

Dermatology education by social media

Muhammad Irfan Anwar*, Rabia Ghafoor**

* Department of Dermatology, Bahria University Medical & Dental College, Karachi

** Department of Dermatology, Jinnah Postgraduate Medical Center, Karachi

In the last decade, social media has emerged as an effective tool for imparting dermatology education to residents, specialists and general physicians. The definition of “social media” is wide and constantly evolving. The term generally refers to all internet tools that allow individuals and communities; to share information, to gather and communicate ideas, images and videos and, in some cases, to collaborate with other users in real time. Facebook, Twitter, Instagram, LinkedIn, Podcasts, video hosting sites like YouTube and Periscope and information aggregators like RSS-feeds, are some examples of social media tools. Most of dermatology residents are likely to use digital technology and social media in one way or another. They tend to have an earlier exposure to digital technologies and use social media in every activity, whether it is communicating, learning or interacting. Social media applications have also found their way into the mobile phone toolboxes of dermatology residents, physicians, and educators across the globe.¹⁻⁴

According to the registered user numbers, the most popular social network site is Facebook.¹ It is available in around 71 languages, in 214 countries and has 1.2 billion active users worldwide, that is almost one seventh of the

world population. Hence, it is easy to see the potential in using Facebook as an interactive, accessible and inexpensive tool for sharing knowledge in the field of dermatology. A number of dermatology based journals, professional dermatological societies, and patient-centered groups have increasingly used Facebook pages as an appropriate tool for sharing literature and interacting with the public and students.⁵ Every passing day, we are observing an ongoing surge in dermatology and dermatological subspecialties focused pages. Facebook, as a dermatology education tool, has its own merits and demerits. Residents are being benefitted from recognition of typical and atypical presentations of common diseases posted on the pages; after all, dermatology diagnostic dilemmas are mostly about being “seen” or “not seen” earlier. Students are getting their queries answered promptly, mostly about diagnostic and therapeutic modalities and discoveries. Students are timely sharing important information about regional events and workshops related to dermatology. By virtue of its easy accessibility from anywhere and at anytime, social media improves communication between residents and their senior colleagues. Senior members are sharing their lifetime experience about different aspects of management, which may be lacking in the textbooks at student’s level. A great advantage of this platform is that it acts as an equalizer to allow students to interact with senior and junior colleagues regardless of geographical locations and other related circumstances. For students, it

Address for correspondence

Dr. Muhammad Irfan Anwar

Department of Dermatology,

Bahria University Medical & Dental College,
Karachi

Email: doctorirfananwar@gmail.com

is also a less intimidating way to approach and discuss important dermatology issues with their mentors and educators. It can also be used to build name recognition for an individual dermatologist or for a professional dermatology network or institution, surely through dissemination of dermatology related education.

The main limitation of dermatology education via Facebook and other social media platform is a lack of quality and reliability. In addition, the medical information may be unreferenced, incomplete, or informal. At times the debates and discussions are vulnerable to both hidden and overt conflicts of interest that residents may be incapable to comprehend. But the most important and relevant negative concern is the breach of confidentiality and privacy of patients while discussing their management in such forums. Such infractions may expose students of developed nations to liability under federal and state privacy laws, though, not valid in Pakistan at moment. Another disadvantage of learning dermatology on social media is “seizing and fragmentation effects on concentration” due to simultaneous involvement of student at various forums. These habits once developed eventually hamper the reasoning and critical thinking process which is important for intellectual development of residents.

Twitter is also a social media network and micro-blogging platform with more than 550 million users in the world. It is one of the most visited website of world where posts (tweets), are only limited to 140 characters.⁶ Professional use of twitter is ideal for dermatologists who are interested in both networking and education. Live tweeting (posting real time reactions to any event) at professional meetings and conferences, is also a popular and highly successful use of twitter. Anyone can read informative tweets, and registered users can even re-post the most useful of them. Tweets mostly commonly include

images, links to important dermatology article and videos, and hashtags (#), which are used to direct the reader to other related posts. Hashtags frequently used by dermatologist include #dermatology, #dermpath, and #dermatologist. Dermatologist and dermatopathologist on Twitter are extensively being followed by dermatology residents and consultants, providing a simple way to interact with colleagues, both within dermatology and throughout the other related specialties. Twitter is also a great source for both disseminating and discovering information, including dermatology related news and novel advances in the field. Many dermatological networks have established online journal clubs, which are conducted primarily through twitter. Twitter is not at all a substitute for face-to-face education; rather it is a supplement and an “add on” educatory tool.

Instagram with 85 million plus daily users is also an image and video sharing platform. It is easy to instantly upload patient’s images taken with these mobile device app. Mostly students upload images via Instagram and then link them to their Twitter or Facebook pages for further dissemination. For dermatology education, use of Instagram is lacking as witnessed by the fact that top ten dermatology journals of world do not have an Instagram account. Yet Instagram has a potential future in dermatology education, after all dermatology is a visual field and an image is worth a thousand words. YouTube is a video sharing website that allows users to watch, upload, download, and comment on videos. Although a major chunk of these videos are for entertainment and other purposes, some dermatology related professional material is also present there, including procedural videos of dermatology surgery and aesthetic medicine, which enables students to have a better understanding of different steps of procedure. Periscope is a new application with live video broadcasting facility. Many dermatologists and

dermatopathologists are using this app for teaching purposes. Many students can watch this live lecture sitting in remote areas of world. Moreover, it also enables teachers to share the clinical presentation of their patients live with their students. Likewise residents can also share each other's case "Live", if found academically interesting. But, Periscope only offers live video which can be replayed for up to 24 hours. In our limited experience, this app has a huge potential for live-broadcasting talks, lectures and conferences, with an open option to save the videos permanently, if deemed necessary.

Social media is going to stay now, and if used wisely and prudently, these platforms can offer a huge potential to enhance and impart medical knowledge. However, whenever it is used carelessly, the potential risks outweigh the benefits and are formidable.⁷

References

1. Gray K, Annabell L, Kennedy G. Medical students' use of Facebook to support learning: Insights from four case studies. *Med Teach*. 2010;**32**:971-6.
2. Lee KL, Ho MJ. Online social networking versus medical professionalism. *Med Educ*. 2011;**45**:523.
3. Sandars J, Morrison C. What is the Net Generation? The challenge for future medical education. *Med Teach*. 2007;**29**:85-8.
4. McGowan BS, Wasko M, Vartabedian BS, Miller RS, Freiherr DD, Abdolrasulnia M. Understanding the factors that influence the adoption and meaningful use of social media by physicians to share medical information. *J Med Internet Res*. 2012;**14**:e117.
5. Brewer AC, Endly DC, Henley J, Amir M, Sampson BP, Moreau JF *et al*. Social networking sites: emerging and essential tools for communication in dermatology. *JAMA Dermatol*. 2013;**149**:1300-4.
6. Fuller M, Allen T. Let's have a Tweetup: The case for using Twitter professionally. *Arch Pathol Lab Med*. 2016;**140**:956-7.
7. George DR, Rovniak LS, Kraschnewski JL. Dangers and opportunities for social media in medicine. *Clin Obstet Gynecol*. 2013;**56**:453-62.