

# **Blogging for medical education - a personal view**

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Abstract: Medical education has evolved considerably from didactic and lecture-based to self-directed, especially with the rise of online platforms. While large organisations may commission or create entire customised courses for online learning, the individual teacher has a more modest and immediately accessible tool with which to disseminate information to students and other learners: blogging.

Keywords: blogging, medical education, internet

## **Changes in how information is presented**

The last few decades have seen a huge change in how information is presented and consumed. Where out-of-classroom learning was previously done via printed literature and occasionally television (for example, educational broadcasts from The Open University), there is now an expectation that most learners have access to the internet. Online information sources have evolved from text-based bulletin boards – many user-unfriendly and with a steep learning curve – to an individualised information stream that can be accessed from nearly anywhere.

Information – whether news, social updates or educational material – can now be viewed in attractive bite-sized chunks on demand. When faced with some oddity in the clinic, clinicians can now check information online immediately, rather than making a (pen and paper) note to read up on the topic later. Potential downsides include information overload, with a possible tendency towards superficiality and speed rather than reflection, and a temptation to be distracted by presentation rather than paying attention to content.

## **Personal experience**

A couple of years ago, I jumped on the blogging bandwagon. I am an eye pathologist, working at the interface between ophthalmology and histopathology, and involved in teaching for both specialties. Eye pathology features in the FRCOphth examination, but ophthalmology trainees are rarely exposed to it because few hospitals have an eye pathologist.

Once a month I run a small group teaching session, which is open to clinicians and researchers. We view microscope slides from recent cases of interest: a mixture of rare entities and good examples of common (exam-type) pathologies.

Since attendance at these sessions is limited by people's other commitments, I decided to record selected cases as a long term resource. Such cases could serve as an aide-memoire for attendees, a taster for future sessions and an information source for exam candidates or anyone else with an interest in eye pathology.

## **Why a blog?**

A blog seemed the ideal platform for a number of reasons.

It is easy to start blogging. As a complete beginner, I set mine up from scratch in an evening. Blogging feels less intimidating than "creating a proper website" although it seems that the distinction between blogs and websites has become increasingly blurred. It can be done for free, and it's not tied to a host organisation.

The default presentation in diary format is attractive, since it parallels my teaching sessions.

Anyone with internet access can view it. It's easy to share a web link rather than, for example, emailing files on request or setting up access to shared drives.

Discussion (asynchronous) with the author and other respondents is possible, and comments can be moderated if required. However, a post doesn't look lonely if nobody comments, in contrast to a discussion forum.

Particularly for such a small specialty as eye pathology, with relatively few online resources, it's an efficient use of time. Each post becomes part of a searchable archive for the long term.

For me personally, I enjoy the informality of a blog rather than something more "official". I can also be responsive to topical issues. As an example, in mid-2017 I participated in a workshop on improving retinoblastoma care in Africa. Some of the participants from low-resource countries expressed a desire for information on histopathology reporting. The day

after I returned home, I made a tutorial post covering the requested topic.

## Potential issues

Of course, educational blogging has caveats, which may vary depending on your objectives: whether as blogger or as reader.

The major concern is a breach of patient confidentiality. This is not generally an issue in histopathology, since patient images are not included. However, I don't post rare entities and I provide minimal clinical background. It is possible to password protect a blog post, although that has its own disadvantages, including reduction of potential readership.

Visibility of a blog is unlikely to be high, which may feel like a disappointment. Growing a (relevant) readership takes time and effort. I tend to rely on word of mouth.

Blogs aren't peer reviewed, and visitors should remain aware that there is no quality control of the information provided. Even with good intentions, mistakes can creep in. A slightly related issue is the sheer ease of blogging that can tempt a writer to be sloppy. Sometimes posting feels more like having a casual chat than writing for posterity. On the plus side, a mistake can be corrected quickly, simply by editing the post.

As a teaching resource, my blog isn't comprehensive. However, I didn't intend it to be so, and it isn't presented as an online course. Like histopathology, it presents a sample, not the whole.

## Technical considerations

I'll mention here a few technical issues I considered while setting up my teaching blog.

Platform: I chose [www.wordpress.com](http://www.wordpress.com) as the platform. It's widely used and requires little technical knowledge. It does have limitations, but so far its functionality suffices.

Copyright: I generate all the text and images for the blog myself, and I watermark images. Some retinoblastoma-related documents have been provided with permission from other organisations. Posts may link to other information sources, but only on their original websites. A DMCA takedown order is not something to seek!

Publicising posts: A blog can be set up to automatically post on a Twitter feed that there's a new post. Thus, people who follow the Twitter feed as well as people who signed up to be notified by email are both informed when there's a new post.

## Other uses of blogging in medical education

The above has been my personal experience, but many individuals and organisations have explored the use of blogs in other ways. Some examples are; medical student e-portfolios [1]; a repository of educational content [2]; and to encourage interaction in residency education [3]. The issue of peer review has been considered, with a system explored for both pre- and post-publication review [4]. No doubt further innovative uses for the blogging platform will be found.

## Final comments

With the expansion of online learning in recent years, blogging is currently an attractive option for an individual to provide teaching materials in a rather *ad hoc* manner. Whether it is a small-scale project which is more the author's diary than anything else, or whether it becomes widely accessed by an international readership, blogging has the flexibility to evolve with both the author and intended readership.

## References

1. Avila J, Sostmann K, Breckwoldt J, Peters H. Evaluation of the free, open source software WordPress as electronic portfolio system in undergraduate medical education. *BMC Med Educ.* 2016 Jun 3;16:157.
2. Goh PS. Using a blog as an integrated eLearning tool and platform. *Med Teach.* 2016 Jun;38(6):628–9.
3. Khadpe J, Joshi N. How to Utilize Blogs for Residency Education. *J Grad Med Educ.* 2016 Oct;8(4):605–6.
4. Thoma B, Chan T, Desouza N, Lin M. Implementing peer review at an emergency medicine blog: bridging the gap between educators and clinical experts. *CJEM.* 2015 Mar;17(02):188–91.