



Producing and Sharing Quality Medical Education Videos

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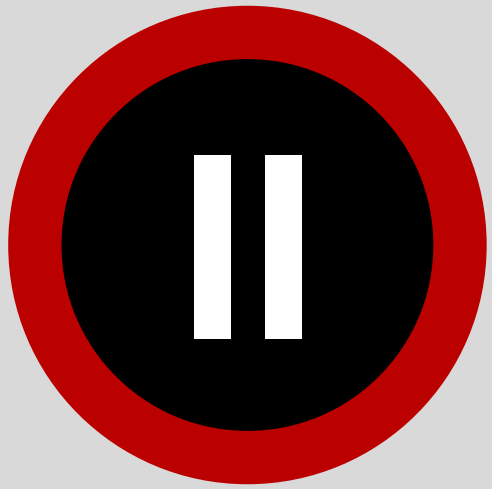
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Objectives

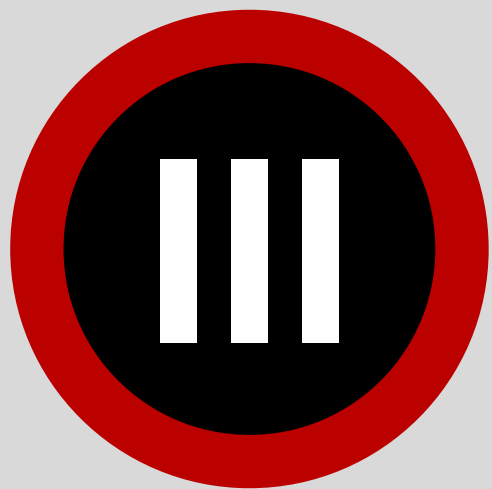
- Describe the steps to creating focused, engaging educational videos
- Learn about how to approach patients and families for their consent to film videos
- Create a brief tutorial video focused on a common medical procedure
- Develop a plan to choose the right platform for video distribution



Don't wing it



Explain **one thing**



Show the steps



Cut the clutter



Consider your voice



Shoot good video



Shoot good video

Lighting



Shoot good video
Sound



Shoot good video

Recording



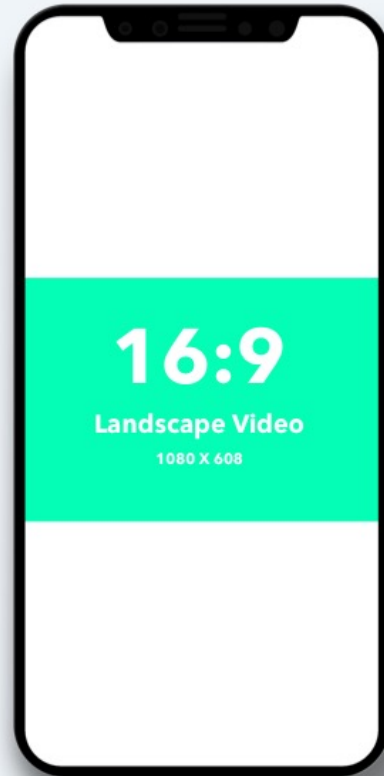
Shoot good video

Format

Format and destination

- How you shoot and edit your footage will depend on your destination
- YouTube and Vimeo should be shot and edited prior to uploading in a landscape aspect ratio
- TikTok is designed to be vertical and shot/edited in app
- Plan for this before filming

Youtube Video Sizes



VEED.IO

Online Video Editor

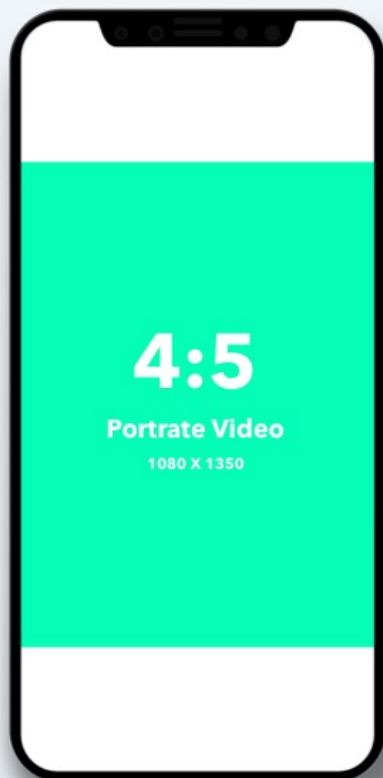
Instagram Video Sizes



9:16

IG Storie

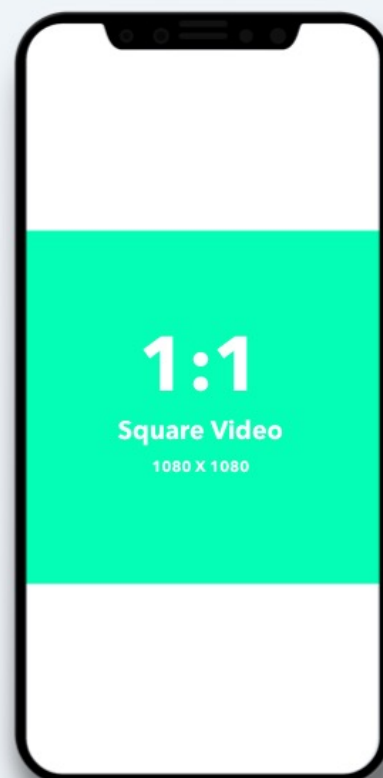
1080 X 1920



4:5

Portrate Video

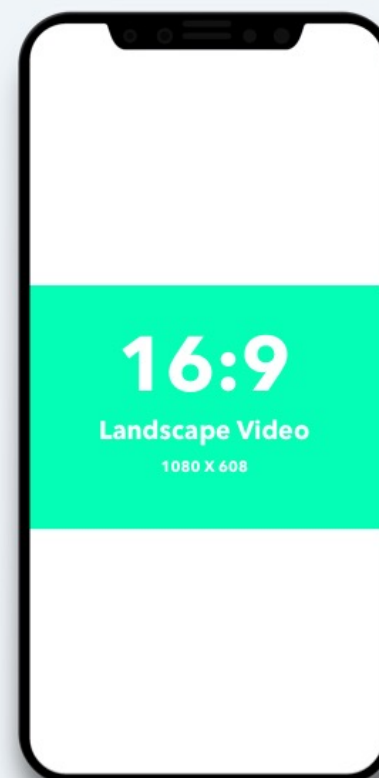
1080 X 1350



1:1

Square Video

1080 X 1080



16:9

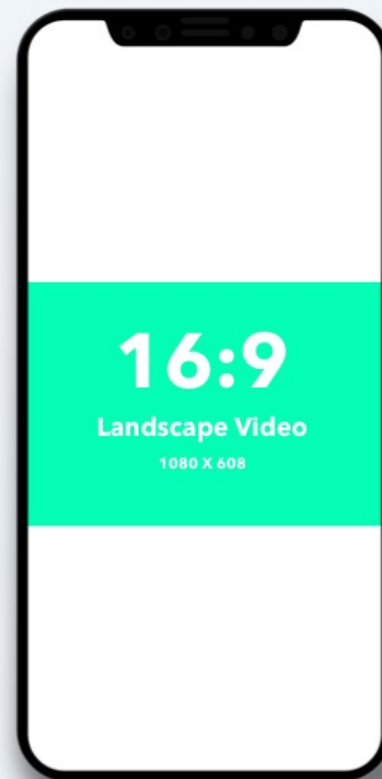
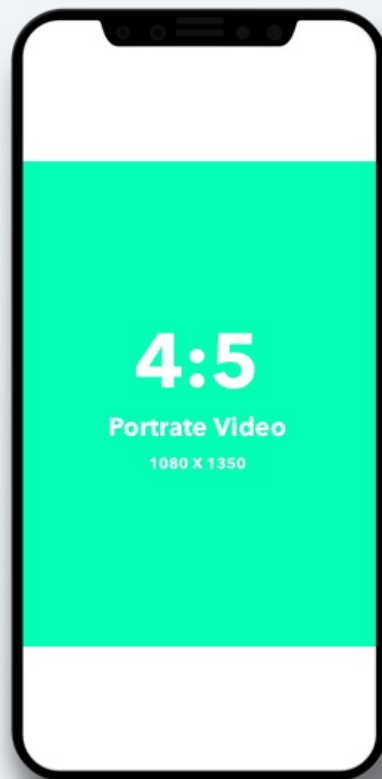
Landscape Video

1080 X 608

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Online Video Editor

Twitter Video Sizes



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Online Video Editor

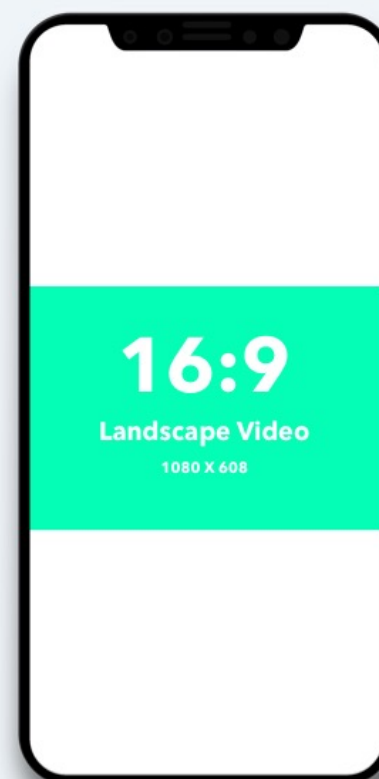
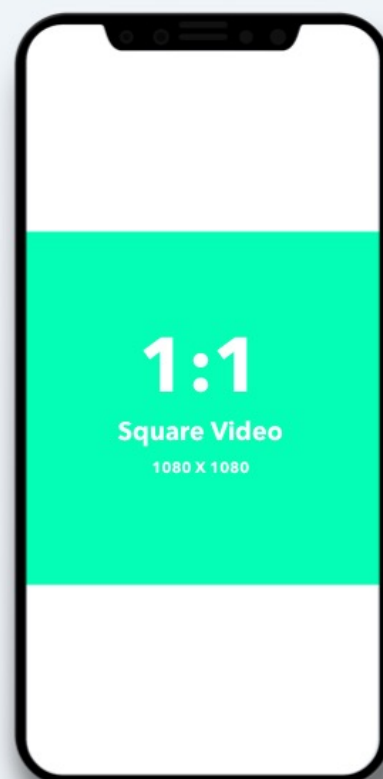
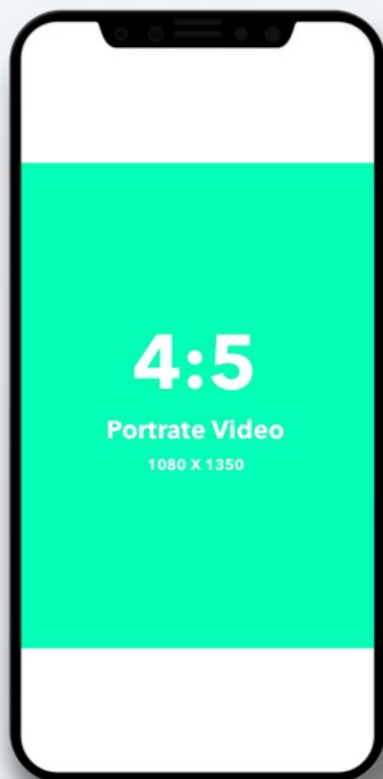
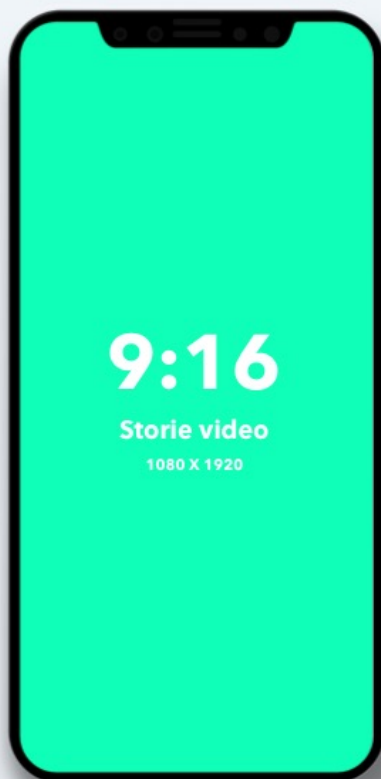
Snapchat Video Sizes



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Facebook Video Sizes



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Online Video Editor



Obtain consent
Know your policies



ADMINISTRATIVE POLICY



NUMBER: V-26

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Originated: 5/01

Reviewed: 10/02, 12/15, 9/18

Revised: 10/06/06, 01/10, 11/10, 05/14

SUBJECT: USE OF RECORDING DEVICES AND AUDIO/VIDEO

POLICY: Use of Recording Devices by Nationwide Children's Hospital staff must be approved and must comply with federal HIPAA privacy regulations. Audio/Video content must be approved by Marketing and Public Relations and/or Education prior to distribution and must comply with Nationwide Children's Hospital standards. Recording the audio or visual images of a patient by family members can only be done with the consent of the parent/legal guardian and the attending physician.

PURPOSE: To provide guidelines for audio/video and recording devices at Nationwide Children's Hospital.

SPECIAL INSTRUCTIONS:

1. Audio/video must comply with [federal HIPAA privacy regulations](#). Nationwide Children's Hospital staff must obtain HIPAA consent prior to taking any photographs, video recordings or audio recordings for any purposes, including educational purposes. These consent forms can be obtained from the Marketing/Public Relations Department.
2. Audio/video must comply with Nationwide Children's Hospital brand standards and Nationwide Children's Hospital communication goals and standards.
3. Audio/video must not infringe on the rights of any third party, including intellectual property, privacy or publicity rights, and must not include any material that is unlawful, obscene, defamatory, threatening, harassing, abusive, slanderous, hateful or embarrassing to any other person or entity as determined by Nationwide Children's Hospital in its sole discretion.
4. Audio/video must be reviewed by Marketing & Public Relations and/or Education prior to distribution. Marketing & Public Relations and Education reserve the right to require revisions or remove materials that do not comply with Nationwide Children's Hospital policy/standards.
5. Nationwide Children's Hospital staff are not permitted to use camera phones or other recording devices while on duty, or on NCH property, or interacting from a remote location with other NCH staff/patients for work-related matters unless part of job responsibilities. Should staff members be required to take a



ADMINISTRATIVE GUIDANCE – ADMIN-XI-27



PHOTOGRAPHY, VIDEO AND AUDIO RECORDING – CREATION, RECORDING AND STORAGE GUIDANCE

PURPOSE:

This document provides guidance on the acceptable uses, unacceptable uses, and considerations to determine the appropriateness of photography, video and audio recordings of patients ("Recordings"), in the Nationwide Children's Hospital ("NCH") environment. **THE ENTIRE DOCUMENT SHOULD BE READ AND UNDERSTOOD PRIOR TO MAKING DECISIONS REGARDING THE USE OF RECORDINGS.**

Use of this guidance will help ensure effective compliance with NCH policy and other regulations. NCH may determine at any time that particular uses of Recordings are not appropriate in the environment.

SCOPE:

This guidance applies to Nationwide Children's Hospital (NCH) Workforce Members (as defined in IS Policy and Standard Glossary (XIV – 10A)) or others using or intending to use Recordings for any purpose.

Do not take Recordings unless supporting a legitimate business purpose approved by NCH management.

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Final Version (00073903).DOCX

Owner – Information Services and HIM

Last review date – June 2014; December 31, 2015; Oct. 2018

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Obtain consent

Faces are PHI



Obtain consent

Read the room



Obtain consent
Explain everything



Obtain consent

Sign on the line



When your child needs a hospital, everything matters.™

AUTHORIZATION FORM FOR PUBLIC DISCLOSURE OF UNDERAGE PATIENT INFORMATION

PATIENT IDENTIFICATION

I hereby authorize (give my permission for) the disclosure (release) of personal health information about my child as described below.

1. Describe fully the information that is the subject of this authorization and which will be disclosed as set forth below and check appropriate boxes:

- | | |
|--|---|
| <input type="checkbox"/> name and age of patient | <input type="checkbox"/> parents' or guardians' names |
| <input type="checkbox"/> city of patient's residence | <input type="checkbox"/> good/fair/poor/critical/stable condition |
| <input type="checkbox"/> hospital admission, discharge or treated/released status | <input type="checkbox"/> photographs, videotape or audiotape |
| <input type="checkbox"/> brief extent of injuries or name of illness (described below) | <input type="checkbox"/> diagnosis, treatment, prognosis |

2. Nationwide Children's Hospital may release my child's personal health information which is described above as specified:

- ☐ all hospital-produced publications ☐ hospital web site ☐ hospital social media channels (Facebook, Twitter, Youtube, etc.)
☐ educational purposes, professional conferences ☐ hospital events, presentations, projects ☐ all news media ☐ philanthropic communications
☐ specific news media as listed: _____

3. The purpose of the authorized disclosure of the information described above is as follows:

- ☐ in response to news media inquiries ☐ disclosed at request of parent/guardian ☐ at request of hospital
☐ other (please specify): _____

4. If you are the representative of a patient, describe the scope of your authority to act on the patient's behalf:

- ☐ custodial parent ☐ legal guardian ☐ other (please specify): _____

5. I understand that news organizations are not covered by federal privacy regulations and that the information described above will likely be redisclosed by the media and no longer be protected by the federal privacy regulations.

- ☐ Yes ☐ No ☐ Disclosure does not pertain to news media.

6. As described in the Notice of Privacy Practices of Nationwide Children's, I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by Nationwide Children's in reliance on this authorization, by sending a written revocation to Marketing and Public Relations Dept., Nationwide Children's, 700 Children's Drive, Columbus, OH 43205.

7. This authorization will expire: (insert applicable date such as patient's discharge date or specific event if other than "at parents' request") _____

☐ I understand that I am not required to sign this authorization form and that Nationwide Children's will not condition the provision of treatment to my child on the signing of this authorization.

☐ I, as the patient representative identified below, agree to the terms of this Authorization Form and have inserted my typed electronic signature below.

Patient Name

Parent/Legal Guardian Name

Relationship of representative to patient (such as mother, father, etc.)

Typed Signature of parent or legal guardian Date/Time

Parent/Legal Guardian Phone Number

Parent/Legal Guardian Email Address

Typed signature of Nationwide Children's representative

Date/Time



Let's make a video!

- Divide into groups of 4-5 participants
- The goal is to make a video tutorial demonstrating the **hyperpronation maneuver for reducing a nursemaid's elbow**
- Make sure at least one of you has an app that can edit video
- Here are the “scenes” you should be filming...

Your scenes

- Title card
- Introduction
- The procedure
- The resolution
- Conclusion

You can also learn about..

- The rule of thirds
- Using a tripod
- Transitions
- Voiceover
- Graphical/text overlays