Learner Generated Podcasts with Worldwide Reach

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Objectives

1. The current paradigm
2. Why we did it
3. What we did
4. Outcomes
5. Next steps
6. Why it works
The current paradigm

Residents play a vital role in the education of junior learners\textsuperscript{1,2}

Teaching often occurs spontaneously in relation to clinical cases

Why we did it

Feedback

Preservation & dissemination

Formal credit
What we did
The Intern at Work

Resident conceived, driven & created, for residents

Canadian based content

Uses podcast creation as an educational exercise
How it works

- Resident volunteers to write an episode
- Episode reviewed by staff subspecialist
- Second review by GIM faculty
- Podcast recorded & produced
- Episode released every 2 weeks
Podcast structure

- Analogy
- Physiology
- Approach
- Investigations
- Management
- Medicine Minute
The final product

Available on iTunes, Google Play, Spotify & all podcast apps

Open access website with infographics, additional resources

Formal credit to writer & editors
Infographics

**ASCITES**

**IS THE...**

**PATHOLOGIC**
**ACCUMULATION**
**OF FLUID IN THE**
**PERITONEAL CAVITY**

**COMMON ETIOLOGIES**
- Liver cirrhosis (60%)
- Nephrotic syndrome
- Heart failure
- Malignancy

**HISTORY**
- Ascites history
- Jaundice
- Hypertension
- Weight loss
- Excessive urination

**PHYSICAL**
- Edema
- Ascites
- JVP
- HTN

**DIAGNOSTIC PARACENTESIS**

[Diagram showing diagnostic paracentesis with indicators for SAAG:]

- **SAAG**
  - > 11 g/L
  - < 11 g/L

**TREATMENT**
- ↓Na⁺ intake – 2 g/day
- Spironolactone: Furosemide – 5:2
  (MAX 400 mg:160 mg)

**SPONTANEOUS BACTERIAL PERITONITIS**

**TREATMENT**
- Penicillin G 250 mg IV
- Ciprofloxacin 500 mg IV
- Doxycycline 100 mg PO bid

**DIAGNOSTIC PARACENTESIS**

**ORDER:**
- ALBUMIN
- TOTAL PROTEIN
- CELL COUNT + DIFFERENTIAL
- GRAM STAIN + CULTURE + SENSITIVITY
- LDH
- GLUCOSE
- CYTOLGY

**TOTAL PROTEIN**
- < 25 g/L
- > 25 g/L

**TOTAL PROTEIN**
- < 11 g/L
- > 11 g/L

**CIRRHOSIS**
- BUDD-CHIARI (LATE)
- CARDIAC ASCITES
- BUDD-CHIARI (EARLY)
- VENO-OCLUSION DISEASE

**TREAT UNDERLYING ETIOLOGY!**

**TB**
- Pancreatitis
- Nephrotic syndrome
- Malignancy
Ascites

SEPTEMBER 23, 2019

Ascites infographic completed by: Nikkica Singhal (Medical Student)
Podcast written by: Dr. Derek Little (Internal Medicine Resident)
Podcast reviewed by: Dr. Keith Tsoi (Gastroenterology) and Dr. Jason Cheung (General Internal Medicine)

For more information about ascites...

1. JAMA Rational Clinical Exam "Does this patient have Ascites?"
Outcomes

Engagement
› 37 resident writers
› 4 Canadian universities

Feedback
› 55 faculty reviewers

Tangible product
› 43 episodes
› 5 MD & 1 PA infographic team
95 200

Listens (and counting!) worldwide
“A fun and creative activity”

“Made teaching subject somewhat easier to teach in future”

“Allowed for content review and knowledge consolidation”
"Flattens the hierarchy"
Next steps

What qualities attract residents?

How can we adapt current scholarly activities?
Why it works

Resident driven podcast initiative is a sustainable and growing project

> Uniting residents across Canada
Why it works

Addresses several gaps:

> Accessible scholarly activity, preserved & disseminated worldwide
> Formative feedback on approach to teaching
> Formal credit for knowledge creation activity
> Canadian based content
Thank you

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Resident writers & staff reviewers
Questions?

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Last 10 episodes...

6 continents, 122 countries, 1993 different cities
LENGTH OF PODCAST VS. TOTAL CONSUMPTION