

# Creating a Stronger Nephrology Community

## Two years of ASN Communities

By Richard Glasscock, MD, and Roger Rodby, MD, with Zach Cahill, Senior ASN Communities Associate

**I**ncreasingly in the 21st century, nephrologists and other physicians are turning to social media (SoMe) and internet-based forums to teach the next generation, treat their patients better, and bolster their knowledge. From blogs to Twitter, there are an overwhelming number of non-traditional learning and teaching resources available to nephrologists (1–3).

For the past two years, ASN Communities has been a vital addition to this space by providing an online venue for nephrologists around the world to have detailed discussions about complex questions, share their knowledge with peers, and create the peer-to-peer relationships that many only find in academia. ASN Communities combines the best of other SoMe platforms into a professional, iterative, educational experience for both the mundane and the most complex questions of physicians around the world.

### ASN leverages new paradigms for medical education

Over the past few years, ASN has grown to recognize and take advantage of the new paradigms and evolutions of medical education. ASN Communities is one result of this recognition. While participation is limited to ASN members, 61% of the membership have visited the site at least once. ASN Communities benefits from not being a US-dominated platform, with 30% of logins and 26% of posts originating from outside North America. To date there have been 15,731 posts by 1600 different contributors.

We have learned a lot from the “real world” experiences that dominate the discussions on Communities. Of course, the format encourages posting of the exotic, the unusual, the difficult, and the frustrating cases. But in many instances great pearls of wisdom are uncovered and shared. It is humbling to realize how deficient the evidence base really is concerning resolution of complex problems in nephrology. We

have also learned more about the difficulties in applying clinical judgment when data points are missing. Questions are frequently posted about cases that, while we may have an answer or opinion, we realize

opinion alone is hardly enough for a forum as important as this. We try very carefully not to be anecdotal, but to supply the proper data to back up any opinions or advice.

The electronic nature of the exchanges carried out on Communities can never exactly duplicate an actual consultation, but the opportunity to receive timely opinions from a diverse array of experienced clinicians is priceless.

Nothing gives us greater professional joy than to learn and teach. The Communities audience is by definition receptive, appreciative, and smart. The questions asked are often complex, and answering them in a manner that is both informative and understandable is a challenge. We may think we know an answer, but backing it up with evidence-based data, and putting it into a cogent form can be daunting. In the end, through this process we always learn something.

We would be remiss to not mention the relationships created through this process. We met so many people at last year’s Kidney Week who randomly came up and thanked us for our contributions to Communities. Many of these individuals are international nephrologists we would never have met otherwise. Posting takes time, but those comments make it all worthwhile.

Involvement in Communities provides an unrivaled opportunity to work with the best in the field. We have greatly benefited from working closely with each other in a rewarding academic endeavor with colleagues whose skills we greatly admire.

Medicine can often be a lonely, unforgiving, and sometimes frightening profession. ASN Communities provides solace to these emotions, an outlet to use the cognitive skills that attracted us to nephrology, and an opportunity to knit the global nephrology community closer together. Congratulations to ASN for conceiving this novel communication approach, and to the staff that make it function so smoothly. ■

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#### References

- 1) <https://www.ncbi.nlm.nih.gov/pubmed/28233653>
- 2) [http://www.ajkd.org/article/S0272-6386\(17\)31095-8/fulltext](http://www.ajkd.org/article/S0272-6386(17)31095-8/fulltext)
- 3) <https://academic.oup.com/ndt/article-abstract/32/11/1806/4460108?redirectedFrom=fulltext>

“My first post in Communities was on January 19, 2016, on a thread about the use of sodium bicarbonate. Since then I have contributed >1250 discussion posts, averaging out to about three a day! No wonder people ask me how I ever find the time to do this. My answer is always twofold: My kids are in college now (time) and I make the time because I truly enjoy it (interest).”

As I have gotten older, I appreciate the role that experience plays in the practice of nephrology. I’ve hardly seen it all, but I’ve seen a lot. Take that and my penchant for medical education, 30+ years as an Attending in an academic center, 17 years as Fellowship Program Director and my essentially boundless access to medical information through the internet, and I feel ASN Communities was created for me. I am learning and teaching. What more could I ask for? This really is a great use of my time.”

–Roger Rodby, MD

“Time flies quickly when you are having fun. Participation in the Patient Care and Open Forum parts of the ASN Communities over the past 24 months has been interesting, challenging, gratifying and educational. For me it has been a privilege to be a moderator and it has given new meaning to the joy of being a nephrologist in the global sense.”

–Richard Glasscock, MD



**WHAT ARE YOU WAITING FOR?**  
84% of US Nephrologists  
have access to ASN  
Communities.

**HAPPY 2 BIRTHDAY**

Celebrating two years of connecting the nephrology community!