

Updated Party Line for Adult Education

Ralph C. Dobbs and John L. Mowrer,
University of Missouri

The Missouri telephone lecture network is presently used for extension programming with health professionals. But there's potential for extending this technique to many adult groups—professional and nonprofessional. The authors describe why the network was established, how it works, and some of its advantages. The greatest advantage of the system for the participant is he need not travel long distances to attend professional meetings. The outlet for the system is often in the same building where he works.

Those who admit to middle age may remember, perhaps with nostalgia, the ole "party-line" telephone systems that operated throughout rural America in the first third of this century. When the telephone rang, it didn't necessarily mean someone was calling your number. You had to listen to the number of rings to tell who it was for. If your ring was two long and one short, you answered only that combination. However, you could pick up the receiver and listen in on a neighbor's call. With the advent of the "private-line" telephone system, the party-line phenomenon all but disappeared from the American scene.

Or did it? In this article, we explain how the party-line technique is serving many of the continuing medical education needs of Missouri citizens. Our principal source of infor-

mation is experience with the telephone-lecture network of the Office of Continuing Medical Education, University of Missouri-Columbia Medical Center, and Extension Division.

Scope and Boundary of Need

The amount of new knowledge, skills, and thought processes needed today is so great that you can no longer become and remain educated by completing the courses leading to a high school diploma, or an undergraduate or graduate degree. The farmer, laborer, businessman, and professional are all faced with the same problem: if they're to be successful, they must continue their learning after they've completed their formal education.

The problem of continuing learning is two pronged at best!

First, the learner must allot time for learning within his already busy schedule. Secondly, he must find the available source of such learning. If the adult can set aside only three hours a week for continuing learning activities, he cannot maximize his learning potential if he must spend an hour driving to the classroom. Likewise, if he needs to study a specific topic, such as the care and operation of offset printing presses and the only available course is "Linotype Operation and Maintenance," then effective learning may indeed be next to impossible.

Serious Need in Health Professions

In no other field, professional or otherwise, is the need for continuing learning more acute than in that of the health professionals. Bank and Mayer state that:

It is estimated that knowledge currently applicable in medicine is twice as great as it was a decade ago and that it will double again in another decade. This staggering volume of information makes it impossible for a physician to learn during his professional education everything necessary for a lifetime of practice. Eliminating or even slowing down the development of new knowledge or lengthening the time requirements for professional school education are impractical alternatives. Thus, it becomes imperative for those in the health professions to take increasing responsibility for continuing study in their career lines and for educational institutions to provide in-

creased opportunities for continuing learning.¹

Many health professionals contribute to the delivery of modern health care. The majority of these professionals—physicians, nurses, technologists, therapists, and others—interact in behalf of patients in the hospital setting. Many of these hospitals are conducting satisfactory programs of in-service training. Even so, there needs to be a mechanism whereby the latest information can be transmitted quickly and economically from the source to the user.

The extension medical education programs at the University of Missouri-Columbia offer many two- and three-day conferences, workshops, and seminars for health professionals. To attend these programs, the health professional must absent himself from the hospital or office—quite frequently with a resulting loss of income. Attendance also reduces the personnel available for patient care during the course of the meeting.

Also, speakers under the auspices of the Speakers Bureau frequently appear on the program of medical societies, hospital staff meetings, and nurses associations. But the number and time of speakers is limited and usually attendance at these meetings is small when the total needs of the state are considered.

How the Technique Works

The "party-line" technique at Missouri, described by the phone

Journal of Extension: Fall 1971

companies as a "dedicated network," was begun by the Office of Continuing Medical Education with funds from the Missouri Regional Medical Program. This network helps overcome the pressure of time on the professional's schedule.

Although the program described here was developed to fill the needs of health professionals of one state, it has many applications to other areas of the country. University Extension, at the University of Wisconsin-Madison, has a two-way telephone system, reaching every county in the state through more than 150 outlets.²

A combined radio and telephone program has been in operation for a number of years at Albany Medical College of Union University, Albany, New York. More recently, similar networks have been developed in Utah, Washington, and Buffalo, New York, and other areas. Each of these networks is programmed differently because it's developed to fill the needs of the health professionals within that area.

The dedicated network connects a central studio located in the Medical Center of the University of Missouri-Columbia to various hospitals (over 100 at present) located throughout the state. The telephone equipment and lines are leased on a 24 hour a day basis from the phone company. The lines aren't interrupted by any switchboards, nor is it necessary or even possible to dial in this system. You simply pick up the phone at any of the locations and begin talking with those listening in any or

all of the participating hospitals, just as the neighbors used to do on the old-fashioned party line. To avoid cross-talk and interference, which were frequently encountered on the party line, the dedicated network uses separate talk and listen lines and the phones are specially equipped to prevent feedback problems.

In the central studio, microphones rather than phones are used for transmitting. This practice improves the voice quality. In each participating hospital, a speaker phone has been installed in a location designated by the hospital administrative staff. This phone is essentially an ordinary desk phone with the dial removed and a small amplifier attached. The speaker can be heard over the amplifier when the phone instrument is in the cradle, thus enabling all in the room to hear. When the phone is removed from the cradle, the voice is heard through the earpiece of the phone as in normal phone conversations.

When health professionals who are participating in a program want to ask a question, make a comment, or enter into the discussion, they simply take the phone from the cradle and talk into the mouthpiece as in a normal phone conversation. As soon as they've transmitted their question or comment, the phone is replaced immediately in the cradle so that all in the room will hear the answer over the amplifier.

Since no dialing or ringing is possible on the dedicated network, you might wonder how the teacher and the learner are brought together

at the proper time. The answer is the same as for any class. Each presentation is scheduled ahead of time—all concerned are notified and are present and ready to participate when the time arrives.

This communication system is presently limited to voice transmission only. Effective adult learning requires more than just voice contact. To offset this limitation, visuals, usually in the form of colored slides, are sent to each hospital before the scheduled lecture. As the participating health professionals listen to the lecture, they also view the accompanying visuals. Thus, the telephone lecture possesses three of the important characteristics of good extension education: voice, visualization, and learner-to-learner interaction during the question and discussion period.

Lectures are usually 30 minutes long, and a 30-minute question and discussion period follows each lecture. Programs don't rigidly conform to an hour's time. If the questions are numerous or the discussion spirited, it's desirable to continue past the allotted 30 minutes. It's the feeling of many who work with the program that questions shouldn't be left unanswered because of time.

Presently programs are offered on a regular basis for a variety of health professionals including physicians, nurses, dentists, medical technologists, therapists, hospital administrators, dietitians, and food service supervisors. Plans are being developed to include other health workers in future programming.

A cassette tape recording of each lecture, including the question and answer session, is made available to each hospital following the lecture. The hospital is permitted to keep the slides so that any health professional missing a particular program or wanting to review a program may do so. All of the hospitals are encouraged to have a cassette recorder, projector, and screen in an area reserved for individual study.

Summary

Although programs presented on the Missouri telephone lecture network are presently confined to health professionals, its widespread interest, acceptance, and praise indicate that this technique could be extended to other adult groups—professional and nonprofessional.

If you believe that an effective extension program should fit the specific needs of the learners and that it should be available at a time and place convenient for the clientele, then the updated party line has much to offer as a technique for modern extension programs.

Footnotes

1. Gail Bank and William D. Mayer, "Continuing Education for the Health Profession," *Missouri Medicine*, CLV (September, 1968), 730-33.
2. Thomas C. Meyer, *Annual Report* (Madison, Wisconsin: The University of Wisconsin, University Extension, Department of Post Graduate Medical Education, 1965-66).