

EDITORIAL



Lights, camera, knowledge: Can patient education videos have a blockbuster impact in paediatric uveitis?

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The prevalence and accessibility of online media platforms have revolutionized the way we access information in the realm of healthcare [1]. Providing accurate and reliable information to patients is crucial for emboldening them to make informed decisions. This is especially pertinent for young people who are increasingly empowered in making decisions for their own healthcare.

Visual content plays a crucial role in conveying medical information effectively. Patient information videos leverage the power of visual storytelling to simplify complex ophthalmic concepts. By incorporating graphics, animations, and real-life demonstrations, patients can be provided with a clear and comprehensive understanding of their eye conditions, diagnostic tests and treatment options. Platforms such as YouTube [2] and TikTok [3] have emerged as powerful tools for disseminating medical knowledge. The emphasis on creativity and succinctness in these platforms allows for a wider audience, including younger individuals who might be more inclined to engage with social media content rather than traditional educational resources. New platforms also allow for a collaborative approach where young people can engage in peer-to-peer learning and gain insights into real-life experiences, thereby dispelling fears, boosting confidence, and fostering a sense of community and support.

Nevertheless, it can be a challenge to find online educational content targeting children and young people with specific conditions, such as paediatric uveitis. In the research paper, "Show, don't tell: assessing the impact of co-developed patient information videos in paediatric uveitis" [4] we are presented with an innovative approach to address a gap in patient education. This timely study, conducted by a collaborative team from the Childhood Uveitis Studies steering group and the Great Ormond Street Hospital Generation R Young People's Advisory Group, evaluates the impact of co-designed patient information videos on the subjective and objective understanding of childhood uveitis.

The authors employed a co-development approach, involving young people affected by uveitis and their families, to create patient education videos. The videos were narrated by children and aimed to provide an overview of the disease, describe different treatments, and provide updates on uveitis research. The study participants, children managed within the Uveitis service at Great Ormond Street Hospital, completed pre- and post-video surveys to assess changes in their self-rated and objective knowledge of uveitis.

There is tremendous promise in the study's findings—that the co-developed patient information videos had a positive impact on the participants' knowledge of uveitis. Self-rated knowledge improved significantly across all groups, with the greatest improvement observed in those with a new diagnosis

of uveitis. Objective knowledge scores also improved across all questions, particularly among younger children, those with new disease, and those on steroid-only treatment. Importantly, participants reported finding the videos easy to understand and informative.

This underscores the value of co-designed patient information videos as a tool for improving patient understanding of disease and treatment. The engagement of children, young people, and their families in the development process ensured that the content was tailored to their needs and preferences. By leveraging the power of visual media and peer narration, these videos effectively convey complex information in an accessible and engaging manner for children and their families.

The authors' findings have broader implications beyond paediatric uveitis. The success of this study suggests that collaboration between clinical teams and patient groups can lead to the development of similar videos targeting other rare and complex disorders. The involvement of patients in the co-development process ensures that the information presented is relevant, accurate, and resonates with the target audience. By addressing possible misinformation and improving patient outcomes, such collaborations have the potential to positively impact healthcare delivery.

Visual representation helps overcome language barriers and facilitates comprehension, making patient education more inclusive and effective for individuals with varying levels of health literacy. The democratization of information via social media platforms helps bridge knowledge gaps, enabling patients to make informed decisions about their eye health and seek appropriate care in a timely manner. Transcending barriers of accessibility and enabling young people to view content in their own homes, provides them with the flexibility to review and process information at their own pace. This further fosters a sense of empowerment, self-advocacy, and proactive engagement in their treatment journey.

This is a valuable study. Nevertheless, it is important to acknowledge its limitations, and critically analyse the inferences for the benefit of future exploration. Convenience sampling was used, and the study was conducted at a single centre, which may limit the generalisability of the findings. The study employed an immediate pre and post-test methodology to assess knowledge retention. Perhaps conducting a post-test at a separate visit, when the knowledge is no longer fresh, may have yielded different results and could provide a clearer understanding of the long-term impact of the patient information videos.

To strengthen the findings and draw more robust conclusions, the inclusion of a control group comprising individuals without uveitis would have been advantageous. Such a group would have allowed for a comparative analysis and enabled a more nuanced understanding of the specific impact of patient information videos on paediatric uveitis patients. The feedback from the participants who did not find the videos useful would also be

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worthwhile for enhancing the design and content of future educational interventions.



Future research could explore the sustained impact of patient information videos over an extended period and could also explore the impact of additional materials—Comparing the effectiveness of videos alone versus a combination of videos and supplementary written material would provide a more comprehensive understanding of the impact on patient education.


The study prompts us to reflect on whether over-reliance on videos may inadvertently diminish patient engagement with healthcare professionals. The interactive and continuous process of doctor-patient interaction, tailored to individual needs, should not be overshadowed by the availability of video resources. Ophthalmologists and healthcare professionals should play an active role in curating and verifying content, thereby maintaining accuracy and upholding ethical standards. This is especially pertinent for open public sources that may offer varying levels of quality and accuracy and in some cases may lead to a superficial understanding of the condition, potentially exacerbating confusion among patients and caregivers. Striking a balance between accessibility and comprehensive information is crucial in patient education initiatives.

Furthermore, to maximize the impact of patient education via social media, healthcare institutions should consider incorporating social media training into medical education curricula. Equipping future ophthalmologists with skills in digital communication and content creation will facilitate their effective engagement with patients in the evolving digital landscape.

This providential study emphasises a growing need for patient education resources about childhood uveitis. By exploring aspects such as patient reliance on videos, participant feedback, supplementary materials, control groups, evaluation timing, and material complexity, future studies can refine their methodologies and further contribute to effective patient education interventions in the field of paediatric uveitis. We encourage clinical teams to collaborate with patient groups to develop similar educational

resources, addressing the specific needs of patients and fostering shared decision-making.

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COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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