# "How-to" Teaching Videos – inspired by work in South Sudan

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## ABSTRACT

Global Health Media Project creates teaching videos on basic health care practices for providers and people in low-resource settings. The organization was founded by Deborah Van Dyke, whose work and experience in South Sudan helped her see that practical, "how-to" videos would be an effective way to teach health workers at scale. Their live-action videos—filmed in developing world clinics—feature "best-practice" care with real patients. They have now produced more than 200 videos that fill an important gap in health care education worldwide.

Key words: video, global health, health workers, training, films

### INTRODUCTION

South Sudan was my home during four missions with Médecins Sans Frontières (MSF) from 2002 to 2008 when I worked in Akeum, Marial Lou, Yambio, and Pibor. See Figures 1 and 2.

We saw health problems that providers in most developed countries can only imagine: tetanus, severe malnutrition, terrible infections, tuberculosis, snake bites. While our clinics made valuable contributions to improve health care in these communities, it was easy to imagine how much more needed to be done for so many people in South Sudan and around the world.



Figure 1. The author caring for a malnourished child in the MSF feeding center, Akuem, South Sudan, 2002 (Credit: Deborah Van Dyke)

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Figure 2. Health worker seeing mother and child at Akeum 2002 (Credit: Deborah Van Dyke)

In addition to South Sudan, I worked in several other countries with MSF and other international NGOs - a total of 14 missions over a span of two decades. Training, mentoring, and working side-by-side with health workers gave me the opportunity to better understand the realities workers face health when providing care in the developing world. Most had limited training and almost no opportunity to find answers to their questions in a book, consult with a more

experienced colleague, or refer to a higher-level facility. Beyond their initial schooling, refresher training programs were often not available to these providers. I realized that health workers lack of ready access to practical clinical information significantly limited their ability to provide effective health care.

A more efficient way to train health workers at scale was needed.

#### **DEVELOPMENT OF VIDEOS**

On two occasions – in South Sudan and Afghanistan – I used a few videos to teach health workers. Their response to those videos was truly remarkable. They

were riveted and the information really stuck in their minds. They were excited by the films ability to bring clinical concepts to life – to see live-action footage of what previously they could only imagine. We have all heard how a picture is worth a thousand words; I saw through the eyes of these health workers that a video is worth exponentially more. It made a huge impression on me.

I thought, of course, that video is such an incredible teaching tool, there must be plenty available that I can send to my co-workers in the field. I contacted several of the large training organizations and searched when I was back in the US. Although I did find a few videos, they were often poorly done or out of date, but more importantly, they did not reflect the reality that these health workers faced in their low-resource settings. This was a surprising gap. A critical need was not being met.

A pivotal experience in South Sudan helped me see how important and lifesaving teaching videos could be. I was called to a difficult birth in the middle of the night. The baby needed to be resuscitated but the medical staff did not know how. I joined them and we started using a bag and mask. The baby finally started breathing on his own. I knew that health workers everywhere desperately needed that skill – and a short simple video could show them how. It would be extraordinary to see. I knew if they could see that, they would never forget it.

I recognized that simple, engaging teaching videos could reach frontline health workers like nothing else could. Especially for teaching medical skills, video offered an unparalleled ability to hold and direct a viewer's attention. Also, health workers can review them over and over as needed. Videos can also be voiced over in any language and updated easily. Technology was also evolving to make this approach more feasible and economically viable. Filmmaking was getting cheaper and more portable, so that even a novice like myself could get involved. And once the videos were created, the internet made it possible to share our teaching videos widely to even remote corners of the world.

### **GLOBAL HEALTH MEDIA PROJECT**

Inspired by my experience in South Sudan, I founded Global Health Media Project (GHMP) in 2010. Recognizing the critical need for health workers to have reliable information on best-practice care, we set out to develop videos that would "bring to life" health care information known to save lives – especially in low-resource settings.

Fast forward to 2022. GHMP is the leading organization producing live-action films to teach lifesaving health care in low-resource settings. We film in developing world clinics, using real health workers, doing real "best practice" care with patients in actual clinical settings. The videos model kind and respectful behaviour, and present teaching points in a clear step-by-step fashion that is easy to understand, remember, and use. We have created more than 200 videos on newborn care, breastfeeding, care of small premature babies, childbirth, complementary feeding, and family planning. We even have a video on newborn resuscitation – my original inspiration!

Our videos are watched in every country in the world and used by more than 7,000 organizations – UN groups, teaching institutions, Ministries of Health, and NGOs large and small. In South Sudan, the list of organizations that use our videos include UN groups (UNICEF, UNFPA, UNHCR, UNIOM), Concern Worldwide, IMA World Health, International Medical Corps, International Rescue Committee, Jhpiego, Médecins Sans Frontières, Mercy Corps, Relief International, Save the Children, World Relief, and World Vision.

The videos are used in both pre-service and in-service training, as well as in workshops and refresher training. They are often used to teach health workers in remote clinics where there are minimal resources or training opportunities. Videos for mothers, caregivers, and reproductive age women and men are also available. The ability to review the videos whenever and wherever needed improves the effectiveness of teaching and training and is vital in making sure learning sticks and practices improve. All videos can be streamed on our website or YouTube, and downloaded for offline use. See details below.

The global distribution network that we have developed over the web and through partner organizations has resulted in the wide reach of our videos. This uptake and use speaks to their quality and relevance, confirming that our approach and methods have been successful in creating effective teaching tools that help fill a gap in health care education.

Patricia Manzon, Nomad Foundation says, "... we have used your films in Africa training nomadic women in safer practices for birth... The students LOVE your films... it is like being at the bedside or right in the room. They are memorable and so informative."

All our videos are on YouTube and can be found at <u>https://globalhealthmedia.org/language/english/</u>, and many are available in other languages including Arabic, Kiswahili and French.

Helping Babies Breathe at Birth: <u>https://globalhealthmedia.</u> <u>org/videos/helping-babies-breathe-at-birth/</u>

Danger Signs in Newborns: <u>https://globalhealthmedia.</u> org/videos/danger-signs-in-newborns-for-health-workers/

Attaching Your Baby at the Breast: <u>https://globalhealthmedia.org/videos/attaching-your-baby-at-the-breast/</u>