

The background of the slide is a blurred image of a person with long brown hair looking at a laptop. The laptop screen shows a video call with a male doctor wearing glasses and a stethoscope.

Why Medical Students Choose Social Media Content Over Lectures (And What Faculty Can Do About It)

Supporting Medical Education in 120+ Countries



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Why Students Turn to Social Media Content: Understanding Today's Learning Preferences

Conciseness



Pass tests



Prepare for rotations



Solidify knowledge



Increase residency chances



**Learning
Preferences**

Conciseness

High-yield, focused

Interactive/multimedia

Videos, animations

Flexible online

Anytime access

Study aids

Flashcards, Q&As

Collaborative

Group work

Hands-on

Practical application

Continuous assessment

Regular feedback

Autonomy

Self-directed

Source: McGraw Hill commissioned student research

Where Medical Students Actually Learn: The Research

86%

Use Social Media for Learning

Medical students worldwide turn to social media platforms for educational content

61%

Prefer Online Over Lectures

Medical students prefer online learning materials instead of attending face-to-face lectures

#1

Videos & Interactive Sites

The most preferred learning modality among medical students globally

70%

Use Online Videos Weekly

Medical students use online education videos at least once per week to study

The mismatch:

Students learn digitally everywhere except where they need it most: in their medical education

[FASEB Journal \(2021\)](#) - University of Michigan Medical Student Study; [MedEdPublish \(2025\)](#) - AAMC Year 2 Questionnaire data; The Double-Edged Sword of Third-Party Resources study; [JMIR Medical Education \(2024\)](#) - Social media use among medical students; [Folia Morphologica \(2025\)](#) - Analysis of low attendance rates at anatomy lectures in medical schools

How Traditional Teaching Methods Should Evolve to Meet Today's Medical Students Where They Are



Information overload

→ Schools should **curate**, not **dump** content



Need instant answers

→ **Just-in-time learning** replaces memorization



Cases over lectures

→ **Real scenarios** beat theoretical abstracts



Visual Resources

→ **Multi-media** replaces text-only



Learn by doing

→ **Practice-based** replaces lecture-based



Team-based

→ **Collaborative** replaces individual



Continuous feedback

→ **Formative** complements summative

THE GAP

What students need



What most universities currently deliver

The 65% Challenge: Institutional Barriers and What Faculty Can Do



Where Most Schools Are Stuck

- Legacy infrastructure and systems
- Staff lacking digital training
- Faculty burnout from competing demands
- 42% of faculty report anxiety over implementing digital tools
- Poor interdepartmental communication & silos
- Change resistance ("always done it this way")
- Budget constraints and competing priorities



The
65%
Failure
Point



What Effective Teaching Looks Like

- **Practical preparation** and application
- **Student-led** learning
- Learners **work and discuss** in class
- **Personalized** teaching and learning
- **Hybrid** learning experience
- **Interactive** and engaging tools

"Where Most Schools Are Stuck" Section Source: Ndaba, N.E., & Naidoo, G.M. (2024), Source: <https://virtusinterpress.org/IMG/pdf/cqobrv8i3p5.pdf>

Two Paths Forward: Complement Social Media Content or Fall Behind



Path 1: Status Quo

When faculty compete alone

- ↓ Students choose social media over lectures
- ↓ Faculty work harder with less student engagement
- ↓ Unverified online content becomes the norm
- ↓ Student satisfaction drops

VS



Path 2: Transformation

When faculty have the right resources

- ↑ Faculty focus on discussion, feedback, and reasoning
- ↑ Faculty save hours on prep, spend more time with students
- ↑ Students access trusted, evidence-based content
- ↑ Institutional reputation strengthens

What Untrusted Online Content Cannot Teach

Why Faculty-Guided, Interactive, and Trusted Resources Win



What Faculty Provide That Social Media Cannot

- Knowledge that connects, not isolated facts
- Theory applied to real patient scenarios
- Real-time feedback and guided reasoning
- How to discuss, defend, and refine a diagnosis
- Clinical reasoning developed through doing, not watching
- Faculty guidance through clinical uncertainty



Faculty Development

- PBL/CBL/TBL facilitation training
- Assessment design workshops
- Cross-department collaboration



Curriculum Design

- Clear learning objectives
- Competency milestones
- Integrated assessments



Essential Resources

- Interactive case libraries
- Digital platforms
- Simulation labs
- Evidence-based reference databases

Using Cases in Medical Education: An Adaptable Implementation Framework



Core Framework (8 Steps)

Evidence-based framework for integrating cases into any curriculum

- 1 Clear Objectives**
Align with educational goals
- 2 Case Selection**
Progressive complexity
- 3 Diverse Groups**
Small, manageable groups enhance learning
- 4 Resources**
Digital libraries ready
- 5 Structured Process**
Case → Research → Feedback
- 6 Continuous Feedback**
From faculty and students
- 7 Technology**
Virtual collaboration tools and resources
- 8 Share Success**
Showcase the positive impact



Why Cases Transform Medical Learning

- Bridges theory-practice gap
- Develops clinical reasoning skills
- Improves diagnostic accuracy
- Enhances knowledge retention, comprehension, and application
- Desarrolla confianza en la toma de decisiones

Implementation Adaptability

Individual Faculty:

Can integrate cases into lectures, seminars, labs or assessments

Departmental Level:

Coordinate case-based strategies across courses

Institutional PBL:

Requires curriculum-wide adoption by the medical school

McGraw Hill Supports Every Approach

12,000+ adaptable cases and thousands of interactive resources designed to fit any course, teaching style, or learning environment.

Faculty Who Made the Shift: The Sapienza University of Rome Story

From passive lectures to active, case-based learning

The Challenge

- **Lectures were passive:** Faculty found themselves "sharing knowledge which is in the books" rather than teaching clinical skills.
- **Reliability issues:** Students struggled to distinguish between reliable medical sources and general web searches.

What Changed

- **Eliminated Passive Instruction:** Faculty no longer need to read the book to students, freeing them to assign core reading before the lecture begins.
- **Prioritized Clinical Application:** The classroom became a space for active learning, where students discuss case studies and "manage the patient" together

Resultados clave

Active Class Time

Replaced passive book reading with live clinical case discussions.

Reduced Admin

Eliminated time-consuming uploads to custom internal servers.

Higher Engagement

Students now independently consult trusted medical resources.

Strategic Win

Successfully adopted "Active Learning" using existing, trusted resources.

Key Insight

By leveraging trusted, interactive, ready-to-use resources, faculty were able to adopt active learning and adjust their teaching strategy without spending extra time creating or managing materials.

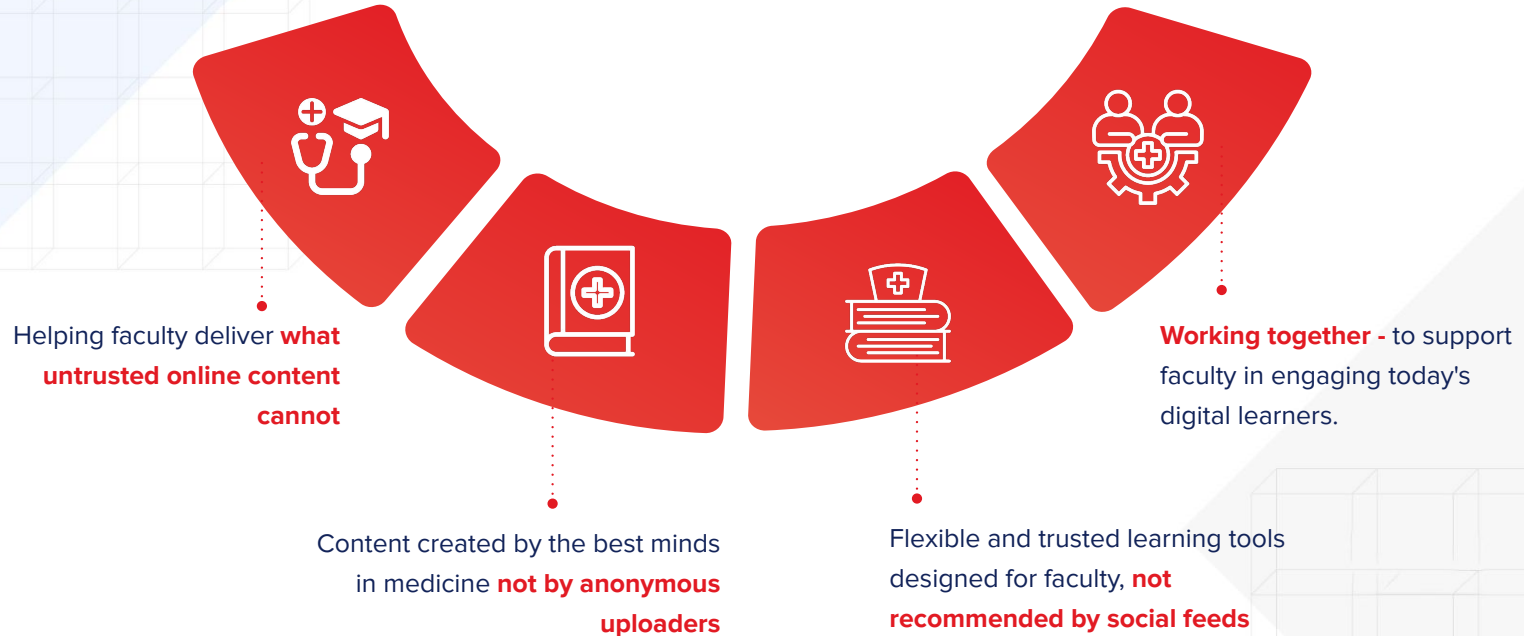


IMPLEMENT ACTIVE LEARNING IN YOUR CURRICULUM

Learn practical strategies, like those used at Sapienza University of Rome, to move from passive lectures to high-engagement teaching.

[Watch Now →](#)

Every pathway is different. Every destination the same: **Great doctors.**



The Future of Medical Education: A Shared Vision

Three Pillars for What Social Media Content Cannot Replace

1

Student-Centered Learning

- Personalized pathways adapting to learning preferences
- Just-in-time resources vs. information overload
- Active case-based pedagogies vs. passive lectures
- Continuous feedback for improvement

2

Faculty Empowerment

- Resources that handle content delivery, so faculty can focus on interaction
- Tools enhancing teaching, not replacing teachers
- Collaborative networks for best practices

3

Institutional Evolution

- Adaptive frameworks for varied curricula
- Evidence-based transformation at sustainable pace
- Integration preserving institutional identity
- Measurable outcomes driving improvement

The best medical education is not about competing with social media content. It is about offering what social media cannot: trusted content, expert guidance, and interactive learning that prepares physicians who are both scientifically excellent and humanistically grounded.

Key Takeaways: What to Remember from this eBook on Monday Morning

1

Compliment, Don't Compete

Social platforms excel at quick engagement and content delivery. View them as a supplementary resource rather than a rival, allowing you to focus on high-value teaching.

2

You Can Offer What Social Media Cannot

Clinical reasoning. Real-time feedback. Guided discussion. The ability to correct misconceptions immediately. Diagnostic thinking developed through doing.

3

Start with One Small Step

You do not need to transform your entire course. Add one 10-minute case discussion to your next lecture or assign a pre-class interactive content to your students. See what happens.

McGraw Hill offers thousands of ready-to-use interactive resources covering all medical specialties
We handle content. You handle interaction.

[Explore Our Solutions](#)



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Graw
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**Join 2,000+ institutions helping faculty deliver what
untrusted online content cannot**

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