



Like & share: video-based learning through social media in oral & maxillofacial surgery

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I. Introduction

Social network services (SNS) have become inseparable from our daily lives. Starting with changes in communication and networking, the global economy and politics are now so tightly linked with SNS that it seems to control them. It is also affecting how we learn.

II. Video-based Learning through SNS

People may search YouTube (Google LLC, San Bruno, CA, USA), the most popular social media platform worldwide, to improve their golf swing or learn how to fix things at home. One might also “like” and “share” when finding videos which may be useful to close friends.

However, it is less likely that the majority of readers here, likely expert oral & maxillofacial surgeons, have tried searching oral & maxillofacial surgical topics. There is little reason for an expert oral & maxillofacial surgeon to search how to extract third molars or do open reduction and internal fixation for mandible fracture, which they are already capable of.

III. YouTube for Medical Learning

While one had to search through books to learn before the era of the internet and the World Wide Web, things got easier when “googling” became possible. The MZ generation (Mil-

lennial and generation Z) seems to “YouTube” things rather than “Google,” which means they prefer information in video, rather than text or still picture formats. Most will agree that learning through texts and images is one thing, video is another.

For medical learning, you can easily find animated biochemical pathways and mechanisms on YouTube, which is easier to understand¹. Medical mnemonics of the must-memorize items are other popular content among undergraduates. YouTube videos of surgical knot-tying or waxing up a tooth have already become classics. One tends to repeatedly view a useful video over and over for thorough learning.

As some oral & maxillofacial surgery is done within a narrow space, a participating assistant sometimes cannot fully visualize the surgical field; however, the field is clearly visible when it has been properly recorded. One can playback at will, moving to a specific time point as needed. Moreover, this can be accessed anywhere, anytime in the palm of your hand, on your smartphone.

IV. Too Expert to Learn

Some expert oral & maxillofacial surgeons claim that surgery videos out there on YouTube are rough and of poor quality, and have little to offer, if they have ever tried to look. If one fails to find high-quality surgery videos in search results, you may either blame the algorithm or keep scrolling to find one. In fact, there are many quality surgery videos in terms of resolution and content, potentially useful for residents and fellows, or for expert surgeons interested in different styles or approaches¹⁻³. These range from third molar extractions to dental implant surgeries, from neck dissections to microvascular free flap surgeries.

Regarding different styles, taking neck dissection as an example, there’s a video in which the surgeon holds DeBaakey

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forceps with built-in bipolar electrocautery function in the left hand to hold and retract tissues and cauterize at the same time, while dissecting and cutting with a #15 blade in the right hand⁴. Another video offers detailed instructions for trainees⁵. There's also a video of a neck dissection performed with energy devices⁶.

V. Timeless Clips

Classic movies maintain their value, though in black-and-white or in low resolution. For example, one may view a VHS-quality instructional video of Dr. Robert D. Acland, a frequently cited surgeon in microsurgery textbooks⁷. Despite the low resolution due to it being made a long time ago, the value of the content seems timeless.

VI. Virtual Reality

The increasing amount of virtual reality (VR) content will certainly enhance learning through social media, especially where understanding and manipulating three-dimensional structure or anatomy is important in achieving a specific level of proficiency⁸.

VII. Precautions

Despite the benefits of YouTube surgery videos, precautions should be taken. Trainees may not recognize the questionable quality of some surgical videos and thus become lost^{1,2}. Essential information can be cut out, intentionally or not. Surgery is not only about the moment of performance but also the postoperative course, sometimes in the long-term, which may not be conveyed in a video.

Uploading may violate the confidentiality of the doctor-patient relationship and give rise to privacy issues⁹. Surgical videos contain graphic content and may require age restrictions. Even for adults, the content might be disturbing to those who are not medical professionals. For reference, in any case, such age-restricted surgery content is not considered advertiser-friendly, and the uploader cannot monetize it^{10,11}.

VIII. Conclusion

Institutions or academic societies creating and uploading video content of surgery for teaching or learning purposes, therefore, must take precautions. Building a video-based

learning service platform entails even more precautions. In one case, a bank developed a messenger application aimed at developing a social networking “platform,” which failed, resulting in a big financial loss. People won't use a new platform service when there is already a well-working, resource-rich social media platform. However, to “like” and “share” existing high-quality resources in social media or SNS will benefit trainees and experts alike. Actually, to like and share is the essence of SNS.

The traditional ways of learning and sharing through books, lectures, journal articles, and recent SNS are not in conflict, but rather complementary. Social networking is not new. Journal articles represent a proven, peer-reviewed way of social networking, as do academic congresses. Whereas previously there were only monthly publications, annual meetings, and mostly one-way communications, there are now any-time, two-way, easy-access channels of communication for surgery learning. The former are closed forums, the latter open ones.

Learning methods evolve. Social media may play a complementary role in oral and maxillofacial surgery learning as well as teaching, particularly when properly guided. In any case, to “leave a comment” might potentially aid in such guidance^{12,13}.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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