Using Social Media to Increase Accessibility to Online Teaching Resources.

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Using Social Media to Increase Accessibility to Online Teaching Resources
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Abstract
The key learning points of Surgical Grand Rounds (SGR) are often not accessible at times of exam revision for students. We sought to use Twitter as an online teaching repository. A SGR Twitter profile was created. 23 SGR presentations were made accessible on Twitter over a 3 month period. 93 students were invited to complete a questionnaire assessing usage of the repository. 84 (90%) in total responded, of these, 25 (80.6%) felt that the online provision of SGR through twitter was “useful”. The majority (71%) felt that the online content was easily accessible. The novel use of social media is a useful adjunctive educational tool in accessing an online repository of SGR presentations.

Introduction
Surgical Grand Rounds (SGR) have traditionally been a keystone of clinical medical teaching. Despite the educational potential of SGR, often the material presented is not routinely stored. Presentations are often transiently available and not accessible for medical students at key times of revision for examinations. Previous studies have demonstrated the efficacy of novel web-based technology such as Facebook, YouTube and Twitter as educational tools. Twitter is an online social media service that enables users to send and read “tweets”, a message of 140 characters, and is accessible across a range of platforms including laptops, smartphones and tablets. In this study we sought to describe the usage of Twitter to allow a readily accessible, searchable online repository of SGR presentations for final year medical students.

Methods
The Twitter profile @surggrandrounds was created. Presenters at SGR were asked to email presentations in Microsoft PowerPoint format to a central Royal College of Surgeons in Ireland email address. Presentations were edited to remove any images or text which might compromise the anonymity of the cases being presented. The PowerPoint files were then saved in portable document format (PDF). The website www.SurgInfection.com is one maintained by the authors for the purposes of postgraduate surgical education. A standard network protocol, File Transfer Protocol (FTP), was used to transfer the SGR PDF presentations to the www.SurgInfection.com server. A link to each presentation with a short description was posted as a ‘tweet’ on the @surggrandrounds Twitter profile. The creation of @surggrandrounds Twitter profile was announced at the commencement of the academic year for the final year medical students attending the Royal College of Surgeons in Ireland. After an initial three month period a Likert scale questionnaire given to students on clinical rotation assessed usage and perceived usefulness of the Twitter based online repository. Data was collated on Microsoft Excel and exported to SPSS version 20 for statistical analysis.

Results
Within a two week period following its launch the @surggrandrounds profile had more than 120 medical students following the Twitter feed. Over the three month period a total of 43 Tweets were sent, and 28 SGR presentations were made available. Overall 93 final year students were invited to complete the Likert-based questionnaire, there were 84 respondents giving a response rate of 90%. A total of 31 respondents (36.9%) used the @surggrandrounds Twitter feed to access SGR presentations over the three month period. Of these 25 (80.6%) felt that the online provision of SGR through twitter was “useful”. The majority (n=22, 71%) felt that the online content was easily accessible, with 8 (25.8%) undecided, and 1 (3.2%) stating the content was not easily accessible. All of the respondents (n=31, 100%) who had used the @surggrandrounds Twitter feed to access SGR presentations felt that it should continue as part of surgical clinical teaching in the Royal College of Surgeons in Ireland.

Discussion
Recent studies have shown that online media tools can be integrated into daily educational practices and augment learning and collaboration. In our study we sought to use a social media strategy to improve the uptake and accessibility of SGR presentations. Twitter has an online community of 230 million monthly users and is the 11th most visited site worldwide. 76% of users are using mobile
technology. With such ease of access these high quality presentations are available to students at exam time and as a reference in clinical settings. An increased uptake was noted in particular in students who regularly use social media including Twitter. However despite the relatively high levels of social media (92.9%) use, and in particular Twitter (57.1%) usage, only 36.9% of students regularly accessed the @surggrandrounds Twitter feed. This may represent a desire of students to keep their social media identities personal rather than integrate them into their professional lives. The model presented above for ease of access to SGR presentations lends itself to replication. This opens the possibility of expanding the @surggrandrounds Twitter feed to other hospitals associated with RCSI. The novel use of social media is a useful educational tool, allowing ease of access to an invaluable repository of SGR presentations at times of revision. The majority of students using the Twitter SGR feed found it easily accessible, useful and felt it should be continued as part of hospital-based surgical education.

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References