

PROJECT: "CONTINUING EDUCATION FOR
PRIMARY HEALTH CARE"
EDUCATIONAL MULTIMODAL CENTRE (EMC)

R E P O R T

of

Activities of the Project

"CONTINUING EDUCATION FOR PRIMARY HEALTH CARE"

in the period from November, 1986 till April, 1987

zagreb, May 1987

Contents:

1. Foundation of the first phase of network reproductive units
2. EMC Video Monthly 1-2/87 and first data about evaluation of its application
3. The work of computer unit
4. Supplements

1. FOUNDATION OF THE FIRST PHASE OF NETWORK REPRODUCTIVE UNITS

The first phase of network reproductive units in the area of the Socialist Republic of Croatia was set during January and February, 1986. In that way the system for continuing education in primary health care started to work. This was preceded by selection of member of network, selection of coordinators in health units and education go coordinators through workshops in Zagreb and other regions.

1.1 Members of network reproductive units in Croatia (phase I)

The selection of first members of network was done in agreement with health work organizations by the Association of Health Work Organizations of the Socialist Republic of Croatia. Members of network are shown on Table 1.

Table 1.

Members of Network Reproductive Units According to Area (Phase I)

AREA	The number of reproductive units			The number of coordinators
	With equipment	Without equipment	Total	
Central Croatia	5	10	15	22
Zagreb and its surroundings	6	8	14	26*
Dalmatian region	5	6	11	18
Region of Rijeka & Istra	4	6	10	20
Slavonian region	3	7	10	20
TOTAL	23	37	60	106

*note: Coordinators who did not start working in this phase, but were educated are included here, too.

1.2 Workshops for coordinators of the Project

The aim of workshops for coordinators of the Project was to prepare them for active role in the system of continuing education for primary health care. Therefore, all held several parts:

- a) Registration and making the acquaintance of coordinators.
In this part of work the aim was to collect educational needs and requirements according to coordinators' opinion, as well as personal and scientific interests and suggestions for active collaboration in the Project (Annex 1)
Coordinators' attitudes toward continuing education in primary health care were tested, too.
- b) Explanation of the Project (collaboration with Japan, network, educational strategy.)
- c) The role and work of coordinators in the field.

This part of work was developing in the same way as it was planned in the field. Small groups (10-15 coordinators) were formed, EMC Video Monthly 1-2/87 was presented, and one of present persons guided the conversation in the group. All questionnaires that are the part of educational kit were filled in.

All coordinators got the Manual "K" for Coordinators (Annex 2). Finally, they took over the equipment, EMC Video Monthly 1-2/87 and accompanying questionnaires for that issue and the special issue (thematic tape) with the following contents:

- " Continuing Education for Primary Health care " as a result of collaboration between the governments of Japan and Yugoslavia.
Review: B. Tesija
- Instructions for handling the video recorder
Author: D. Martinis
- From Idea to Scenario
Production: AVCC, Japan

The workshops were held in Zagreb, on January 22nd, 1987 for coordinators from Central Croatia and on January 23rd, 1987 for coordinators from Zagreb and its surroundings. The other workshops were held regionally: in Split on January 30th, 1987 for coordinators from Dalmatian region, in Rijeka on February 6th, 1987 for coordinators from the region of Rijeka and Istria. A total of 106 coordinators were present. The workshops were guided by the present members of Secretariat and educational and video group of the Project.

1.3 The Profile of Coordinators and their Opinion about EMC
Video Monthly 1-2/87

The coordinators were selected in their work organizations, according to suggestion of Project work group these are people who are respected in their environment and motivated for work concerning primary health care. Out of a total of 106 coordinators who completed education through workshops and are working now in the field, 59 are men and 47 are women. There is not any great difference among the areas concerning sex and profile of coordinators.

Table 2

The Profile (Profession) of Coordinators in the Project

Profession	The number of coordinators
General practitioners	26
Specialists of general practice	27
Physicians-specialists of epidemiology	6
Specialists of school medicine	5
Specialists of occupational medicine	3
Specialists of social medicine	2
Pediatricians	2
Internists	1
Nurses	15
Pharmacists	10
Stomatologists	2
Lab technicians	1
Psychologists	2
Economists	2
Electronical & mechanical engineers	2
T O T A L	106

They all work in primary health care. The average age is 39,4 years and working period in primary health care is 11,6 years.

The opinion about presented EMC Video Monthly 1-2/87 is shown in Table 3.

Coordinators' Evaluation of Presented Video Material
(EMC Video Monthly 1-2/87)

Parts of the magazine	a v e r a g e g r a d e				
	Central Croatia	Zagreb & surr.	Dalmatian region	R.of Rijeka & Istria	Slavo- nian r.
NEWS					
Vocational contents	3.7	3.6	3.5	3.4	3.8
AVquality	3.6	3.6	3.5	3.8	4.1
EXPERIENCES FROM PROFE- SSIONAL WORK					
Vocational contents	3.8	3.9	3.4	3.9	4.2
AVquqlity	3.1	3.2	3.6	3.3	3.6
PROBLEMATIC ITEM					
Vocational contents	4.2	4.2	4.4	3.7	4.5
AVquality	3.6	3.8	3.7	3.7	4.2
THE ISSUE AS A WHOLE					
Vocational contents	3.9	4.1	3.7	3.8	4.3
AVquality	3.5	3.7	3.5	3.6	4.0

*note: One could evaluate from grade 1 (the worst) to grade 5 (the best).

In personal comments, coordinators evaluate the magazine as a whole very positively, especially problem item. The most common comment on audio-visual quality was that tone was not good.

2. EMC VIDEO MONTHLY 1-2/87 and FIRST DATA ABOUT EVALUATION OF ITS APPLICATION

2.1 EMC Video Monthly 1-2/87

Due to the fact that it is the beginning of work of the system of continuing education for primary health care and the beginning of Project's application and that the experience in organization and application of work in the field should be gained, as well as due to the contents that require conversation and reaction of audience, as well as of length of video material (60 minutes), the first magazine was published as a double issue with recommendation to coordinators to show it at two meetings.

The coordinators took the first issue personally in a special box which content of package is shown in Annex 3.

The contents of individual sections, duration and the names of authors of EMC video monthly 1-2/87 are shown in Annex 4. It is important to mention that the coordinators received the instruction (not only in written form) where the projection should be stopped and conversation guided. It was also recommended that the last section of the magazine (Addition) should not be presented at the regular meeting of health workers, but only those ones who are interested in it can see it. We received the recurrent information from the field that people from administration and management were interested in this section, therefore the special meeting with the review of Addition was held for them.

Besides video materials coordinators received the following written materials in the educational kit (Annex 5):

- a) Journal of Coordinators - coordinators are to return it together with the tape.
- b) Opinion about shown video material - health workers fill it in individually and anonymously.
- c) Questionnaire concerning the problem of Hypertension I - filled out by health workers individually and anonymously.

- d) Questionnaire "K" concerning the problem Hypertension I - filled out by coordinators and opinion (solution) of the group concerning the set task is given.

These two last questionnaires have the aim to evaluate the process of decision making and the way of finding solutions to the problem in primary health care.

2.2 First Data about Evaluation of Application of the System in the Field

According to data which we received from the field till the middle of April, 1987 the system started well with the work and the first evaluations of video material were collected.

From reproductive units in the Socialist Republic of Croatia (1st phase of network, or 1/3 of planned user's network) we received 38 recurrent information (or 63.4%).

The system started with work immediately after workshops which were held with coordinators (February, March, April 1987). Due to the fact that it is the beginning of work of the Project, working group make evaluations regularly, during which organizational, professional and technical aspects of application are included. They record regularly the data about the way of returning material (by mail or personally), duration of delay of material in the field (organizational aspects - how the coordinators organized the work, how much time they need with regard to the number of health workers in their environment and dynamics of held meetings), as well as about all difficulties of technical nature that appear during application.

Out of 38 reproductive units that received materials, 1/3 of coordinators returned the accompanying educational material by mail. In the instructions during workshop, which were later sent by mail, the working group of the Project warned them that the written material should be returned immediately, and that under the condition that the video tape of issue 1-2/87 is returned they can receive the new tape. The other coordinators returned tapes personally.

There was a different number of held meetings which were organized and guided by coordinators in the field, according to data from 38 reproductive units. The greatest number of them, a total of 20 (or 52.6%) held 1 meeting and educational material was passed by 1 group. In 6 reproductive units 2 meetings were held, in 4 units 4 meetings, and 5,6,7,8 meetings were held in other 4 units. This indicates that number of health workers differs from health station to health station, and that should be taken into consideration during the further work of the Project. It is difficult (physically & mentally) for a coordinator to organize and guide 5 or more meetings for continuing education.

Coordinators in the field needed on average a month and a half in order to organize and show video material and to return questionnaire back to EMC. Regarding this matter, there were differences, too, some of them managed to do it in the time shorter than a month while some did not complete it till the end of April. Although it is the beginning of application of the system for continuing education, so the coordinators have some organizational (and motivating) difficulties these should be considered in the further work of the Project in order that the rhythm and continuity of work and editing of video material will be good.

Coordinators followed the agreement with the workshop about the size of group which they work with. Mostly the number of present members was between 10 and 15. However, the combination of some groups was interesting. Due to the contents of this issue of EMC Video Monthly (the content is more intended for physicians than for other health workers in primary health care), it was agreed with coordinators that they form groups consisting of their colleagues with regard to their profession, interest and profile of work. Recurrent data show that this issue saw and discussed about it mostly physicians out of 86 held meetings, physicians for primary health care were present at 55 /64%/. At 25 /29% / physicians and nurses were present together, only nurses were present at 2 meetings /2.3% / and the same number of meetings was held with presence of physicians and stomatologists. The recurrent information from reproductive units of PHC that include the pharmaceutical activity was very interesting. They did not show this video material, because according to coordinators' opinion the contents were not suitable for their needs, but they organized professional meetings where they collected useful suggestions about the contents for other issues of monthly which will be according to needs.

According to data from the field which we received in the middle of April, a total of 696 workers employed in PHC saw video material and participated in its evaluation. The evaluation of presented issue of video monthly concerning the area is shown on table 4.

Evaluation of health Workers in the Field of the presented
EMC Video Monthly 1-2/87

Parts of the Magazine	a v e r a g e g r a d e				
	Central Zagreb Croatia	Dalamtian & surr. region	R.of Rijeka & Istria	Slavo- nian r.	
NEWS					
Vocational contents	3.7	3.8	4.0	4.5	4.1
AVquality	3.9	3.7	4.0	3.7	4.2
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ISSUE AS A WHOLE					
Voc.contents	4.0	3.9	4.2	4.0	4.3
AV quality	3.9	3.8	4.0	4.1	4.3

*note: It was possible to evaluate by grade from 1 (the worst) to 5 (the best).

Grades that video material received were somewhat higher than the grades given by coordinators. That is quite understandable - they are more critical and considerate regarding the rôle they have in the whole system of continuing education i primary health care.

Evaluation is still in progress. The application of the system (there were not many technical difficulties, although some participants in the field mentioned the problem with tone) is specially followed and evaluated.

Evaluation of solving the problem in primary health care decision making and evaluation of necessities according to demands of primary health care are specially in progress. That is partly, the question of evaluation of the Project in the course of execution, but also the question of evaluation of the Project as a whole.

PROJECT: "CONTINUING EDUCATION FOR PRIMARY HEALTH CARE"

Report of the Computer Group for the period of 1.5.1986 to 30.4.1987.

The work of the computer group followed the plan of actions for CAI program development as well as the framework for these activities as agreed by the Japanese-Yugoslav Joint Project Committee.

1. The IBM Personal Computer XT system worked properly all the time after installation in October 1985. The only improvements of the system during the last year period consisted (1) in successful linking to the host IBM 4341-2 in the University Computing Center in Zagreb via a SDLC interface, and (2) in upgrading the NEC 3550 Spinwriter with a cut-sheet feeder.

2. The configurations of future computer systems for the project have been elaborated (one AT and five XT systems) by contacting the IBM representative in Yugoslavia, the Intertrade Company in Ljubljana. The installation of the equipment has been planned to the end of April 1987.

3. A workshop has been organized with the representatives of the active units in Rijeka, Osijek, Sesvete(Zagreb) and Split in order to prepare for the start of their activities with the new equipment. Basic theoretical discussions as well as introductory practical work has been the topics of the workshop.

4. A physician-informatician (Dr. Fedor Santek) has been engaged on a full-time work basis. Dr Santek spent four months in Japan working as a trainee under JICA's program. His stay in Japan proved to be very successful and important for the development of the computer part of the project. Other staff in the project consisted of part-time collaborators: Gj. Dezelic, J. Bozikov and J. Kern. Another member of the Andrija Stampar Public Health School staff has been recently added to the group for technical assistance (M. Skiljevic).

5. The work in the period of the report proceeded as follows:

5.1. Work has been done on the development of software for CAI courseware design according to the plans. Initial work has been performed, the first versions of an authoring system have been implemented by J. Bozikov and F. Santek and put into pilot use by J. Kern.

5.2 Following courseware products have been under development:

- Emergency Care (Prof. M. Virag and collaborators, F. Santek) - the program has been completed;
- Hypertension Management (Dr. Vrcic, J. Kern) - the first part of the program has been completed;
- Family Planning (Prof. D. Stampar and collaborators, J. Bozikov) - development of the synopsis is under way;
- Rheumatology Treatment (Prof. I. Jajic, F. Santek) - development of the synopsis is under way;
- Diagnostic Algorithm in Dentistry for AIDS detection (Dr. Valentic, J. Bozikov) - work has been temporarily halted because of the six months leave of absence of the main author, but continued at the end of March.

QUESTIONNAIRE FOR REGISTRATION OF
COORDINATORS OF THE PROJECT

ANNEX I:

CONTINUING EDUCATION FOR PRIMARY HEALTH CARE

QUESTIONNAIRE FOR REGISTRATION OF COORDINATORS OF
THE PROJECT

First name and surname _____

Date of Birth _____ Profession _____

Workplace _____

A total of years of service _____

Years of service in PHC _____

The name of Health Work Organization _____

Address (town, street, telephone) _____

Your special interests:

Which themes from your working environment would you like to be shot as a video material for the programme of continuing education?

Date:

Signature:

Stating necessities in continuing education in primary health care by means of electronic technology

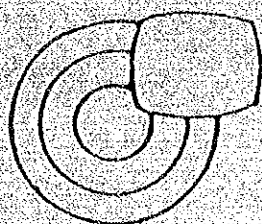
1. According to your opinion, which are important necessities in continuing education for primary health care?

	0	10	20	30	40	50	60	70	80	90	100
1. _____	0	+	+	+	+	+	+	+	+	+	100
2. _____	0	+	+	+	+	+	+	+	+	+	100
3. _____	0	+	+	+	+	+	+	+	+	+	100
4. _____	0	+	+	+	+	+	+	+	+	+	100
5. _____	0	+	+	+	+	+	+	+	+	+	100
6. _____	0	+	+	+	+	+	+	+	+	+	100
7. _____	0	+	+	+	+	+	+	+	+	+	100
8. _____	0	+	+	+	+	+	+	+	+	+	100
9. _____	0	+	+	+	+	+	+	+	+	+	100
10. _____	0	+	+	+	+	+	+	+	+	+	100

2. In your opinion, how important are some of the mentioned necessities for continuing education in primary health care?

1. Stating working ability	0	+	+	+	+	+	+	+	+	+	100
2. Relation: physician-patient	0	+	+	+	+	+	+	+	+	+	100
3. Implementation of legal provisions	0	+	+	+	+	+	+	+	+	+	100
4. Transplantation of organs	0	+	+	+	+	+	+	+	+	+	100
5. Team work	0	+	+	+	+	+	+	+	+	+	100
6. Chronic diseases	0	+	+	+	+	+	+	+	+	+	100
7. Interpretation of EKG	0	+	+	+	+	+	+	+	+	+	100
8. Show one's own work to the others	0	+	+	+	+	+	+	+	+	+	100
9. Standard measures of PHC	0	+	+	+	+	+	+	+	+	+	100
10. Relation to specialist	0	+	+	+	+	+	+	+	+	+	100

3. COMMENT:



PROJECT: "CONTINUING EDUCATION FOR
PRIMARY HEALTH CARE"
EDUCATIONAL MULTIMODAL CENTRE (EMC)

H A N D B O O K

ZAGREB, 1987

P R O J E C T : CONTINUING EDUCATION FOR PRIMARY
HEALTH CARE
EDUCATIONAL MULTIMEDIA CENTRE

H A N D B O O K

C

The executive institutions included in the Project :

Andrija Štampar School of Public Health,
Medical School, University of Zagreb

Institute for Organization and Economics of Health
in Zagreb

Association of the Organizations of Associated Labour
in the Field of Health in the SR Croatia

Zagreb, 1987

Based upon the inter-state agreement, the School of Public Health of the Medical School, University of Zagreb, Institute for the Organization and Economics of Health and the Association of Organizations of Associated Labour in the Field of Health in SR Croatia are carrying out a joint development and research project in cooperation with JICA (Japan International Cooperation Agency). The project is entitled :
CONTINUING EDUCATION FOR PRIMARY HEALTH CARE.

1. CONTINUING EDUCATION FOR PRIMARY HEALTH CARE
BY MEANS OF ELECTRONIC TECHNOLOGY

W H Y, W H A T, W H O M A N D H O W ?

AIMS AND PRINCIPLES

EDUCATIONAL STRATEGY

NEW EDUCATIONAL TECHNOLOGY

A DRAFT OF THE CONTINUING EDUCATION SYSTEM

BY MEANS OF ELECTRONIC TECHNOLOGY

1. CONTINUING EDUCATION FOR PRIMARY HEALTH CARE BY MEANS OF ELECTRONIC TECHNOLOGY

WHY, WHAT, WHOM AND HOW?

Continuing education is important for the professional improvement and quality of work of every health professional. The statements referring to the importance of continuing professional education are well known, as - for example - the one stating that "medicine is a life-time study". No one would ever doubt their justifiableness ; they enjoy a full legal and professional support in the society. Still, they have been discussed over the past few decades. There have been doubts regarding the effectiveness of the existing systems, the evaluation often displaying results below the expected ones.

Numerous background studies and symposia provided us with attempts aimed at finding out the possible reasons of the relative failure of the continuing education systems applied so far. The following reasons are usually pointed out :

The offered subjects mostly do not meet the requirements, because they often fail to treat the issues important for practice.

Educational methods rely upon the passive participation of the listeners and readers.

Teaching is mostly theoretical and verbal. The ones who teach usually deal with issues in which they have no direct experience of the circumstances that the attendants work in.

The organization does not allow a systematic and regular education - the participants are not stimulated to take part.

No waiting is justified in this situation - one step ahead should be made.

The number of research biomedical pieces of information is rapidly increasing. It is estimated, that 6000 - 7000 professional and scientific papers are published every day. Unfortunately, most of these publications are needless, without any practical value (the estimations being as high as 70 - 80 %). It is therefore very difficult for an individual, especially someone dealing with general health issues typical of primary health care, to follow and to choose what he needs and what is really important. This seems to be particularly difficult in primary health care, when it is isolated and split up in small working units. Many pieces of information are published in foreign languages and in publications which are not easily available even in our larger cities.

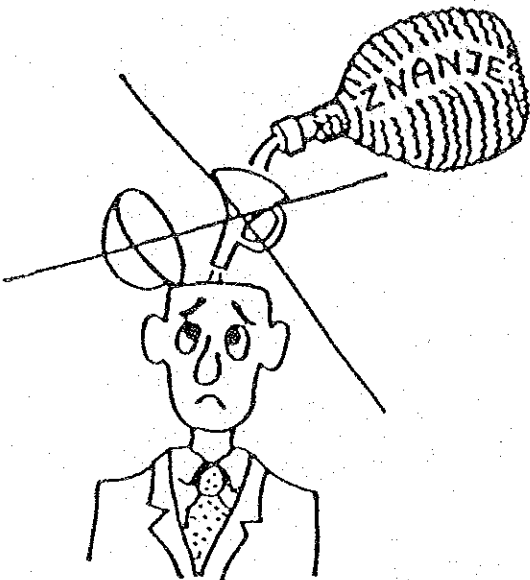
Therefore, new ways of continuing education should be sought urgently.

1.1. AIMS AND PRINCIPLES OF THE PROJECT FOR CONTINUING EDUCATION
IN PRIMARY HEALTH CARE

The major goal of the new system of continuing education for primary health care is improvement of health care quality.

Information distribution from one centre is by no means the basic principle of the continuing education in primary health care, but the communication between health care units (from practice for practice). The system does not follow the traditional school model. It is based on collecting, summing up and enrichment of the experience existing in real, everyday life.

Continuing education by means of electronic technology is supposed to provide the following :



Continuity and regularity of continuing education at the working place.

Turning the "funnel" of education upside down ("nobody knows it better than us").

Creativity in the choice of needs, problems and solutions.

Answers to the questions that cause the most trouble to the health professionals.

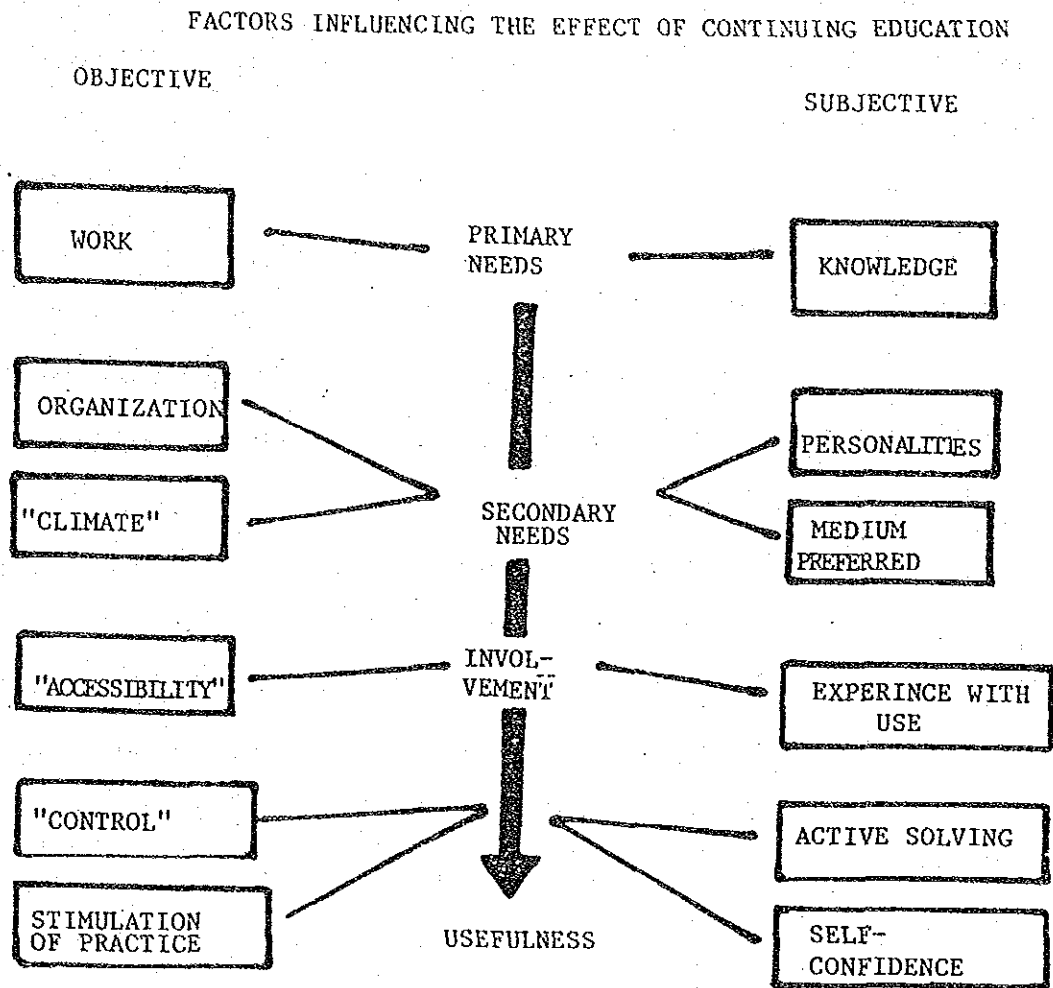
Possibility of presenting one's own work to the others and getting information on others' activities.

Comparison of one's own attitudes and way of work with the opinion of professionals from the very field of work.

Getting fresh information on methods, drugs and procedures in PHC in our country and abroad

1.2. EDUCATIONAL STRATEGY

The effectiveness of continuing education is influenced by a number of objective and subjective factors.



The initial point are the requirements of the working place on one and the previous knowledge and professional experience on the other side. However, the studies have shown that - as regards the concretization of the needs - the organization of work (team work, regular meetings with

colleagues, meetings with other experts), the general "climate" in the working place and the attitude of the working group towards work and promotion play an important role. The influence of the direct surrounding is particularly important and the responsibility of the professional guidance of every working unit is great. On the other side, several research projects have revealed that the personality represents the most reliable basis for any professional improvement. The personality is displayed in various ways : as the feeling of responsibility towards one' s own self and towards the patients, as the professional and scientific curiosity, as the ambition to go on further, etc. The tendency towards a certain medium by means of which new knowledge is gained is an important subjective factor. It is estimated that the majority of new facts in primary health care are acquired by means of "verbal medium", through direct meetings with other experts, at congresses and professional meetings. Those meetings are not frequent enough, sometimes even not well organized, particularly as regards professional subjects. Another medium which is used, is the written word. The observations have revealed that it happens less often than could be expected and is usually not systematically organized. The studies done by various agencies and particularly pharmaceutical industry have provided us with the data which media are the most successful. Living picture, video, is one of them, although it is still entering the phase of wider application. Another modern medium is computerized information which makes interaction possible and which is attractive especially to young people.

Participation in the continuing education programmes is influenced by two more factors : accessibility and pleasure connected with it. In case the participation is connected with great efforts and unpleasant events

(like questioning, laughing, etc.), the number of participants would be lower. In some people, these things have a long-term effects, or they simply become excuses for not doing anything.

One of the excuses which is very often used in front of one's own self and in front of others, is the lack of time. However, many investigations - abroad and in our country - have revealed that those who work the most and the best always find time and interest for their own education, either individual or within organized systems.

Participation in various forms of continuing education is not sufficient, so as to achieve good results, i.e. usefulness. In order to transfer the knowledge into practice another impetus from the surroundings is usually necessary. In some people this can be any sort of material effect (profit), friendly control or work supervision, whereas the majority is satisfied with positive stimulation, cooperation and impulses. It is important not to take the new professional and scientific items passively, but to participate actively. In contrary to the traditional teaching way, education ought to make communication possible, it must offer information and point out issues that the participants will be dealing with on the basis of their previous experience. The education must increase the subject's self-reliance, without displaying the negative impact or ruining his experience. This is true of every individual and of every specialty within a profession. Continuing education therefore should reveal and make stable everything that is positive and all that makes the majority of PHC activities, being insufficiently known and not very often discussed. Many health professionals employed in primary health care are unjustly criticised by incompetent members of medical establishment and by some lay groups. For these reasons,

many professionals become withdrawn, sometimes even not believing in what they are doing. This is a serious disease, harmful both to them and to the profession - maybe being the most harmful to the patients and the people. The new continuing education system must help to cure this disease, to rehabilitate the patients and to eradicate the endemic.

1.3. NEW EDUCATIONAL TECHNOLOGY

1.3.1. Video in education

In medical education, video is still a developing medium. Although the first operations were filmed as early as 1947 and as such used for teaching purposes, the development of that technology kept on progressing rather slowly.

The current application of video technology in education is based upon the features which distinguish video from other media. There are wide scale positive experiences with its application.

Video technology characteristics

Video is comparatively reasonable in price, practical and easy to handle. It does not require separate development process as the film does, it is less prone to damage and the tapes can be preserved like books in one's own library.

Video recording is ready for display immediately after shooting. This characteristic is of special importance when developing skills, because one's own work can be analysed and compared to the recommended procedures on the spot.

Much easier than the film, video makes possible shooting and preserving the recordings of events, interesting and rare issues, problems, emergencies, etc. Making of a summarized presentation is relatively easy, too.

Video tape can be stopped, rewinded and repeated easily, which is an important feature in the process of learning.

Video camera enables shooting of a particular event or process and at the same time live transmission of it on monitors in other rooms and for a wider audience.

The main disadvantage of video technology is the possibility of passive following of items on a monitor or TV set and difficulties in activating the audience to take part in it.

The way of using video in education

a. Video as an independent educational unit

This way of using the video enables the presentation of an issue which - because of its completeness - does not require the presence of a teacher or guide. Possible comments and instructions are readily on the tape, for they have been shot and edited earlier. This way of video application is suitable for use in far-away and difficult-to-reach areas, or for self-education.

Examples :

Standard procedures

Professional news

The things one should be acquainted with, but does not need to apply

b. Video as an illustration

Video, being an auxiliary audio-visual medium, is often used as an illustration to the topic that the teacher is dealing with. This kind of video use is suitable in situations when only a part of the participants can be present at a time, for the demonstration of patients with rare diseases and for getting acquainted with some working techniques.

Examples :

Conversation with distinguished experts

Presentation of the work at home

Demonstration of some techniques (endoscopy, etc)

Health education topics for lay persons

c. Video as a way of communicating

Video technology enables better communication between health professionals by means of presenting their own experiences from the practice. In some areas people happen not to be acquainted with what is being done in other areas, or in the neighbouring primary health care unit.

d. Video as a stimulus

Problem-oriented education very often makes use of this way of video application. The presented problem is a stimulus for group discussion, analysis of possible solutions and discussion leading to education aims.

The issue which is thus dealt with, can be original, documentary material, or something shot according to an in advance given script.

e. Video assisting in developing skills

Video is very suitable for learning some manipulative and perceptual skills, because of the fact that it is ready for presentation immediately after shooting. Clinical check-up skill, the skill of talking to someone or guiding a group discussion is practiced by the participants themselves, either on a model or in actual contact. The whole thing is being shot and analysed immediately afterwards.

Examples :

Reanimation and other emergency procedures

Interview technique

Physician - patient relationship

Relationships within a team

1.3.2. Computer in education

The role of electronic calculating facilities in continuing education for primary health care today is very much emphasized, because they stimulate creative thinking. Varieties of the current hardware enable individual and group learning methods to be applied. This application is getting more and more popular because of interactive features, increasing processing ability and memory, as well as the positive characteristics of a patient "teacher" who follows the progress within the educational process.

Educational materials are easily distributed in form of discs containing the programmes with textual teaching elements. Such discs can be prepared for many types of personal computers, which are already owned by a number of people and the number of which is expected to increase as time goes by.

The increase in the application of computers in education depends largely upon the development of adequate education materials (courseware) and programme support for electronic calculating facilities (software).

The development of educational programmes is a time-consuming and complex job, requiring the participation of a number of experts; authors of the material and medical informatics experts working out the final product through team work.

The computer assisted instruction method is the most popular field of computer application in continuing education. It is particularly effective in programmes like "patient simulation", because they are very stimulating, interesting and useful. The programmes of computer simulation of various other health and medical systems (as physiological, epidemiological, pharmacological,

organizational, etc.) are interesting for education. Educational materials from the field of medical decision-making are planned to be made, too. This is a field based upon the achievements of the artificial intelligence theory. Medical decision-making is developing rapidly as the new means of daily medical practice for solving the diagnostic, therapeutical, rehabilitation and organization problems within health care.

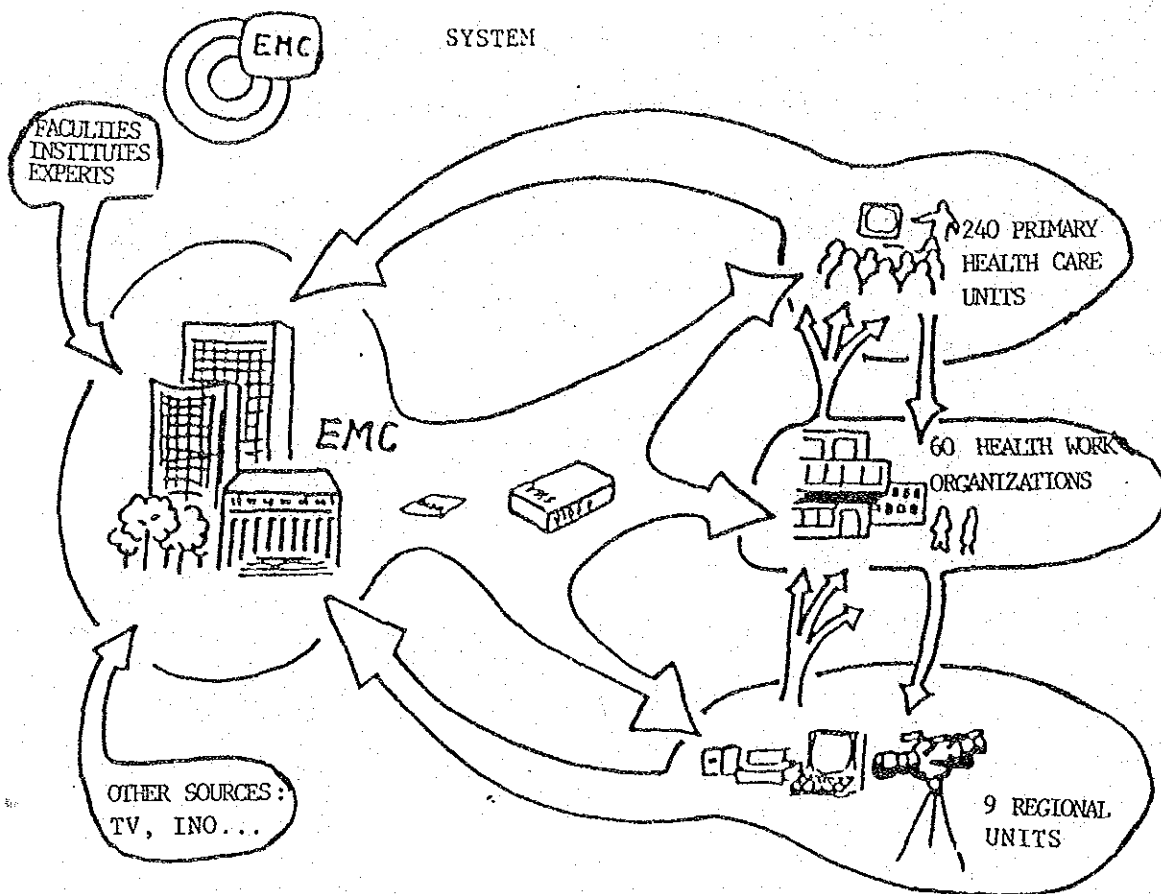
The major characteristic of all these methods is the fact that they can be applied only when physicians and other medical professionals are intensively involved.

Ideas and proposals of all health professionals are welcome for the development of the project, and so is their opinion on the educational materials which have been used already.

1.4. DRAFT OF THE CONTINUING EDUCATION SYSTEM BY MEANS OF ELECTRONIC TECHNOLOGY

1.4.1. Structure of the system

The system consists of the interrelated elements, as shown in the scheme below.



Some 60 organizational units (health centres and medical centres) have at their disposal video equipment (portable video recorder, monitor and transportation equipment), which is used in about 240 educational units in

the same or in the neighbouring institutions. These are the so-called education units. In every such unit, there are two coordinators who know how to handle the equipment and how to apply the educational issues.

Apart from the educational units, there are additional 9 active units in the system, which have, (besides the reproduction equipment), a VHS recording camera and a computer.

Each active unit has a personal computer within its computer department (IBM PC XT), with a great memory capacity and colour graphics, so that the newest educational materials can be presented by means of it. The active unit is supposed to make it possible for the network members to use the additional equipment and educational materials. For example, the active unit would record video issues from the practice and lend the camera within the area it covers. At the same time, owing to its computer capacities and depending upon the personnel at its disposal, it would instruct disc users and develop its own programme of educational material production. The computers will be equipped with general programmes for data bases, text work-out, table calculating and graphics, which will widen their application to the organization of educational activities, result evaluation and general improvement of the active unit's work.

The draft of the educational units network and the choice of users has been made up on the basis of agreement in the Association of the Organizations of Associated Labour in the Field of Health of SR Croatia, taking into consideration the distribution as regards territory (geographical distribution) and social (village-city) distribution, the way of work of primary health care units (general practice, school medicine, etc.) and the standards of work in practice, as well as experiences in continuing education.

Education multimedia centre (EMC), has been organized at the Andrija Štampar School of Public Health, Medical School, University of Zagreb. EMC is collecting proposals for continuing education topics and issues, experiences and initiatives, gathering co-workers and consultants, and produces the basic education material in the system (video tapes and computer discs).

Four working groups are active in EMC: Group dealing with the general issues of the project, such as organization, development, financing and administration), Group concerned with education (ideas, professional topics, proposals and evaluation), computer group (dealing with the production of computer discs) and video studio (distribution of video education materials, technical advices and consultations). At the end of this handbook, there is a list of members of each of the groups.

Planning, coordination and development of the whole project is guided by the Project Secretariat, Council and International Coordination Group. Business items and clerk work are dealt with at the Institute for the Economics and Organization of Health.

1.4.2. The way the system functions

Once a month (precisely 10 times a year) EMC produces a video tape at least half-an-hour long. Four times a year it offers discs with education programmes supported by computer. Video tapes may be lent to any organizational unit for a period not longer than two months. Computer discs may be lent to active units and other network members owing a computer for a period of 4 to 6 months. Besides that, 2 to 4 tapes dedicated to particular topics are produced yearly and they remain for an unlimited period of time in places where the users have reproduction equipment at their disposal.

VIDEO JOURNAL

The monthly video tape is called video journal and has its standard columns (parts) dealing with various topics :

PARTS OF THE VIDEO JOURNAL

FORUM

EXPERIENCES FROM THE PRACTICE

NEWS

AN ISSUE

HEALTH EDUCATION MODULES

Forum

Forum opens the possibility of short communication with viewers by means of the column entitled "VIEWERS' LETTERS". Short questions and discussions on current problems will be presented (for instance on continuing education, health policy, specialization and postgraduate education in PHC, relationship to specialists, etc.). Every member of the network is entitled to pose a question or initiate any other issue in any other way.

Experiences from the practice

The experiences from the practice present interesting and useful experiences in the organization and functioning of health system. The possible items are the organization of all-comprizing health care, particular health care programmes, home treatment, equipment, etc. Every member of the network can and should present his (their) experiences.

News

Professional news are supposed to transfer the new achievements in medicine to health professionals. This also refers to recent developments in the fields of pharmacy, health care organization, nurse care, etc. in our country and abroad. All the items are presented very briefly with the aim to attract the viewer's attention.

New books, current events and professional meetings will be presented within this part of the journal, too.

AN ISSUE (PROBLEM)

An item will be chosen to initiate discussion focusing upon a professional subject through experiences gathered in practice. Expert opinions will be included. The material is intended to become a part of a separate tape dedicated to the topic, after it has been dealt with by the video-journal users (feed-back).

Health education module

This part of the video journal will be used by health professionals in their educational activities which include population. They will serve as an illustration to the lectures and as an aid for group work or work in therapeutical community (a club) etc.

The journal is basically focused on three essential things: experiences and problems that occur in practice, explanation of the standard methods of work and getting acquainted with the news.

The video-journal is accompanied with written materials - hints for the coordinator who is presenting the tape and leading the discussion, questionnaires for individual use, which ensure feed-back to the EMC, as well as recommendations to the users connected with the contents and educational goals of the journal's parts. The set of materials (education package) will be mailed to the users in far-away areas in special envelopes. The users from Zagreb will be able to pick it up at the Centre.

Every education unit has two coordinators, i.e. persons responsible for organization, receipt and feed-back between the users and the Centre.

The coordinators are supposed to attend a one-day seminar organized by

the Centre. At the course they get acquainted with the technology (how to use the equipment), education methodology (how to work in group?) and organization of work (planning, etc.)

The contents of education are not intended for physicians only, but also for all the members of the primary health care team

The journal is intended for professional meetings, for discussions in working units etc., i.e. mainly for the group use with a coordinator in charge.

2. INSTRUCTIONS FOR THE WORK OF COORDINATORS
IN EDUCATION UNITS

ORGANIZATION AND PLANNING OF WORK
PREPARATION FOR THE MEETING
LEADING THE MEETING AND GROUP WORK
FEED-BACK PROVOKING

2. INSTRUCTIONS FOR THE WORK OF COORDINATORS IN EDUCATION UNITS

Coordinators are key persons of the system of continuing education in primary health care by means of electronic technology. Because of the importance of their role and tasks, two coordinators are planned to work in an education unit - one of them oriented towards the technique of video-equipment application, and the other oriented towards the organization, planning, motivation of colleagues and application of educational strategy. It would be very good to have people who are appreciated in their surroundings, who have a strong sense of responsibility as regards fulfilling of their tasks, who are prone to innovations and motivated for continuing education.

2.1. TASKS OF THE COORDINATOR

ORGANIZATION AND PLANNING

PREPARATION FOR THE MEETING

LEADING OF THE MEETING AND GROUP WORK

FEED-BACK PROVOKING

2.1.1. Organization and planning of work

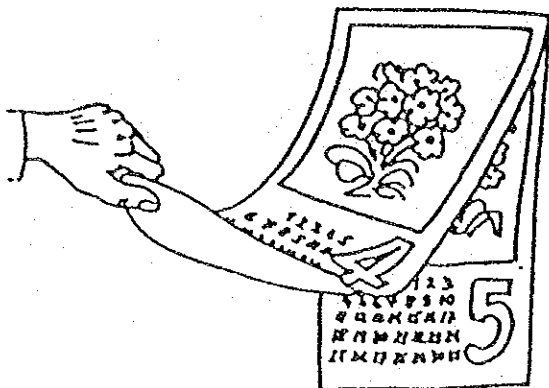
A prerequisite for the functioning of the system is good organization and planning of professional meetings, which should be held continuously in a certain rhythm, lasting an hour and a half, as well as motivating the colleagues to attend them.

Organization requires the following steps :

a. TO DECIDE UPON THE SIZE OF THE GROUP AND THE PEOPLE IN IT

It is necessary to decide which groups are going to watch the education material together. The group's size is very important for the success. In this respect, 12 people would be the best choice, but there should be no more than 20 anyway.

b. CHOOSING THE TIME



One should try to find the most appropriate day of the week and time which suits the team members most. Changing of the day and time is not recommendable (for example, the meetings should be held every first Wednesday of the month from 1 p.m. to 2.30 p.m.) so as to provide the regularity and continuity.

c. FINDING THE PREMISES

The premises (a room, a hall) ought to be big enough so as to enable sitting in form of half-circle in front of the monitor or TV set. This will then make discussion in the group easier.

2.1.2 Preparation for the meeting

a. READING THE INSTRUCTIONS FOR THE COORDINATOR

Every education tape contains the instruction sheet for the coordinator, with the description of education aims and messages. Coordinator is actually not an educator, so that the instructions are only a kind of help in coordinating group work and leading towards solutions. Instructions on the procedure of tape presentation are included, too. Special attention ought to be paid to stopping and rewinding the tape, because these are important elements for the process of learning.

b. SEEING WHAT IS ON THE TAPE

There are two reasons for that. First of all, one needs to make sure that the tape is in good condition, i.e. that there haven't been any damages done in the transport. Second, the coordinator will get informed and thus better prepared to be in charge of the meeting.

2.1.3. Conducting the meeting and group work

Why group education?

A small group is more appropriate for learning. Standpoints and opinions develop much easier in a group. The value of work comes out of the psychodynamic processes of interactions among the group members. Suggestions, own experiences, own standpoints and habits, identification and the social (group) pressure, are the advantages of this method when compared to other learning methods.

The investigations have proved that...

...a group learns quicker than the individual.

...a group needs less time to find a solution.

...a group usually thinks of more and better solutions,
than a sum of individuals.

...the group decision is superior to the individual
decision.

...the presence of others increases the motivation degree
of the individual.

In order to achieve successful group work, the following is necessary :

a. TO FOLLOW THE EDUCATIONAL AIM

When conducting the meeting, one should pay attention to following the education aim and not to widen up the subjects too much. Education aim should be achieved, but

3. WORKING OUT THE EDUCATION MATERIALS -

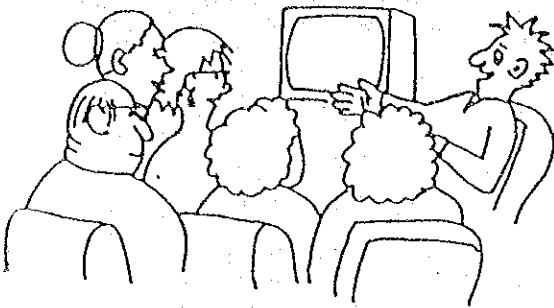
RECOMMENDATIONS FOR CO-WORKERS

FROM IDEA TO SCREENPLAY

FROM SCREENPLAY TO FINAL PRODUCT

in case there have been any difficulties, or in case it has not been achieved, the coordinator should emphasize that in his feed-back response to EMC, possibly with an explanation.

b. TO CONDUCT GROUP
DISCUSSION



The coordinator is supposed to know the group's reactions and to influence them if necessary. It is essential to let everyone express himself. Coordinator should try not to prevent discussion through his own authoritarian attitude and behaviour. The passive ones should be invited to talk, whereas verbal domination of others should be eliminated on time. This requires knowledge and experience, for it may happen, that the group work does more harm than good.

c. PAY ATTENTION TO
SOLVING THE PROBLEMS

Group discussion is mainly connected with the item (issue, problem) in the video journal. It deserves the most attention and serious approach. This is the most difficult part of the job and many people would probably try to undervalue and avoid it. The coordinator is not expected to give solutions; his comments and opinions are equal to those of others in the group.

2.1.4. Feed-back

New technology enables regular feed-back within the system. The aim of the feed-back is evaluation of one's own learning and work, influence upon the choice of items according to the requirements of practice and getting informed about the solutions of others in primary health care.

Immediate feed-back is possible by means of the computer, written individual questionnaires or conclusions of the group discussion and also through shooting of interesting parts of group work.

The coordinator is supposed to return back to the EMC the following :

- a. information concerning the tape presentation : when, how many participants.
- b. evaluation of the material : use, professional level, length and technical production quality.
- c. problem solution : individual and group answers to questions.
- d. suggestions and proposals : answers (a) - (c) are given on a simple questionnaire enclosed to every tape.

Besides the written material which serves for evaluation, the coordinator returns the tape. Returning of the first tape is the prerequisite for obtaining the third one.

ALL THE URGENT INFORMATION CAN BE OBTAINED DIRECTLY
IF ADDRESSES PUBLISHED IN THIS HANDBOOK ARE CONTACTED

3. WORKING OUT THE EDUCATION MATERIALS - RECOMMENDATIONS FOR CO-WORKERS

Every health professional can (and should) participate in the working out of educational video materials. Apart from giving suggestions, proposals and ideas, he is present in all the phases of production process.

Every video education material produced in EMC is subject to review.

On page 30, the steps in the process of working out the video education material are presented.

3.1. FROM AN IDEA TO A SCREENPLAY

The essential (and usually the most difficult) part of the education material work out is the first step : clear defining of the goal and underlying message. If the definition is not clear, or if the messages are too many, neither very good shooting, nor technically well done editing will help achieve the expected quality.

How to make the first step?

The four following questions should be very seriously posed. One should insist upon answers as long as it takes for everything to get completely clear.

W H A T ?

It is not enough to have an idea. A clearly defined educational goal is a prerequisite for all the further considerations of the choice of items and visual solutions.

Education goal must emphasize the changes expected regarding knowledge, standpoints and skills of those for whom it was intended.

The underlying message must be in accordance with the education goal.

W H Y ?

The reason why we chose an education goal (why this?) depends on many things. The choice of topics and defining of goals may depend on the author's individual interest or on a requirement originating from the practice of primary health care.

Explanation of the basic message (why that way?) should sometimes be accompanied by literature and detailed professional explanations.

T O W H O M ?

The professional level of the presentation (difficult-easy), use (useful-not useful) and the way (style) in which the education material will be made, depends on the audience. That is why the audience ought to be clearly defined (teams, individual physicians, nurses, lay persons, etc.)

H O W ?

The material ought to be easy to understand, and the presentation must be based upon the principles of graduality and logical succession.

It is very important to include elements which influence motivation and attention into visual solutions. The needs, wishes and expectations of the viewers should be taken into consideration.

This part of the task is professional, medical and pedagogical, and nobody but the medical professional who knows what it is all about, can do it properly.

After the answers to the questions have been cleared, active participation can begin. That's what synopsis is for. An example of the synopsis is enclosed.

Synopsis is then discussed at the Editorial Board meeting. After it is adopted, with possible suggestions for alterations and improvements, the author works on the text.

The next step is the detailed description of the professional exposition of the proposal and quoting of the literature regarding that subject.

After that, composing of the screenplay begins. It includes the text, proposals for visual solutions and for the sound.

So, the procedure is as follows :

SYNOPSIS

PROFESSIONAL EXPOSITION

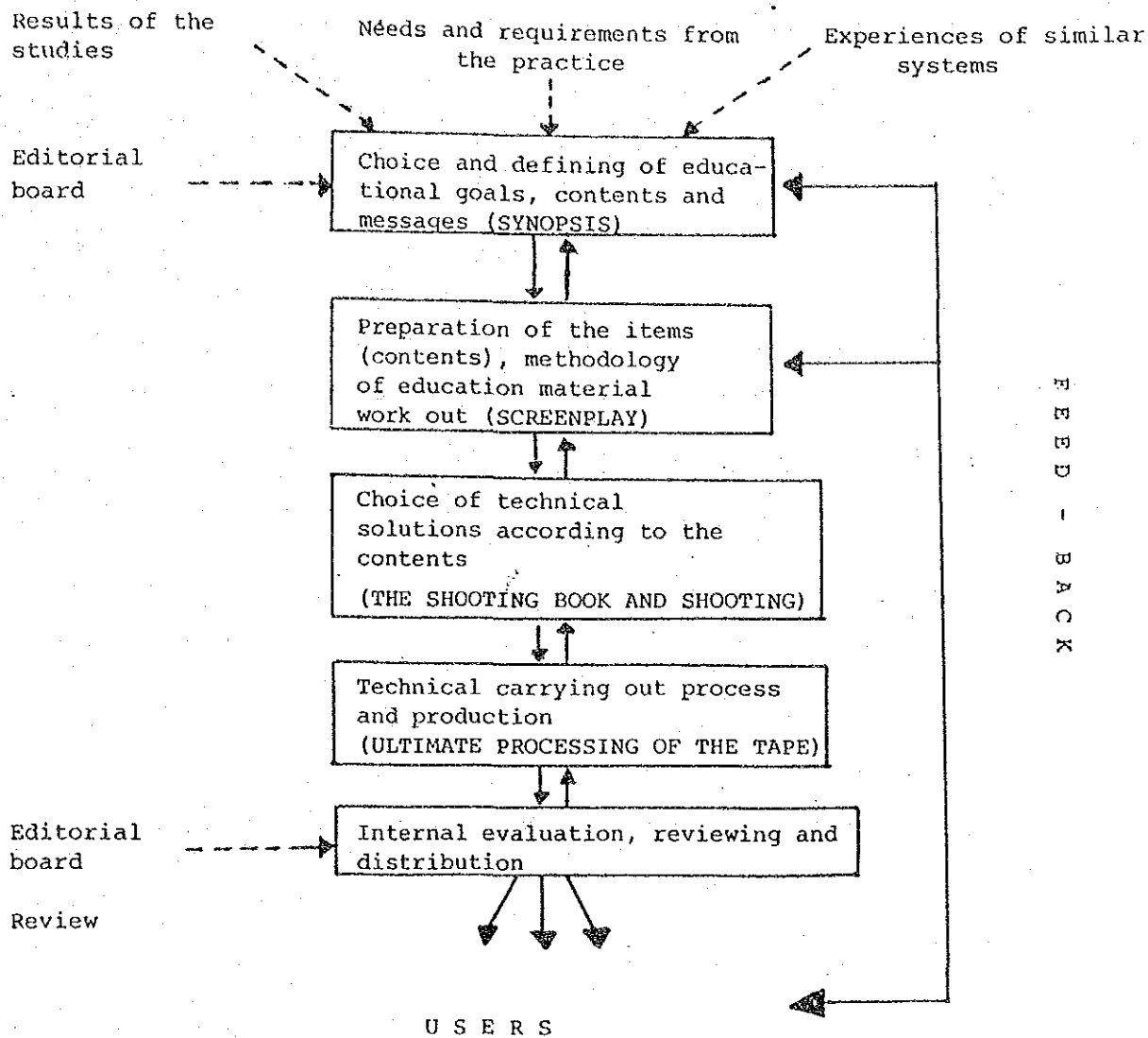
SCREENPLAY



The form for Synopsis application can be obtained from the EMC Education Group, upon request.

Enclosed you may find examples of an application - from the synopsis, exposition to screenplay. (Enclosure 1 - Synopsis, Enclosure 2 - Professional exposition, Enclosure 3 - Screenplay).

STEPS FOR VIDEO EDUCATION MATERIAL WORK OUT
(the process)



ENCLOSURE 1 : AN EXAMPLE OF THE AUTHOR'S APPLICATION

APPLICATION FOR EDUCATION MATERIAL WORK OUT

(Application for active participation in
the project)

S Y N O P S I S

THE TOPIC : Approach to a person suffering from hypertension

PROPOSED BY : V.M., M.D.

AIM (GOAL) : To find out the optimal approach to a person with increased
blood pressure during the first contact in the conditions
of primary health care

FOR WHOM IS IT INTENDED?

For the physicians in primary health care , as a motivation
for group discussion

SHORT DESCRIPTION OF THE TOPIC :

Presentation of various approaches towards the same person
in whom increased blood pressure has been measured incidentally,
at home.

PROPOSAL FOR VISUAL SOLUTION :

Conversation of the physicians A, B and C in the outpatient
unit with the same person coming up with the same story. Their
approaches to her vary. According to the earlier agreed screen-
play, the persons shown will be acting.

DATE :

SIGNATURE :

ENCLOSURE 2 : An example of a professional exposition

TITLE : APPROACH TO A PERSON WITH HYPERTENSION

EXPOSITION :

The problem of first examination in a person with increased blood pressure is very frequent in the physician's daily routine in primary health care. This example from the practice was chosen as a trigger for discussion and thoughts about the typical and acceptable procedure with such a person in the conditions of primary health care.

As an illustration, I propose the following story :

During a routine visit to a newborn baby, a nurse measured blood pressure of its grandmother. Since it was increased, she sent the lady to the physician. She now comes to see three different physicians, whose attitudes to her problem are different and so are the working diagnoses and therapy. Both the physicians and the person would act the earlier given roles, so as to emphasize the differences in the procedure.

EDUCATION GOALS :

1. To find a procedure which would be optimal in the conditions of work in primary health care. The following should thus be paid attention to :
 - etiology of hypertension
 - complications
 - presence of risk factors
 - relation between the physician and the patient as the prerequisite of a successful long-term therapy
 - directing the patient to a specialist in internal medicine, yes or no?
 - looking for parameters for successful therapy
 - examination in the first contact - yes or no (ECG, fundus, three times blood pressure)
2. Analysing of offered procedures and comparison of one's own experience with that of the colleagues serves the purpose of analysing and evaluating one's own daily routine in respect to solving such problems.

LITERATURE :

1. Budak, A. : Hypertension, In: Budak A. et al., ed. General Practise. Školska knjiga, Zagreb 1986; 77
2. Grahovac V.: Essential hypertension in practice of a primary health care team. In: Kulčar Ž. et al. ed.: Methodological Instructions for the work of clubs of people suffering from hypertension. Zadružna štampa, Rijeka 1984;95

3. Medved, R. ; Hypertension in outpatient practice.
Liječnički vjesnik 1975; 97-1
4. Gross F. et al.: Management of arterial hypertension - a practical
guide for the physician and allied health workers. WHO, Geneva 1984.

DATE :

AUTHOR :

V.M., M.D.

EXAMPLE 3 : SCREENPLAY

TITEL : APPROACH TO A PATIENT WITH INCREASED BLOOD PRESSURE

ANNOUNCER'S TEXT

VISUAL SOLUTION

SOUND

The item, (problem) motivates and opens the discussion on a topic. After the interaction of the users of video journal and their response in several further issues, the material is made into a separate tape for long-term use. In the first issue, we are starting the topic of various approach to a patient with increased blood pressure.

The topic has been shot according to the screenplay, the physicians and the patient have been acting the roles.

Physician A was supposed to direct his approach towards a somatic approach to increased blood pressure.

Physician B was supposed to be a physician who has so little faith in himself, that he immediately directs the patient to a consilliary examination.

Title :

AN ITEM (A PROBLEM)

In the outpatient unit - conversation of the patient and physician A.

Conversation between the physician A and the patient.

Conversation of the patient and the physician B.

Quiet
People talking

Physician : How is your urinating?
Patient : I urinate quite a lot. I delivered my baby in a village. The child-birth was rather difficult and I have been having problems since then.

Physician : Have you been treating that or not?

Patient :No. I drank teas.

talking

Physician : Now you will get an injection to decrease your blood pressure. I will prescribe a medicine that you will take two times daily.

The physician C represented a psychological approach to this problem.

Conversation of the patient and physician C

Patient : My husband is very nervous.

Physician : Does that upset you ?

Patient : Yes, a great deal.

Physician : A part of the whole problem may be lying in it.

written title :

WHICH WOULD BE THE MOST
APPROPRIATE APPROACH OF
A PRIMARY HEALTH CARE
PHYSICIAN TO THIS PROBLEM?

3.2. FROM SCREENPLAY TO FINAL PRODUCT

The shooting book originates from the screenplay. It includes a choice of technical solutions and instructions for shooting and editing.

Alterations of the text are still possible in this phase.

Phases of the work out process - screenplay, editing, final processing - are carried out in cooperation with experts and technicians from EMC.

All those who applied for synopsis participate in all the phases of tape production.

SHOOTING

The Project allows the following possibilities :

- a. routine shooting with hidden camera
- b. shooting with open camera
- c. shooting of one's own work or acted scenes

Shooting ways are twofold :

- a. one's own camera or a camera from an active unit (VHS system)
- b. EMC providing both the camera and the team

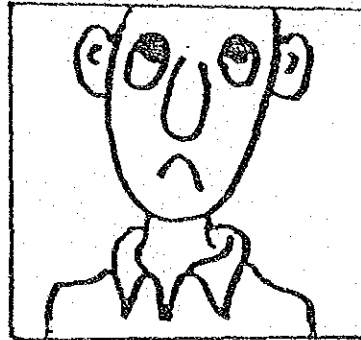
If you are shooting yourself, it is essential to point out the basic message.

However, some basic rules of shooting should be observed, as, for example, the composition and choice of takes :

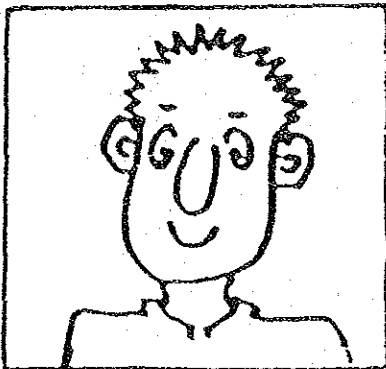
Composition of takes requires being careful about the position of people's heads, if there is space enough.



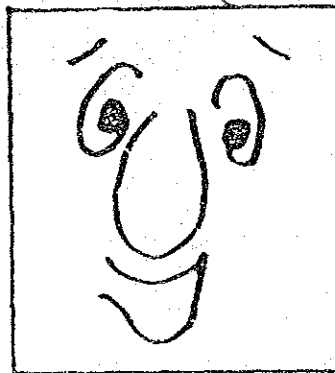
wrong



wrong

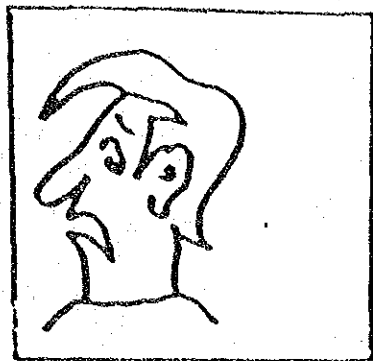


right



right

If the person is looking in the direction left, he must be standing a bit more towards right side in the take.

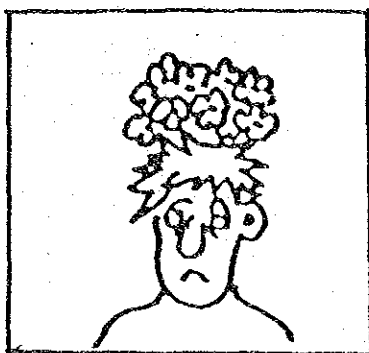


WRONG

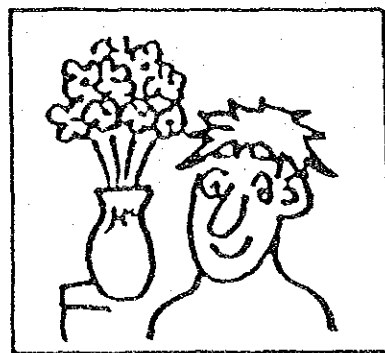


RIGHT

The background shouldn't be of too lively colours and the things shouldn't "stick out" of someone's head, etc.

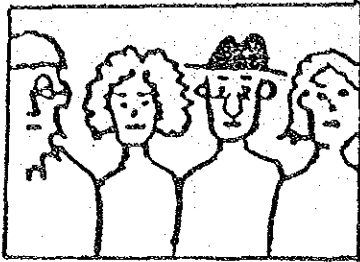


WRONG

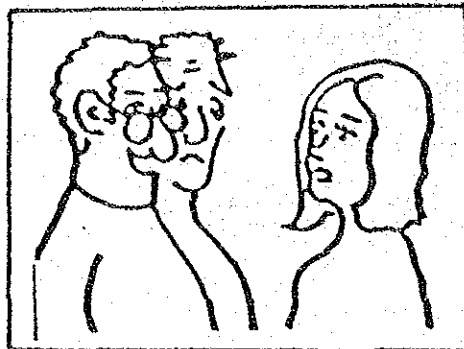


RIGHT

The takes shouldn't be wider than necessary when describing the events.
 Also, they mustn't be too close, because one can't really see what is going on. The vertical frame of the take mustn't cut the people's faces.



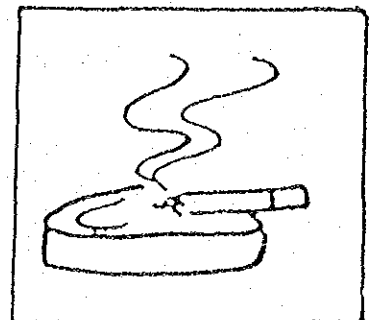
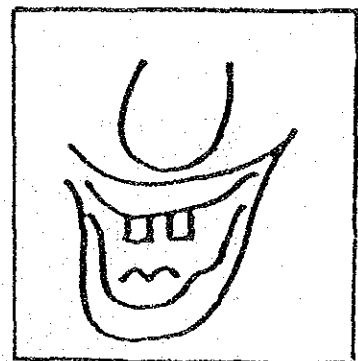
Covering must be avoided
 if possible,



THE CHOICE OF TAKES

Plan

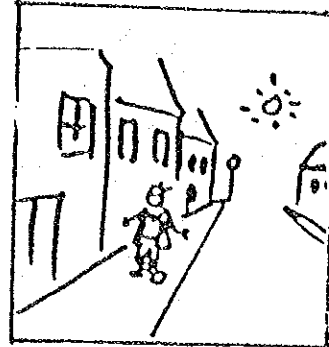
1. Detail or very close up
 (eyes, mouth, ear, etc.)
2. Close up
 presenting the person's head
3. Insert - close up of an
 object, such as cigarette,
 glasses, a photograph, etc.)



4. Medium shot, plan mayen
- the whole person



5. Total, full shot,
plan general -
the person and the
background



There are also some plans in between the mentioned ones,
but we think that these 5 plans are enough to start with.

PROCESSING OF THE FILMED MATERIALS

This phase of work is done in video studio.
The material is edited, visually enriched
by special effects, graphically completed
by titles. Sounds are added (comments, music
and noises).

After review and internal control, video education material is ready
for distribution to users.

4. INSTRUCTIONS FOR HANDLING THE VIDEO EQUIPMENT FOR REPRODUCTION

GENERAL INSTRUCTIONS ON VIDEO RECORDER

MAINTENANCE

The equipment shouldn't be often transported. When this is unavoidable, original packing must be used.

Video recorder must be on a flat surface, especially when in operation.

Avoid heat and moisture, as well as dust.

For your own safety, don't open the cover of the facility, because there is danger of an electric shock.

After the reproduction, video-tape must be rewinded back to the beginning and taken out of the unit.

Video tapes should be kept in their covers in vertical position.

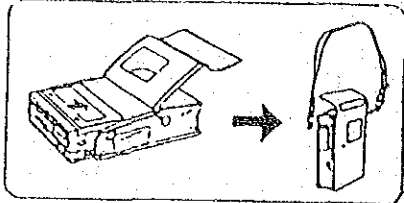
4. INSTRUCTIONS FOR THE USE OF VIDEO
EQUIPMENT

VIDEO-RECORDER DESCRIPTION

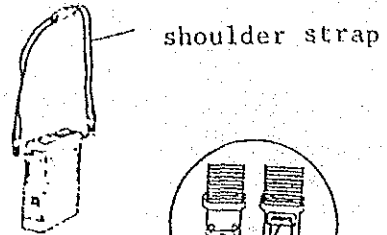
INSTRUCTIONS AND INFORMATION

USING THE RECORDER FOR REPRODUCTION

4.1. VIDEO-RECORDER DESCRIPTION



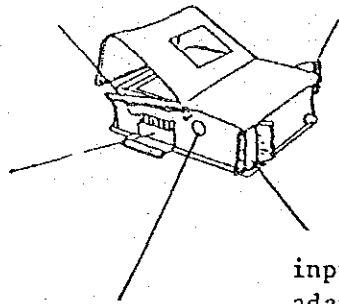
sholder strap holder



input hole

push here for branching off

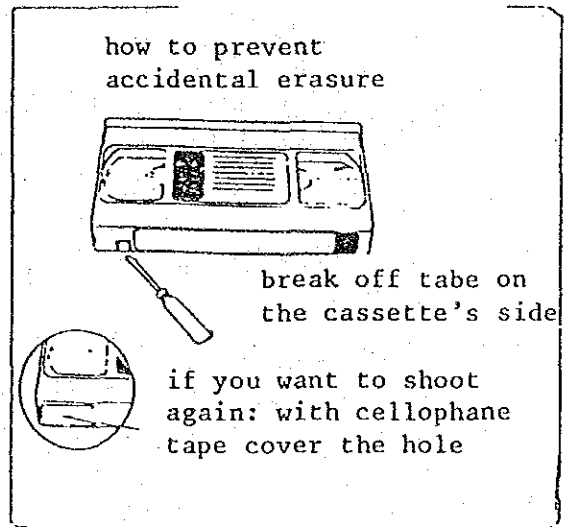
battery compartment



input sockets

camera input socket

input adapter

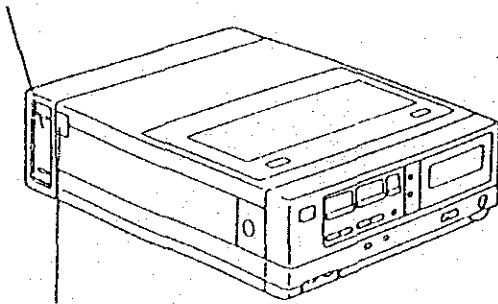


how to prevent accidental erasure

break off tab on the cassette's side

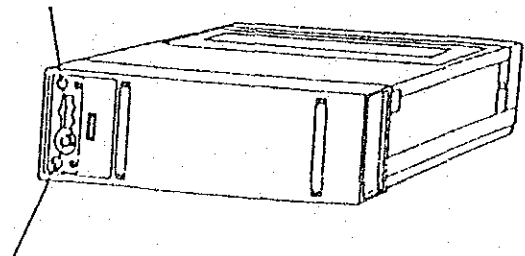
if you want to shoot again: with cellophane tape cover the hole

batteries

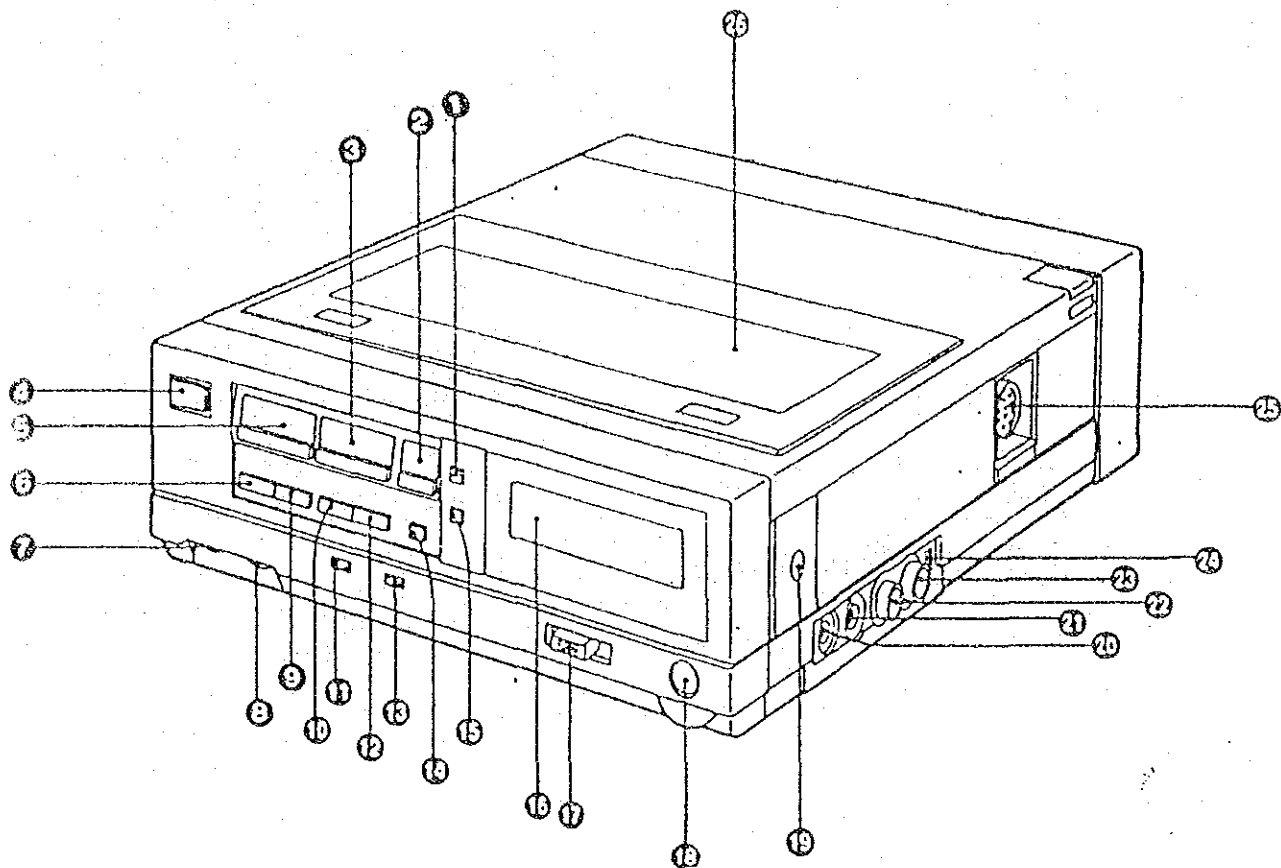


push-out battery button

socket for adapter



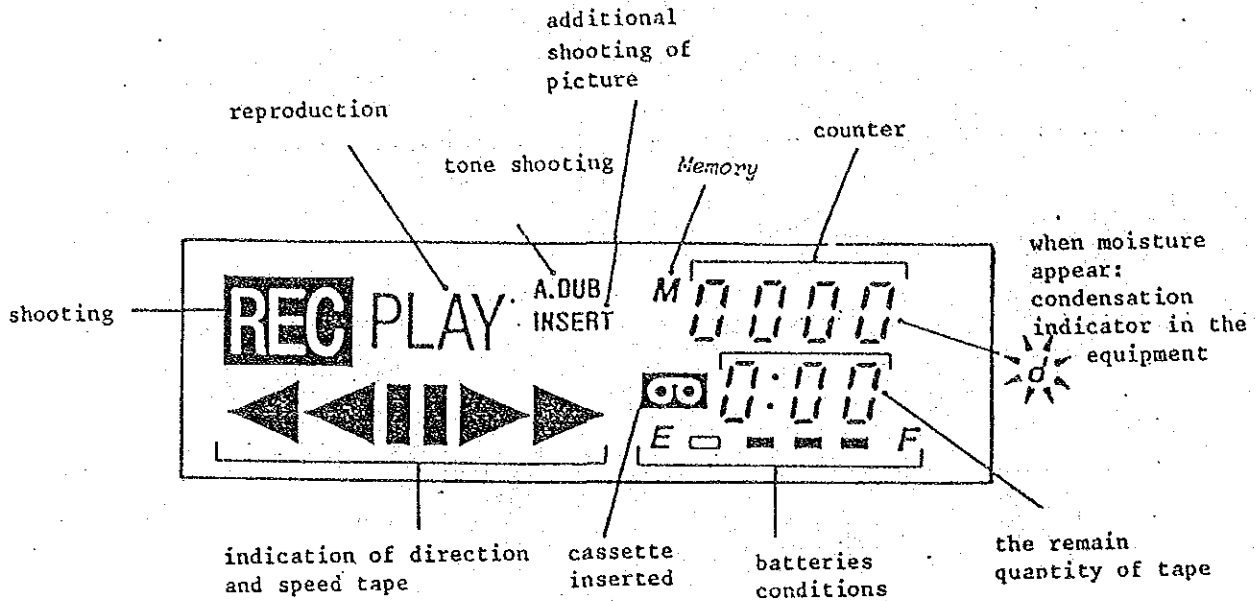
output socket for antenna



1. Reset button
2. Record button
3. Play button
4. Eject button
5. Stop button
6. Pause/Still button
7. Tracking control
8. Tracking control used for slow motion reproduction
9. Slow button
10. Rewind
11. Cassete selector
12. Fast forward
13. Camera Select Switch

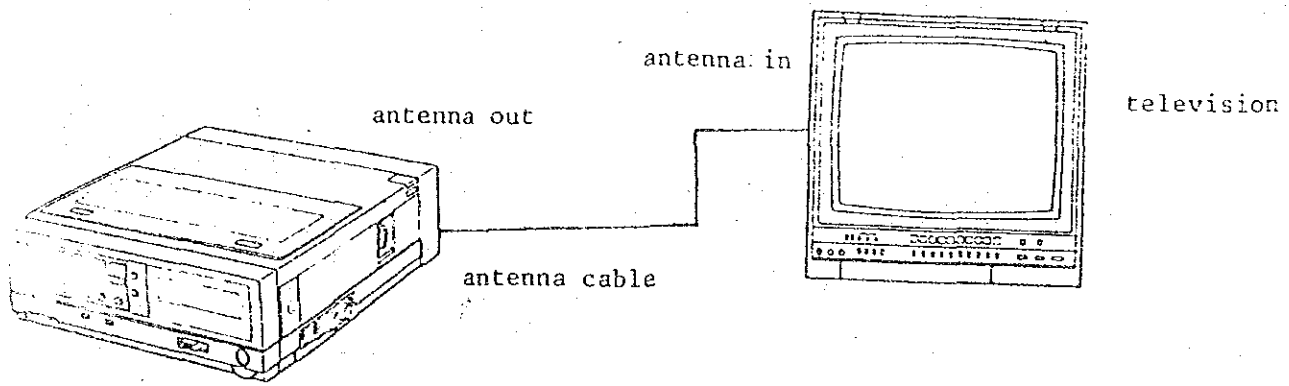
14. Audio dubbing button
15. Memory button
16. Multi-Function display
17. VTR/ON/OFF Switch
18. Remote control socket
19. Shoulder Strap Holder
20. Microphone Input
21. Audio Output Socket
22. Video Output Socket
23. Video Input Socket
24. Light and antenna switch
25. Camera Input Socket
26. Cassete Holder

16. Multi-function display

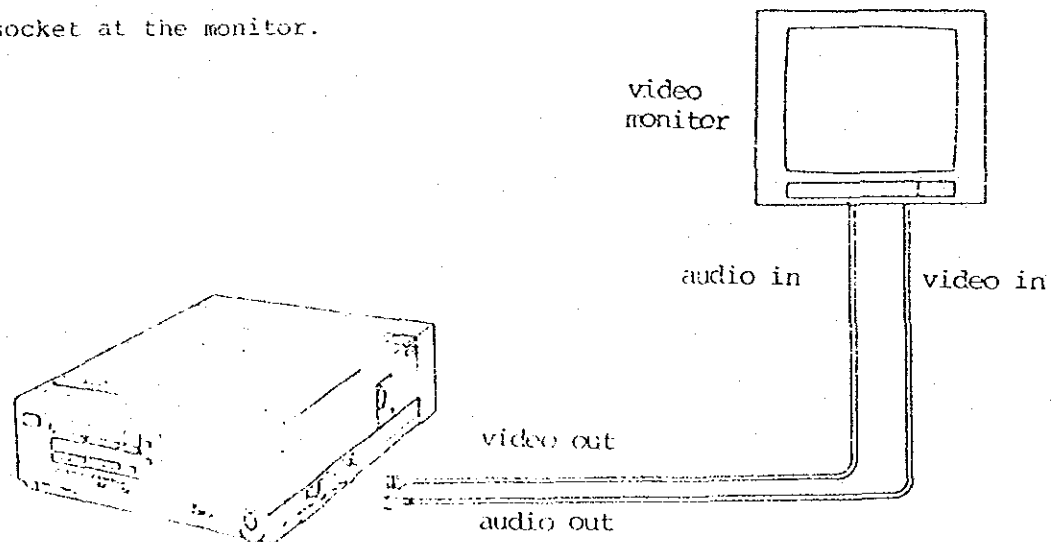


The picture from the recorder can be reproduced on a TV or on a monitor. If there is a PAL/SECAM/NTSC switch on them, it must be set to PAL !

When using the TV set, we need one cable for connecting the recorder and TV. It is the antenna cable which should be connected at the same place where antenna is connected otherwise. On the recorder we connect it at the back, if using the battery. Otherwise it is connected at the back of the AC-ADAPTER. Beware to connect it into the socket signed "RF-OUT". The switches in front must be set to VTR and OPERATE.



If connecting the monitor, we need two cables - one for the picture and the other for the sound. Video cable must be connected with the VIDEO OUT socket and with the VIDEO IN socket at the monitor. The sound cable must be connected with AUDIO OUT socket at the recorder and the AUDIO IN socket at the monitor.



4.2. INSTRUCTIONS AND INFORMATION

Video heads are the essential part of the recorder. The quality of the picture depends directly on them. If they get dirty, the picture becomes distorted. In order to avoid this, do not insert low quality tapes into the recorder and try not to hold the picture still during the reproduction, because the heads damage the "frozen" part of the tape. Besides that, they thus collect dust which can be removed by cleaning only.

Condensation of the moisture :

When the temperature abruptly changes, a sort of dew condensates on the parts of the facility. In order to protect the head and the tape, an automatic device turns all the recorder's functions off. The only exception is the function "EJECT", by means of which the cassette is ejected and taken out of the recorder. This is exactly what should be done.

After that, keep the recorder powered and wait until the moisture indicator on the display turns off.

Avoid places with lots of dust or moisture.

Do not expose the recorder to direct sunlight, heating devices and don't keep it in a closed car during the summer.

Never place the recorder near to strong magnetic fields, on top of a television, or in front of it.

Do not touch the inside of the recorder. Video heads are extremely sensitive to touch.

If some liquid should spill over the recorder, disconnect it at once and call the service, because liquid can destroy it totally.

BEFORE YOU CALL THE SERVICE, CHECK...



SYMPTOMS

CAUSES

CURE

No power

Accumulator or "AC-ADAPTOR" may be disconnected

Connect them

The power is on, but there is no operation

The accumulator capacity is not sufficient
one of the protection mechanisms is on
the recorder is influenced by condensation.

Change the accumulator.

Turn the facility off, wait a bit and then try again.

Wait for the moisture signal to turn off.

The tape doesn't move, although the recorder is set to "PLAY"

The accumulator is empty.

Change the accumulator.

No recording

The tab on the cassette's rear side is broken off

Use a new tape, or cover the hole with a cellophane tape

The camera was used, but nothing was shot.

Wrong handling of the camera.
The switch for camera choice was not set on the recorder.

Study the manual in detail.

The remote control cameras require the "REMOTE" switch

No picture

The recorder was uncorrectly connected with the TV (monitor).
The TV channel was not adjusted.

Connect them correctly
Adjust the receiver

Only black and white reproduction

TV is not exactly adjusted to the recorder channel (not true of monitors)

Adjust it precisely

Noisy picture

Video head is dusty

Clean the heads with the cleaning tape

Heads are damaged

Change the heads. Consult someone qualified at the service.

The tape is old.

Use the tapes which are new and high quality.

The picture is distorted

The accumulator voltage has decreased

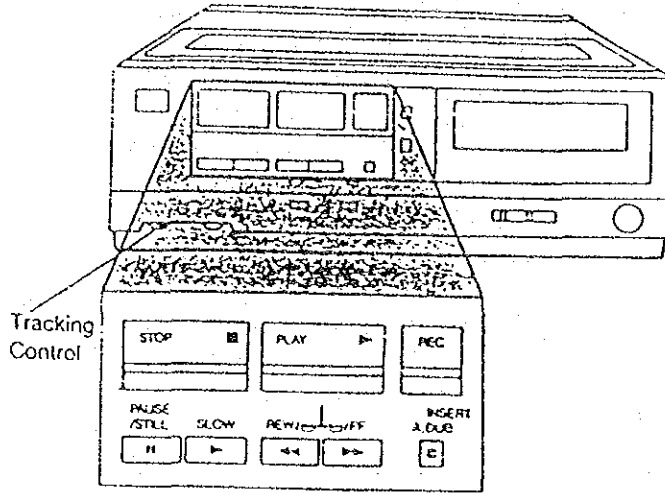
Replace the accumulator

4.3. USING THE RECORDER FOR REPRODUCTION

Turn on the TV

Insert the cassette

Adjust the TV to the recorder channel (around channel 30)



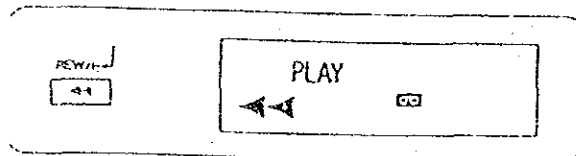
1. Normal reproduction

Press the button "PLAY"

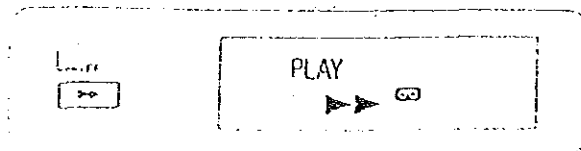
Adjust the "TRACKING" in case the picture "jumps" or has any other disturbances.



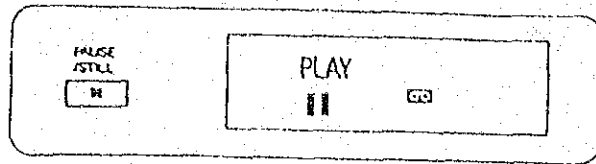
- When the buttons "PLAY" and "REW" are pressed simultaneously, the tape rewinds 7 times quicker than its normal speed. This can be seen on the display.



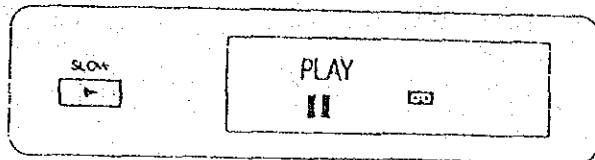
- When the buttons "PLAY" and "FF" are pressed simultaneously, the same thing happens with fast forward movement of the tape.



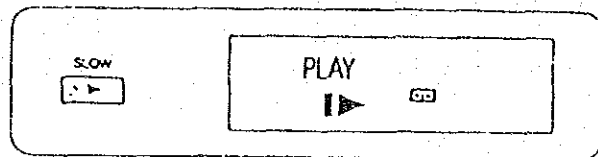
4. While watching, we can "freeze" the picture by pressing the button "PAUSE/STILL". If we press it one more time, the reproduction continues.



5. If we press the button "SLOW" instead, a few separate pictures will exchange. If we keep it pressed for a while, the pictures keep exchanging quickly.

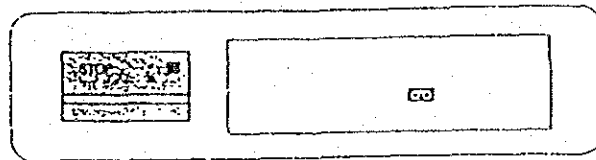


6. If we press the button "SLOW" during the normal reproduction, we get slow motion. In order to switch to normal, we must press "PLAY" again. If we don't do that within 10 minutes, the recorder will stop automatically.

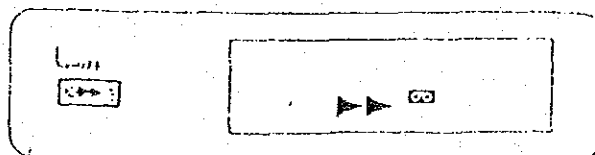
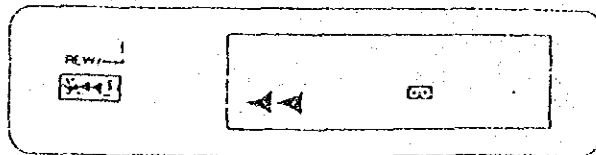


7. Stopping is provided by means of the "STOP" button.

Fast rewinding - button "REW"
Fast forward - button "FF"



When these buttons are pressed, there is no picture on the display.



5. IMPORTANT ADDRESSES

IMPORTANT ADDRESSES :

General issues of the Project, development, organization, resources and office

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41000 Zagreb, Savska c.
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Mr M. Mastilica

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Mr. J. Božikov
Mr. J. Kern

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EMC-video studio

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Eng. G. Paleček
Prof. D. Martinis
J. Bantić
B. Pucko

The network of active and reproductive units

Association of Organizations of associated labour in the field of health in SR Croatia
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Savska 41/VII
tel.:539-011

Dr. I. Eterović
Dr M. Donadini
Dr. S. Franić

VIDEO MONTHLY JOURNAL
1/87

ANNEX III

CONTINUING EDUCATION FOR
PRIMARY HEALTH CARE

VIDEO MONTHLY JOURNAL

1 / 37

Contents: Introduction to EMC Team
Home Health Care in the Health Station Zminj
Problem: Hypertension I
First Medical Examination

THIS IS YOUR SYSTEM.
TAKE PART ACTIVELY!

VIDEO MONTHLY was produced in EMC as a part of activities of the Project "Continuing Education for Primary Health Care".

The Project is the result of collaboration between the governments of Japan and the Socialist Federative Republic of Yugoslavia.

Participants of the Project:

A. Stampar School of Public Health, Medical School, University of Zagreb

Institute for Health Organization and Economy, Zagreb

Association of Organizations of Associated Health Labour of the Socialist Republic of Croatia

Director of Project: B. Skupnjak

Main researcher: Ž. Jakšić

Executive director: G. Škrbić

Coordinator of educational group: G. Pavleković

Coordinator of video production: G. Paleček

Address:

Educational Multimedia Centre

A. Stampar School of Public Health

Medical School, University of Zagreb

41000 Zagreb, Rockefellerova 4

Tel. 430-333

VIDEO MONTHLY JOURNAL
1-2/87

(DOUBLE ISSUE, for two
professional meetings)

ANNEX IV

To be used within the Project
network only

CONTINUING EDUCATION FOR PRIMARY HEALTH CARE

Project based on
Yugoslav-Japanese cooperation

V I D E O M O N T H L Y

1-2/87

(DOUBLE ISSUE, for
two professional
meetings)

Outlines of the contents :

Health care in 1987
Home treatment in Zminj health station
Item : Hypertension I -
First examination

SHORT CONTENTS OF THE VIDEO MONTHLY

F O R U M

Meet the EMC team
(3 minutes)

C U R R E N T I T E M S

edited by I. Eterović

Health care in 1987

Statement of M. Radmilović, Chairman of the Committee for Health and Social Care of the SR Croatia and a comment of D. Mlinarević, Advisor at the Association of the organizations of associated labour in the field of health of SR Croatia (enclosed)

Author : B. Tešija

Video 3 min. : G. Paleček

E X P E R I E N C E S F R O M P R A C T I C E

edited by A. Budak

Programmed home treatment of chronic patients (those who can move with difficulties only, or cannot move at all) is presented in the area covered by the Žminj health station, Rovinj Health Centre.

Authors : B. Mazzi, V. Bjelajac

Video (11 min.) : J. Bantić

S T O P

PROPOSAL : after the discussion, the first meeting can be closed)

I T E M

edited by Ž. Jakšić

Although items ("problems") occur in practice, any resemblance to living persons is purely coincidental.

Procedure when solving the problem

Video : Presentation of the problem (item)
Individual answers to the questions from the questionnaire
Group discussion
Video : Discussion of specialists
Closing remarks and group opinion

Hypertension I - First examination

Author : M. Vrcić-Keglević

Item presentation

On the occasion of a regular visit to a newborn, a visiting nurse measured blood pressure of the baby's grandmother. It was increased and the grandmother was advised to see the doctor. Three different physicians (A, B and C) had different approaches to her problem. In accordance with their approaches, they estimate working diagnosis and therapy.

Video (15 min.) : J. Bantić

S T O P

Individual answers to the questions posed in the questionnaire

Group discussion (35 minutes)

Discussion of specialists outside primary health care

Participants : M. Kulenović, psychiatrist
G. Pavleković, moderator
Z. Šošić, social medicine worker
B. Vrhovac, spec. in internal medicine, clinical pharmacologist

Video (17 min.) : G. Paleček

S T O P

E N C L O S U R E

New system of stating of accounts and health institutions
(D. Mlinarević)

Produced by : Educational Multimedia Centre (EMC)

Editor-in-Chief : Ž. Jakšić

EMC Editorial Board : Đ. Deželić, M. Mastilica, G. Paleček, G. Pavleković,
G. Škrbić

Editors of the video monthly :

Forum and current items : B. Borčić, I. Eterović, B. Tešija, B. Vrhovac

Experiences from practice : A. Budak, V. Grahovac, Ž. Prebeg, M. Šarić

Items and standard procedures : D. Bartolović, V. Bjelajac, V. Vnuk, M. Vrcić-
Keglević

Council and advisory board : E. Baršić, A. Budak, D. Derežić, V. Grahovac,
A. Hrabar, M. Kulenović, O. Mardešić, N. Pokrajac,
Ž. Prebeg, M. Radonić, M. Šarić, B. Vrhovac

Video production : J. Bantić, D. Martinis, G. Paleček, B. Pucko

Layout : M. Svibovec, N. Tišljar

ANNEX V:

- A) FIRST INDIVIDUAL THOUGHTS AND SOLUTIONS
- B) GROUP OPINION
- C) OPINION ON THE PRESENTED VIDEO MATERIALS

CONTINUING EDUCATION FOR PRIMARY HEALTH CARE

EMC VIDEO MONTHLY
I - II/87 Double Issue

PROBLEM: Hypertension I - first examination

First individual thoughts and solutions

COMMENTS:

1. Which type of hypertension is probably in question in the case of the presented person? Circle the answer.

Primary Secondary Reactive

2. Evaluate and comment on the treatment of a practitioner and his relation with a patient!

Practitioner A 1 2 3 4 5

Practitioner B 1 2 3 4 5

Practitioner C 1 2 3 4 5

3. Your opinion of contents of medical examination and tests:

NOT INCLUDED:

UNNECESSARY:

4. Should the following things be done in the case of this person during the first examination?

a) Measure blood pressure three times

ESSENTIALLY NECESSARY NECESSARY UNNECESSARY

b) Take EKG immediately

ESSENTIALLY NECESSARY NECESSARY UNNECESSARY

c) Examine fundus

ESSENTIALLY NECESSARY NECESSARY UNNECESSARY

5. Should medicament intervention be undertaken immediately in the case of this person, and how?

SHOULDN'T

YES, PARANENTAL

YES, PER ORAL

What? _____

What? _____

6. Should one "frighten" the patient?

YES

NO

Why? _____

Why? _____

7. Should this person be sent to specialist's?

YES, AT ONCE

YES, LATER

UNNECESSARY

CONTINUING EDUCATION FOR PRIMARY HEALTH CARE

EMC VIDEO MONTHLY I-II/87 double issue
tape no.

PRESENTATION : PLACE DATE COORDINATOR

ITEM : Hypertension I - First examination

GROUP OPINION

GROUP HOMOGENITY *

1. Which hypertension type is most probably present in the shown person?

PRIMARY SECONDARY REACTIVE

Coordinator's remark _____

HIGH
MEDIUM
LOW

2. Evaluate and comment the physicians' approaches and their relationship towards the patient!

physician A 1 2 3 4 5

physician B 1 2 3 4 5

physician C 1 2 3 4 5

Coordinator's remark _____

HIGH
MEDIUM
LOW

3. What is your opinion on the examination and the tests which were carried out?

NECESSARY, BUT
NOT DONE

DONE, BUT NOT
NECESSARY

HIGH
MEDIUM
LOW

*homogeneity is here meant
in the sense of the group's
reactions (transl. remark)

4. Is it necessary to do the following things during the first examination of this person :

GROUP
HOMOGENITY

a. to measure blood pressure three times

HIGH
MEDIUM
LOW

ABSOLUTELY NECESSARY NECESSARY

NOT NECESSARY

b. to have ECG done immediately

HIGH
MEDIUM
LOW

ABSOLUTELY NECESSARY NECESSARY

NOT NECESSARY

c. fundus examination

HIGH
MEDIUM
LOW

ABSOLUTELY NECESSARY NECESSARY

NOT NECESSARY

5. Should one start with medication therapy immediately in this case. If yes, state how:

HIGH
MEDIUM
LOW

NO

YES, PARENTERALLY

YES, PER OS

Which medicaments?

Which medicaments?

6. Is it wise to scare the patient?

YES

NO

comment _____

HIGH
MEDIUM
LOW

7. Should this person be directed to a specialist ?

YES, IMMEDIATELY

YES, LATER

NO

HIGH
MEDIUM
LOW

Conclusion after the observed discussion of specialists :

a. The group requires additional explanations for the questions

b. The group proposes

CONTINUING EDUCATION FOR PRIMARY HEALTH CARE

Monthly No. _____

OPINION ON THE PRESENTED VIDEO MATERIALS

Please, give your opinion of the contents and visual quality of individual parts of this video monthly (and the monthly as a whole), in form of rating, i.e. put a circle around the mark you think is appropriate for the particular item in this questionnaire.

Your answers are welcome and will be useful for the preparation of future video monthly issues. Thank you.

	Marks
NEWS	
Professional items	1 2 3 4 5
Audio-visual quality	1 2 3 4 5
EXPERIENCES FROM THE PRACTICE	
Professional items	1 2 3 4 5
Audio-visual quality	1 2 3 4 5
AN ISSUE (PROBLEM)	
Professional items	1 2 3 4 5
Audio-visual quality	1 2 3 4 5
THIS VIDEO ISSUE AS A WHOLE	
Professional items	1 2 3 4 5
Audio-visual quality	1 2 3 4 5

Free comments and proposals :
(please turn over and use the back of this sheet)

Your personal data : Sex _____ Age _____
Profession _____

