

(1) Television as a vehicle for continuing education of the health professions is being extensively utilized throughout the nation with mixed reception. Enthusiastic reports are tempered by back-room conversations where the difficulties, expenses and time-consuming demands of the medium are discussed. We have doubts as to whether we can transform our busiest, yet most effective didactic and bedside teachers into television performers. We do not believe that effective teaching can be accomplished without students being able to question the teacher. The more sophisticated the student, the more he requires discussion with the teacher. We applaud the prodigious effort which is necessary to develop educational television to meet the standards of the sophisticated medical audience of this decade.

(2) We have greater interest in the potential of slow-scan television as the vehicle of our major continuing education effort. There are many reasons for this but essentially slow-scan television will enable us to transmit live conferences at the medical center to as many hospitals as have the receiving equipment with no more than two hours of preparation time and at a cost significantly lower than regular television. The drawbacks of slow-scan do not appear to us to be critical in the teaching function.

(3) International medical research seminars would seem to be a logical use of satellites for the exchange of information between widely scattered groups of researchers working intensively on common problems. Again this holds promise for great reduction in travel to international meetings where exchange of ideas takes place in the rather artificial surroundings of a large convention center. Slow-scan television is adaptable to the simplest satellites which have radio receiving and transmitting ability.

The University of Wisconsin has a proposal in to the National Aeronautics and Space Agency to utilize one of their weather satellites to link our Medical Center researchers with research scientists at 4 medical schools in Japan, 4 in Australia, one each in Canada, Hawaii, New Zealand and Mexico. We would conduct these pilot conferences in the same manner as we do the telephone/radio conferences in Wisconsin.

In conclusion, I would like to say that in my view we are on the threshold of many new and exciting methods of making available to physicians and allied health personnel the means by which they can review and update their current knowledge, acquire new knowledge, and yet maintain the health care responsibilities they hold in their own communities. These methods will make it possible to meet the specific needs and program to the varied learning habits of these health practitioners.

It is possible to transmit conferences being regularly held at the medical center with two-way communication to any or many parts of the state or country, so that the Wisconsin Idea of the university without walls can come to pass. The key to this venture, as it is to so many other ventures in our world today, is communications. The Wisconsin telephone company has given us every encouragement and cooperation as we questioned, complained, cajoled, demanded, and decided upon ventures that were as new and as radical to the company as they were to us.

We worked, almost failed, and it seems now have succeeded in providing a service to health professionals which is filling a significant need in Wisconsin.

### SECTION III

*Single Concept Films.*—There have been many techniques devised in the past 10 years which are aimed at better care for the seriously ill patient. Many of these techniques are new and complex, but others are comparatively simple and should be mastered by most practicing physicians. When described in texts, techniques sound more complex than they actually are and there is reluctance to undertake a procedure the physician has never seen. At the present time many of these procedures are being performed only in university medical centers or large community hospitals with regularly conducted in-service training programs. Nevertheless, these procedures are as life-saving in the smaller community hospitals and may contribute to patient comfort wherever the patient may be hospitalized.

There seemed to be virtue in making films available to physicians in all areas of Wisconsin demonstrating the simpler techniques. For convenience, the films are provided in self-rewinding cartridges and shown in automatic projectors.