Rob Rogers on Technology's Potential for Promotion in Academic Emergency Medicine

Ali Farzad, MD
Immediate Past Chair, AAEM/RSA Publications Committee
Cardiovascular Emergencies Fellow
Department of Emergency Medicine, University of Maryland School of Medicine
Linda J. Kesselring, MS ELS
Copyeditor

Rob Rodgers, MD

In previous articles, we explored the advancing role of technology in emergency medicine (EM) education and training by interviewing emergency physicians who are leaders in the field. We started with Dr. Mel Herbert (@MelHerbert), who suggested that the more traditional methods of learning and teaching are redundant, ineffective, and downright archaic. Later, Dr. Amal Mattu (@amalmattu) explained how technology can be a double-edged sword and stressed caution in how it is used, but also suggested several ways it can be used to increase efficiency. Next, Dr. Scott Weingart (@emcrit) gave us several tips on how to take control of our online identity and master social media for educational benefit. Most recently, Dr. Haney Mallemat (@criticalcarenow) described what he thinks the future of EM education will look like and, for those new to #FOAMed, listed resources that would forever change the way they access information and learn. Over the short course of time that I have been writing these articles, there has been a drastic evolution — if not a revolution — in how we create, consume, and disseminate medical information.

Through the efforts of educators like these, a widespread movement has begun to modernize medical education through unconventional methods. The concepts of asynchronous learning and the flipped classroom have come to the forefront and appear to be the future of medical education. Fortunately, emergency medicine is leading the pack. But are the virtues of technology in EM education limited by its shortcomings?

Traditionalists claim that the lack of a rigorous peer-review process and an established curriculum limit the quality and reliability of information contained in blogs and modern media. FOAMites would argue that traditional peer-review is itself fatally flawed, and that information in a digital format is more easily updated and subject to the healthy skepticism that promotes objectivity. Regardless of where you stand on these issues, both sides can agree that the educational climate is changing. Even the traditional process of promotion and tenure is being rattled, as department chairs note the influence of these newer teaching methods. The meaning of scholarship in academic medicine is still loosely defined. Will contributions to EM education through non-traditional methods contribute to academic promotion and advancement? Will the powers that be recognize the potential of these new educational methods, or will they be reluctant to buy in? To answer these questions, I sat down with one of my mentors, who influenced me to learn more about all of this.

Dr. Rogers (@EM_educator) is a seasoned EM educator who has lots of experience with both traditional and modern teaching methods. As an EM/IM physician and faculty member at the University of Maryland School of Medicine, Dr. Rogers has published several books on education, lectured internationally, earned several teaching awards, and designed faculty development courses all over the world. He is a co-creator of the iTeachEM blog, where he works with #FOAMed pioneers Drs. Mike Cadogan (@sandnsurf) and Chris Nickson (@precordialthump) to deliver the latest on medical education to the rest of us. He is a respected clinician and master educator and has a unique perspective on this topic. Now, let's find out why he thinks the world of academic emergency medicine and #FOAMed are bound to collide.

AF: How have technology and #FOAMed in EM education affected and influenced your career?

RR: FOAMed has literally exploded in recent years. It seems like everyone is talking about it, and it keeps spreading around the globe like a brush fire. The real question is, how did I get to FOAMed in the first place? The answer to that question is simple: Twitter. Essentially, it all started on Twitter. I joined Twitter several years ago, thinking it was a cute way to communicate with friends and colleagues. After using it for a few years, I discovered that it was actually helping me in my career. I am now convinced that Twitter is a very useful faculty development tool and one that can propel your career forward.

Here is just a partial list of what Twitter has done for me and how it might benefit your career:

1. Twitter is a powerful social media tool. I have met tons of people on Twitter, which has led to invitations to speak, write, and collaborate. Big opportunities can come your way if you stay engaged. It's pretty amazing. I am convinced that some opportunities might not have been offered to me had it not been for social media.

2. You can find out about new books (not boring textbooks), articles, and websites long before you would ever stumble upon them yourself. Many of the excellent books I have been reading this year were mentioned by people on Twitter. In this way, Twitter keeps you current and wondering what other fantastic reads are out there.

3. Another very cool thing about Twitter is that you can use it to help and mentor others and thus contribute to their development and success. In the United States, this is an important tool in faculty development. And it's a lot of fun. Help others, and they will help you. A win-win.

Continued on next page

4. When I was a kid, whenever I asked my parents a question they would invariably say, "Go look it up in the encyclopedia." Probably because they didn't know the answer! I have found that if I have a question about any topic, I can ask it to the cyber collective and get a really useful answer. In a sense, Twitter becomes a Wikipedia of sorts. Maybe we can call it "Twitterpedia." Yes, I just coined that. Like it?

5. You can stay up to date with the current literature. People are always posting new articles, having stimulating discussions, and referencing new and interesting data. It's much more fun than relying on journals all the time — and more stimulating!

6. You can brand yourself, which will lead to great things. Develop a logo that centers around your area of interest. Mine is medical education. You will one day realize that you are in a valuable network of people with similar interests, and this will propel your career forward.

Twitter, for me, is intricately linked with FOAMed. I think they are inseparable. Do you need to have a Twitter account to learn from and teach about FOAMed resources? No. But belonging to the Twitter community allows you to be constantly up to date. In addition, staying engaged leads to increased creativity and the development of innovative ideas. That's the fun part.

I could go on and on, but these are few of the most important benefits.

In order for Twitter to help you, you have to be actively engaged and involved. You can't sit back and watch tweets. Jump in and get started!

The FOAMed movement has been fascinating to watch. I am friends with the Australian emergency physician who coined the phrase, and it's interesting to note how much the FOAMed movement has taken off. I think people in medical education, particularly emergency medicine, were waiting for something to push teaching and learning into a new realm. And I think FOAMed has done just that. It's taught us that books are outdated and that we need to continue to push medical education and what we teach our learners.

AF: How are you incorporating this technology to educate your students and residents?

RR: Technology is an important part of educating students and residents, but it is often overemphasized. Medical technology has blossomed over the past several years, but I think some people have forgotten what an effective teacher is supposed to be doing. In my opinion, the effective educator and mentor has a duty to inspire the life-long desire to learn. Any tool that an educator can use to do this is a welcome addition to the teaching armamentarium. It turns out that newer medical education technologies are actually a valuable tool to "turn on" learners and inspire them to greatness. In this sense, I am all for using the technology to teach. The mistake, I think, is to use technology just because it is there. Technology has to be used with a clear plan in mind, not just because "it's cool." This won't stimulate learners like many people think it will.

I use a lot of medical education technology like websites, FOAMed resources, and podcasts, to inspire learners and lead them down the initial path to life-long learning. An educator's job is to teach and inspire.

AF: Do you think these newer and less traditional teaching methods have value to academic departments? How do blogs and tweets compare with lectures and journal articles?

RR: In traditional academia, you have to publish to advance. "Publish or perish" was the old adage. I don't think that's still true in most places, but there is still heavy emphasis on publishing in journals. Tweeting and blog posting won't get you promoted in most places. What social media can do is set you up to be in a situation where you can easily collaborate with others to perform the more traditional activities that lead to promotion. Currently, Twitter and other tools will position you to get more and more involved in academic activities and stay engaged. I suspect that in the future there will be more (that is, some) credit for these incredibly valuable tools.

One issue I have encountered is trying to get faculty to believe that getting involved in social media such as Twitter, will do anything positive for their careers. In recent years, a lot of really good things have happened in my career, and a lot of them can be traced to interactions and friendships developed on Twitter. No joke. From being invited to write papers to invitations to speak, social media can propel your career to a level that will blow you away. Trust me. It is one of the best faculty development tools we have today.

AF: What advice do you have for senior residents/junior faculty who are pursuing careers in academic medicine?

RR: Get involved in Twitter and social media and start collaborating early. I promise that engaging in this process will lead to great things. If you aren't convinced, talk to others who have used these tools to help their careers. But you can't just join Twitter and expect to be promoted. You have to engage, send tweets, and join the conversation with like-minded individuals.

Continued on next page

AF: Tell our readers about your blog/podcasts so they know where they can learn more about getting involved.
RR: I currently run the iTeachEM blog and podcast with a buddy of mine, Chris Nickson. Chris is a brilliant EM/CC doc in Australia who is heavy into education. He works with Mike Cadogan and others to run Life in the Fast Lane.

The iTeachEM blog and podcast (www.iTeachEM.net) are all about medical education in emergency medicine and critical care. The theme of this newer podcast is the same as for my former podcast, EMRAP Educators Edition, which was sponsored by Mel Herbert. I also have a medical education video series on YouTube that covers topics in medical education (http://mededumem.tumblr.com/).

AF: Are you optimistic about the direction the field is taking? What do you think EM education will look like in the future?
RR: My first prediction is that medical education will continue to grow and that the FOAMed movement may very well take over the world. Well, that's a bit dramatic, but I do think it will take over at least part of the world. FOAMed is huge, and it is already being incorporated into many EM residencies in the United States.

My other prediction is that people will finally realize that many great things can be achieved by joining the social media movement. Folks have been a little reluctant so far, mainly because they think Twitter is used for posting what you are doing during the day.

Note: I would appreciate your comments and suggestions for future articles about technology and emergency medicine. Please contact me at alifarzadmd@gmail.com. You can also follow me on Twitter @ alifarzadmd. ■

Networking

Leslie Zun, MD MBA FAAEM
AAEM Board of Directors

The AAEM board of directors moved aggressively about a year ago to increase AAEM's interactions with other organizations. The goal of these liaison activities is to make AAEM the "go to" organization in emergency medicine. In order to accomplish this goal, the board first developed a list of organizations to contact. The list varied from nursing and U.S. physician organizations to international ones. Since I took the lead on this task, I thought that it was important to communicate the status of these activities.

A number of organizations were contacted to determine their interest in working with AAEM in some fashion. For some organizations this meant an enhancement in their current relationship with AAEM, for others it was a new outreach. Specific liaison activities varied depending on the needs of both organizations and ranged from joint membership recruitment to discounted conference fees, mutual promotion of conferences, shared speakers for conference tracks, presentations to boards of directors, and input into clinical policies, procedures, and protocols.

Responses from the organizations we approached varied. Some were enthusiastic, some ignored our invitation. For some of these organizations it was the start of new relationship and for others it strengthened an existing relationship. We were warmly received by our colleagues from Canada (CAEP), physician assistants from the Society for Emergency Medicine Physician Assistants, the American College of Physician Executives, and nurse practitioners from the American Association of Nurse Practitioners. We continue to work on improving our relationships with osteopathic emergency physicians (ACOEP), the osteopathic emergency medicine boarding organization (AOBEM), the Emergency Nurses Association, the Association of Academic Chairs of Emergency Medicine, the American College of Healthcare Executives, the American Hospital Association, the Emergency Medicine Patient Safety Foundation, the National Medical Association, the American Association for Emergency Psychiatry, the National Association of EMS Physicians, SAEM, and ABEM. A few organizations have so far shut us out completely. For example, the Academy of Administrators in Academic Emergency Medicine has not responded to any of our gestures.

These outreach activities have increased our visibility and increased awareness of AAEM. This is one means of letting organizations know who we are and what sets AAEM apart from other emergency medicine organizations. In addition, joint ventures with some of these groups and discounted fees for AAEM members from others increase the value of your Academy membership.

On the horizon, we plan not only to continue to strengthen our current relationships and pursue new ones, but to keep working on the organizations that have been recalcitrant. Enhancing our network of relationships improves our already enviable position in the house of medicine. If you have any personal contacts or relationships with organizations that could be important to AAEM, or suggestions about other organizations, please contact me zunl@sinai.org. ■