Creation and cost-evaluation of a student-run podcast in ophthalmology
Création et évaluation des coûts d'un balado en ophtalmologie réalisé par les étudiants

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Introduction
The COVID-19 pandemic has seen a surge in virtual learning modalities prompting many learners to seek out new resources to supplement their education.1,2 There are several benefits that podcasts offer as an educational resource. The on-demand nature of podcasting allows listeners to access resources from their computer or mobile device. Further, podcasts allow listeners to consume knowledge whilst performing other simple tasks such as physical activities, as they do not demand visual attention.

Although it is typically free for listeners to access content, previous analysis has quoted costs upwards of $7000 for the creation of podcasts for medical education.3,4 The costs associated with such an initiative remains a major barrier to the production of new content. Further, the literature is sparse with regards to outlining steps for creating a medical student-run podcast. These initiatives often involve invitation of content experts and frequently operate on a limited financial budget. The present study sought to outline the creation of a student-run, cost-efficient educational podcast in ophthalmology. It is our hope that this study will help facilitate similar initiatives and further resources for medical learners.

Description of the innovation
We created “The Lenspod” podcast as an educational tool for medical students and early trainees interested in ophthalmology. We designed episodes in an interview style...
to satisfy one or more of the learning objectives listed by the American Academy of Ophthalmology (AAO). For each episode, we emailed experts from major eyecare centers in North America to participate in the podcasts. Interviewees did not receive financial compensation for participation. We conducted interviews over Zoom and edited episode content using Garageband. We uploaded the episodes and made them available for free download and streaming on popular podcast platforms including Apple, Spotify, Radiopublic and Breaker. We also distributed episodes through various medical student interest groups.

To estimate the financial cost of production, we employed the REC financial framework which has been used previously in this context. We defined three roles critical for podcast creation: 1) Project managers – responsible for script writing and expert recruitment. 2) Subject matter experts – invited for their expertise on the episode topic. 3) Editors – responsible for episode editing. We described time lost by podcast personnel due to production involvement in terms of hours spent (medical students) or in the equivalent hourly wage (ophthalmologists). We estimated hourly wages using an online employment platform (ZipRecruiter).

Outcomes
A total of 10 episodes were released during the 1-year study period (June 2021 - June 2022). Plays per episode ranged from 175 to 403. We noted that episodes with the most plays covered general ophthalmology.

Total cost of creating the 10-episode podcast series was $2,175 and 9.5 hours/episode volunteered by medical students. The most substantial cost was time volunteered by the subject matter experts. Experts volunteered an average of one hour per episode, for which the equivalent financial value was approximately 72% of the total cost of creation. REC cost analysis and breakdown is summarized in Table 1.

<table>
<thead>
<tr>
<th>Roles</th>
<th>Cost (CAD)</th>
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</thead>
<tbody>
<tr>
<td>Equipment</td>
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<tr>
<td>Software</td>
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<tr>
<td>Consumables</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>$2,175.10</td>
</tr>
</tbody>
</table>

Table 1. REC financial framework cost-analysis applied to a 10-episode podcast in ophthalmology.

Suggestions for next steps
We describe a framework for creation of a medical-student run educational podcast with a production cost that is competitive with other education modalities. In our experience, a team of four medical students allowed for appropriate delegation of tasks and provided scheduling flexibility for interviewing podcast guests. While equipment costs were budgeted in the described methodology, cost-conscious developers could minimize these by using equipment at-hand, such as built-in computer microphones. We suggest this model for future education pilots operating on a limited financial budget.

Although we were careful to ensure podcast quality by consultation of AAO learning objectives and subject matter experts, we conducted no formal evaluation of podcast content. This is a limitation of our study. Future initiatives may wish to conduct a more formal peer-review process to ensure quality is maintained. It is our hope that future initiatives refer to the described framework to facilitate creation of further resources in medical education.

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References


