From Screen to Clinic: The Impact of Short Videos on Diabetes Education

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Introduction

- Internet provides unlimited information
  - Media is easy to access but hard to sort through
    - Accuracy is not guaranteed
    - Motives are not always clear
    - Videos are made by non-health care proffessionals[2]
  - Short format videos are becoming immensely popular
    - YouTube shorts alone have around 70 billion daily views[1]
- Having access to accurate and easy to understand healthcare information might be helpful to our patients

Objectives

- Produce a series of short format educational videos
  - Topic selected was diabetes with consideration of the target patient population
  - Make the videos easy to watch
  - Have the videos deepen a patients understanding of diabetes management
- Determine the best way to distribute the videos
- Present to patients and get feedback on the videos

Methods

- Part One: Creating Media
  - Six topics were identified for the videos
  - Each video took roughly 3-5 hours to produce:
    - Several drafts for a script
    - Filming took about an hour
    - Editing 1-2 hours
- Part Two
  - Finding a distribution method to relevant patients
    - In clinic
    - In diabetes groups
    - Through electronic medical record
  - Gathering feedback on usefulness

Methods

- Videos were to be no more than 1 minute in length
  - Short format was determined to be the most likely to be engaged with
- Six topics were identified within diabetic management
- Videos were distributed to patient via two routes
  - Diabetic Coordinator
    - Flier with QR code links to the videos and an area for feedback
  - Diabetic registry
    - Patients with diabetes as a diagnosis can be selectively sorted and sent messages in the electronic medical record

Results

- Total of 6 videos were produced
  - Each took roughly 3-5 hours to produce
    - Script, Filming, Editing
- Videos were distributed to clinic patients
  - Diabetic Coordinator was able to approach patients in clinic
    - 1 was able to give feedback
    - Others reported not enough time at the moment to fill it out
  - 648 were sent video through EMR
    - 13 replied

Discussion

- Overall feedback was positive
  - 78% of respondents said they enjoyed the content
    - Humorous, brief, easy to understand
  - Those who did not had several valid concerns
    - Notification fatigue, did not learn anything new
- Getting videos to the patients was a challenge
  - Limitations to how videos could be utilized in the clinic
  - May be best to find a partner to help
- Time commitment is barrier
  - Minimum of at least 18 hours to make all 6 videos

Future Direction

- Concept can be applied to other topics
  - Hypertension
- Finding a more practical delivery method is essential
  - Having a loop of several videos in a waiting room TV
  - Placing videos on computer screens in patient rooms
  - Creating a patient education pamphlet that can be placed in after visit summaries

References

1. https://blog.youtube/press/
2. Gwendolyn A. Wantuch, Jerica Singleton, TikTok's Take on Side Effects for Glucagon-Like Peptide-1 and Gastric Inhibitory Polypeptide Receptor Agonists, Journal of the American Pharmacists Association, 2025, 102384, ISSN 1544-3191, https://doi.org/10.1016/j.japh.2025.102384.(https://www.sciencedirect.com/science/article/pii/S1544319125000639)
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4. •Lui, CW., Wang, Z., Wang, N. et al. A call for better understanding of social media in surveillance and management of noncommunicable diseases. Health Res Policy Sys 19, 18 (2021). https://doi.org/10.1186/s12961-021-00683-4
5. •Mark Merolli, Kathleen Gray, Fernando Martin-Sanchez,Health outcomes and related effects of using social media in chronic disease management: A literature review and analysis of affordances,Journal of Biomedical Informatics, Volume 46, Issue 6, 2013, Pages 957-969, https://doi.org/10.1016/j.jbi.2013.04.010.(https://www.sciencedirect.com/science/article/pii/S1532046413000671)

A: Introduction to Diabetes:

B: What is Hemoglobin A1c?

C: Diabetic injectables:

D: Sick Day Management:

E: Diabetic Complications:

F: Food Labels and Added Sugar: