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ABSTRACT

This paper presents the design, implementation, and evaluation of an online student-facilitated health care communication electronic conference as part of a requirement of a health care communication course taught at Indiana University-Purdue University at Indianapolis in Spring 1995. Discussion focuses on the use of Internet components in teaching an educational course, the development of this particular e-conference project, and the mechanics of operating a student-run e-conference. The educational utility of computer assisted learning is reported and suggestions for future project developments are provided. The e-conference was found to be successful as a medium for educating students through debate about the integration of online technologies and health care communications issues. Students learned to apply theories, principles, and concepts from the classroom by connecting with health care communication practitioners and scholars in an e-conference, essentially a cyberspace problem-solving workshop. This telecomputing workshop assisted students in learning about group processes, health care communication theory, and the useful interdependence of these two activities online. Appendices outline the schedule for InHealth conference assignments and the student group procedures. (Author/AEF)

InHealth's Student E-Conference: "To 'Lurk' or To 'Chat'? That is the Cyberspace Question?"

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ABSTRACT

This paper presents the design, implementation and evaluation of an on-line student facilitated health care communication e-conference, as part of a course requirement of a health care communication course taught at Indiana University-Purdue University at Indianapolis, in Spring 1995. First, we explore the use of Internet components in teaching an educational course and then explain how this particular on-line e-conference project was developed. Second, we outline the mechanics of operating a student run e-conference. Lastly, we report on the educational utility of computer assisted learning and then suggest future techniques for developing this project further.

The electronic conference as a medium to educate students through debate about the integration of on-line technologies and health care communication issues was successful as a learning tool. The students learned to apply theories, principles and concepts from the classroom by interconnecting with health care communication practitioners and scholars in an e-conference which acted as a Cyberspace problem-solving workshop. This telecomputing workshop assisted students in learning about group processes, health care communication theory and the useful interdependence of these two activities on-line.

I

"Health communication is an area of study concerned with human interaction in health care process. It is the way we seek, process and share health information. Human communication is the singularly most important tool health professionals have in providing health care to their clients... Health care professionals depend on their abilities to communicate effectively with their colleagues, clients, and often the families of their clients to perform their health care responsibilities competently... Active and accurate communication between interdependent health care professionals [and researchers], as well as between clients and practitioners, enables coordination within the health care system" (Kreps, & Thornton, 1992, p. 2 & 4).

Introduction

In order to effectively explore health communication, we suggest that students of this new discipline must examine the interdependence between health providers, health researchers, health consumers, and health care communication students. Toward that end, we developed a "Healthcare Communication," course several years ago to facilitate the experiential learning of emerging health care communication theory and place that theory into practice by studying the transactional nature of communication in health care contexts. The course is designed from an interdisciplinary perspective by integrating medical anthropology, medical sociology, medical history, health psychology, medical ethics and health communication theory and skill building techniques together in order to consider different communication levels occurring in a variety of health care contexts. Topics in this course range across communication levels (e.g., intrapersonal/cognitive, interpersonal, group, organizational, mass media/mass mediated and public communication levels) within a variety of health care environments. For example, one section of the course might examine interpersonal

communication patterns among hospital personnel who are in the process of developing communication strategies for a drug abuse campaign.

Topics covered in the course include:

1. Health care communication paradigms.
2. Societal perspectives on health care and the psycho- social construction of illness model.
3. The nature of interpersonal dyads within health care contexts .
4. The process of organizational communication in a health care setting
5. Small group interactions in health care teams and support groups.
6. Message strategies used in health promotion campaigns.
7. The influences and constraints of culture in health care.

Students enrolled in the course are generally from nursing, pre-medicine, pharmacy, hospital administration, physical therapy, psychology, pre-dentistry, health care communication and other allied health fields. Throughout the semester the goals and behavioral objectives of the entire course are evaluated by using a variety of assignments including, a critical think piece, midterm examination, a set of annotated bibliographies on a specific health care communication topic, a substantive literature review, and a final examination. Finally, the class facilitates an on-line electronic mail conference in order to demonstrate collaborative health care problem solving processes on-line. The e-mail conference (e-conference) allows students to apply course related health care communication theory and skill building to InHealth, an interactive tele-computing Listserv.

This paper will present the design, implementation and evaluation of the on-line components of the health care communication course as it was taught at Indiana University-Purdue University at Indianapolis, in Spring 1995. First, we will explore the

use of Internet components in teaching an educational course and then explain how this particular on-line e-conference project was developed. Second, we will outline the mechanics of operating a student run e-conference. Lastly, we will report on the educational utility of computer assisted learning and then suggest future techniques for developing this project further.

Project Design

Internet Components in Educational Course work

Calcari & Quaterman (1994) suggest that by the middle of 1994, there were roughly 20-30 million people in 146 countries who could exchange electronic mail with each other. There are a variety of integrated components which make up the Internet. According to Quible & Ray, (1995) there are three general components comprised of: tools, communications, and services. They suggest that tools consist of Telneting, FTP, and E-mail; communications consists of Usenet groups and Listserv lists; and services consist of Gophers, Veronica, and the World Wide Web (Quible & Ray, 1995). The Telnet tool is used to connect to remote computer facilities in order to generally access public services such libraries and databases. FTP (File Transfer Protocol) allows individuals to copy a file from one Internet host to another. The Usenet groups enable people to communicate with one another worldwide on virtually any topic. Quible & Ray (1995) suggest that "approximately 12,000 discussion groups currently exist... [and] on the average day, approximately 40,000 articles are posted to these different newsgroups" (p. 12). While most newsgroups are not moderated, however,

sometimes volunteers monitor in-coming messages. Listserv lists are comparable communications components to Usenet groups. Messages are often shared throughout the listserv membership through conventional e-mail accounts. Although, some have on-line editors, they are also often unmoderated. Listservs also may maintain indexes and archives of earlier messages and other topic related resources (e.g., grant resource information or syllabi). Gophers are an easy to use service which provides access to an extensive amount of data and information and acts as a gateway to several other Internet components and subcomponents such as FTP. They primarily act as a browsing tool. Veronicas are merely search mechanisms within Gopherspace. Finally, the World Wide Web (WWW) is a "hypertext systems which provides links between various pieces of related information which can be in the form of text, sound or pictures" (Quible & Ray, 1995, p. 13). In order to reach a particular site on the web individuals log on to a World Wide Web address, called a Universal Resource Locator (URL's). Presently, on the Web there are numerous search engines which allow users the ability to search and find resources on the net. The most commonly listed ones are:

* Yahoo
* Web Crawler
* Lycos
* EI Net
* All-in-1-Search

The Internet is a powerful collection of informational resources which are available to people through interconnected computer networks around the globe (Matyska, R. (1995). It allows numerous users to communicate valuable materials,

conduct research, interact with people with similar interests and access a wealth of data, despite significant geographical separations (Peck, Roxas, Peek, 1995). Harris (Matyska, 1995) suggests further three general functions of the Internet:

* Interpersonal Exchanges - The Internet allows us to make interpersonal connections by communicating with people, talking with groups, groups communicating with groups, global classroom exchanges and electronic mentoring.
* Informational Collections - The Internet provides for an exchange of data, tele-field trips and electronic publishing.
* Collaborative Problem-Solving - The Internet can be used for informational searches, social movement projects and simulations (Matyska, 1995; Harris, 1995).

Quible and Ray (1995) suggest that students can specifically use the Internet then to "gather information when writing reports, to communicate with their instructor, to collaborate on writing projects at another college, and to look for employment opportunities (p. 11).

In designing our health care communication course, we focused on collaborative learning processes and basic Internet resource retrieval skills necessary to accomplish the stated goals for the course. The primary goal of collaborative learning was developed in order to open up discussion beyond our single classroom and to foster a larger amount of voices in encouraging problem-solving and audience awareness (Lopez & Nagelhout, 1995). Having students share information with other scholars and researchers in their field of study expanded their understanding of conceptual material

they were learning.

Designing An E-Conference

Before students could facilitated an electronic mail conference, several activities needed to take place. First, Schrader and Assante decided to use an existing hotline named InHealth as the forum for the conference. InHealth (Inhealth@cios.llc.rpi.edu) is a co-moderated/edited hotline on Comserve's Listserv list. Comserve is a large academic Communication Listserv (Comserve@cios.llc.rpi.edu) which houses numerous hotlines ranging on topics which include, for example, family, interpersonal and gender communication. Comserve is also linked via a Gopher and recently to a WWW home page. It is an internet resource which is partially opened to the public. A student may join one or two of the hotlines free of charge and also receive Comserve news. Comserve's parent organization, CIOS, has expanded Comserve's operations in the past few years. These operations include job position listings and sophisticated database materials and search capabilities, among others. Hotline moderators are responsible for their own services.

As does every hotline on Comserve, InHealth has the ability to provide previous message transcripts and it also is in the process of providing health communication syllabi, a small health communication bibliography list, and a resources list for grants and other internet links. Meanwhile, InHealth's primary function is to provide a forum for the exchange of ideas and information between an international audience of health care communication scholars, practitioners and students. In order to help further the hotline's mission and the course's collaborative decision making goal of expanding

students' classroom experience into integrated technologies, we developed an experimental on-line conference format.

Taking Care of E-mail Administration.

First, the instructors needed to educate students about electronic mail. Most of the students involved in this project lacked adequate electronic mail and Internet knowledge to immediately begin moderating a hotline conference. Therefore, a series of steps were necessary in order to complement their learning of health care communication subject matter with basic tele-computing systems.

* Each student needed to get an electronic mail account on the University e-mail system and the professor established a distribution list in order to communicate to the entire class electronically.
* Computer labs were also scheduled for various dates throughout the semester in order to introduce e-mail and Internet operations.
* Students then needed to learn the basics of how the Internet functions and the terminology necessary in order to both operate and understand the virtual world they were soon to enter.
* Students, began receiving useful computer documentation from academic computing specialists in order to successfully learn the operation of e-mail and the on-line editing system (PINE).
* Lastly, additional handouts were provided by the instructor explaining specific e-mail commands and functions that the class would need in order to manage the hotline.

Establishing Objectives.

The next step as Mascolini (1995) suggests is to establish project objectives. The e-conference objectives included the following:

1. Develop the promotional and public relations necessary to generate interest in the conference.
2. Conduct a thorough literature review of one of four health communication topic areas (health care policy and communication, drug abuse, mental health and AIDS education).
3. Develop a series of questions which emerge from analysis of the literature review they conducted.
4. Construct a single-page, well-argued response to the questions they intended to post as during their section of the conference.
5. Moderate and sustain a month-long electronic conference which covered the four health care communication topics.
6. Conducting a self-analysis of their group's participation in the project and answer questions to assess the effectiveness of the e-conference from the on-line membership.

Conference Operations

In order to foster a collaborative educational process, students formed four groups by their common interest in health care policy, drug abuse, mental health and AIDS education issues. Each group consisted of 4-7 members with two elected co-

chairs. The class then received a series of handouts which provided for a schedule of activities necessary for completion of the project, student group procedures, and the overall conference format. After forming groups the members of each group needed to create an electronic group distribution list to communicate with each of their group members and select their co-chairs. The responsibilities of the co-chairs included not only managing internal group dynamics, it also required them to attend bi-weekly co-chair meetings with other co-chairs. All of the co-chairs were responsible for meeting with each other in order to help develop a cohesive classroom strategy for facilitating the conference.

Every group was then responsible for joining several other hotlines which were topic related to their own health topic so as to call on-line resources for information during the conference dialogue when necessary. Next came time to develop promotional materials for the conference. Each group developed a conference title, logo, flyer and promotional release materials in order to be distributed to the hotline membership and other interested health allied professionals. After consensus was developed by the entire class on a collaborative title, logo, flyer, and promotional materials, a letter was drafted by the group to all InHealth members, flyers were printed and a public relations release document was constructed. All of these materials were mailed out to potential conference members and the University public relations liaison officer in order to generate school, local and national press. After promotional materials, were developed each group created a list of 12 questions and a one page response to each question regarding their topic area. They next needed to search out

several experts in their topic area that they could call upon during the conference for group clarification of an issue or for immediate input into the on-line discourse. A rotation schedule of who would monitor the hotline on which days of the week was also needed. The class was now almost ready to begin their conference. Numerous electronic postings accompanied the regular mailings of all of the promotional materials for weeks prior, and the hotline membership was beginning to show enthusiasm for an active on-line problem-solving session (See Appendix A, for Schedule for InHealth Conference).

Next came the very difficult task of developing a procedure for explaining to students how to foster dialogue among members of an electronic community. First, it was decided that the conference would open with a explanation of rules and procedures for all participants. At the beginning of each week the rules were re-submitted to the hotline membership in order to perpetuate group discourse and civility. Secondly, the students received a document labeled "Student Group Procedures" which outlined procedures for how to encourage group talk (See Appendix B). It was suggested that at the beginning of each week the best question out of 12 would be posted and that 24 hours be given for a hotline wide response. If the group determined there was sufficient dialogue then they were supposed to only observe the interaction. If, however, within a one day period no postings occurred then the student responsible for that day was to post the response to the appropriate question listed. If that action generated appropriate discourse, then no further action was taken. If within another 24 hour period no postings were made then another question was posted and the above

procedure was followed throughout the course of the week. If after 2 or 3 days the aforementioned procedures were not generating sufficient talk then the groups could invite one of their experts to respond to one the posted questions. The groups could also announce a scheduled posting by a noted expert in a particular field in order to generate more interest. Another technique suggested to foster discourse was the announcement of 3 or 4 scheduled experts having an on-line debate about a particular question. Groups were also to be ready to post bibliographies to assist InHealth members with any resource related questions that may emerge.

Evaluation

Assessment of the E-Conference.

The conference process included countless hours of preparation by both the instructor and the students. Before one posting occurred the students needed to develop promotional materials, carefully research their topic areas and learn a lot about electronic mail and the Internet. Overall, we believe that the conference was a productive learning experience for the students in how to incorporate theoretical health related subject matter with integrated telecomputing problem solving. Students learned how health practitioners and scholars construct solutions to difficult contextual problems. Students were able to understand how an on-line community dialogue emerges and how solutions generated could easily emerge into academic research papers, clinical studies, and policy development. Students were given an opportunity to have a direct interaction with scholars and writers whom they usually only know from textbooks, articles and film. This conference afforded them the chance

to examine their educational experience in real-time. Usually students read about a theory or concept and hope to apply it when they emerge with their degree and obtain a position in their field. However, this project allowed students to understand how theories, principles and abstract ideas can lead to collaborative generation of research questions and policy suggestions.

Limitations.

An endeavor this large is not, however, without its pitfalls. Exposing students to an intensive dose of integrated technologies and a survey of subject matter at the same time is very difficult. This project took many more hours than originally planned and several important realities emerged.

First, the notion of e-mail as a conversational yet formal presentation of ideas, was a difficult lesson. Although, E-mail has probably afforded many the opportunity to write more people than they had in the past, it also provides presentational challenges. As Bruhn (1995) suggests E-mail does invite the writer to write rapidly as though the speaker was thinking out loud (Bruhn, 1995). Students, however, need guidelines to help them to effectively design e-mail messages and to follow proper cultural norms for e-mail etiquette. Nantz and Drexel (1995) suggest several important guidelines for e-mail etiquette that would have been appropriate considerations for our health communication students to examine and employ. They suggest that e-mail writers should:

(1) be considerate and not have too much information in one message and keep it to one or two screens,

(2) consider the layout of the message and not write with all uppercase letters nor use long paragraphs.

(3) keep discussion focused and if a new topic is developed, keep it under a new subject heading,

(4) label subject line clearly and uniquely in order to make it easy to file, catalogue, cross-reference and retrieve,

(5) don't send junk mail and/or chain letters,

(6) don't forward too many copies of the same document to the distribution list,

(7) send copies of messages to all those interested and affected by your suggestions and information,

(8) don't expect an instant response to your mail and if you don't get a quick enough reply, then use other mediums for your message (e.g., phone).

(9) assume that all messages sent over e-mail are open to the public at large and are permanent,

(10) cite all of your information clearly and correctly, when paraphrasing and pay attention to any copyrighted material,

(11) mark text that is not your own,

(12) don't forward anything confidential to anyone with out asking permission,

(13) remember that you may be sending e-mail to readers with varying level of expertise and that you may need to explain certain terminology,

(14) refrain from adding too many attachments to your mail,

(15) avoid trivial responses, because it is not necessary to respond to everything,

(16) don't rush writing your messages and use your text editors and spell checkers while organizing your thoughts (Nantz & Drexel, 1995).

We suggest that in the future more emphasis needs to be placed on e-mail etiquette with students facilitating an e-conference.

Another difficulty that came about was our students to desire to "lurk" (i.e., reading messages and not responding) rather than to "chat" (i.e., conversing on-line). Many students probably felt uncomfortable using the new technologies and responding to people they hold in high esteem, such as scholastic authors. In the future we probably need to spend more time developing exercises which alleviate on-line posting stress by increasing student familiarity with Listeserv rules of conduct and net protocol.

Regardless of technological usage, collaborative group work is a difficulty which almost always arises within group process (e.g., getting all members to share equally). However, the added dimension of using e-mail rather than face-to-face communication and the delay of not working in real time when posting questions, frustrated some students. Although the Listserv hotline is intended to encourage interpersonal or group talk the impersonalness of some of the interactions caused by not being able to put a face to a thought or idea made some students uncomfortable. Other students were slightly apprehensive about communicating with experts in the field of health communication due to the sterile and very jargon laden responses to some of their questions. They felt as though they were not adequately prepared to engage in the discussion. Sometimes on-line membership almost totally discounted the student involvement and focused instead on responding to on-line members with self reported

equal or greater status (e.g., another professor or doctor). In the future, a greater effort needs to occur in including the students in the dialogue by having the course instructors moderate between the on-line community and the students. This could be accomplished by more closely monitoring daily postings, further developing questions which seem relevant to the answers posted by the students, and by demonstrating to students in a computer lab on an LCD Datashow how to generate further debate on-line.

Lastly, all classroom group work requires unique methods for individual evaluation. Several students showed concern over how they were going to be individually assessed on this project. Therefore, several class assignments that were distributed as a group assignment, were also first given to individual group members to complete. Student were responsible for a series of assignments which were graded individually in addition to the collaborative group work. We would suggest that the timing of this procedure is critical in fostering group cohesiveness and that delivering comments and critiques back to individuals in a timely fashion is also very important.

Future Suggestions.

We have several suggestions for the development of a future on-line student facilitated e-conference. First, we suggest that the subject matter be more narrowly defined to focus students studies and the e-conference in a very specific direction. Secondly, we suggest utilizing numerous exercises and simulations which teach the fundamentals of the tools, communications, and services of the Internet and the basic mechanics of e-mail commands and etiquette. Thirdly, we recommend that the most

difficult task for this project, is in trying to evaluate the pedagogical utility of using an e-conference to accomplish the course's goals. Trying to assess how much and how clearly the students learned about the process requires evaluative input from individual class members, the group as a whole and on-line conference membership feedback. Individual group members should provide a critical self-analysis of the learning process as it relates to the stated subject matter. The group should deliver an analytical summative report about the group's involvement in the e-conference as it relates to the concepts and principles used in the course. Finally, the instructor and the students should try to apply some methodological rigor toward understanding the effectiveness of running an e-conference regarding the given subject matter over the course of one, two, three or four weeks. In the health care communication course steps one and two were accomplished successfully. Students and groups both reported extensively about their experiential learning experience. However, step three, involving evaluation of the on-line community, proved unsuccessful. We believe that the length of the conference and the breadth of subjects addressed might have contributed to a lack of adequate responses. A series of questions should be electronically distributed at the end of the conference to all on-line conference participants in order to effectively evaluate the process. Robinson (1996) suggests that the asking the following questions may be helpful in discovering e-conference effectiveness:

1. "Does the information from the conference have value to me? [and why?]

2. Do I have the time to assess and manage all the mail I receive from the conference (or to read through all the postings in the newsgroup)?

3. Is most of the discussion on topic? [yes/no & why]

4. Is the information I receive usually accurate? Do the participants seem knowledgeable about the topic? [yes/no & why?]" (Robinson, 1996, p.29).

Conclusion

Using an electronic conference as a medium to educate students through debate about the integration of on-line technologies and health care communication issues was successful as a learning tool. The students learned to apply theories, principles and concepts from the classroom by interconnecting with health care communication practitioners and scholars in an e-conference which acted as a cyberspace problem-solving workshop. This telecomputing workshop assisted students in learning about group processes, health care communication theory and the useful interdependence of these two activities on-line.

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APPENDIX A

Schedule: For Inhealth Conference

Each Group Member Needs To Complete the Following:

1. Join Comserve
2. Join InHealth
3. Practice posting at least 2 messages to any health related hotline and get a response. Turn in a print out to your instructor and explain in a single typed paragraph any difficulties and how they were overcome. Also explain why you posted to a particular listserv list and what you learned from your experience.

Each Group Needs To Complete The Following:

The Co-Chairs are responsible for turning in the following information from the group:

	Assignment	Dates
1.	Select your groups and topics. Distribute addresses and phone numbers to each member of the group. Set up meeting times.	Week 1
2.	A group Co-Chair emerges. Distribute addresses and phone numbers to each member of the group.	Week 2
3.	Develop a group E-mail distribution list.	Week 3
4.	Develop a one page document explaining the thesis and main points of what the group hopes to explore during their section of the conference. Please also develop a brief advertisement for the entire conference (including: a conference title, a logo, a brief attention getting flyer, and a paragraph press release statement).	Week 4
5.	The group (as a whole) must join at least **three** topic health related hotlines relevant to their topic area and submit one posting to the instructor.	Week 5
6.	Create a list of at least **12** questions to ask about your topic area. Develop a **one page (typed) response to each question**. Each answer should have several (5 or more) citations within the response.	Week 6
7.	Create a list of at least **2-3** experts you can contact on **e-mail** to help you answer the above 12 questions. Contact them and ask them for the response to one of your questions so that you may post their response later in the semester.	Week 7

8.	Construct a rotation schedule of who will monitor the hotline on which day. Develop a six schedule. The conference will start on a tuesday and run until the following tuesday. You will be responsible to monitor the hotline every day except for Sunday.	Week 8
9.	The Conference	Week 9 Week 10 Week 11 Week 12
10.	At the end of your week please draft a **2 page** summary analysis of what your group learned, mistakes made, ways the conference could improve and suggestions for the future.	After Your Week Is Complete

Note: Co-Chairs of the groups will need to schedule to meet with the instructor once a week from Week 5 through Week 12. Expect to meet for at least 1 hour each meeting. Also you will need to keep in close contact with your voice and e-mail.

Note: There are supplemental guidelines for the hotline procedures upcoming.

APPENDIX B

THE FIRST INHEALTH COMMUNICATION STUDENT-RUN ELECTRONIC CONFERENCE
("Student Group Procedures")

The conference will be sub-divided into four major topic areas. Each topic will be presented for discussion during a seven-day period beginning on March 21, 1995. The order of presentation will be: (1) Health Care Policy, (2) Drug Abuse, (3) Mental Health, and (4) AIDS Education.

I. At the beginning of each week, a student group will post an initial discussion question.
   - A. Please post questions as early in the day as possible or the evening before.
   - B. If there is no response to the question within 12 hours from time of posting, then post your answer to the question.

C. If there is a sufficient level of response to a question, then:
   1. Relax and wait until discussion flow decreases.
   2. Sufficient flow maybe defined as more than three responses within a 12 hour period.
   3. Insufficient flow maybe defined as less than three responses within a 12 hour period.

D. **POST** the next discussion question:
   1. After there has been insufficient responses to the answer to the previous question **or**
   2. Discussion of previous question & answer drops to zero within 6 hours of the last posting.

E. All members of a group must have available to them at all times, the questions and answers from all group members, so that:
   1. In case a previous question goes unanswered, you may respond by giving the appropriate answer, even if it was not your question.

II. Policy for posting questions and answers.

A. Please proof all postings for any grammatical, typographical and or punctuation errors.

B. Post topic of the week in the subject heading of all postings.

C. Construct all postings in Q:/A: format (include the questions you are responding to above your message).

D. The group for the next topic (week) is responsible for developing and posting a "transition post" This post is made up of:
   1. Three-four sentences, briefly introducing the next topic and its connection to the previous topic.
   2. Format: "For the _____week, our topic will be _____. This health communication topic will focus on these three major concerns. The first concern is _____, the second issue is ___.

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