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Dear Editor,

The innovators who have started to broadcast NEURO.TV should be praised for their bold approach to educating the general public on the subject of neuroscience (1). Their article gives a fascinating outline of their initiative, however, the interested reader might continue to have unanswered questions. Whilst the authors do a sound job of describing what they have done, their report lacks information on the impact of their activities. It would be interesting to know how many people had watched the programmes, how long they continued to watch them for, what feedback if any they gave to the programmes, and whether there was any evidence that the general public had changed their behaviour as regards their health in light of the intervention. Data on any of these metrics would be useful.

Such data might also inform the programme makers in relation to the direction in which they might take the programmes next. One of the main purposes of the programmes is to provide education – so it would be interesting to find out if further programmes that made more of what we know about adult learning theory had a greater following and indeed impact. Perhaps programmes that were live and synchronous might have a greater following than recorded ones. Similarly programmes that are interactive and that enables members of the general public to email their questions to the expert might also be popular. Looking closely at the programmes that were most popular might enable the broadcasters to conduct a simple learning needs assessment on the general population to find out what they most needed to know about neurosciences. Alternatively the programme makers might look at the epidemiology of various neurological diseases amongst the relevant population and then start to broadcast programmes that concentrate on such diseases. Programmes on stroke for example might be very relevant in this regard. Continuing along the line of suggesting content and formats that was compatible with adult learning theory, the broadcasters might take a problem based learning approach. The programmes might start, not with

a disease, but with a symptom and the audience might work out the cause of this symptom along with the expert. Some programmes might be in two parts: the first part outlining the problem and the second part the solution. In this way a loyal followership might be developed.

The authors are correct that new and innovative approaches are needed to engage the public: the first steps might be to evaluate the results of their innovation thus far and to continue to adjust it in light of the results of the evaluation.

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