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Use Online Resources in Emergency Medicine with Five Strategies

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ABSTRACT

As the quantity of clinically focused papers continues to rise, keeping up with the literature can seem like an impossible effort for students of all levels in the health professions. [1,2] Thankfully, there has been a veritable explosion in the number of secondary internet resources that make an effort to sift through the growing body of medical literature and provide information in a way that is most suited for adult learners. These materials have been labelled "free open access medical education," sometimes known as free open access medication, particularly in emergency medicine (FOAM). [3] Despite the fact that the number of these instructional resources has skyrocketed, [4] they are barely acknowledged by the academic community. [18, 19] This might prevent academic physicians from participating and hold back the field's development. It is necessary to take action to recognise these types of intellectual expression on an equal footing with similar dissemination strategies including national talks, review publications, and textbook chapters. In the end, a podcast is just a recorded lecture that is accessible to a much larger audience. It will be necessary to develop reporting standards for impact if these efforts are to be recognised as scholarly endeavours.

Keywords: Garner, clinicians, proliferation, innovators, microblogging.

INTRODUCTION

As the quantity of clinically focused papers continues to rise, keeping up with the literature can seem like an impossible effort for students of all levels in the health professions. [1,2] Fortunately, there has been a virtual boom in the number of secondary internet resources that make an effort to sift through the growing body of medical literature and provide it in a way that is most suited for adult learners. These materials have been labelled "free open access medical education," sometimes known as free open access meducation, particularly in emergency medicine (FOAM). 3 The FOAM movement has played a significant role in the rise of blogs and podcasts published online by working doctors. [3,4] Unintentionally, this has led to learners having to deal with a library of primary literature and secondary web materials that is always growing.

Learners must filter and select from a wide range of resources in order to utilise this stream of knowledge effectively. To handle and organise this otherwise enormous amount of information, simple digital solutions can be used. This article provides a list of five digital

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solutions-based ways to assist students and practising doctors in keeping up with both foundational and cutting-edge research.

STRATEGY 1: USE A REALLY SIMPLE SYNDICATION READER

It might be time-consuming and overwhelming to follow FOAM by going to individual Web sites. Rich Site Summaries, commonly referred to as Really Simple Syndication (RSS) feeds, enable the direct export of the most recent content from a list of Web sites to a customised reader. Content is automatically synced when it is published and presented in a readable magazine format, saving users from having to visit each site to check for updates. However, the adaptability of an RSS reader also have its drawbacks. When users add the right amount of content, this method is effective. New users, on the other hand, could find it challenging to find quality content, and seasoned users might add so much over time that they are unable to keep up with the reading list. Consider asking dependable co-workers for recommendations or an exported list of the websites they frequent when you're a new user. They can also check out the list of suggested blogs or podcasts that their favourite blogs or podcasts subscribe to, which is frequently shown on the homepage and is commonly referred to as a "blog roll."

STRATEGY 2: USE A PODCAST APPLICATION

Downloading, formatting, and organizing podcasts can be time consuming and overwhelming. Podcast applications are to podcasts as RSS readers are to blogs. In both cases, the user specifies the content, and the software automatically acquires and queues the content for consumption. Podcast applications notify users when new podcasts have been released, download them, and play them. There is a variety of free and inexpensive podcast applications available for all models of smartphones. As with RSS readers, users must specify which podcasts they want to download, leading to the same potential problems. Again, a good place to start is to ask for recommendations from a trusted colleague, as well as recommended sites on blog rolls.

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STRATEGY 3: USE COMPILATIONS TO FIND QUALITY RESOURCES

The difficulty of identifying good resources has long been recognized. Several innovators have developed unique solutions to help collate and curate content:

- The top FOAM is described in the Life in the Fast Lane Review [5]. Stuff released every week. It is authored by a global author. a group of authors who recognises top sources in 5 areas (critical care, paediatric emergency, emergency medicine) medical education, medication, and toxicology).
- A blog called FOAM EM merely reposts articles from the majority of the most well-liked FOAM blogs and podcasts. The content that has been compiled has a link to the source website.
- Faculty recommendations are highly valued by people when using online resources, according to a recent survey of Canadian citizens. [6] It might be beneficial for residency programmes to establish internal, faculty-reviewed lists of resources.

STRATEGY 4: USE SOCIAL NETWORKS TO CONNECT WITH CONTENT PRODUCERS AND PEERS

With one-way media (such as textbooks, e-books, and podcasts), some students may feel cut off from the people who created the resources. By dismantling conventional boundaries, social networks have changed the exchange of educational content between creators and consumers. On websites like Twitter, Google, and Facebook, authors, presenters, inventors, and thought leaders are easily accessible.

Twitter is a microblogging site where users can send and receive 140-character-long nuggets of wisdom and links to recommended material. It is used by the majority of blog and podcast content creators to promote, distribute, and talk about their work. By sharing lessons learnt, Twitter is also utilised to increase the reach of conferences [7] and local academic teaching sessions. [8] The hashtag #FOAMed makes it simple to find recent tweets concerning FOAM resources. Twitter is being used by some organisations and groups to host journal clubs that use microblogging to discuss literature. [9]

Because there are no space restrictions on Google, comprehensive talks are better suited to it. You can follow online content creators on Twitter, and some independent Web sites have

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Google+ companion profiles. Google also enables users to create communities to promote discourse on specialised topics like critical care. [10]

There are "like" buttons on the Facebook pages of many of the bigger blogs and podcasts. Facebook is a well-known social media network for both personal and professional purposes, despite the fact that it is harder to interact with content creators or have in-depth discussions there than on Twitter and Google.

The informal feed of online information can also be employed on social media platforms. Users can find out what new podcasts or blog entries are available and which ones get the most debate by following specific members of the FOAM community. This social media-based curating technique, in contrast to RSS reader curation, trades comprehensiveness for diversity and lets the user pick and choose from content that has been tacitly recommended by multiple people.

STRATEGY 5: USE CUSTOM SEARCH ENGINES TO FIND RESOURCES WHEN THEY ARE NEEDED

It can be difficult to locate specific materials fast when needed. A Google custom search engine called FOAMSearch11 (formerly Google FOAM) solely looks up websites that are pertinent to emergency medicine and critical care practitioners. Finding specific, beneficial materials is made simpler by concentrating on both respected FOAM resources and medical journals (such as blogs, podcasts, decision support Web sites, and medical calculators).

FUTURE DIRECTIONS

Online instructional materials are quickly becoming a part of medical education, especially in emergency care. In actuality, the Accreditation Council for Graduate Medical Education Residency Review Committee now allows residency schools to substitute "individualised interactive education" [12] that may include digital resources for up to 20% of didactic lectures.

But there is still a lot of space for improvement in terms of standards, responsible usage, curation, and academic standing. Online content's absence of peer review or other systems to assure accuracy makes quality a constant worry. Verifying reliability is still difficult despite the abundance of examples of excellent online information and the achievements of peer

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review in FOAM [13]. Peer review for online educational resources is being adapted and implemented more frequently now [13,14], and quality indicators may be created in the future to help with this evaluation. However, internet content needs to be taken into account and critically evaluated, just like other secondary scholarly resources. [15]

Curation is still a difficult task despite the techniques covered in this essay. Their value will be increased by creating archival systems for various categories of digital content and improving specialised search engines. The Social Media Index [16] is a tool that aims to quantify the impact of these resources in a manner similar to journal impact factors for scientific journals. It ranks the most popular emergency medicine and critical care resources based on objective metrics of distribution, such as Web site traffic, and, with more testing, may function as a useful resource directory. A search engine called iClickEM is currently in beta testing. iClickEM employs specialised algorithms to search the entire Internet and return the best resources for emergency physicians, as opposed to utilising a Google search engine to look up specific online resources (like FOAMSearch). Physicians may also find what they're looking for with the aid of natural language search [17] (search that employs genuinely spoken language or questions rather than key phrases), particularly when combined with a search engine that can use medical terminology and physician-specific algorithms.

Finally, despite the fact that there has been a huge increase in the availability of these instructional resources, [4] they have received very little scholarly attention. [18,19] This might prevent academic physicians from participating and hold back the field's development. It is necessary to take action to recognise these types of intellectual expression on an equal footing with similar dissemination strategies including national talks, review publications, and textbook chapters. In the end, a podcast is just a recorded lecture that is accessible to a much larger audience. It will be necessary to develop reporting standards for impact if these efforts are to be recognised as scholarly endeavours.

CONCLUSION

The field of medical online learning tools is expanding significantly. Learners may now handle the onslaught of information with the help of tools like RSS readers, podcast applications, curated listings of recent blog or podcast content, social networks, and unique

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search engines. These tools should be adopted by educators and students in order to personalise their online medical education and personal learning networks.

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