

Increased Capacity Spurs Videoconference Growth

By Lonna Milburn, PhD, RN

Over the last year and a half, AIHA's videoconferencing program has gained momentum, serving as a focal point for partners in planning of activities, partnership collaboration and professional development. As access to videoconferencing has increased, partners have discovered the medium's potential for training and virtually face-to-face meetings, and the number of videoconferences has soared.

For example, during the period from February through April last year, partners conducted three videoconferences; this year 44 are scheduled during the same time period. The number of partners participating in videoconferences has also grown. From November 1997 through January 1998, 275 CEE partners, 120 NIS partners, and 130 partners from the US took part in videoconferences. In this time period the year before, a total of 30 partners participated.

Over the fall and winter, videoconferences covered a wide range of topics. Partners from Austin, Texas presented case studies on trauma management to supplement EMS training in Moscow, while partners from the Boston University School of Medicine conducted a training session on hazardous waste management. Czech health management education partners consulted with colleagues at Virginia Commonwealth University and University of Nevada as they prepared curricula. And partners LaCrosse, Wisconsin and Dubna, Russia held a videoconference to discuss expanding the responsibilities of social workers.

Nursing associations have also benefited from recent videoconferences. During a January videoconference, nurses from Olomouc, Czech Republic consulted with colleagues in Virginia Commonwealth University about forming a chapter of the international nursing honor society Sigma Theta Tau. Obstetrical nurses from Philadelphia collaborated with nurses in Moscow on clinical techniques to improve maternal and child health during labor and delivery.

Partner response to videoconferencing has been enthusiastic. Surveys completed by partners participating in the program have given high ratings to the quality of the programs, the technology and the cost savings of meeting via satellite instead of in person.

"Bringing together countries that have disparate cultures, languages, medical training, and medical 'socialization' assists in broadening the knowledge base for all involved," wrote Adriana Mean, director of television, video production and teleconferencing services with Brigham and Women's Hospital in Boston, Massachusetts. "It helps to heighten sensitivity to overall need by emphasizing differences as well as commonalities."

According to Barbara Pretasky, project director for the Dubna, Russia-LaCrosse, Wisconsin partnership, her partnership's videoconferences have saved hundreds of hours in travel time.

"A three-hour videoconference may replace a day of work in Dubna. Travel time from LaCrosse to Dubna is about 26 hours--and about 2 full days to recover," she said. By Pretasky's calculations, based on the 14 conferences the partnership has held, partners have saved a total of 686 hours. She figured that each round trip means 52 hours of travel time, as opposed to three hours of videoconference time.

Stanislav Komenda, PhD, with the Faculty of Medicine in Olomouc, Czech Republic, wrote in the survey, "I don't know if you can imagine what this means for us, in our situation, which does not enable us to be in contact with our colleagues on the other side of the world very often." For Komenda, one of the most important partnership developments is the opportunity made possible by videoconferencing "to come in at 2 p.m, sit down in a classroom and discuss issues with friends you thought you'd never see again."

Lonna Milburn coordinates AIHA's videoconferencing project.