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Multimedia, Internet, the Nintendo Generation, and Health Professions

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Abstract

During 1996 the author visited a number of agencies to look at innovative uses of new technology. The visits including a boutique multimedia developer in Brisbane, the National University of Singapore (1), Athabasca University (2) and the University of Alberta (3) in Canada, the South Bank University (4) in London, and the Ngapartji Cooperative Multimedia Centre in Adelaide. This paper reflects on those visits and the applicability of some of the practices observed for health profession education and information programs.

We recognise that information delivery and learning patterns have changed with the advent of general access to computer-based services ranging from digital cameras and the Internet to high-tech medical imaging equipment. Further changes will occur as the telecommunications companies' rollout increases capacity and widens current digital networks.

We often don't recognise, however, that many of the new services are glamorous but content-free, and will remain so until we undertake the expensive task of translating information and practices to the new technologies. It is ironic that many highly visible and glamorous Internet sites contain only flashy animations while content-rich government, education and health agency sites remain unused because they lack good design and are boringly text-based.

Equally, we often do not recognise that political and social priorities constrain the effective use of the new technologies. This includes the attempts of some governments and public interest groups to control the content of new media as well as the changing nature of the individuals entering into and graduating from our tertiary institutions. The Nintendo Generation has arrived and doesn't comprehend our insistence on quality content, format, and style.

We need to combine the strengths of new and old if our education and information programs are to be successful. Several of the projects visited by the author provide public access using the technology. It does seem reasonable to expect a hospital or educational institution to provide current, and accurate, information on institutional policies as well as healthcare procedures. Access to healthcare and other information should be provided within the institution, perhaps as part of the its cafeteria, chapel (family or quiet room), library or bookshop, with the same information available more broadly via the World Wide Web and, as appropriate, using more traditional methods (brochures, patient education sessions, etc.).

Some of the most useful [education and healthcare] web sites were originally 'rogue' sites; unfortunately, institutional policies suggest that some will remain outside the institution's control for quite some time. Just as companies such as BHP have eliminated what were their 'computer centres' and refocused staff onto a new goal--ensuring that productive employees and production processes are always able to work at their best, educational and healthcare institutions must recognise that technology can help achieve their service goals but it is not an end in itself.

Finally, using electronic technologies is expensive, both in terms of infrastructure and materials development. The best materials, whether for desktop or on-line delivery, are the result of a team effort which includes content specialists as well as media experts. The new technologies should not be viewed as a means of saving costs in the short to medium term; the need to creatively use the technology, however, is a given for both our healthcare and educational/training institutions.

References

- 1 CyberHospital, Singapore National University Hospital: <http://CH.nus.sg/>
- 2 Athabasca University Virtual Helpdesk <http://www.uathabasca.ca/html/courses/global/edtech/talker/quicfaq.htm>
- 3 University of Alberta, Alternative Technologies for Learning: <http://www.alt.ualberta.ca/>
- 4 South Bank University Community and Primary Health Care Research home page: <http://ftp.sbu.ac.uk/~pccr/>