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AUTHOR

[McGuinness, Aims C.; Menzel, Herbert]

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#### ABSTRACT

Around 1,000 physicians were contacted in a telephone survey to ascertain their opinions of the weekly televised Clinical Service Seminars of WNYC-TV, Channel 31. These findings were then compared with the results of a written survey conducted in 1964. General practitioners and internists who viewed at least one-fourth of the programs were as prevalent in 1967 as 1964, and intermittent viewers were more numerous in 1967 than 1964. Eighty-two percent of the physicians offered favorable comments. About two-fifths of the physicians interviewed considered the chief benefit of the series to be new information, and another two-fifths saw it as a vehicle for furnishing reviews and refresher material. (BC)



Contract Title:

TO CONDUCT A TELEPHONE SURVEY OF PHYSICIANS

RE: TELEVISED CLINICAL SCIENCE SERVICES

Contractor:

The New York Academy of Medicine

2 East 103rd Street New York, New York

Contract Number:

PH 108-67-153

Period of Performance: January 1, 1967, to December 31, 1967

Contract Cost: \$12,186.69

U.S. DEPARTMENT OF HEAT H, EDUCATION & WELFARE

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### I. Summary of Contract

# A. Purpose, Scope, and Objectives of Contract

Contractor conducted a telephone survey of approximately 1000 physicians within New York City and environs to ascertain their viewing habits and observations of the weekly televised Clinical Science Seminars of WNYC-TV, UHF, Channel 31, and to compare these findings with the results of a written survey on the same subject previously conducted in 1964 under terms of PHS Contract PH 108-64-21. Project staff ultimately contacted 1084 physicians to determine: (1) whether or not the physician was a viewer of the program; (2) frequency of viewing; and (3) physician appraisal of the program. Survey results were then recorded and tabulated to enable effective comparison of data acquired by the two surveys. The primary purpose of this analysis was to determine the change in the number of physicians viewing the New York Academy of Medicine's televised Clinical Science Seminars in order to learn whether physician interest in this program of Continuing Education had increased or decreased in the interval.

### B. Significant Findings and Conclusions

- (1) Physicians in the category of general practitioners and internists who viewed at least one program in four (rated as regular viewers) proved to be as prevalent in 1967 as in 1964.
- (2) Intermittent viewers (classified as seeing a minimum of one program weekly within a six-month period) were considered to be more numerous in 1967 than in 1964.
- (3) Differences in viewing rates between physicians of varying specialization levels, countries of training, and types of affiliation have remained constant.
- (4) Conversely, the number of programs seen by the average viewer of the series appears to have diminished slightly from the 1964 rate.
- (5) Physician-viewing in hospitals, other than university and universityaffiliated hospitals, dropped substantially and reflected the decrease in such hospitals where viewing was encouraged or offered.
- (6) Of physicians' comments received, 82% offered favorable comments; 22% desired a later broadcast hour than the existing 8:30 to 9:30 P.M. time slot (due to conflict with office hours); and a minority stressed the need for programs of a "more practical nature" to satisfy the needs of the practicing physician.



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In comparison, the survey of 1964 revealed the following points.

- (1) The average physician-viewer reported seeing from one-fourth to one-third of the programs presented during the test sample period.
- (2) The report of 1964 did not attempt to determine the actual degree (one weekly program within six-month period) of program loyalty of intermittent viewers cited in the 1967 study.
- (3) Viewing rates of the program series were higher for internists than for other physicians. There was a disproportionately higher ratio of viewers among the graduates of foreign medical schools but no measurable differentiation occurring between foreigntrained internists and other physicians.
- (4) Conservative estimates made during the 1964 study indicated that an average of 408 general practitioners and internists in private practice in New York City and the twelve surrounding counties viewed this weekly Seminar program. Board diplomates were considered more likely to continue with the program than non-board specialists or general practitioners, provided that they watched only a modest number of programs initially. Young physicians were similarly considered more likely to continue the programs than their older peers. Overall, the study indicated that there was a fairly sizable and consistent body of loyal program viewers.
- (5) The subject of house staff of hospitals (no distinction being made between university or university-affiliated versus non-affiliated hospitals) was covered by a head count in 57 local hospitals on two dates and yielded figures of 338 and 364 respectively or an average of 351 viewers per week during 1964.
- (6) Comments of physicians:
  - Approximately two-fifths of the physicians interviewed considered the series' chief benefit to be the provision of new information, while another two-fifths envisioned it as a vehicle for furnishing reviews and refresher material. The remaining opinions were vague, evasive, or negative in nature. Very few physicians offered any criticisms or evaluation of the programs according to criteria specified by the interviewers. Contractor concluded that this demonstrated paucity of criticism indicated passivity rather than satisfaction. Criticism by specialists tended to be more on the side of "scientism." Approximately two-thirds of the viewers made suggestions concerning scheduling (15%), format (19%), approach (46%) and visual materials (11%).



# C. How Work Accomplished Measured up to Expectations

Scope of work performed in the contract adequately covered the subject under investigation, although the approach to the survey should have specifically equated the data derived from the 1964 survey for a more exact comparision.

## D. Problems Encountered by Contractor

No problems were encountered other than the above-cited variance in survey technique which made ultimate correlation of data less effective than would otherwise be the case. This, however, is not of major importance since the body of data available for comparison is considered to provide an adequate statistical baseline.

### II. Evaluation of the Project

### A. Validity of Results

Statistical results of this project are considered to be valid for guidance regarding future continuing education planning purposes.

# B. <u>Usefulness</u> of Results for Program Purposes

Project results seem to indicate that open-circuit television offers no uniquely effective possibilities for wide-spread and comprehensive programs of continuing education to the physician population.

Although such a program may be helpful under certain circumstances and within specific localities, open-circuit television is in itself no universal panacea for the problem of continuing physician education.

# III. Site Visits for Surveillance of the Project

Due to the nature of this project, no site visitations were considered necessary and, accordingly, none were made by the Project Officer.

## IV. Dissemination of Project Results

Because of the elements of commonality of application in the use of open circuit television for all continuing education programs relating to health services personnel, this report should be of interest to all



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divisions of the Bureau of Health Manpower. Applicability of further distribution within PHS and other agencies and departments of the government should be left to the discretion of the Special Projects Staff of BHM. At the contractor's request, permission was granted by the Project Officer on August 2, 1967, for publication of the survey results in the "Bulletin of the New York Academy of Medicine" and the "Journal of Medical Education," and the articles later appeared in both journals.

## V. Proposed Action as a Result of this Project

No further investigation of the possibilities of open circuit television as a practical technique for the continuing education of physicians has been undertaken or is contemplated at present. Further exploration of the merits of continuing education through the medium of television is warranted, but other educational techniques appear to present equally great potentials for success in this regard.