In Urological Teaching and Training: A New Era Or Passing Fad?

Social Media are online tools that allow for user contribution. There is little doubt that social media is developing an ever increasing role in Urological teaching and training. Social Media allows for the Urological community to interact from all over the world. There are several examples of its successful use in this regard. Along with examples of how it is enhancing teaching and training. It is important to realise that there are some dangers to using social media as a medical professional but organisations such as BAUS are attempting to address these to encourage safe participation. Today's medical students already rely heavily on social media in their own education. This isn't something that will change with progression through a career in medicine. Using Social Media in urological teaching and training is not a fad it is the natural progression of education as a younger generation become involved in urology.





# SoMe in Urol teaching and training. Fad or New Era? #BAUSessay #medstudcomp







#### Introduction

Love it, hate it or just don't understand it. Social Media (SoMe) has become a huge part of everyday life. It allows for creation of online communities within which individuals can share and discuss information in real time. It is the natural evolution of an internet that historically allowed only for the consumption of online content without platform for contribution. This change was driven by sites such as Facebook, Twitter and YouTube. They have combined to create platforms that facilitate online engagement.1

#### **Urological and Social Media**

It seems like an exciting time to be a urologist on SoMe. At least, that's the impression one gets whilst browsing Twitter these days. Urologists from all over the world are using it as an interactive platform for learning, teaching, networking and banter. It even seems like they might be having fun.

Twitter was plastered in tweets referring to the EAU conference in Madrid over the last week. The important lectures and slides reached a far greater audience thanks to SoMe than they ever would before. This isn't unique to #EAU15 but has been a trend spotted over the last few years at the major urological conferences. This trend, of course, pointing steeply upwards. <sup>2,3</sup> Putting this in to context demonstrates the power of social media. EAU15 had over 8 million impressions on Twitter. One tweet from an account will reach many twitter

feeds. An impression is the amount of times tweets containing the same hashtag appear on twitter.<sup>4</sup> This is something that will increase with each passing year<sup>5</sup>.

Escaping the clutches of SoMe in today's society is difficult. It's almost everywhere you look. Two thirds of urologists have active SoMe accounts. So it was always going to be a matter of time before they found each other online and started talking shop.

Whether we are in the midst of a social media revolution or not remains to be seen but it is hard to deny that there is big support for the use of SoMe in Urology. It didn't take long for the big urology journals to recognise that there is a real potential here. They appointed social media editors<sup>7,8</sup> and even created an awards ceremony honouring those who have helped developed it.<sup>9</sup> Their Twitter feeds and Facebook pages are full of great urological content stimulating discussion.

Social media in urology is beginning to gather momentum. More and more people are getting involved. However, most of the respected figures in urology are Generation X and therefore weren't born with their fingers glued to a keyboard. SoMe isn't something that they have grown up with. It was learned and taught later on in life. For many SoMe is something new and shiny. Could this potentially be a novelty that will wear off? Or is the Urological hashtag here to stay?

Born during the 1960's and 1970's. Grew up as technology was
developed. <sup>10</sup>
Born during the 1980's and early 1990's. This generation has had
constant access to technology. <sup>10</sup>

#### **Teaching using Social Media**

For a medical student, social media and teaching seem to go hand in hand. Every lecture is posted online to review at leisure. There is an abundance of medically related material available through SoMe. This includes YouTube videos<sup>11</sup> and Facebook pages full of practice exam questions<sup>12</sup>. Medical students already have a well-established professional life online.

Since day one of medical school, extra-curricular academic sessions have always been advertised and announced via Facebook or Twitter. Year groups share online resources through the same media. Wikipedia has saved many a student with a sneaky Google on the ward round whilst the consultant's back is turned! SoMe is a huge part of medical education for students today and has been for several years.

Medicine is a career that prides itself on producing lifelong learners. Staying up to date is essential. It can also be a chore and eat up precious time<sup>13</sup>. Thanks to SoMe, topics of interest are shared online. Following the right people online ensures this content will appear automatically in your SoMe account.<sup>14</sup>

The real beauty here is that there is no limit to how specialised or niche that this goes. If there are enough people worldwide who have an interest in that particular area then there is scope for its representation on SoMe. This is regardless of whether you are a first year medical student or a world expert in your field.

As content stays online forever it can sometimes be difficult to ensure that information is current and up to date. When using textbooks it is fairly obvious when it was published and how likely it is to be relevant. For the inexperienced student or clinician it may not be apparently obvious that the information they have stumbled across is well past its sell by date. This is where guidance through SoMe is invaluable in accessing relevant content.

Imagination is the limiting step for education on social media. Every now and then an idea will spring to mind that takes off and develops an exciting new method of teaching. The somewhat accidental formation of an international urology journal club was an interesting

example. Every month for 48 hours a topical paper is dissected and discussed by those who are interested. Everyone and anyone is invited to partake and there are contributors from all over the world<sup>15</sup>. Lead authors have become involved whilst their papers are being reviewed. There aren't many opportunities to be able to interact with the main contributors. SoMe is unique in its ability to offer such easy lines of communication. <sup>16</sup>It is hard to imagine another way in which trainees can interact with experts in their respective fields so easily. Some have found this to be invaluable and it is unique to SoMe. <sup>17</sup>

Sharing information with other medics shouldn't be the sole purpose for SoMe. Patient education is just as important. As urology is now using SoMe it has a responsibility to ensure that patients are receiving appropriate and correct advice.

"Don't get a PSA test unless there is a strong family history of prostate cancer. The high false positive rate could lead to unnecessary procedures." Tweeted by a Cardiologist

This Tweet was on The Today Show:<sup>18</sup>

A cardiologist tweeted controversial advice about PSA testing to an audience of thousands. Thankfully a urologist saw this and immediately tried to set the record straight. <sup>19</sup>Frustratingly, instead of allowing a great teaching opportunity for their followers, The Today Show deleted the original tweet instead of publishing the comments. This discussion could have been educational and its deletion ensured this opportunity was lost. Educating patients on social media should not just be limited to the correction of others but needs to include proactive interaction as well.

To prevent the use of SoMe in urology becoming a fad it has to remain useful. There has to be a point to it. A good way of ensuring its continuing relevance is to use it in health

promotion. This may not be appropriate as an individual but should become an important role for BAUS (British Association of Urological Surgeons) in the future.

#### Barriers to social media

There is a flip side to the coin. There are dangers of using social media as a doctor. These present barriers to the use of SoMe and are a potential reason to place its continuing success in doubt.

## Dangers of Social Media 20, 21

Confidentiality	Cannot guarantee confidentiality even with privacy
	settings.
Personal Information	Personal information may be readily accessible online
Permanent	Once something is posted it is impossible to guarantee its removal.
Social and Professional	Potential avenue for inappropriate contact with patients.
Boundaries	

The GMC<sup>20</sup> and BJUl<sup>22</sup> have produced guidelines, advice and provide support. This and the educational SoMe teaching sessions arranged by BAUS and the EAU will encourage participation for professional benefit whilst aiming to maintain online safety.<sup>23</sup>

Comfort and familiarity with SoMe platforms will only increase as a younger generation progress in urology. The above dangers are drilled in from day one of medical. With this increasing comfort more people will become involved and make the most out of the fantastic opportunities that SoMe has to offer.

#### Conclusion

SoMe is exciting people at the moment in urology. If it continues to stimulate and educate, then there is every indication that SoMe will continue to be used for teaching and training. It may not be everyone's preferred way of learning at the moment. It isn't a replacement for face to face teaching but is a complimentary and interactive tool. It will continue to evolve and develop, whilst running in parallel, and enhance conventional medical education.

Medical Students and junior doctors have grown up with SoMe. Facebook and Twitter accounts are checked on the bus, in the lunch queue and even on the toilet. This will not change in the near future. The future of urology will at some point lie in this cohort. It is already a huge part of medical education. It will continue to be a huge part of education going in to speciality training and beyond. This is not a fad. This is the natural evolution of teaching and learning as Generation X is gradually being replaced by Generation Y.

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