

FOAM and the Era of Online Medical Education

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"How did medical students survive before the internet?" As a physician in training, you have likely contemplated this question. Your professors, on the other hand, may grimace at the mention of Wikipedia. They may cringe if you speak of this mysterious "Twitter" phenomenon. "What happened to textbooks?" They ask, reflecting nostalgically on simpler times.

Like it or not, the world of online learning in medical education has exploded in recent years. Not surprisingly, the young, dynamic field of emergency medicine has provided the perfect setting for such a remarkable expansion of high-quality, accessible resources. The movement is best encompassed by the concept of "FOAM," which stands for "Free Open Access Meducation." The term, coined by Life in the Fast Lane blogger, Dr. Mike Cadogan, refers to a personalized, continually expanding database of resources for medical education: podcasts, blogs, videos, modules, Facebook groups and Twitter feeds. Dr. Cadogan and his fellow Life in the Fast Lane co-author, Dr. Chris Nickson, have fueled the movement through collating these online resources for their eager audience of students, residents, and attending physicians.

Many aspects of FOAM differ from traditional learning resources. For one, unlike heavy textbooks, online resources are accessible from any device with internet capability. If you find yourself with some downtime, you can simply open up your phone browser, log on to one of many blogs and instantly have high-yield content directly at your fingertips. Even a few minutes can provide enough time to briefly review a concise blog post that reminds you of some clinical concept you may have forgotten. Stuck in a long commute home? Load some podcasts on your phone and utilize the time for learning. The ease of accessing these resources allows them to transcend the boundaries of location or setting. Learning no longer requires a classroom, as long as you've got intellectual curiosity and a cell phone handy. Furthermore, the majority of these resources are free!

FOAM, unlike many other traditional forms of learning, also provides a forum for ongoing conversation. Blog posts allow individuals to comment on the presented material. Discussions and debates about a given topic among individuals around the world can occur over Twitter, similar in concept to an online journal club. FOAM encourages one not only to learn the data, but also to have an opinion and the capacity to justify it. Learning through FOAM is also an active, personalized, and learner-driven process. Of course, as with any new method of learning, FOAM faces its critiques, challenges, and unanswered questions. Should there be a process of validating content? What are the best online venues through which to provide learning? How can these novel forms of medical education best be integrated into more traditional curriculums, and do they actually differ in terms of knowledge retention and improved clinical practice?

Perhaps the most exciting aspect of the FOAM movement is that medical students can participate in the discussion and contribute to its evolution. I encountered one particularly inspiring blog entitled "The Short Coat," started by Canadian medical student, Lauren Westafer, as an opportunity to explore and analyze various topics in clinical medicine and thereby solidify her learning as a medical student. The blog has since developed into a major contributor to the FOAM movement.

Ultimately, FOAM encourages the active, self-driven pursuit of knowledge required of life-long learners. It reminds us that our motivation should extend beyond grades and board scores. Rather, we must passionately strive to maintain and expand our clinical knowledge with the goal of providing the best care for our patients. Recall the old adage: "You can't diagnose what you don't know."

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