

MEDICAL EDUCATION ADAPTATIONS

How to create a subspecialty podcast: Headmirror's ENT podcast series

Jason H. Barnes  | Garret Choby | Matthew L. Carlson

Correspondence: Matthew L. Carlson, Department of Otolaryngology-Head and Neck Surgery, Mayo Clinic, 200 First Street South-West, Rochester, Minnesota 55905, USA.

Email: carlson.matthew@mayo.edu

1 | WHAT PROBLEMS WERE ADDRESSED?

Podcasts are audio files that are disseminated on conveniently accessible platforms online or through smart devices. Increasingly, residents and medical students are prioritising podcasts for asynchronous medical education due to ease of use, convenience (eg, use when exercising or commuting) and repeatability, with some finding podcasts more useful than traditional didactic lectures.¹ Providing a succinct, high-yield podcast can be effective in complementing resident education. Undoubtedly, supplemental educational platforms are needed due to current social distancing regulations. However, we anticipate that podcasts will be equally valuable in the post coronavirus disease 2019 (COVID-19) era, when the busy schedules of residents compete with other aspects of life, including clinical care, health and personal obligations. Overall, podcasts can create high-quality content that is easily accessed by all who are interested, in perpetuity.

2 | WHAT WAS TRIED?

A Headmirror (Headmirror.com, Rochester, MN, USA) ENT (ear, nose and throat) podcast series 'ENT in a Nutshell' was created to cover high-yield clinical content organised according to specific disease pathologies within the specialty of otolaryngology (www.headmirror.com/toc-podcast). Start-up costs were about US\$725, to include three professional USB (universal serial bus) microphones, professional monitor headphones and a mobile audio mixer. Recording was performed by resident trainees and each episode featured one to two staff physicians considered experts in their respective topics. Interviews were carried out in a structured format to include disease presentation, pathophysiology, diagnostic

evaluation, treatment and follow-up. Once a process was developed, other staff physicians were asked to participate from within the originating institution and, subsequently, outside institutions. Episodes were recorded and edited using GarageBand (Apple Inc., Cupertino, CA, USA). The Squarespace (Squarespace Inc., New York, NY, USA) website service was used to publish the episodes on Apple Podcast (Apple Inc., Cupertino, CA, USA), Spotify (Spotify Technology S.A., Stockholm, Sweden) and other platforms. This process was navigated relatively easily by the site creators, who had no previous podcasting experience.

3 | WHAT LESSONS WERE LEARNED?

1. Attending physician buy-in: significant participation by attending physicians aids in quality control, organisation of material, recruitment of other physician participants, and final confirmation of accurate and comprehensive episodes.
2. Quality control: utilising a consistent format, with similar introductory material, podcast sections, summaries and a final review from a supervising physician, has helped create a dependable product. High-fidelity audio has also been shown to be essential in retaining listenership, making professional audio equipment worthwhile.
3. Inclusion of physicians across the country: inviting participants from various institutions allows for experts to participate in specific topics, further improving the quality of the podcast. Additionally, participants share their experience with members of their home institution.
4. Team approach: we estimate that each episode takes 10-20 hours to produce, including content, recording, editing, finalising and publishing. We currently have 12 members of the team for efficient production.

5. Community building: sharing the burden of distance learning has created a sense of strong community and teamwork amongst participating institutions. We feel this is an invaluable aspect of the creation and ongoing production of this podcast.

We have received overwhelmingly positive feedback from trainees across the country, with over 5000 subscribers after publishing 60 episodes over 8 weeks. We are currently exploring options for continuing medical education (CME) and Maintenance of Certification Part II (MOC II) credit for practising physicians in order to further extend the educational impact of this project.

Thus far, resident responses have largely been positive given its comprehensive nature and ease of use. Constructive feedback has included improved audio quality and shortening of length, when possible.

ORCID

Jason H. Barnes  <https://orcid.org/0000-0002-5730-7455>

REFERENCE

1. Cho D, Cosimini M, Espinoza J. Podcasting in medical education: a review of the literature. *Korean J Med Educ.* 2017;29(4):229-239.