

CE CRAFT CORNER

Learning in the Digital Age: The Rise of Social Media in Continuing Education

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ABSTRACT

As younger health care professionals (HCPs) continue to enter the workforce, the continuing education (CE) landscape is shifting to accommodate the preferences of a new generation of learners. Younger HCPs generally favor learning that is interactive, hands-on, and involves technology. Therefore, traditional didactic lectures are not always the best medium for educating this growing sector of HCPs. Social media offers a unique opportunity to reach HCPs and accommodate the learning preferences of many participants. Medical writers who work in the CE field as grant writers, instructional designers, and content creators should be aware of the evolving role of social media in CE, as well as the benefits and challenges associated with this educational format.

INTRODUCTION

Until recently, traditional continuing education (CE) was delivered mainly as in-person didactic lectures that reach a large audience but provide little opportunity for interactivity and use of technology.¹ Although web-based synchronous and asynchronous lectures were a growing part of the CE landscape prior to the COVID-19 pandemic, the sudden rise in the need for online learning options that occurred in 2020 accelerated the popularity of this remotely accessible content. However, despite the increase in on-demand CE options that accompanied the pandemic, the standard didactic lecture format is slowly becoming out of alignment with the learning preferences of CE audiences.

Learning preferences are known to change over time, and research suggests that learners of different ages or generational groups may have different learning preferences. Currently, the millennial generation, born between approximately 1981 and 1996, is the largest generational group comprising the health care workforce in the United States.² This is important because this generation tends to view traditional didactic lectures as unengaging. Surveys of millennial physician learners indicate that this group favors

multimedia and innovative teaching strategies. Specifically, shorter and more digestible teaching segments, immediate feedback, and self-directed learning are highly valuable to this population.^{3,4}

In recognition of the need for more diverse learning opportunities for health care professionals (HCPs), the Accreditation Council for Continuing Medical Education (ACCME) began acknowledging “other” activity types in its 2017 Data Report to account for innovative educational formats, such as those presented on social media platforms.⁵ Since then, the number of annually reported “other” continuing medical education (CME) activities has steadily grown from 357 in 2018 to 1,821 in 2023, although it is unknown how many of these “other” activities are social-media based.⁶ Given the rapid growth in popularity of social media as an educational platform, medical writers who specialize in the CE field should be knowledgeable about the logistics, benefits, and drawbacks of utilizing social media for CE activities.

CE ON SOCIAL MEDIA PLATFORMS

There are multiple formats for social media CE, and different platforms are better positioned for certain types of instructional design than others. The level of interactivity available and ability to stream video and reach the intended audience should all be considered before embarking on creation of a social media CE activity.

Facebook

Although Facebook is one of the older social media apps, having just celebrated its twentieth anniversary, it still has a large user base, including a number of closed physician groups.⁷ Its familiarity is a plus for those considering hosting a CE activity on Facebook because learners are less likely to be intimidated by the use of this every day technology than by the use of an unknown application.

Facebook offers the ability to stream live video, which makes it an ideal platform for didactic lectures. In addition, the comment feature allows for audience engagement

throughout an activity, an element that is often absent when streaming CE content in traditional platforms that do not allow real-time interaction.

Instagram

Similar to Facebook, Instagram offers the ability to host live CE lectures. Users are also able to comment during live activities, encouraging interactivity and attention. As opposed to Facebook, Instagram users do not have the ability to join groups, so although there may be numerous HCPs on Instagram, creating a closed group in which only select people can partake in an activity is not an option.

Twitter/X

Twitter/X is widely used by the medical community, and although it does not offer the ability to form groups, it does allow users to curate content according to their area of interest by using hashtags such as #MedTwitter, #GITwitter, or #NephroTwitter.⁸ By incorporating these hashtags into educational content, CE providers can in turn attract their intended audience to their program.

In addition to the ability to stream videos, which is similar to other platforms, Twitter/X allows for the publication of individual tweets of up to 280 characters. These tweets can be strung together to compile a brief text-based CE activity that offers the ability for audience members to comment, participate in polls, answer questions, and compare their scores to other users in real time. Graphics can also be incorporated into Tweetorials, or Twitter/X-based CE activities, to illustrate key points. (Figures 1 and 2).

TikTok

As opposed to other social media platforms that incorporate text-based content, TikTok only features videos. TikTok videos are generally very short in length, in contrast to other platforms that allow streaming, but can be combined using hashtags to create a thread similar to a string of tweets.¹⁰ Given its focus on short-form video content, TikTok is well-suited for microlearning programs that offer fractional CE credit, similar to Twitter/X. This setting is ideal for teaching new skills, introducing a practice update, or reviewing high-yield information.¹⁰

BENEFITS OF SOCIAL MEDIA CE

Social media CE offers a variety of benefits to both learners and CE providers, as demonstrated by its growing popularity. As previously discussed, younger generations of learners generally prefer content that is short, interactive, and uses technology, and social media platforms, which generally have younger user bases, offer advantages over traditional online learning platforms in all of these areas.



Figure 1. Example tweet from a CME activity.⁹ CME, continuing medical education, IBD, inflammatory bowel disease. Image credit: Bonum CE

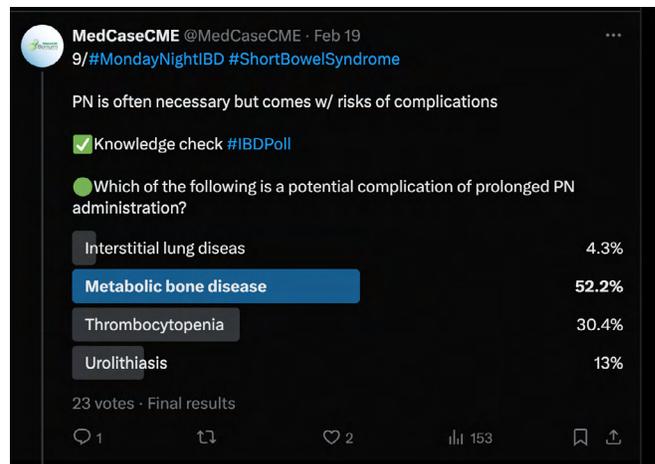


Figure 2. Example of CE knowledge question with immediate feedback.⁹ CE, continuing education; IBD, inflammatory bowel disease, PN, parenteral nutrition. Image credit: Bonum CE.

Furthermore, social media platforms are free. This not only saves money for providers who create and host CE activities, it also democratizes access to CE content, which can be cost prohibitive for some HCPs. This aspect of social media CE is especially critical for HCPs practicing in low-income areas with limited access to other forms of CE.

Related to this is the ability of social media content to reach HCPs in remote and rural areas across the globe.

Although there are advantages to in-person CE activities and the personal interaction they offer for those who prefer this format, it is essential for all HCPs to have access to high-quality, accredited CE activities regardless of their geographic location or ability to travel.

The ability to post content, interact with colleagues, and receive feedback in real time are valuable advantages of social media CE. The current pace of medical innovation is faster than ever, as was highlighted by the COVID-19 pandemic. Therefore, the instantaneous speed at which social media operates lends itself to the dissemination of new, urgent, and practice-changing content to target audiences that can immediately update their clinical practice patterns.

CHALLENGES WITH SOCIAL MEDIA CE

Although there are multiple benefits to social media-based CE, there are also associated challenges that warrant further discussion by experts and should be considered by medical writers who plan to embark on creating these types of activities. Reaching the intended audience can be challenging with social media CE. Unlike other distribution channels, users of social media are not compiled into a Listserv that allows for easy, widespread dissemination of relevant content. Therefore, providers utilizing social media platforms should develop a plan for reaching their intended audience as part of their preparation for activity launch.

Additionally, the measurement of engagement and outcomes metrics can be challenging on social media. As opposed to traditional online distribution platforms that are built specifically for learner and provider needs, social media platforms do not allow for the level of user data collection that would normally assist CE providers with assessing the reach and impact of their educational activities. This may limit the ability to gauge remaining knowledge gaps and the need for future education.

In recently released guidance by the ACCME about accredited education offered via social media platforms, the organization stressed that any platforms where learners are accessing CE must be free from product-specific marketing.¹¹ Like the challenges related to data collection, providers also cannot control to content of a social media platform that is visible to learners participating in a CE activity. Given this, it is incumbent upon the CE provider to pilot their activities prior to launching them to ensure compliance with this critical aspect of accredited CE content.

WRITING FOR SOCIAL MEDIA CE

For social media CE platforms that are video-based, the process used by medical writers to create CE content generally mirrors that of creating content for traditional video-based platforms. By contrast, creating content for a

text-based social media platform with character limits, such as Twitter/X requires modification to the typical approach to text-based CE content.

Because Twitter/X users use shorthand text to circumvent character limits, writers should familiarize themselves with this aspect of the platform through first-hand use before embarking on a project. In addition, emojis are commonly used in this setting to replace or emphasize keywords in a statement. This skill can also be honed by observing how others communicate on the platform. Polling or knowledge questions should be interspersed within content every 3 to 4 tweets to keep learners engaged and active. Finally, Twitter/X allows for graphics, which can contain additional or repetitive information that supplements the text portion of the tweet to make the content more visually engaging and easier to understand.

THE FUTURE OF SOCIAL MEDIA CE

The number and reach of social media CE activities continues to grow each year, indicating that this learning method is here to stay. However, if history is any indication, social media platforms themselves are likely to evolve, go by the wayside, or start anew. Thus, although it's safe to assume that social media CE is here to stay, the form this will take in the future is unknown.

As the next generation of HCPs from Generation Z also generally prefer technology-based, interactive apps for learning,⁴ platforms that encourage engagement and innovation will likely continue to be the best suited for hosting CE content.⁴ The continued development of best practices and guidelines for the use of social media for CE is essential to maintaining the integrity of the content and ensuring the best possible experience for users. Medical writers who engage in components of CE creation should remain up to date with this evolving educational landscape and its role in educating current and future HCPs.

Acknowledgment

The author thanks Haifa Kassis, MD, for guiding the topic development and editing the article.

Author declaration and disclosures: *The author notes no commercial associations that may pose a conflict of interest in relation to this article.*

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