

## ABCD to Join HeSCA for 2003 Conference

By Dean Shaffer and Christopher Sarley



HeSCA's 28th Annual International Conference on Health and Science Communications will be a joint meeting with the Association of Biomedical Communications Directors (ABCD). It is shaping up to be an exciting event with many interesting and talented presenters, excellent workshops, and entertaining networking opportunities. If you haven't offered to make a presentation yet, there's still time to do so.

Here's how the meeting is coming together so far.

**Program:** Thursday through Saturday will see presentations focused around several themes, including:

- Internet: Web development and accessibility
- Business and Management: Changes for a new economy
- Telemedicine: Advanced topics and techniques
- Medical Video in a Digital Age
- e-Learning

Several guest speakers have been confirmed and more are in the works.

Confirmed speakers include:

- Patrick Lynch, co-author of the Web Style Guide <[www.info.med.yale.edu/caim/manual/](http://www.info.med.yale.edu/caim/manual/)> and Director of the Yale University School of Medicine's Web Design and Development unit.

*(continues on page 7)*

## Service and Media Festival Awards Deadlines Approaching

by Darcy Tammen and Roger Hickinbotham

It's time to start thinking about HeSCA awards!!! HeSCA has two very different awards programs, our Media Festivals and the Service/Achievement Awards, and the deadlines for both are fast approaching.

The Media Festival is a wonderful opportunity to gain recognition for quality print, video, film and interactive media productions (including websites) and receive constructive feedback on all entries. For many people the feedback is the main reason they enter; it provides an unbiased barometer upon which to evaluate their own work. And, when you're lucky enough to produce a winner, there's nothing more gratifying than bringing that plaque home.

The HeSCA Awards program serves a very different purpose. Through it, we recognize the individuals and organizations that have made a significant



HeSCA's Golden Raster Award

*(continues on page 3)*

## From the Editor

by Arlyn Bonfield



As I sit and write this column I am looking out at the most beautiful display of New England color. The vibrant autumn makes me remember good things from the past six months as I simultaneously anticipate the coming seasons. That followed through as I compiled stories for this issue of Feedback.

Inside you will find news to help you look forward to next year's meeting, awards and Media Festival, juxtaposed with a look back at some of the presentations from Winnipeg. There are also reports of professional accomplishments and life changing news from some of our members.

Ongoing participation ensures that HeSCA evolves with your interests. There's still time to submit a presentation for the 2003 meeting, enter a production in the Festivals, nominate someone who deserves an award, send me an article or announcement for the next issue

*(continues on page 3)*

### In this issue . . .

ABCD to Join HeSCA for 2003 Conferences .....	1
Service and Media Festival Awards Deadlines Approaching .....	1
From the Editor .....	1
President's Column .....	2
World Congress on Biomedical Communications .....	3
HeSCA Calendar .....	3
A Taste of the 2002 Annual Meeting in <i>Feedback</i> .....	4
Worth Mentioning .....	6
Good Bye Video Juke Box .....	7
Sustaining Members .....	8



## President's Column

Once an instructional designer, always an instructional designer, it seems. The process I use for creating an instructional experience also assists me with other facets of my work life including presiding over HeSCA.

One of the crucial steps in designing an educational piece and assisting HeSCA is evaluation. Reviewing where we currently are and where we would like to be in the future is important for us to continue to meet the needs of our members. How we go about identifying and resolving the discrepancy between our current situation and our envisioned situation impacts the future of HeSCA.

One of our methods was the development of our strategic plan. Since June, we have been implementing our plan through doable tasks and assigning these efforts to our committees. All of our committees are hard at work addressing their charges for the year.

Another means for evaluating HeSCA is surveying members' impressions on all matters of our organization. Sometimes we have formal assessments like questionnaires or informal assessments like discussions on our listserv. E-mails, letters, telephone calls are always welcomed so please feel free to contact me or any of our other Board members with your thoughts and questions.

I was delighted to receive feedback from HeSCA members regarding their concern and debate over our intent to redesign the HeSCA logo. These insights were evaluated and our response included a modification to our timeline for the project. We slowed down this process to more fully assess our need for a new look. It is very heartening to receive critiques and thoughts from our general membership, as HeSCA is not run solely by the Board. Members can and should impact the direction and growth of HeSCA.

Taking time to be reflective will enable HeSCA to continue to serve and provide professional education opportunities, peer networking, and leading-edge technology resources. Making modifications based on our evaluation will ensure that we are meeting the expectations of our members. ■

*It is very heartening to receive critiques and thoughts from our general membership...*

  
Ellen Nathan, President

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**Send us your awards,  
promotions, new achievements!**  
**We're happy to spread the word both in  
Feedback and on the HeSCA web site.**  
**Please email announcements  
to <abonfield@aol.com>**

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# World Congress on Biomedical Communications

By Roger Poston

Planning has begun on the next World Congress on Biomedical Communications which is anticipated to be held in 2007 in the United States. A number of associations have expressed interest in participating in this type of meeting and have appointed delegates to a planning board. HeSCA's representative is Jackson Townsend.

It is the goal of the planners to make the next World Congress a truly international event with presentations from around the world. The focus will be communications and technology in medicine and science and will span the multitude of disciplines in today's Biomedical Communications arena.

In addition to HeSCA, interest has been received from the Biomedical Communications Association, Association of Biomedical Communications Directors, and two international groups, the Institute for Medical Illustration (Great Britain) and the European Federation for the Scientific Image (continental Europe).

The planning board will begin work in the fall of 2002, and should announce a definitive date and location by mid 2003. It is hoped that the meeting will be in an exciting venue with plenty of reasonable hotel accommodations, access to major airlines, and entertainment conducive to after-hours networking. A call for papers and presentations will be announced at a later date. ■

## Service and Media Festival Awards Deadlines Approaching

(cont'd from page 1)

achievement or service contribution within our field and within HeSCA. A brief description of the awards follows. For more detailed information (and the criteria for selection), see pages 15 and 16 of the Policy and Procedures Manual in the "members only" portion of the HeSCA web site.

**Golden Raster Award** - The most prestigious honor given by HeSCA. The Golden Raster recognizes those individuals who have provided stability and inspiration to HeSCA through imaginative leadership and unswerving service. In addition, the award is intended to recognize the contributions these individuals have made as leaders and innovators in health or science education and instructional technology.

**Distinguished Service Award** – Recognizes members of HeSCA who have demonstrated an outstanding level of service in a variety of areas over a long period of time.

**Special Service Award** – Recognizes members of HeSCA who have made a significant and lasting contribution to the Association by virtue of a singular, outstanding accomplishment.

**Distinguished Achievement Award** – Recognizes individuals or organizations who have accomplished significant goals over a period of time, and whose cumulative achievements are notable.

**Special Achievement Award** – Recognizes individuals or organizations who have accomplished a significant goal or established a landmark in the field of health and science communications.

Nominations are now being accepted for the 2003 Service and Achievement Awards. Use the Awards Nomination form enclosed in this issue of Feedback and send or fax your nominations to Darcy Tammen at Learning Resources Unit, 109 Medical Sciences Library Building, TAMUS-HSC College of Medicine, 4462 TAMU, College Station, TX 77843-4462. Fax: 979-845-5445, or email: [tammen@medicine.tamu.edu](mailto:tammen@medicine.tamu.edu). Deadline for nominations is Wednesday, January 15, 2003.

A postcard calling for entries to the Media Festivals will be mailed soon. Deadline for entries is January 31, 2003.

Good luck to everyone! ■

## HeSCA Calendar

### NOVEMBER

- 11/30 Abstract submission deadline for 2003 Annual Meeting
- TBA Marketing/Promotion mailing
- TBA Media Festivals mailing

### DECEMBER

- 12/20 Committee reports due
- 12/20 HeSCA 2003 program finalized

### JANUARY

- 1/10 Feedback articles due to Arlyn Bonfield
- 1/15 Awards nominations deadline
- 1/17- Board meeting in Bethlehem, PA
- 1/19
- 1/30 Media Festivals deadline

### FEBRUARY

- 2/7 Nominations committee presents slate of candidates.
- TBA HeSCA 2003 registration mailing

### MARCH

- TBA Virtual education program
- 3/21 Feedback articles due to Arlyn Bonfield
- 3/27 Virtual Board meeting
- 3/28 Committee reports due

### MAY

- 5/30 Committee reports due

### JUNE

- 6/18- HeSCA 2003: 28th International
- 6/21 Conference on Health & Science Communications in Bethlehem, PA

## Important HeSCA Links

Web site: [www.hesca.org/](http://www.hesca.org/)

Webmaster's e-mail: [keven@hesca.org](mailto:keven@hesca.org)

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## From the Editor

(cont'd from page 1)

of Feedback, contact a committee chair with an idea to make HeSCA even better, or provide President Ellen Nathan with feedback on the issues filling her agenda. The more each of us contributes, the better the seasons of HeSCA will be. ■

# A Taste of the 2002 Annual Meeting in *Feedback*

(Editor's note: In an effort to bring parts of the Winnipeg meeting to members who were unable to attend, presentations by Marcia Peterson, Neil Izenberg, and Paul Zuckerman are summarized on the following three pages. Other materials may be found at <[www.hesca.org/winnipeg/presentations.htm](http://www.hesca.org/winnipeg/presentations.htm)>)

## Winning at Relationship Marketing: Online Strategies

By Marcia Peterson

**H**ealth care organizations are struggling to reduce their costs, resulting in less and less “face time” between patients and their caregivers, and an increasing sense that health care has become depersonalized. At the same time, the consumer movement has resulted in a demand for more health care information to enable people to become more involved in decisions about their care. Consumers are increasingly turning to the Web for this information. While not a substitute for time spent with a medical professional, the Web is allowing consumers to be more informed about their health, and to manage their own care.

The web offers an ideal medium for creating online relationships with consumers, which for the healthcare organization can mean improved market share, increased patient satisfaction, and better quality of care. Today, every healthcare organization has a website, but few are actually achieving their goals and many have wasted valuable resources on web strategies that do not work. To assist healthcare organizations who are considering enhancing their websites, Verus offers this “Top Ten Ways to Create Online Relationships with Consumers”:

- 1. Create sustainable relationships by providing information & services that consumers consider valuable.** Just putting up an electronic brochure will not impress most web-savvy users today. Websites that help consumers save time, save money, and offer convenience are greatly valued and can create an affinity for your organization.
- 2. Identify the online customers your organization values most.** When considering areas of focus for your website, consider factors such as growth strategies, revenue potential, and whether or not there is an internal champion for the service. A website should be a tool to meet the strategic goals and objectives of your organization. For example, if your organization has a cardiology center of excellence, its website should reflect that by offering a virtual center on the web.
- 3. Don't talk about services...provide them.** With the web you have the ability to offer personalized services such as an e-mail reminder to a patient to schedule a mammogram, as well as information about the service you provide. Static websites that offer information and nothing more will not promote return visits, or position your organization as convenient and consumer friendly.
- 4. Start with the “signal event.”** Receiving a diagnosis of cancer or heart disease are examples of signal events that can bring people to your website to learn about your services. There is a lot of health care information on the web and users will look at national sites to get the latest health care information. But care is provided locally, and their next step is typically to research the services provided in their community.
- 5. Involve those who bring you patients.** A hospital's well-funded strategically-focused website will be a hollow victory without the input, awareness, and ownership of physicians and other clinicians. Physicians who have confidence in the health care organization's website will not hesitate to recommend it to their patients.
- 6. Go after the “vertical slice” of information & services that are needed by a consumer.** This means making sure the information on your site is relevant

for the consumer across the continuum of care from preventive care, through diagnosis, treatment, and follow-up.

- 7. Use a “clicks and mortar” approach.** Always tie the information on your website to the kinds of services you provide. Make sure your site integrates clinical information with solid information about your services. Avoid giving an “infomercial” and stick with the kinds of information consumers need to know.
  - 8. Where possible gather, use, and evaluate information obtained from your website.** Review your trend reports to understand where users are going on your website. Conduct focus groups with users and include a diverse group including seniors, women, men, and teenagers. Also include those with chronic diseases as well as those in perfect health. Find out what they like and don't like, and design your site according to their needs.
  - 9. Keep up with changing consumer expectations.** Most healthcare websites start out as purely informational, but are increasingly becoming interactive and transactional. It is common to have interactive tools on them, including physician referral, online job applications, and class registrations. Increasingly, websites are including the ability to conduct transactions, such as appointment scheduling, prescription refills, and pre-registration. Some websites are experimenting with offering users access to their private health care records.
  - 10. Even in a “wired world,” healthcare is local.** Consumers may seek out health information from national health sites, but will receive services from *local providers*. Most hospital websites cannot offer the kinds of information offered by national sites, but they can provide information about services offered locally, and they can provide a trusted source of local information and resources.
- MARCIA PETERSON** is Director of Client Services at Verus, Inc. Verus' services include strategic web planning, website design and development, customized web applications, hosting and maintenance, and web marketing strategies. She can be reached at Tel: 425-643 71171 or toll free: 888-600-0800; [mpeterson@verus-tech.com](mailto:mpeterson@verus-tech.com); <[www.verus-tech.com](http://www.verus-tech.com)>. ■

## A Taste of the 2002 Annual Meeting in *Feedback*

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### Children's Health Content - the Easy Way

By Neil Izenberg, MD, FAAP

**A**lmost all hospitals that offer care for children now recognize the importance of having family-friendly health information on their website – for the sake of both their mission and their bottom line. Families now routinely go to the Web to research medical and emotional issues – and hospitals need to be there.

The staff and costs required to create content and have doctors review it on an ongoing basis can be staggering, easily hundreds of thousands of dollars annually. So how can a health care organization reconcile the difficulties and cost of constantly creating, editing, medically reviewing, designing, and hosting health content with their need to show return on investment?

At KidsHealth <<http://kidshealth.org/>>, we've come up with a smart and cost-effective alternative – providing our award-winning, up-to-date, physician-reviewed, and family-friendly content directly onto the websites of partnering organizations within their navigation.

Once a health care organization decides to license KidsHealth content, we can have any combination of the thousands of articles, animations, health games, and other features up and running on the partner site within hours – and we continue to be responsible for new content, breaking news in children's health, parent-friendly journal abstracts, and regularly physician-rereviewed content. Visitors to the licensing partner site access the content within the partner's navigation – and can print out thousands of printer-friendly features, complete with the partner's own address and logo on them.

One of the many features that distinguishes KidsHealth is its content directed at kids and teens, each with its own flavor and subject matter. Along with all the content served onto a licensing partner's site comes an array of value-added marketing support at no extra charge, including pre-made press releases and regular marketing newsletters to help them achieve maximum return on investment.

Among those who take advantage of this licensing arrangement are The Children's Hospital (Denver, CO), The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital (New Brunswick, NJ), Primary Children's Medical Center (Salt Lake City, UT), Sacred Heart Children's Hospital (Pensacola, FL), and many more.

Why does KidsHealth provide health care facilities with literally hundreds of thousands of dollars of content for a tiny amount? That's our core mission – and we're funded through the nonprofit Nemours Foundation.

#### NEIL IZENBERG

is editor in chief of KidsHealth and chief executive of the nonprofit Nemours Foundation's Center for Children's Health. He is a recipient of HeSCA's 2001 Special Achievement Award and is an associate professor of pediatrics at Jefferson Medical School. Contact Dr. Izenberg at: [izenberg@KidsHealth.org](mailto:izenberg@KidsHealth.org) or (302) 651-4075. ■



A scene from HeSCA's 2002 Annual Meeting.

## Copyright Fairness; Canada & U.S.

By Paul Zuckerman, PhD

**T**he meeting in Winnipeg provided an incentive to study and compare the similarities and differences in Canadian and American copyright provisions that are of interest to biomedical media producers.

Canadian and U.S. laws are based on the English Statute of Anne (1). That statute awarded authors of literary and artistic works authorship, ownership, and the right to exploit their original creations for a limited period of time. Today, that period is 50 years for Canadian authors and 70 years for Americans. After that period the works fall into the public domain (2), and anyone else can use them without first obtaining permissions for fear of infringing on the original author's exclusive rights.

In both nations, copyright consists of a bundle of six exclusive rights upon creation of an original work or obtaining copyright in a licensing agreement. These include the right to: (1) reproduce the work, (2) prepare derivative works from it, (3) distribute copies of it, (4) perform it publicly in the case literary, musical, dramatic, and choreographic works, pantomimes, and motion pictures. and other audiovisual works (5) display it, and (6) perform it publicly in the case sound recordings by digital audio transmission. (3) The bundle of rights is divisible and each of the six rights can be negotiated separately in the sale or licensing of the work. (4)

Copyright is automatic, but registration is highly recommended.

Copyright provisions in both nations provide that ownership and authorship of an employee's work, created in the scope of standard employment practices, becomes the exclusive domain of the employer. (5)

That's where the similarity and fairness in the two countries ends for freelance creators who operate their own businesses. These kinds of authors include writers, photographers, artists, and producers of visual, audiovisual, and musical works including medical media.

In Canada, freelance assignments to collective works, such as magazines and newspapers, are awarded to the publishers who commission those works for only one-time publication. Any subsequent use of the work must be negotiated with the author of the work. All other kinds of freelance assignments, except for commissioned portraits,

(continues on page 6)

## Copyright Fairness; Canada & U.S.

(cont'd from page 5)

belong to Canadian authors. (6)

The U.S. Congress, under overwhelming pressure from the publishing, film, and music industries, contrary to the constitutional intent of copyright, awards ownership and authorship in 28 specific kinds of creative works to the commissioners. (7) These are called Works Made For Hire (WMFH) and the commissioners retain exclusive rights to these works for 95 years, after which they fall into the public domain. This action has equated freelancers with employees, but without providing traditional employee benefits. The commissioners then own the works of both kinds of creators.

Similarities and Differences for Literary and Artistic Works	
Canada	United States
A freelancer's contribution to a collective work goes to a commissioner in a "FOR service" situation for only one time use.	28 kinds of freelancer's works go to the commissioners in a signed "Work Made for Hire" (WMFH) contract.
Authors always retain authorship rights including freelancers and regular employees.	Authors retain author rights except in a WMFH contract.
Corporations can own ownership rights for any period agreed to with an author in a "FOR service" license.	Commissioners own authorship and ownership rights for 97 years in a WMFH, and 35 years in a non-WMFH exclusive license.
Authors own copyright for the life of the author plus 50 years.	Authors own copyright for the life of the author plus 70 years.
Copyright in portraits belongs to the party that orders or commissions the work.	Copyright in portraits belongs to the painter/photographer who creates the work.
Engravings belong to the party that commissions the work.	Not mentioned among pictorial or graphic work.

The objective of the Congress in supporting the WMFH provisions is to allow the corporate publishers and producers to avoid sharing fees for reuse of the creative work in publications and to have exclusive control of the creator's work.

In recent years the U.S. Supreme Court, in two landmark decisions, the Reid and Tasini cases (8) (9), has attempted to more fairly equate U.S. copyright fairness with those provided to authors by the Canadian Parliament. But, as long as the 28 kinds of works in WMFH remain a part of the U.S. Copyright Law, publishers and producers continue to ignore the High Court's mandate and improperly and unethically impose the WMFH demands. Under continued pressure from corporate publishers and producers, the U.S. Congress has been reticent to provide the equanimity and fairness to American authors that the Canadian Parliament offers its freelance authors. Copyright justice remains elusive for American freelancers. (10)

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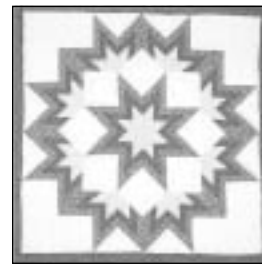
## Worth Mentioning

**H**eSCA member **SUSANA HALPINE** has been awarded an Artist-in-Residence grant by the City of Los Angeles Cultural Affairs Department. The grant will fund a pilot project to develop the STArt! teaching Science Through Art program at Coeur D'Alene School in Venice, CA. <<http://home.earthlink.net/~shalpine/STArt/>> The program evolved from Susana's work as a professional artist as well as her 15 years experience in biotech research, including serving as Biochemist at the National Gallery of Art in Washington, DC.

The innovative STArt! program teaches concepts covered in the new California K-12 science curriculum using narration, computer visualization, hands-on models, and art materials. According to Susana, this grant award "demonstrates the artistic community's inherent interest in science." She strongly believes it will bear fruit for both disciplines.

Congratulations to **LYNN POVANDA** who tied the knot with her long time beau Ernie Kyger July 19th in Washington DC. Lynn will be using the name Lynn Povanda Kyger.

And the value of networking really paid off for **CHRISTOPHER SARLEY** and **CHRISTINE JONES** who met several years ago at the Asheville Annual Meeting, worked together on several HeSCA activities, and married on October 12th. Christine will be using the name Sarley and they'll be affectionately known as the two Chris'.



*A quick look at picturesque Lehigh Valley, Pennsylvania, where the HeSCA/ABCD 2003 Annual International Conference will be held.*



## ABCD to Join HeSCA for 2003 Conference

(cont'd from page 1)

- Stephen Barrett, MD, developer of Quackwatch<sup>SM</sup>; Your Guide to Health Fraud, Quackery, and Intelligent Decisions <[www.quackwatch.com](http://www.quackwatch.com)>
- Joyce Harvey, e-learning and presentation specialist <[www.joyceharvey.net](http://www.joyceharvey.net)>
- Katherine Ramsland, author of *The Criminal Mind: A Writer's Guide to Forensic Psychology* and *The Forensic Science of C.S.I.* <[www.katherineramsland.com](http://www.katherineramsland.com)>
- John Posh, the "Mummy Man"

One highlight of the meeting promises to be the presentation by the HEAL team <[www.healcentral.org](http://www.healcentral.org)> and their national multimedia repository. Additional topics will include forensics, PDAs, personal growth, medical communications forecasts, animation/VR, and much more.

**Workshops:** Full and half-day workshops will be held on Wednesday including topics such as:

- Content Management for the Web
- Multimedia/Animation Techniques
- Digital Video Editing
- PowerPoint and Accessibility
- Internet2 and Medicine
- HDTV
- Creativity

**Networking:** A few of the social activities will be:

- Opening reception, dinner and stories by professional story tellers, and walking tour of historic Bethlehem (with a few good ghost tales thrown in!)
- Visit to the Crayola Factory ([www.crayola.com/factory](http://www.crayola.com/factory))
- Lunchtime auction
- Annual awards banquet
- Pre-conference tours to Pennsylvania Dutch country and New York City

If you bring your family, there will be plenty for them to do while you attend sessions. The Lehigh Valley is uniquely located near two major metropolitan cities: an hour from the national historic landmarks of Philadelphia and 1 1/2 hours from dinner and a Broadway show in New York City. Or, in contrast, take a horse and buggy ride through Lancaster County, Pennsylvania where our Amish neighbors still live without the use of electricity and motor vehicles. The Lehigh Valley is host to an abundance of cultural, historic, artistic, and world class entertainment such as the Allentown Art Museum and Zoellner Arts Center. Go river rafting down the Lehigh River, bicycle through the beautiful Lehigh River Gorge or visit the Lehigh Valley Velodrome for olympic class track racing. There's so much to do, you may want to stay longer.

Scheduled for June 18 – 21, now is the time to start planning to attend.

For up-to-the-minute reports on the progress of the meeting planning, check out [www.hesca.org/bethlehem](http://www.hesca.org/bethlehem). ■

## Good Bye Video Juke Box

By Phil Omenski

I've had a revelation! As the manager of a large medical center's media department, one of my responsibilities is keeping six separate channels of bedside TV patient education video programs up and running. This had been done with racks and racks of traditional VCRs cascading through their PLAY sequence on a 7/365 basis. With age, the failure rate of these VCRs was quite high.



*Phil Omenski, Manager of Instructional Media at Via Christi Regional Medical Center in Wichita, KS, seated at his new edit system.*

As this became more and more problematic, a permanent solution was needed. Industry standards are moving away from VCRs toward conversion to digital formats for these types of automated playback systems. Many "turn-key" solutions are available but, as I've said, I had a revelation.

It was last Christmas, as I sat in my living room watching Gregory Hines dance his way through iMac<sup>TM</sup> TV commercials with their iMovie<sup>TM</sup> solution to home video production, that I realized this held the key to the solution. Since Mac<sup>®</sup>s are supposed to be the ultimate video production tool, there had to be a way of using a Mac<sup>®</sup> as a platform to load multiple video programs and play them at specific times throughout the day and night. This would completely eliminate the 50 or so VCRs that were reeking havoc with my daily schedule.

Since our hospital is extremely IBM<sup>TM</sup> compatible biased, I went to the local Mac<sup>®</sup> authorized dealer and presented the challenge to him. The bottom line was that I had six separate "TV stations" that ran video programs all day long - every day of the week. I wanted to get all the programs into a Mac<sup>®</sup> and set it up to run my specific schedule. I also wanted, as part of the entire solution, a digital editing workstation that I could then use to transition from analog to digital production for the various projects that I produce for the hospital. AND the entire solution had to be less expensive than the "turn-key" digital playback systems.

Richard Haddock, of Haddock Computers, <[www.gohaddock.com](http://www.gohaddock.com)> came up with the perfect solution. Using a dual processor G4<sup>®</sup> with Final Cut Pro3<sup>TM</sup> and a Matrox RTMac<sup>®</sup> capture card, I could convert all the existing VHS video programs to individual Quicktime<sup>®</sup> compatible files. The Quicktime<sup>®</sup> files were loaded onto separate G4<sup>®</sup>s that had a FOCUS TView Gold PCI XGA<sup>TM</sup> to video conversion card which provides a standard composite video and audio output that simply plugged into the existing channel modulators. Each Quicktime<sup>®</sup> file could be scheduled to autoplay at the desired time using iDoScript Scheduler<sup>TM</sup>. And, Viola! No more mechanical video juke box!

Since the release of the MPEG2 Quicktime<sup>®</sup> player with version 6, I have begun to convert all the programs to MPEG2s. This reduces the file size to one-fifth that of a similar MJPEG and increases the visual quality about two to three times!

The beauty of this solution is that the whole thing costs less than the "turn-key" systems and enabled me to enter the digital non-linear editing world as a bonus! ■

## HeSCA Sustaining Members

The following organizations have reaffirmed their support for the field of health and science communications by making a major commitment to HeSCA. They deserve your thanks and support.

**Audio Visual Innovations**

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