The article, “Quality of Trauma Surgery Podcasts in Credibility, Content, and Design” by Merchant et al., is a cross-sectional study that assessed the quality of 55 trauma surgery podcasts using 10 quality criteria metrics identified by a modified Delphi consensus. Two surgical residents closely analyzed these podcasts and found that all of them had excellent-quality content and design, but 20% (11 of 55 podcasts) had poor credibility primarily due to undisclosed conflicts of interest. As free open access medical education (FOAM) progresses in quality, this study is a call to podcasters to provide conflict of interest statements as well as key identifiers such as name, degree, and affiliation, similar to peer-reviewed publications, to increase transparency and reliability.

We have progressed greatly in applying new technology to medical education content delivery. Beginning with physically going to the library or an in-person lecture, we can now stream lectures from the comfort of our homes and find journals and textbooks online with ease. With FOAM podcasting, learners can now listen to educational content from their cellphones anywhere while commuting, exercising, or participating in other less attention-heavy activities. While data supporting this novel educational tool are growing, it is inarguable that learners have gained newly accessible and convenient educational content. All podcasts, however, are not created equal, and the usefulness of them will vary depending on the accuracy of the information, the topics being covered, and the quality of the delivery.

The 2 standardized FOAM rating tools began oppositely. The revised Medical Education Translational Resources: Impact and Quality (rMETRIQ) score began with identifying and evaluating quality indicators among different populations. Meanwhile, the Approved Instructional Resources (AIR) score and the revised AIR (rAIR) score were pragmatically created for immediate use by a team of expert educators. These tools have been primarily applied to written blog posts. It is unclear which tool best applies to podcasts, but previous data for blogs indicate tool performance may be learner dependent. For example, medical students and junior learners reported difficulty assessing accuracy, impact, and educational utility for the AIR score. Meanwhile the rMETRIQ score primarily focuses on quality indicators that rely less on more advanced knowledge. Regardless of which tool is applied, podcasts differ from blog posts in that they rely on auditory cohesiveness instead of visual cues. Thus, new evaluative tools or adjustments to current tools are likely required. Podcast evaluations should include specific measures of verbal presentation quality such as fluidity, charisma, humor, and enthusiasm because these may substantially influence learner knowledge-retention through increased attention and engagement. Thus far, data for emergency medicine podcasts support specific features such as interpolated questions to increase retention and indicate that exercising does not decrease knowledge retention.

Humanity has developed a love of telling stories and passing on knowledge through language. Technological jumps, such as from radio and to podcasts, enable storytellers and teachers to reach larger and larger audiences. The ever-growing pool of educational resources through advances in technology and desire for spreading knowledge is a double-edged sword. It allows for easier access of educational resources; however, it potentially creates a platform for misinformation. Having quality assessment tools to reference, whether for podcast listeners or producers, is vital in maintaining a reliable medical education community.
ARTICLE INFORMATION
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