Preparing an Instructional Videotape as a Learning Experience

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Abstract: This paper presents information that encourages teachers to involve students in making an instructional videotape. Following a discussion about some of the advantages of using television for instructional purposes, suggestions are provided which explain how students can make their own instructional videotape. The steps reflect how a videotape was made by a group of college students.

Health occupations teachers survive in the classroom and clinical setting because of competence, enthusiasm, and dedication. These teachers attest to the difficulties inherent in providing interesting and worthwhile instruction, in meeting their students’ needs, and in maintaining their personal high standards. They utilize a variety of methodologies and make every effort to keep their instruction from becoming tedious, repetitious, and boring.

Involving students in making an instructional videotape is one way to provide an interesting, diversified, and stimulating learning experience for them. The process of preparing a videotape for use as
an instructional aid can provide an exciting opportunity for students as well as for the teacher. This then is the rationale for providing information on developing a videotape.

Background of Educational Television

Educational television or noncommercial television originated with the 1952 Foundation’s Organization Grant which was designed to encourage sources of informational and educational viewing for adults. The resulting Educational Television and Radio Center, which later became known as National Education Television, provided its audiences with round table discussions, panels, and interviews. The trend continued and by 1959, there were 45 stations providing some form of educational television in the United States (Barnouw, 1970; Liebert, Neale, & Davidson, 1974).

Barnouw (1970), in summarizing the status of educational television during that period, said, “From 1960 to 1966, TV functioned as the chief medium for supplying adults with the news and young people with their main source of information and impressions about the world” (p. 269). In the 1960’s, educational television provided an opportunity for children to learn by means of a series format, such as the series “Exploring and Discovery.”

Learning Through Television

Controlled and scientifically valid studies investigating the absolute learning effects of television on viewers are difficult to conduct, in part, because different people see things in different ways. Studies do show, however, that various styles of television programs enhance children’s abilities to make inferences and to relate facts (Gardner, 1981; Lesser, 1981; and Singer & Singer, 1981).
In the Harvard project "Zero," Larene Meringoff conducted a study (Gardner, 1981) to compare the type of learning that occurred when individuals read a story in a book or viewed the story on television. The author found that adult viewers obtained about the same amount of information from either method; however, the television viewers exhibited a greater ability to make inferences than the book readers. Children viewing the story on television remembered more than the readers, and they also were able to make inferences which the story readers could not do. Presumably television represented a dynamic learning experience for children and actors’ facial expressions influenced both groups’ abilities to make inferences.

Commenting on the effects of television on children and the way behavior changes as a result of the experience, Liebert, Neale, and Davidson (1974) noted, “Studies of observational learning demonstrates that such exposure can change varied behavior, such as a child’s willingness to aid others, his ability to display self-control . . .” The authors went on to note, “Observation of film can increase learning of unfamiliar behaviors, increase sharing, and decrease fear” (p. 39). Regarding their laboratory and field studies, the authors concluded that television “... has a vast potentiality for inculcating positive lessons” (p. 89).

Tiene (1986) described a low budget, informational video project known as “The Coalition for the High School of the Future.” The presentation was designed to publicize the project and to build support for the proposed educational reforms. The results were considerably more successful than had been anticipated.

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Traditionally, teachers have made decisions regarding what would be learned, how they were going to teach the material, when they wished to teach it, and sometimes, even where they wanted to teach it. When educational television arrived on the scene it was regarded as a panacea for overcrowded schools and touted as the solution to poor teacher training programs and the shortage of teachers. Not unexpectedly, many teachers were less than charmed with the new technology.

While many teachers were reluctant to use television in their classrooms, students quickly accepted the medium and watching television became part of their lifestyle. According to Powell (1986), during the high school experience an average student views 15,000 hours of television.

Since the initial introduction of television, video materials have become available on a wide variety of subjects. Health care is an example. Continuing changes in biotechnology and the resulting impact on patient care practices have created a market for initial and continuing education media support. In response, the offerings have proliferated (Allan, 1986).

Nevertheless, professionally prepared material can fail to meet particular needs in training programs. Boud and Pearson (1984) noted that in addition to providing reality and serving as a substitute classroom activity, commercially prepared video programs tend to be too long and to present the producer’s viewpoint and bias. “In the area of affective learning such limitations can outweigh the many advantages of the medium” (p. 196).
Though the authors were speaking generally, their comments seemed particularly significant for health occupations education programs which incorporate affective learning in the related instruction part of the program. Competency in affective skills provides a basis for interpersonal interactions in this nurturing profession and contributes heavily to students’ success in the work environment.

Should Students Develop Videotapes

Health occupations instructors closely monitor interactions between students and patients. Moreover, problems and concerns about interpersonal interactions become topics for class instruction and discussion. However, commercially prepared instruction related to the affective domain may not address the problems of a particular class as well as student prepared videotapes.

Noncommercially prepared videotapes offer certain advantages. One involves being able to address particular problems and concerns in familiar environments. An accepted teaching tenet states that new learning should be introduced in the context of known information. Another advantage is associated with the enthusiasm generated by students viewing a videotape prepared by individuals they know.

Carl Rogers is well known for advocating that significant and lasting learning occurs when it is integrated with work and utilizes individuals in decision making involving learning experiences. An application of this tenet would be to involve students in preparing informational videotapes for individual or class use. Students would learn the material selected by the instructor while they make numerous decisions about how to organize the information for the videotape. In addition they would be utilizing a medium that they are known to enjoy.
Preparing a Noncommercial Instructional Videotape

Though it is a relatively simple procedure to videotape an instructional lesson, considerable planning should be involved before any camera activity is started. There are four major stages of preparation. Those stages include: (a) investigating the feasibility of the project, (b) making a commitment and planning, (c) videotaping, and (d) editing the material. These are discussed in the following sections.

The rationale for involving students in the development of the videotape was twofold:

1. To use the discovery method of teaching the course content. A college class of credentialed health care providers attending a college class about senior citizens was given the opportunity to prepare a noncommercial instructional videotape covering the course content as opposed to the course being offered in the traditional manner.

2. To provide a resource about the elderly for the Health Occupations State Specialist in New Jersey for use in secondary Level health occupations education programs. The semester project was to develop a videotape for secondary level health occupations students which would discuss the needs, interest, concerns, and capabilities of older adults. The overall theme of the videotape was the "Similarities of Senior Citizens to Teenage Students."

Stages of Development

For purposes of developing this videotape, five stages were planned, though the number was arbitrarily selected. Each stage involved in-depth planning related to what and why something was to be done, when and where it was to be accomplished, and by whom.
Following are sequential activities associated with the stages of development.

**Stage 1--Determining feasibility.** The first stage of preparing the videotape involved several weeks of thought to determine the feasibility of the project. This process included:

1. Consideration of whether or not the idea would be interesting and informative to students and practical and inexpensive to implement as a vehicle that would convey a major portion of the instructional material. Recognizing that students would have to supplement class lectures with research information in order to prepare the videotape, time constraints, travel considerations, and the availability of subjects were examined in detail.

2. Discussion of the idea with colleagues, asking their input in terms of feasibility and potential problem areas.

3. Conversation with the state supervisor of Health Occupations Education to determine that the videotape might be of assistance to secondary level instructors and instructional value to health occupations students.

**Stage 2--Making the commitment.** The second stage involved class members making a firm commitment to develop the videotape. Although they were enthusiastic about the idea immediately, their decision was delayed until they knew exactly what would be involved. The process included:

1. Preparation of an overview of what would be involved in making the videotapes. The similarity of senior citizens to teenage students was the overall theme specified to the students; however, they selected four investigation areas, such as senior citizen housing and how senior
2. Discussion of how the general theme could be implemented and identification of all the topics that could be discussed within the four general headings. Using a brainstorming technique, topics were listed on the chalkboard. Those topics were refined and then assigned to one of the four investigation groups to avoid duplication of effort and information.

**Stage 3--Planning.** The need to do extensive planning proved to be difficult for the students to accept because they wanted to become involved in videotaping. The various planning activities included the following:

1. Preparation of an outline describing the information to be addressed in the module. This assignment involved library research and interviews. Students had to cite sources and organize their material in a cogent fashion. Each group was expected to prepare an in-depth report about their topic listing specific as opposed to general information. For example, students had to cite facts and figures. They also were required to submit a bibliography.

2. Identification of what interview would be conducted, what health care delivery systems should be videotaped, and what information would be provided. In some instances students prepared visual aids to be used as part of the videotaping. They also planned for students to narrate information while the video part of the presentation showed senior citizens in different settings.
3. Review of some videotaping hints (Braden, 1986). Some of the suggestions included: show things difficult to describe; make displays easy to see, view, and read; limit lists to seven items; show one concept or idea per visual display; select a theme that provides continuity and repeat it periodically to reinforce and serve as a memory aid; use compatible color combinations; use headings and labels; and be consistent and **positive**.

4. Preparation of a master schedule that showed what information would be videotaped, when, and at what location. Because students were employed at different sites and wanted to utilize that facility for videotaping, they were given the responsibility to obtain permission to do so.

5. Identification of an experienced person to do the videotaping. That person also received additional instruction on specific videotaping techniques. For example, if an individual being videotaped remains motionless, the camera location can be changed to show a different perspective. As a result it appears as if two cameras were used instead of one.

6. Development of a process to insure that anyone who was filmed had signed a release. The final check was the person with the camera had to see the release before doing any videotaping. In most instances the various facilities preferred to use their own release forms and to retain them in their files. Copies were made for the Education Department files and those were the copies checked before videotaping occurred.

7. Identification of a story line for each group to plan what was to be included in their module, where they would film what information,
what person would discuss what information, how that information would be portrayed, and what supportive filming would be included for emphasis. For example, the tenets of nutrition were discussed while senior citizens were videotaped at a nutrition site.

8. preparation of a filming schedule. Students designated convenient times and the various facilities were scheduled according to what was to be videotaped and what individuals would be involved. students became so engrossed in the project that they used their days off and weekends to visit the various sites before, during, and after the videotaping. Scheduling always was dependent on the convenience of the senior citizens, though whenever possible they were videotaped in the early part of the day because it was felt mornings would be the best time for them.

9. Review of final plans to check the story lines of each group regarding keynotes to be covered in the module; issues to be discussed; specific groups, ages, and genders of people to be included; when and where shooting should occur and the length of time needed; and what posters, graphs, and other visuals would be used.

Stage 4--Videotaping. With a story line specifying who, what, where, and how to videotape determined in advance, this stage was a very enjoyable one. Small problems were dispatched easily because major decisions had already been made. Activities in this stage included:

1. Meeting with the appropriate person at each facility to confirm the time of videotaping, the particular area to be used, and the individuals participating.
2. Videotaping according to the planned story line. No person was videotaped unless a signed release was seen by the camera person.

3. A review meeting at the end of the taping session to assure that the desired material was obtained and refilming unnecessary.

Stage 5--Editing. The need for and value of a story line was apparent at this stage. Because this project involved four different groups with individual story lines, it was necessary to edit more than would have been required if only one group had been videotaping. Those activities included:

1. Identification of the length and location of each topic on the videotapes. This was accomplished by using a stopwatch as well as the VCR timer. When material had to be moved from one videotape to another, it was essential to know the exact location of items in order to avoid gaps or print-overs on the master tape.

2. Preparation of a master plan to identify what sections should be retained. The sequence was changed in some instances and some information was deleted while other information was combined so that the end result would be more interesting and informative.

3. Preparation of an introduction and a credit listing of the people and facilities that had participated.

4. Movement of various segments of three tapes to a master tape reflecting the final editing. Should the initial tape have been prepared without utilizing a variety of health care delivery facilities and gatherings of people, this step would not have been necessary because the videotaping would have been conducted according to the story line.
Few people remember a lifestyle that does not include television. Shortly after it became accepted in the home, television was recognized as a major information source for many young people. Once research revealed that the medium provided a desired type of learning, instructional videotapes were adopted as a teaching tool. Videotapes capture reality, increase students’ ability to make inferences, encourage their interest in helping others, influence positively their self control, and increase students’ willingness to share and help in teaching cultural values.

It was only a matter of time before supplemental instruction programs were produced commercially for classroom use. Although television is used in many classrooms, commercially prepared videotapes often fail to reflect the specific needs of a particular classroom. However, even if a commercial tape is appropriate, the current period of budgetary constraints can prohibit purchasing desired materials. The answer may be student prepared videotapes as depicted with health care students at Cook’s College, Rutgers--The State University of New Jersey. Such an activity provides a dynamic learning experience for students and a useful mechanism for increasing student enthusiasm and commitment.

References


Powell, J. T. (1986). What we don’t know about the influence of television. Educational Technology, 26, pp. 41-44.
