

The
Journal of Obstetrics & Gynaecology of
India

VOL. 46 NO. 3

JUNE 1996

EDITORIAL

VIDEO JOURNAL IN OBSTETRICS & GYNAECOLOGY

The old Chinese proverb that 'A picture speaks a thousand words' should be modified. Today, 'A moving picture speaks a million words' is a reality.

The advantages of video over written text and static pictures for the purpose of instruction are very well known, but let us reconsider a few in relation to medical education programme.

Visualisation of action with a running commentary gives a much faster understanding and a permanent impression than still diagrams. There is a marked limitation to written text even with diagrams, and at the best, it can be called a 'micro' presentation in comparison to video.

It has been found that not more than five percent of practising doctors utilise

reading of books and periodicals for their 'Continuing Medical Education'. In these days of 'Handy' telephones and remote controls, doctors tend to prefer easily available information on television rather than going through the rhetorics of textbooks and uncoding of statistics in the journals. The television programmes devoted to health topics do not exceed five to ten percent of the total programmes and even these are meant for the lay public. These do not have any educational value to doctors. A video presentation designed specially for practising doctor will induce them to view it for their C.M.E.

In the present days medical conferences with C.M.E programmes and hands on workshops is a good attempt but

it has limitations of time, place, number of participants and the expenses involved. As against this video instructions facilitates an indefinite number of repetitions for an unlimited numbers of audiences. The instructor can be brought to your home or library. Even undergraduate and postgraduate education can be made more lively by the use of videos along with clinical teaching. At the moment, video cassettes have been made for presentation by few people with their expertise. These are however limited to the subjects of their choice. They are produced in small numbers, on limited topics, and are very expensive. Hence an effort should be made to cover most of the current topics suitable for larger viewership. This should give opportunity to a larger number of experts in various topics who otherwise find it difficult to make video presentation due to limited resources. Videos heavily sponsored by instrument makers or pharmaceutical companies often give a one-sided presentation without showing the 'other side of the coin'.

Video Journal will not be a competitor to the individually prepared videos. Both can coexist just as textbooks and monographs coexist with periodicals. Indeed they will enrich a video library where a topic will be presented with all its variants and updated with its

modern developments. Formation of video libraries with this view should be the essential part of all teaching medical colleges, clinical departments and the various member societies of FOGSI, wherefrom individual doctors could borrow them for home viewing. A good video journal should have three or four topics per cassette pertaining to various aspects and should include topics for students and practitioners in urban as well as rural India.

In today's busy clinics, a consultant does not have enough time to discuss various aspects of disease and modalities of its management with the patient. The journal should also make suitable presentations for patient information which will remove their misconcepts and reduce later medicolegal complications.

To make such a project viable, a large number of doctors must co-operate. In India FOGSI has united most of the Obstetricians and Gynaecologists and with their numbers a Video journal should be possible. In U.S.A. such a journal is thriving for at least two decades. There is no reason why this should not be possible in India. One should remember that India is only next to Hollywood in producing movies!

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