




Article

The Role of EYFDM Podcasts in Postgraduate Family Medicine Education: A Mixed-Methods Study on Professional Identity and Career Development

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Abstract

Background: Professional identity formation (PIF) and wellbeing are increasingly being recognised in postgraduate Family Medicine (FM) education. Role models are central to both, yet traditional learning activities often struggle to implement them effectively. Podcasts offer a flexible medium that may support these goals. This study examines the potential of postgraduate medical education (PGME) podcasts, such as the European Young Family Doctor's Movement (EYFDM) podcast, to promote PIF and wellbeing. **Methods:** This mixed-methods study analyses podcast use, role modelling effects, and PIF among young general practitioners (GPs). In 2024, 57 participants, including students, FM trainees, and specialists, completed an online questionnaire with quantitative and qualitative items. Descriptive and analytical statistics were combined with qualitative content analysis (Kuckartz). Sentiment analysis was conducted using artificial intelligence, and triangulation enhanced credibility. **Results:** Within the trainees and specialists of the study population, most participants (70%; 32/46 SPs) reported regularly using podcasts for PGME, and particularly young female GPs in Western Europe. In our study population, 90% (27/30 SPs) agreed that the podcasts broadened their perspective on professional opportunities in FM. Many participants reported reflections on potential career pathways and PIF. Exposure to role models significantly increased motivation to work in FM ($\chi^2(1) = 10.7, p < 0.001$). **Conclusions:** Podcasts may help address gaps in affective competency training, including wellbeing and PIF, while integrating easily into busy routines. Findings suggest a positive influence on career attitudes, with role modelling supporting PIF and motivation in FM.

Keywords: Family Medicine; EYFDM; role modelling; professional identity formation; wellbeing; podcast

1. Introduction

Podcasts have become a recent yet widespread medium in society [1,2]. As a learning activity (LA), they are consumed differently than traditional LAs, such as books or



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lectures [1,2]. The ever-faster and more stressful pace of everyday life makes traditional textbooks less feasible for a new generation of learners [3]. Podcasts can be consumed in more diverse contexts or private settings [1]. For problem-orientated work and finding solutions, podcasts have been described by some authors as a potentially more suitable medium [3].

Podcasts have been studied as a LA, with a focus on metrics and structural design [1,3–6]. Researchers have shown that listeners become especially inattentive if the podcast lasts longer than 30 min [4,7]. A conversation is more interesting than a monologue and listener interactions, e.g., in the form of quizzes, are important to maintain focus [4,7]. Most listeners also prefer a parallel activity (e.g., driving), rather than just exclusively listening to a podcast [8].

General practitioners (GPs) use podcasts in their postgraduate medical education (PGME) routine noticeably less compared to other specialties [4,5]. There are no studies analysing the differences in podcast usage between the different stages of a GP's training (from undergraduate to specialist training and continuing medical education). From all medical disciplines, emergency medicine currently uses podcasts the most in their respective PGME [4,5]. The literature suggests that there are five key points of podcast design that improve learning effectiveness in emergency medicine trainees: invention, arrangement, style, memory, and delivery [9].

Postgraduate curricula often focus primarily on cognitive content, meaning classic specialty-related knowledge transfer on specific topics [3]. Less attention is paid to affective skills like wellbeing [10,11]. For FM, prior studies have shown the need, especially for educators and young trainees, to integrate affective competencies into future postgraduate FM curricula [10,11]. Educators struggle to include meaningful LAs for wellbeing, role modelling or professional identity formation (PIF) [11].

Podcasts may help fill this gap by providing versatile role models and making other people's life stories and professional experiences more relatable. This study tries to evaluate the use of podcasts as a LA in postgraduate FM European medical education. In contrast to previous studies, this study does not focus on the use of podcasts as knowledge dissemination instruments, but on the European FM trainee's perspective of their practical use and value as an educational tool, especially for affective professional competencies [12].

2. Methods

Setting: Data was collected via an online questionnaire between 10 April and 7 October 2024. Participation was voluntary. Prior to participation, informed consent for anonymous data processing and storage (10 years) was obtained. Prior to participation, all potential participants received detailed information about the study aims, procedures, and data handling. This information was presented at the start of the online questionnaire, and participants were required to provide informed consent electronically before proceeding. Study participants (SPs) included undergraduate students, postgraduate trainees in FM, and FM specialists within five years after GP specialisation (EYFDM definition of a young doctor). Specialists with more than five years of experience were recorded separately. Other professionals were excluded from the study (e.g., nurses). Undergraduate students who completed the questionnaire were recorded descriptively in the study population but were excluded from analyses related to postgraduate medical education (PGME), as the study focused on podcast use within postgraduate training. Participants who did not complete the questionnaire in its entirety were excluded from the study. SPs were recruited through presentations at conferences for GPs (EYFDM Forum in Vienna and WONCA Europe Conference in Dublin 2024). The study was advertised at the beginning of each podcast episode on all podcast platforms. Listener statistics used for comparison with the study

population were obtained from the podcast platform Spotify[®], which provided aggregated listener demographics and usage data. The questionnaire did not require participants to have listened to a specific number of podcast episodes prior to completing the survey. Podcast guests who appeared as role models in the episodes were explicitly asked not to participate in the questionnaire. However, due to the anonymous nature of the survey, it cannot be completely ruled out that individuals involved in the podcast may have also responded. Ethical approval was granted on 22 March 2023 by the Saarland Chamber of Physicians Ethics Board, Germany (Bu 234/20), following preparatory phases including podcast production and recruitment planning.

Study design: The questionnaire was created and then discussed and finalised with an expert group of qualitative researchers (medical education and social sciences) on 10 January 2024 (methodological triangulation). It was accessible online via Google Forms[®] from 10 April to 8 October 2024, collecting data on usage and listening behaviour of the SPs. It comprised three sections: demographics (4 items), quantitative data (17 items), and qualitative data (6 items). Some quantitative items triggered follow-up questions based on responses, enabling dynamic adaptation to gather specific data. Questionnaire items were presented in a fixed order. No randomisation of items or question blocks was implemented, as certain follow-up questions were dynamically triggered based on specific previous responses. As participation was voluntary and the questionnaire adaptive, response counts of SPs varied across items. Relative response counts per question are given in every relevant sentence. The full questionnaire is provided in the Supplementary Materials to enhance transparency of the survey design.

Quantitative data analysis: Descriptive and analytical analyses were conducted using Jamovi[®] (version 2.6.16) and Microsoft Excel[®] (version 2411). Normality of ordinal data was tested with the Shapiro–Wilk test. For group comparisons with continuous data, the Mann–Whitney U test was applied. Nominally distributed data were analysed using the Chi-Square test or Fisher’s exact test.

Qualitative data analysis: Qualitative comments varied in length from single sentences to several paragraphs. Written comments were analysed using Kuckartz’s qualitative content analysis. Categorization was independently conducted by PV and NW in Microsoft Excel[®] (version 2411), followed by a joint discussion on 18 October 2024 (researcher triangulation) with all authors. Final coding was then performed in Microsoft Excel[®]. Coding categories were developed iteratively following Kuckartz’s qualitative content analysis. Initial codes were independently generated by two researchers (NW and PV) and then discussed and refined with all authors to achieve consensus. All open-ended responses were analysed using Kuckartz’s qualitative content analysis. Initial coding was performed independently by two researchers (NW and PV) and then discussed and refined with all authors to achieve consensus. Rather than analysing each question separately, we synthesised responses across all qualitative questions to identify overarching themes. The most prominent themes included perspectives, inspiration, relatability, diversity, and wellbeing. Subcategories were retained where necessary to capture nuances within each theme. This thematic synthesis allows for an integrated understanding of how podcasts impact PIF, career motivation, and affective learning in postgraduate FM education.

To complement the qualitative coding, a sentiment analysis using ChatGPT[®] (version GPT-4o) on the full set of coded qualitative responses was conducted on 2 January 2025. The AI was prompted with all relevant qualitative comments and primed using four methodological references [13–16] to guide the interpretation of emotional content. For each comment, the AI generated sentiment polarity scores ranging from –1 (negative) to +1 (positive) and subjectivity scores from 0 (objective) to 1 (subjective). These scores are relative measures of emotional tone and subjectivity, intended to provide a quantitative

perspective on the coded themes rather than absolute judgments of content. Discrepancies between AI outputs and human coding were resolved collaboratively to ensure consistency (Figure 1).

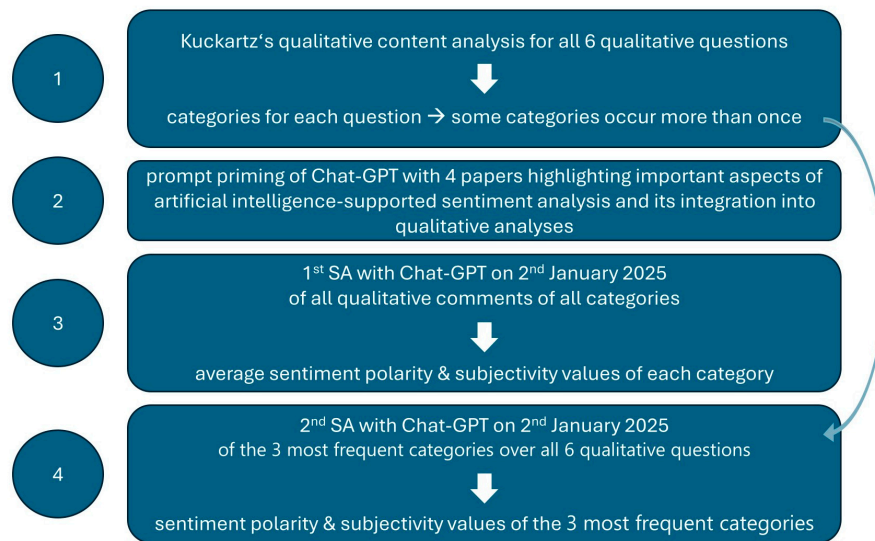


Figure 1. Sentiment analysis (SA) of qualitative data with ChatGPT (qualQ = qualitative question). Arrow: Major categories from (1) were examined as part of the SA.

To ensure reliability, all comments were first independently coded by two researchers (NW and PV), and discrepancies between AI outputs and human coding were resolved collaboratively by all authors during interactive coding sessions. This step helped to mitigate potential errors of AI analysis, particularly for shorter or context-dependent comments.

3. Results

Study population: A total of 60 individuals completed the survey. Three individuals were excluded due to other professional backgrounds (i.e., nurses). The 57 included SPs represent 20 European countries and Israel (Figure 2). SP stage of training consisted of two undergraduate students, 21 trainees (the majority in their 3rd year of postgraduate training) and 34 FM specialists, 59% (20 SPs) of whom had less than five years of experience. Overall, 43 SPs fulfilled the EYFDM definition of a young doctor. Table 1 provides a clear overview of all demographic data and Table 2 provides detailed information regarding the quantitative data composition (Table 1).

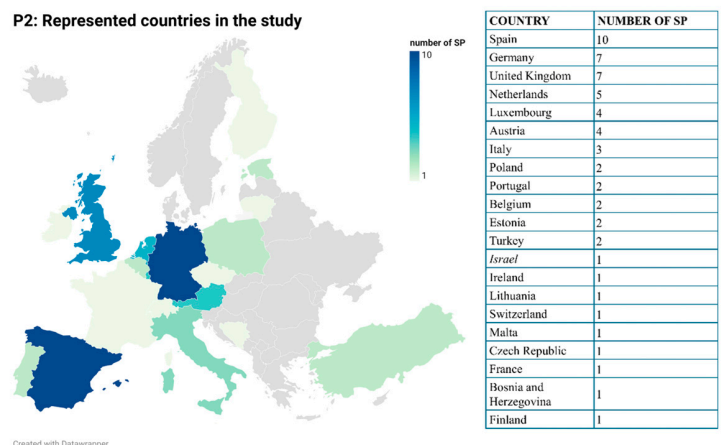


Figure 2. Represented countries in the study with the corresponding numbers of study participants (SPs).

Table 1. Demographic characteristics of study participants (SPs).

Variable	n (Selected Answers)	N (Total Respondents)	%	Notes
Gender of the Study Participants				
Female	35	57	61	
Male	22	57	39	
Age				
Mean				34.4
Median				33.0
Stage of Training				
Undergraduate	2	57	3.5	
Trainee	21	57	36.8	
FM specialist (<5 Y)	20	57	35.1	
FM specialist (≥5 Y)	14	57	24.6	

N = Absolute number of people who answered this question; n = Number of participants who selected this answer; % = Percentage showing how many participants selected this answer out of all those who answered this question (in %).

Comparison between study participants and podcast listeners: During the study period, the podcast reached 882 listeners on Spotify alone. Among the Spotify listeners, women (57.5%) outnumbered men (39.6%). Of the SPs, 61% were female and 39% were male. The average Spotify listener age was 35.6 years (median 32.2). SP average age was 34.4 years (median 33.0). Most Spotify listeners were from Germany and Belgium (42.2%), whereas most SPs were from Spain, Germany and the UK (40%).

Analysis of listening behaviour and reasons for PGME Podcasts: Among the SPs, 70% regularly listen to podcasts for PGME in general. They report an average of 16.8 h of self-estimated study time per month. PGME podcasts account for 40% of this time (6.7 h/month). Trainees have the highest study time (23.5 h/month), followed by FM specialists with less than five years of experience (15.80 h/month). FM specialists with more than five years of experience have a shorter overall study time (14.2 h/month).

Overall, 84.4% (27/32 SPs) engage in parallel activities while listening to podcasts. The most common parallel activities are household chores (29.8%), commuting (24.6%), and physical activities (24.6%). Less frequently mentioned are self-care (5.3%) and work (1.8%).

In total, 62.5% listen to podcast episodes once, while 31.3% replay them two to three times. Only 6.3% listen more than three times. Among repeat listeners, 66.7% re-listen within the same week. When distracted, 66.7% skip back, 22.2% continue listening, and 11.1% stop the episode.

Evening (6 p.m. to midnight) is the most popular listening time (64.5%), followed by morning (16.1%). Few SPs listen at midday/afternoon or late at night (both 6.5%). Listening in the evening is significantly more frequent than at any other time ($\chi^2 = 30.7$; $p < 0.001$).

Overall, 90% agreed that the EYFDM podcast broadened their perspective on professional opportunities and that more podcasts such as the EYFDM podcast should be available in PGME. Additionally, 6.7% were neutral. Only 3.3% partially disagreed, with no complete disagreement.

In total, 92% reported a role modelling effect and 86.2% felt increased motivation to work in FM. Those two effects show a significant correlation ($\chi^2 (1) = 10.7$; $p < 0.001$; Fisher's Exact Test, $p = 0.023$; $n = 30$).

Table 2. Quantitative results of study participants (SPs) regarding podcast use and related behaviours.

Variable	n (Selected Answers)	N (Total Respondents)	%	Notes
Gender of the Study Participants				
Female	35	57	61	
Male	22	57	39	
Stage of Training				
Undergraduate	2	57	3.5	Excluded from PGME analysis
Trainee	21	57	36.8	Majority in 3rd year
FM specialist (<5 Y)	20	57	35.1	
FM specialist (≥5 Y)	14	57	24.6	
Regular Podcast Listening for PGME	32	46	70	
Average Study Time per Month				Total: 16.8 h; PGME podcasts: 6.7 h
Trainee				23.5 h
FM specialist (<5 Y)				15.8 h
FM specialist (≥5 Y)				14.2 h
Concurrent Activities While Listening				
Houshoh chores	17	57	29.8	
Commuting	14	57	24.6	
Physical activity	14	57	24.6	
Self-care	3	57	5.3	
Work	1	57	1.8	
Episode Re-listening Frequency				
Once	20	32	62.5	
2–3 times	10	32	31.3	
>3 times	2	32	6.3	
Re-listening within same week	8	12	66.7	Of 12 SP who re-listen
Behavior When Distracted				
Skip back	18	29	66.7	
Continue listening	6	29	22.2	
Stop episode	3	29	11.1	
Preferred Listening Times				
Evening (6 pm–midnight)	20	31	64.5	
Morning	5	31	16.1	
Midday/Afternoon	2	31	6.5	
Late night	2	31	6.5	
Role Modelling Effect	24	26	92	
Motivation to work in FM	25	29	86.2	
Satisfaction/Perspective Broadened	27	30	90	

N = Absolute number of people who answered this question; n = Number of participants who selected this answer; % = Percentage showing how many participants selected this answer out of all those who answered this question (in %).

Coding of qualitative data: The qualitative analysis of all open-ended responses identified several overarching themes that were present across multiple questions. The most prominent themes were *perspectives*, *inspiration*, *relatability*, *diversity*, and *wellbeing*. These themes emerged consistently across the dataset, highlighting both the emotional and professional relevance of podcasts for young GPs. *Perspectives* were commonly expressed in relation to *role modelling* and the broader understanding of FM. Participants reported that listening to podcasts provided concrete ideas about potential *career* paths and professional opportunities, helping them envision their future as GPs. *Inspiration* was a key theme, encompassing *motivation*, *emotional engagement*, and *excitement* about professional development. This included *inspiration* derived from the experiences of podcast guests, as well as reflections on *work-life balance* and personal career goals. *Relatability* emerged as participants frequently connected their own experiences, backgrounds, and values to those shared by the podcast guests, enhancing *engagement* and the perceived relevance of the content. *Diversity* was highlighted as an important aspect, with participants noting that podcasts showcased the *variety* of professional experiences in FM across different countries and healthcare systems. *Wellbeing* was discussed in terms of *self-care*, *stress management*, and *reflection* on personal and professional balance, emphasising the affective dimension of podcast learning. Subcategories were retained where necessary to reflect nuances within each overarching theme. Overall, this thematic synthesis allows a more integrated understanding of how podcasts impact PIF, career motivation, and affective learning in postgraduate FM education.

Sentiment Analysis of qualitative data: Sentiment scores were calculated for the major themes across all qualitative responses (Figure 3). *Inspiration* showed the highest positive polarity (mean = 0.332), reflecting that comments related to this theme generally expressed positive emotional engagement. *Perspectives*, by contrast, had a lower polarity score (mean = 0.099), indicating that these comments were more neutral in tone. Subjectivity scores varied across themes: *Perspectives* had the lowest subjectivity (mean = 0.380), suggesting that comments in this category were expressed in a more objective, factual manner, whereas *inspiration* had the highest subjectivity (mean = 0.703), reflecting more personal or emotionally engaged responses.

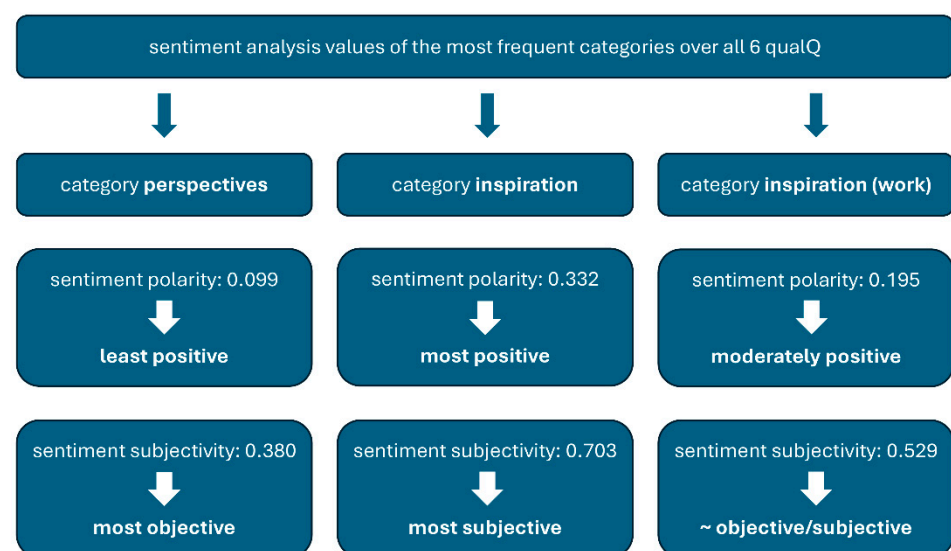


Figure 3. Sentiment analysis values of the most frequent categories over all six qualitative questions.

These findings provide a nuanced view of how themes are expressed emotionally and objectively. Importantly, the results are interpreted as complementary to the qualitative coding rather than as direct evidence of the educational impact or relevance of specific

themes. This approach allows an integrated understanding of both the content and the tone of participants' reflections.

4. Discussion

Summary: The findings of this study suggest that medical education podcasts, such as the EYFDM Podcast, may effectively support PIF and motivation in FM by providing relatable role models and career perspectives for young GPs. Podcasts are highly accepted LAs and can be flexibly integrated into people's daily routine.

Podcasts in PGME: The findings of this study suggest that podcasts may help fill existing gaps in postgraduate education by addressing affective competencies that traditional LAs often struggle to cover. Time efficiency in learning might be a key factor in podcast learning: their availability anytime, anywhere makes them ideal modern LAs. It is now possible to benefit from podcasts while doing daily chores. In today's medical education, multitasking has become more essential, especially for young GPs. This aligns with previous research, showing that podcasts are generally perceived positively as flexible learning tools [4,5], but extends these findings by demonstrating their role in professional identity formation through role modelling.

How podcasts shape FM perception: The findings of this study suggest that podcasts may influence how FM is perceived by broadening perspectives, demonstrating international career opportunities, and stimulating emotional engagement. Whereas earlier qualitative work emphasised inspiration and motivation as the main outcomes of podcast learning [12], this study shows the importance of *perspectives*. For young GPs, it is not only important that *perspectives of FM* are presented, but also how they are ideally conveyed (*perspectives through role modelling*). Interestingly, *diversity* is a common aspect of how SPs (33%, 7/21 SPs) perceive FM. It shows '[how] diverse the field of FM is, while everyone everywhere is struggling with the same elements' (SP 8, qualQ 4). Beyond highlighting diversity, this statement also reflects a sense of shared professional experience across countries, suggesting that participants perceive common challenges and values within FM. Such shared experiences may contribute to PIF and a sense of solidarity among young GPs.

The sentiment analysis indicates that the category of perspectives is generally rated positively and has the highest objectivity of all categories. This demonstrates that podcasts are perceived as a concrete, relevant source of career orientation for young GPs.

In this study, a large number of participants were young female physicians, reflecting the demographic composition of our sample. While the data do not indicate that podcast effects are stronger for female physicians specifically, this demographic is noteworthy as prior literature has documented underrepresentation of women in certain academic structures, which may influence access to role models and career development opportunities [17,18]. Podcasts may therefore provide an accessible means of exposure to professional role models for this group.

The ability of podcasts to present diverse international career paths and address issues surrounding work–life balance fits well with the current challenges in postgraduate FM. Podcasts may provide opportunities for recruiting young GPs by offering inspiration and motivation through role modelling. This central dimension of podcast learning is not shown in previous studies, which mainly focused on knowledge acquisition and listening habits [7,8].

This study identifies podcasts as a possible LA to address self reflection, role modelling and inspiration in FM training. Future studies may also aim to identify how podcasts can cater to all generations, genders and career stages equally.

Strengths: This study is, to our knowledge, the first to explore the role of podcasts in PIF and role modelling within a European young family medicine context. The mixed-

methods approach, combining quantitative, qualitative, and AI-supported sentiment analysis, provides a comprehensive perspective on both measurable outcomes and subjective experiences. Additionally, the use of real-world podcast data enabled contextual comparison between study participants and the broader listener population.

Limitations and future research

This study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small ($n = 57$), and participants were recruited through conferences and podcast-related channels. This likely resulted in a self-selected group of individuals already interested in podcast-based learning or engaged with the EYFDM network, introducing potential selection bias. Second, the study population was highly heterogeneous, including participants from 21 different countries with varying postgraduate training structures and educational contexts. While this diversity provides valuable insights into a broad European perspective, it limits the generalizability of the findings to specific national settings. Third, the study did not assess the extent of participants' prior exposure to the podcast (e.g., number of episodes listened to). As a result, differences in familiarity with the podcast content may have influenced responses and perceived effects. Fourth, data collection relied on self-reported measures, which may be subject to recall bias and social desirability bias. In addition, the cross-sectional design limits the ability to draw firm conclusions about causality between podcast exposure and outcomes such as motivation or PIF. Finally, although sentiment analysis using AI provided additional quantitative insights into qualitative data, this approach may be sensitive to context and interpretation, particularly for short or nuanced responses. Efforts were made to mitigate this through researcher triangulation.

Future research should aim to include larger and more diverse samples, ideally with more balanced representation across countries and training stages. Longitudinal study designs could help to better outline the causal relationship between podcast use and outcomes such as PIF, wellbeing, and career development. Furthermore, combining self-reported data with objective podcast usage metrics (e.g., listening frequency and duration) may provide a more robust understanding of how engagement with podcast content relates to educational outcomes.

5. Conclusions

The findings of this study suggest that educational podcasts such as the EYFDM podcast may support PIF and emotional engagement (e.g., *perspectives and inspiration*) among young GPs. Within the study population, participants reported a role model effect and increased motivation to work in family medicine, driven by relatable narratives, diverse career paths, and the flexible accessibility of podcasts. Podcasts may help address gaps in teaching affective competencies, such as wellbeing and career reflection, particularly in postgraduate training. At the same time, their impact may depend on how well they are tailored to specific audiences, as they may influence both perception and motivation toward a specific discipline, i.e., FM.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/ime5020043/s1>.

Author Contributions: N.W. and F.D. created the questionnaire for the participants. N.W. analysed the quantitative data afterwards. The qualitative data was evaluated by N.W. and P.V. individually using Kuckartz's qualitative content analysis and then comparatively together. The first manuscript was written by N.W. It was revised and linguistically improved by P.V., S.J., S.H., K.G., N.M. (Nick Mamo), N.M. (Nele Michels), A.P. and F.D., N.M. (Nele Michels) provided very valuable feedback on the manuscript, which greatly improved it. F.D., the corresponding author, also provided the

organisational overview. He also led the submission process. All authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement: Ethical approval was granted on 22 March 2023 by the Saarland Chamber of Physician's Ethics Board, Germany (Bu 234/20). All procedures were conducted in accordance with the Declaration of Helsinki. Participation was voluntary. Prior to participation, informed consent for participation, anonymous data processing and storage (10 years) was obtained.

Informed Consent Statement: Not applicable.

Data Availability Statement: The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

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Conflicts of Interest: Fabian Dupont is part of the Wonca World executive committee and Young Doctor Movement (Wonca) world lead. Aaron Poppleton is part of the Wonca Europe executive committee, Nele Michels is Euract president and Philip Vogt is Alumnus of the German Family Medicine National College Scholarship Programme. Both Stuart Holmes and Nick Mamo are past EYFDM presidents. The authors declare no conflict of interest.

Abbreviations

AI	Artificial intelligence
EYFDM	European Young Family Doctors Movement
FM	Family medicine
GPs	General practitioners
LA	Learning activity
PGME	Postgraduate medical education
PIF	Professional identity formation
qualQ	Qualitative question
SPs	Study participants
WONCA	World Organization of Family Doctors

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