

# Social media for continuing surgical education

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## Introduction

The demands of a work life balance for practising surgeon poses challenges in maintaining continuous professional development, research and teaching. Based on this premise the authors used various platforms of social media to aid in continuous surgical education.

“Communities of practice (CoP) are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (Wenger, 2006).

## The problem

For maintaining good medical practice, practising surgeons need to be able to:-

- learn and teach asynchronously while continuing in their daily practice
- Share their real life experiences with like minded individuals
- Connect globally with practitioners not bounded by formal structures or borders and learn from each other's experience and knowledge

## The current theory

Using current technology, it is now possible to connect individuals and organisations globally to allow for facilitated learning that is real, contextual and ubiquitous.

Networked learning is defined as “learning in which information and communications technology (ICT) is used to promote connections: between one learner and other learners, between learners and tutors; between a learning community and its learning resources.” (Goodyear P, 2001)

Connectivism is a set theory of learning based on the fact that knowledge is distributed across a network of connection and therefore learning consists of the ability to construct and traverse these networks. Siemens, G. (2005).

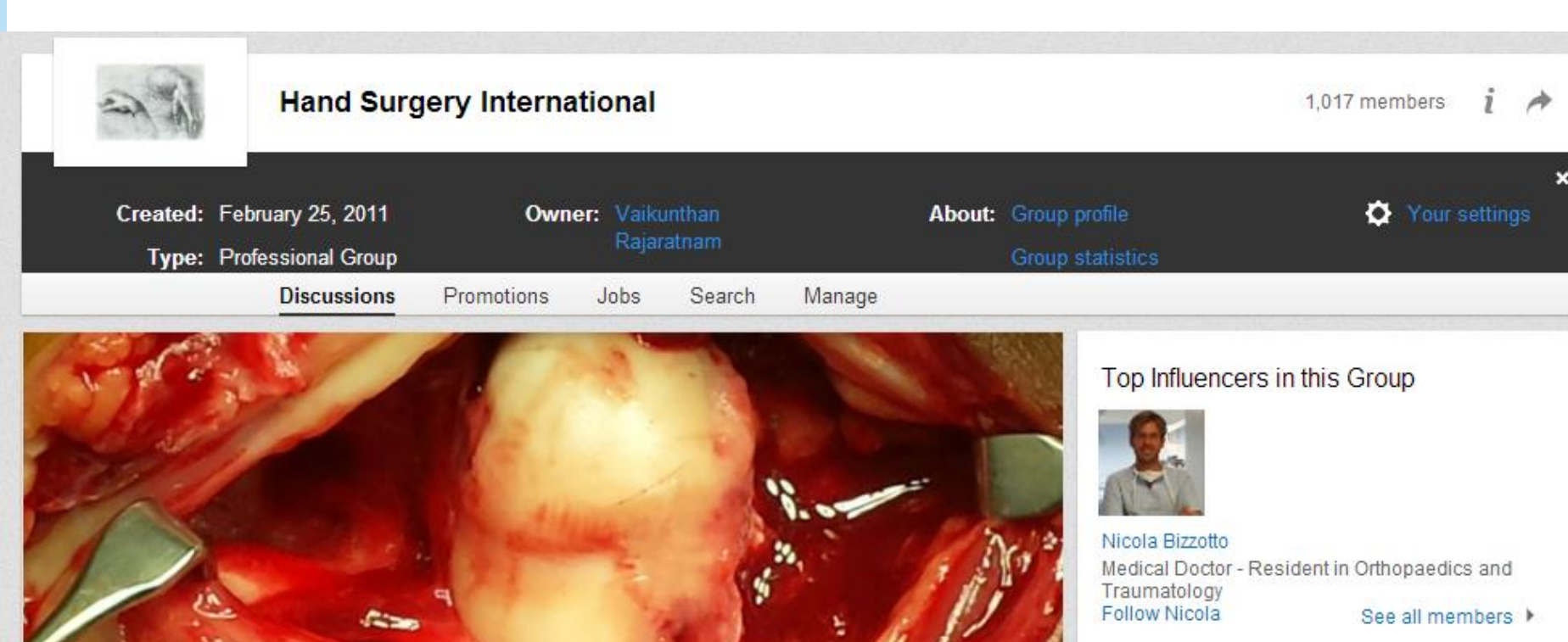
The principles governing connectivism include (Siemens, G 2005) :-

- Learning and knowledge rests in diversity of opinions.
- Learning is a process of connecting specialized nodes or information sources.
- Learning may reside in non-human appliances.
- Learning is more critical than knowing.
- Maintaining and nurturing connections is needed to facilitate continual learning
- Perceiving connections between fields, ideas and concepts is a core skill.
- Currency (accurate, up-to-date knowledge) is the intent of learning activities.
- Decision-making is itself a learning process. Choosing what to learn and the meaning of incoming information is seen through the lens of a shifting reality. While there is a right answer now, it may be wrong tomorrow due to alterations in the information climate affecting the decision.

In communities of practice the emphasis is in the shared interests among a group of professionals who would learn each other's experience and knowledge about the speciality subject. So here the learning occurs as a result of a shared interests and the connection can be either to the digital or physical media. It requires a domain, a community and the practice.

## The Solution

On 25 February 2011, the first author started a global community of practice of hand surgeons using LinkedIn as a platform (Hand Surgery International <http://fr.linkedin.com/groups/Hand-Surgery-International-3804094>). This was an informal group establish within the LinkedIn tool of interest groups. These allowed for case based discussions, polls and promotions. A Twitter account was also used to augment the discussions and provide resource materials.



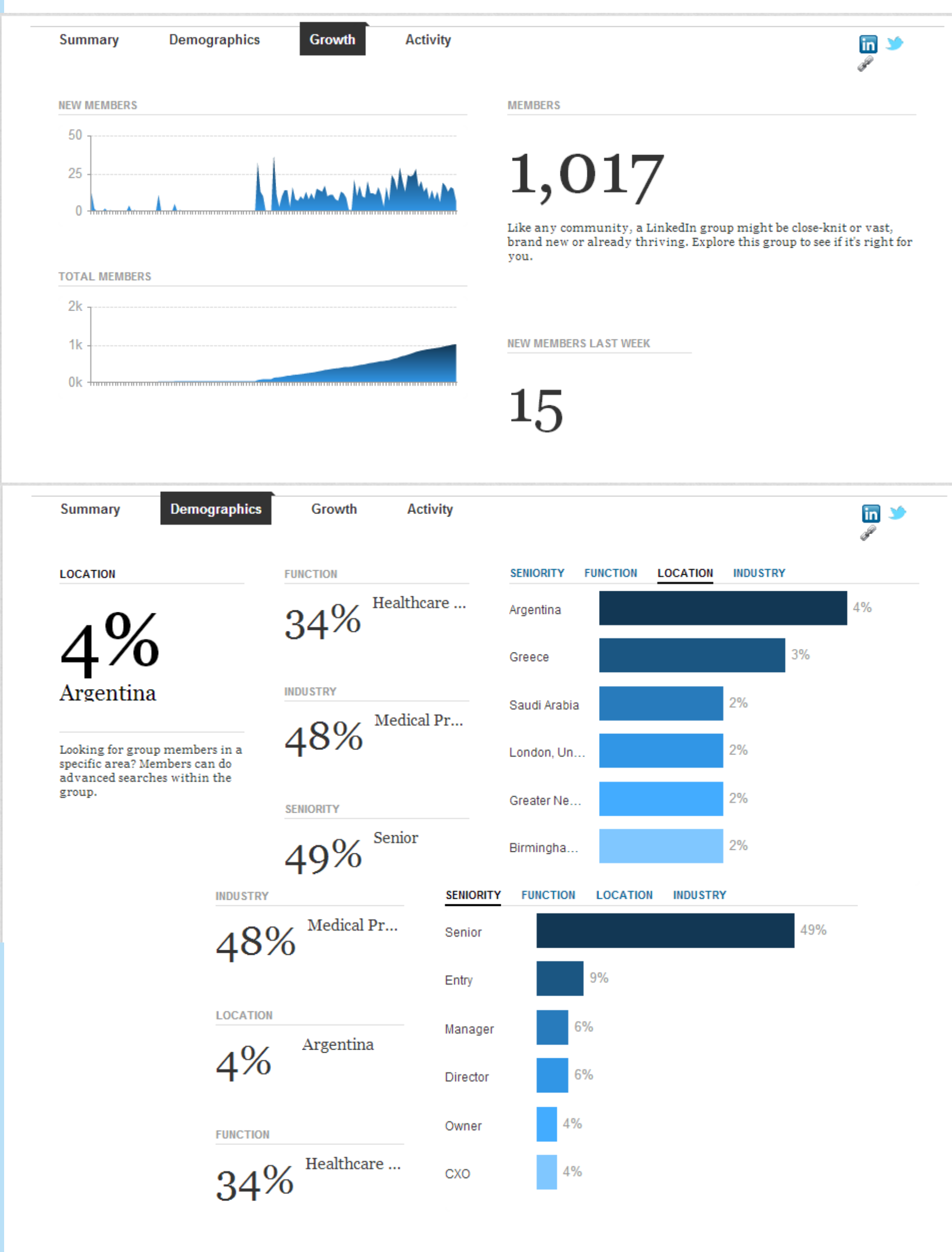
For this platform to work, enabling conditions required are (Pettenati, M. C., & Cigognini, M. E. 2007):

- the ability of the learners to have basics technology skill,
- there must be generation and support of motivation,
- relevance in the whole process of learning and perceived real advantage by the learner
- positive group membership and culture
- and social climate allows for mutual understanding and social grounding i.e. trusted environment.



## The results

The following charts show the growth and profile of this CoP



## The effects

The two authors manage the group ensuring control on membership but allowing for free discussions and posts. No tradespeople were allowed to be members leaving it totally open to healthcare professionals including undergraduate and postgraduate clinicians inclusive of therapist.

This group is not bound by formal structures and therefore connection can occur across borders, nationalities and be truly global. It has 1017 members to date from around the world with the largest contribution from Europe. It provides for networked learning, the process of learning in itself is based upon the network - that is the connection between people and information - that is brought about through communication with one another supporting each other's learning. It is the process of connection that facilitated the continuing surgical education.

### Conclusion

We found this platform of social media useful in maintaining continuous surgical education across borders and in an asynchronous manner applying for effective utilisation of limited resources that practising surgeons have.

### An excerpt from the platform

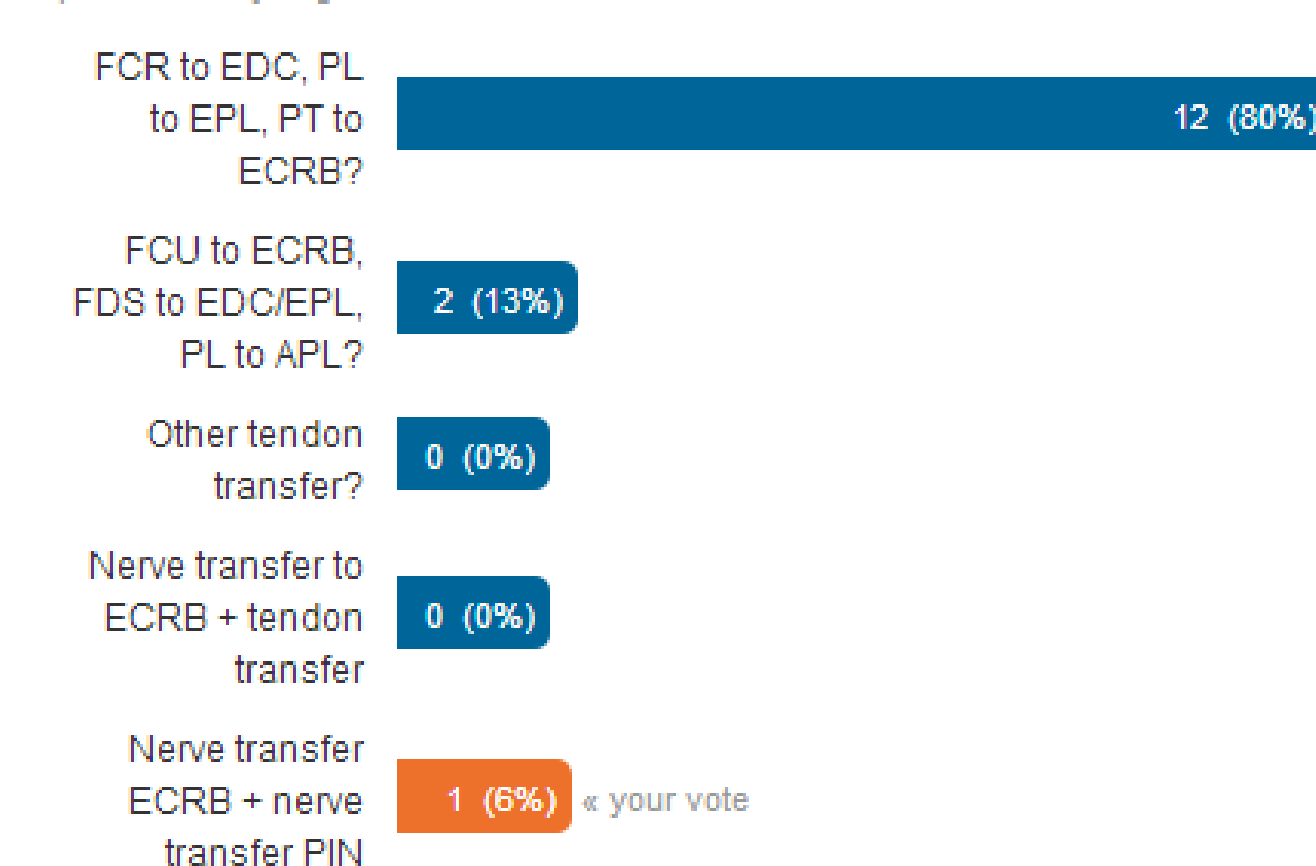
Once a critical mass of members were established the activities began to pick up with interactivity and learning.

#### Reconstruction strategy for high radial palsy

Dominic Power

Consultant Hand Surgeon with a specialist interest in Brachial Plexus and Peripheral Nerve Injury

posted 17 days ago • 15 votes



Like • Comment (8) • Follow Discussion • 17 days ago

See all 8 comments

- Dr Mass Always check tension by using tenodesis. Since the Pulvertaft weaves are pulled out of the wound for suturing set the tension a little tight ... 14 days ago
- Andrew Yam I like Ethibond 2-0 or Fiberwire 2-0 for tendon transfers in the forearm and proximally. They are very strong. In the hand and for flexor ... 14 days ago
- Dominic Power I have seen a couple of cases where PT function is poor so have started using FCU for wrist extension 12 days ago

## Bibliography

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