

Education of laypersons by sending leaflets and videos, in matters related to health promotion and patient information, is fairly well established. Videos related to interventional procedures, however, are usually restricted to health care professionals. In reality, it is becoming increasingly common for the general population and patients to obtain online information (including videos) about various procedures, in addition to professional consultation and information provided by health care establishments.

Role of simulation as a tool for learning is becoming increasingly prevalent and relevant to health care practice. Videos, role plays, computer and manikin-based simulation, and skills laboratory workshops are recommended as means of acquiring knowledge and skills. Properly recorded and evidence-based videos form important aspects of observational learning that can stimulate and promote both basic and advanced skills. One of the major benefits of observational learning by videos is that they can be revisited and watched frequently to complement hands-on practice and experience, in a relaxed and non-threatening environment.

In this issue, Chung et al,¹ describe a prospective randomised controlled trial, showing the benefits of self-instruction videos for laypersons for acquiring cardiopulmonary resuscitation (CPR) skills as an effective alternative to traditional classroom training. Use of such approaches and tools are important where medically qualified person may not be available, or as a means of providing assistance to a medical professional who is present. Skills acquired by layperson can save lives in these circumstances.

With advent of mobile technology, 'reminder videos' delivered through mobile phones have been tried with beneficial effects with respect to the retention of CPR skills by laypersons.²

Essential ingredients

Observational learning is a process in which a person observes a third party's behaviour and its consequences. If the latter are positive, the observer is liable to imitate such behaviour. Adult learners, unlike children, learn better if they find the process of learning meaningful.³ Videos are excellent tools that may be used before, during, and after workshops. However, they need to be produced to appropriate standards and to meet requirements; they should only show the basic approach and not highlight abnormal situations. Standard ways of doing a procedure may not be the only way. Videos may be too slick to appear true and give a false sense of security and likely competence that can be attained. At the same token, scenarios with multiple options can be confusing.

To conclude, the old dictum of 'see, do and teach' need to be modified to 'look, learn, show, practice and do'; while the famous saying 'doctor knows best' needs supplementing with 'doctor knows best; and so does the layperson'.

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