The evening of my interview with Deb Van Dyke, founder of Global Health Media Project, I stayed up late—engrossed by the short films she has created to teach families and frontline health workers about safe childbirth practices. I was amazed as I watched the concepts I’ve studied in my Theory of Normal Childbirth class at YSN come to life. I was captivated by the animations of a dilating cervix in labor, the close-up videos of a newborn establishing a healthy latch to his mother’s breast, and the videos that depicted complications that I am likely never to see firsthand in an American hospital.

Deb Van Dyke, a 1986 graduate of YSN’s family nurse practitioner program, founded Global Health Media Project after years of working abroad for organizations like Médecins Sans Frontières (MSF), known in the United States as Doctors Without Borders. While working in developing countries around the world, such as Afghanistan and South Sudan, Deb became aware of the realities faced by frontline health workers caring for patients in these remote areas. She saw that health workers, often nurses, were the “unsung heroes” in the poorest and most marginalized communities.

“Everywhere I have worked, these providers were doing an incredible job serving the health needs of communities with little to no support.”

They had rare access to training programs, and the training programs that existed were not very effective for frontline health workers, who often have low literacy levels and need to learn skills rather than theory.

Deb sees her inspiration for Global Health Media Project as simple: “There was such an obvious need to reach health workers with more effective training,” she says, “and I felt like there had to be something we could do about it.” On a mission to Afghanistan, Deb showed a group of healthcare workers a video that demonstrated the correct technique for IUD insertion. The group was so engaged by the video that Deb was motivated to dig up all the relevant training videos she could find when she returned home to Vermont. To her surprise, she found very few resources. Deb spoke with colleagues in the field and approached global health leaders at conferences, but found that video was a vastly underutilized and largely unavailable tool for training healthcare providers in the developing world. Yet, well-designed video had such enormous potential to teach healthcare practices in an engaging and memorable way. Finally, Deb decided that if these providers were going to get the videos they need, she would have to produce them herself.

With a small but talented crew and a whole lot of guts, Deb began making the collection of educational films that is accessed by over 4,000 organizations today. To capture the footage needed for the videos, Deb travels to such countries as Haiti, India, Nigeria, and Uganda. She films real healthcare providers caring for their patients and compiles footage from clinics around the world so that many faces and cultures are represented in live-action videos that are also voiced over in a number of languages.

Each film brings to life a micro-topic, breaking down complex details into simple, practical visual lessons for those who would otherwise have limited access to essential clinical information. Deb’s goal is for the videos to be understood by providers with little to no formal education. The most basic concepts that are often taken for granted must be taught before more complex skills can be demonstrated. For example, films about newborn care must also teach counting breaths using a watch with a second-hand, a concept that may not be familiar in places where people do not use watches to tell time. The videos are used as training tools by a range of healthcare providers, from community health workers to physicians all over the world.

Filming does not come without challenges. When Deb began the project, she had little background in making or editing films. But she had an eagerness to learn and, most importantly, has a nurse practitioner’s observant eye. The team often has to shoot procedures and skills multiple times to obtain quality footage of best-practice care that can be edited for the final film. The films follow international standards of care, so they may be used worldwide.

Deb’s ability to edit the films in a way that ensures high-quality training and teaching in specific skills comes from the time she has spent working abroad. She knows the common mistakes healthcare providers make, as well as their capabilities, by working alongside them in a variety of situations, from preventive care to emergencies.

As developing countries continue to improve their information and communication infrastructure, Global Health Media videos are becoming accessible in places that would have been hard to imagine only a few years ago. The videos are open-access and can be downloaded and utilized in all corners of the world, from rural Haiti to a YSN classroom.

For those who are interested in pursuing global health, Deb has very practical advice. She suggests getting a year or two of practice under your belt before embarking on international work. She also cautions that one not become too comfortable or reliant on technologies here that are not available in lower resource settings.

If you are interested in learning more about the work of Global Health Media Project, please visit www.globalhealthmedia.org.

Deb notes that the work she does would not be possible without the help of volunteers. Whether you are a provider who has worked internationally, a student who speaks another language, or willing to support script writing for new project ideas—you too can become involved in Global Health Media Project by following the “Contact Us” link on their website.

By Katie R. Temes ’17, RN