(3) Immediate access to current and authoritative information of emergency nature and the means for the physician to update his knowledge in summary form at the time he requires it—whether this be during office hours or during the night.

I would like, if I may, to give you some examples of the means we have utilized in Wisconsin in an attempt to carry out these objectives:

1. The Telephone/Radio Conference is in essence a party line with some 58 hospital stations linked by a private telephone line with another 9 hospitals listening on radio. Most of the stations are in the conference rooms of the hospitals and each consists of a loudspeaker, telephone handset, and slide projector. Conferences are held at a pre-determined time. Any station with its loudspeaker turned on can hear everything that is said from every other station on the line. Slides and visual materials for each lecture are sent in advance to each station.

The pattern of each conference is essentially similar to the two-way radio conferences developed by Frank Woolsey, M.D. at Albany Medical College in Albany, New York. There is a thirty-minute presentation followed by thirty minutes of questions, comments and discussion. A conference participant having a question or comment has merely to pick up the telephone handset at his station and talk. This is heard over the entire circuit as is the response from the conference moderator or lecturer.

This system has proved to be a very intimate form of instruction and yet one in which the participants can maintain anonymity if they wish. We have experimented with several forms of instruction/discussion programs, most of which have been successful. We have pretested, posttested, and late posttested physicians and demonstrated to our satisfaction that transfer of information is taking place.

One final word about the Telephone/Radio Conferences: In one week various faculty members from the university may meet for an hour each with perhaps 300 physicians, 450 nurses, 300 medical technologists, 250 x-ray technologists, 125 hospital administrators and 100 veterinarians. None of these people have to move more than 20 miles from the community in which they are delivering health care, and the vast majority attend in their home communities. Programs for pharmacists, nurse anesthetists and possibly medical secretaries will be presented in the winter and spring.

(2) The Dial Access Medical Library was instituted in April of 1966 with 88 cartridge tapes of approximately five minutes playing time each. The idea of it was to have available to physicians in Wisconsin new information or information of emergency nature when they needed it. The subject matter range is from the treatment of diabetic coma to the management of bee stings. Physicians wishing informaion have merely to call the library at any time of the day or night and within 20 seconds the tape they have requested will be played for them over the telephone line. The library is located in the University Hospital which has a 24-hour-a-day staff on duty. Evaluation of this service is difficult at the moment, but we do have scattered evidence that the library has contributed to improved patient care. Due to lack of funds to promote it, we have been able to have only one mailing of the brochure to Wisconsin physicians. This was in August, 1966. Demonstrations have been given nationally through an AT&T exhibit at various conventions and during Bell Telephone seminars in Chicago and New York. We have recently been funded under the Wisconsin Regional Medical Program and the United Health Foundations to enlarge the library and set up a duplicate service in Milwaukee. Funds are now available to publicize extensively and, more important, to evaluate the role the dial access library may play in patient care. One great theoretical advantage it has is that the faculty of the University of Wisconsin reviews the tapes regularly (at least once a year) so that the calling physician knows that the information he is obtaining is not more than 12 months old. In many instances we have inserted the date the recording was made. A second dividend from the library is that it gives those of us who have the responsibility of programming future courses an objective account of what physicians in practice want to know. In addition, the calling physician finds out from the tape who the local expert on the subject is and may call him directly for further information.

I would like, if I may, to insert some thoughts which we have concerning other forms of communications in medical practice and medical education. You have seen and heard of some of the practical uses of television in service and education.