Medical podcasts going viral

Who would have thought it possible? A podcast on gallstones or appendicitis essentially going viral? Or at least what passes for going viral in the sequestered little world otherwise known as undergraduate medical education.

Yet, a podcast produced at the faculty of medicine at the University of Alberta in Edmonton appears to be doing just that.

Already, the more than 50 episodes of “Surgery 101” that have been produced have been downloaded by students and others in 116 countries. “It took us about 16 months to get our first 100 000 downloads and that was in February. And we’re about to get our second 100 000 downloads and that’s between February and June,” says developer Dr. Jonathan White, director of surgical education at the University of Alberta.

As of late August, there were 58 episodes of Surgery 101, each of which offers a 10–20 minute address on a specific topic such as “evidence-based medicine and its use in surgery … damage control surgery … (and) orthopedic emergencies.”

The episodes can be directly downloaded from http://surgery101.libsyn.com/ or are available for free on iTunes (http://itunes.apple.com/ca/podcast/surgery-101/id293184847). A new one is posted each Friday.

So popular is the podcast becoming that Spanish translations may be in the offing, White says, as an old colleague now working in Mexico has expressed an interest in translating the episodes into Spanish for use by people in Central and South America.

It’s a trend that White would like to see expanded. “I’d like to see more initiatives like that of people making their own materials.”

That would include patients and students themselves, White adds, noting that he’s recently been approached by representatives of both groups inquiring as to whether they might produce new episodes from their perspective.

Patients’ perspectives would be invaluable as their views are often overlooked, White says. “I think medical students sometimes get lost in the medical side of things and it’s all about diseases and all that kind of stuff, and it’d be nice to hear from an actual patient who’s having the surgery we’re talking about or dealing with the disease we’re talking about.”

That the podcast is freely available is only appropriate, White says. “We’re here in North America. We’re in a very privileged position and we have all this expertise. I think we should give it away to people who actually need it so that’s a way that our experts can actually contribute to the well-being of someone in Africa or South America. We’ve got our local surgeons here talking to people all across the world.”

It all started in 2008 with the notion of a developing an electronic learning resource that would give students basic information on different surgical topics. White says he was long interested in using technologies as pedagogical tools. “It’s a way to spread your wings and do something different as an educator.”
The first episode, which was entitled “What is Surgery 101?” was produced in conjunction with general surgeon Dr. Parveen Boora, then a fourth-year resident who wanted to help develop the podcast as part of his research elective.

Boora was immediately attracted to the idea when White mentioned it as a bullet point in a presentation on surgical education. Under supervision, Boora recorded and edited episodes 2-10. The first was narrated by White.

“It was a project sort of intended for consumption by our med students and stuff, but we just thought we’d stick it out there for free, so it’s pretty gratifying that other people find it useful,” Boora says.

The first 10 episodes were put online in the fall of 2008 and the project put on hold for a year. But it was resurrected when international interest began soaring. “We started getting emails from people we had never heard of before,” White says. “People were asking when we were going to make more.”

White re-initiated the project, producing some episodes on his own and calling on colleagues at the university and at Edmonton’s Royal Alexandra Hospital to address such topics as coronary artery bypass grafting and liver transplantation.

Now there’s a three-month wait for people willing to help record an episode and actually getting it online.

Many of the episodes deliberately use humour to engage viewers, White says. In episode 14 on problems with the prostate, for example, he advises listeners to first use the bathroom because the entire session is punctuated “with sounds of a toilet flushing or with water dripping.”

Such unusual sound effects are often used as transition cues from one topic to another within an episode, says Todd Penney, a third-year medical student at the University of Alberta. “I think they’re a great tool to use to study for exams and to get a general knowledge base of each of the different types of problems that can present to a general surgeon, and how they can deal with them.”

The “personality” within a podcast certainly makes it a more enjoyable and effective pedagogical tool than a textbook, says Erik Beuker, a general surgery resident in Edmonton, Alta. Sometimes the speaker has “little personal anecdotes to add that you wouldn’t really find in a textbook, or even some humour … or a strategy to help you remember something or focus on what’s sort of the essential information,” he says. — Erin Walkinshaw, Ottawa, Ont.