

# The *Cold Steel* surgical podcast: lessons learned from the first 125 episodes

The views expressed in this editorial are those of the author and do not necessarily reflect the position of the Canadian Medical Association or its subsidiaries.

**P**odcasting has become an increasingly dominant medium for entertainment and education. More than 29% of Canadians download podcasts weekly. This compares to 24% of Americans.<sup>1</sup> The listener demographics are also fascinating and represent equity across age, gender and occupation.<sup>1</sup> Not surprisingly, podcasting has become a highly relevant tool within the medical education domain. More specifically, it has been reported that up to 89% of some medical specialties utilize podcast learning on a monthly basis.<sup>2</sup> As a result, podcasts now present an important opportunity for the communication of most ideas to any and every audience on a global landscape and scale.

The *Cold Steel* podcast (<https://soundcloud.com/cjs-podcast>) has now released more than 125 episodes with interviews of distinguished and interesting guests from around the world. The aims of the weekly shows are to inspire discussion, to promote creativity and scholarly research, and to encourage career development in all surgeons and listeners.

The first 125 episodes of the *Cold Steel* podcast have displayed significant growth, with thousands of downloads per episode from more than 30 countries. Podcast formats have encompassed traditional interviews, detailed lectures, mock exams/debates, and conversational discussions surrounding current events and publications within larger group contexts (“companion” series). Topics have been wide ranging and have included master classes in clinical content aimed at continuing medical education for working surgeons and surgical trainees; diverse concepts and examples of surgical innovation; discussions of leadership principles, examination skills, academic and community surgery, basic science, peer-reviewed publishing, public speaking, philanthropy, surgical history, international surgery, the business of surgery, planetary health, and medical education; and challenging conversations regarding family loss, physician burnout and well-being, financial health, divorce, surgical palliation, bullying, international medical graduate obstacles, gender and racial equity, retirement from practice, professionalism, behavioural conduct within the operating room, struggling trainees, and beginning a fellowship and/or surgical career. Despite focusing on difficult topics and conversations, both traditional (email, telephone) and social media feedback have been overwhelmingly positive, encouraging and supportive. The podcast has also become a model for other

surgical societies and organizations to both enhance communication and collaboration with *Cold Steel* as well as within their own domains.

As the podcast continues to grow, it has become clear that this electronic format has the ability to break through geographic and socioeconomic barriers to impact surgeons and physicians outside of traditional academic formats. While conferences, textbooks and the peer-reviewed literature remain foundational tools for surgeon learning and continuing medical education, the often neglected issues that surround personal, family, and environmental growth (and struggle) can be further explored in depth via podcasting. More specifically, we hope the *Cold Steel* podcast will continue to be a safe space for surgeons to listen and to tell their stories about what it means to be a surgeon.

We hope you continue to enjoy the *Cold Steel* podcast for years to come. Thank you to all who have supported its mission, growth and future.

**Chad G. Ball, MD, MSc; Ameer Farooq, MD; Edward J. Harvey, MD**

**Affiliations:** From the Department of Surgery, Faculty of Medicine & Dentistry, University of Alberta, Edmonton, Alta. (Farooq); Coeditors-in-chief, *CJS*; the Department of Surgery, University of Calgary, Calgary, Alta. (Ball); and the Department of Surgery, McGill University, Montreal, Que. (Harvey).

**Competing interests:** E.J. Harvey is the cofounder and head of medical innovation of NXTSens Inc.; the cofounder and chief medical officer of MY01 Inc., and Sensia Diagnostics Inc.; and the cofounder and director of Strathera Inc. He receives institutional support from J & J DePuy Synthes, Stryker, MY01, and Zimmer. No other competing interests were declared.

**Content licence:** This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**Cite as:** *Can J Surg* 2022 June 14;65(3). doi: 10.1503/cjs.007122

## References

1. The Podcast Exchange. Research — the Canadian podcast audience. Available: <https://www.thepodcastexchange.ca/research> (accessed 2022 May 22).
2. Riddell J, Swaminathan A, Lee M, et al. A survey of emergency medicine residents' use of educational podcasts. *West J Emerg Med* 2017;18:229-34.

If you have a topic, or a surgeon/person you think would be of great interest to the *Cold Steel* listeners, reach out to us at [ball.chad@gmail.com](mailto:ball.chad@gmail.com) (use the title: Potential Cold Steel Idea).