Classroom Learning Resources
Mr. Maupin ©

UNIVERSITY OF *Minnesota*

SCHOOL OF DENTISTRY • 136 OWRE HALL • MINNEAPOLIS, MINNESOTA 55455

Office of the Dean

DATE: April 12, 1972

TO: Health Sciences Learning Resources Committee Members
Ad Hoc Educational Services Subcommittee Members

FROM: M. R. Holland

M.R. Holland Jr.

SUBJECT: Meeting on Friday, April 14, 1972
8:00 A.M.
4112 Powell

This is a confirmation of the Health Sciences Learning Resources Committee Meeting to be held Friday, April 14, at 8:00 A.M. in 4112 Powell Hall. The members of the Ad Hoc Educational Services Subcommittee for the Health Sciences have been invited to attend. The purpose of the meeting is to discuss a possible organizational plan for Health Sciences Educational Resources and Services. Also, we will be determining the job responsibilities of a coordinator for Health Sciences Educational Resources and Services. It would be helpful if each person attending would formulate some suggestions on these two items prior to coming to the meeting. If possible, please put your suggestions in writing with sufficient copies for distribution to the group attending. We anticipate that approximately ten people will come.

MRH:ajm

Classroom & Learning Resources 6

UNIVERSITY OF Minnesota

SCHOOL OF DENTISTRY • 136 OWRE HALL • MINNEAPOLIS, MINNESOTA 55455

Office of the Dean

May 10, 1972

RECEIVED

MAY 15 1972

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

Mr. David Preston
A306 Mayo
University of Minnesota

Dear Mr. Preston:

Throughout the planning for a Health Sciences Learning Resources Unit, it has been the intention to establish this as an on-going, vital, and progressive endeavor. Much has been accomplished in the past few years in developing an all-Health Sciences approach and in gaining new facilities. Now the availability of Educational Development Program funds provides an opportunity to hire a coordinator and supporting staff for a year in order to have a more coordinated, concentrated effort. As you know, the funding is for a 12 month period. We anticipate implementing the program by July 1 or the latest, September 1. It is essential that these personnel continue to be supported so the program can be on-going after utilization of the 1971-73 EDP funds.

It has been the hope that a coordinator may well generate sufficient funds through grant monies to provide most of the support for a Health Sciences Learning Resources and Educational Services Unit. Such support is not a certainty. Therefore, the Learning Resources Committee urges strongly that your office submit a legislative request to support part of the learning resources and educational services operation after the EDP funds have been utilized. Our recommendation is that the following basic budget would be needed for the second and third years for the learning resources operation.

	1973-74	1974-75
Coordinator's Salary	$23,000	$24,000
Part-time Student Help	2,000	2,500
Senior-Clerk Typist	6,200	6,450
Educational Resources Development	2,000	2,500
Supplies	400	500
Travel	500	500
	$34,100	$36,450

You should note that above budgets for 1973-74 and 1974-75 are less than the budget for 1972-73 which is $41,805.

My understanding is that the grant from the 1971-72 EDP had the stipulation that the monies had to be spent or encumbered by June 30, 1972. This will be very difficult to do. Therefore, we are requesting that arrangements be made to permit a more flexible arrangement for expending the monies. We would like to have the coordinator on board by July 1, but I would think September 1 would be more realistic. The Health Sciences Learning Resources Committee didn't believe we should proceed with advertising for a coordinator

until notice was received of the availability of the 1972-73 EDP funds.

I trust the above information is helpful. We would like to be able to meet with you soon to finalize the plan for advertising the coordinator's position, conducting the interviews, implementing the EDP Grant, and working out future funding needs.

Sincerely,

Mel

M.R. Holland, Chairman
Health Sciences Learning
Resources Committee

MRH/hjn

cc: Glenn Brudvig
Frank DiGangi
Martin Finch
Paul Maupin
Robert Mulhausen
Gary Peterson
Barbara Redman
Margaret Sloan
Gary Athelstan
Robert Anderson
Judith Girard
John Proshek
Pearl Rosenberg

UNIVERSITY OF Minnesota

SCHOOL OF DENTISTRY • 136 OWRE HALL • MINNEAPOLIS, MINNESOTA 55455

Office of the Dean

May 10, 1972

Mr. David R. Preston
A306 Mayo
University of Minnesota

Dear Mr. Preston:

I was pleased to learn that an award has been made from the 1972-73 Educational Development Fund to support the Health Sciences learning resources and educational services program. My assumption is that the total award now is as follows.

1971-72 EDP allocation	$21,750
1972-73 EDP allocation	20,055
	$41,805

As you know, the above amount of monies was to be used for a 12-month period to fund learning resources and educational services development for the Health Sciences. The next step is to advertise the coordinator's position and to proceed with interviews. Also, it is important to determine means for on-going funding of the learning resources and educational services program. In a separate letter we are submitting a request for on-going funding.

At a joint meeting of the Learning Resources Committee and the ad hoc Educational Services Subcommittee, the job responsibilities of the coordinator were defined and the preferred experience and training of potential candidates were determined as follows:

Training, Experience, and Abilities

1. Most suitable would seem to be a person with doctoral training in educational psychology and/or educational administration.

2. Another possibility would be a person trained at the doctoral level in another field such as in the Health Sciences but with specific experience in educational development and administration.

3. Experience and ability in the field of learning.

4. Reputation and experience as an academic generalist are considered valuable. However, awareness and some experience in the use of computers and special learning resources media would be helpful.

5. The individual need not be a highly established person. Rather he or she could be a younger person with some experience in innovative educational programs and a demonstrated potential for dynamic, original ideas.

6. Apparent skills in administration, interpersonal communication, and writing are considered valuable assets.

Job Responsibilities of the Coordinator

1. Coordinate the further physical and programmatic development of an all Health Sciences learning resources center and educational services program.

2. Coordinate the formation and utilization of learning resources concepts and software.

3. Initiate and coordinate applied research in learning appropriate to the Health Sciences.

4. Explore sources of funding for a Learning Resources and Educational Services Unit and assist in the acquisition of these funds.

5. Stimulate Health Sciences faculty to incorporate modern instructional techniques and concepts into their instructional programs through individual contact and demonstration workshops.

6. Locate special educational expertise available among the Health Sciences faculty and staff.

7. Identify and coordinate current educational development and learning resources programs in the Health Sciences.

8. Promote a clearly all-Health Sciences concept for learning resources and educational services so the individual and collective contributions and developments can be shared for widespread benefit.

We would like to meet with you soon to finalize the plan for advertising the coordinator's position, conducting interviews, implementing the EDP Grant, and working out future fund needs.

Sincerely,

Mel

M.R. Holland, Chairman
Health Sciences Learning
Resources Committee

MRH/hjn

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Cl. L. Hs. Comm. 6

UNIVERSITY OF Minnesota

OFFICE OF THE VICE PRESIDENT FOR HEALTH SCIENCES AFFAIRS
MAYO MEMORIAL BUILDING • MINNEAPOLIS, MINNESOTA 55455

COPY

June 22, 1972

Dr. Mellor Holland
Chairman, Health Sciences
Learning Resources Committee
136 Owre Hall
Minneapolis Campus

Dear Dr. Holland:

The Council of Health Sciences Deans and Directors, at its meeting on June 12, reviewed your memorandum and proposals regarding steps toward implementation of the Learning Resources Center program. We concur with your proposals regarding hiring of a coordinator, the general description of responsibilities, and the organizational proposal. In addition, through a copy of this letter I am asking Dr. Robert Anderson to accept membership on this committee as the representative of the College of Veterinary Medicine. We agree that Dr. Anderson will be a very valuable asset to your group.

As you know, Mrs. Lily Engstrom will provide staff liaison with your committee and will coordinate responsibilities of this office in the recruitment and hiring of the coordinator.

Your progress report and plan for future steps were very thorough, and I would like to complement you and your committee on the progress which you have made toward our objective of a Health Sciences Learning Resources Center.

Sincerely,

Lyle A. French, M.D.
Vice President

LAF/kfm

cc: Dr. Robert Anderson
Learning Resources Committee

Chm. L. Resources
6

UNIVERSITY OF *Minnesota*

SCHOOL OF DENTISTRY · 136 OWRE HALL · MINNEAPOLIS, MINNESOTA 55455

Office of the Dean

July 5, 1972

TO: Members of Health Sciences Learning Resources Committee

FROM: M. R. Holland Mel

SUBJECT: Hiring a Coordinator for the Health Sciences Learning Resources Program

On May 31, a meeting was held to discuss further the hiring of a coordinator for the Health Sciences Learning Resources Program. Attending the meeting were Mr. David Preston and Mrs. Lillie Engstrom (Representing Vice-President French's office); Robert Anderson (Representing the Health Sciences ad hoc committee on Educational Services) and Glenn Brudvig, Robert Mulhausen, and Mel Holland (Representing the Health Sciences Learning Resources Committee). This group discussed the proposals from the Health Sciences Learning Resources Committee as outlined in my May 10 letters to Mr. Preston. You should have copies of these letters.

As a result of the May 31 meeting, I prepared a progress report of the Health Sciences Resources Development which I presented to the Health Sciences Council on June 12. A copy of that report is enclosed. A letter was received from Vice-President French indicating approval of our proposal. You should have a copy of this letter. Now we need to move along with advertising the coordinator's position and proceeding with interviewing and hiring a coordinator. Members of the Learning Resources Committee are urged to submit to me as promptly as possible names of individuals, schools, etc. who should receive announcements of the coordinator's position. I will be calling a meeting of our committee this summer to discuss the current status of our work.

Cl. Learn. Res. Comm. 6.

PROGRESS REPORT ON THE UNIVERSITY OF MINNESOTA HEALTH SCIENCES LEARNING RESOURCES DEVELOPMENT

Introduction

Committees representing the Health Science units at the University have been working on the development of special learning resources for the Health Sciences since 1968. As part of this development, a Learning Resources Center has been designed for the second floor of Diehl Hall. A request for Federal support for this project is included in the "B-C" construction grant application being submitted June 15, 1972.

In November, 1971, a permanent Health Sciences Learning Resources Committee was appointed by Vice President Lyle A. French. One of the initial goals of the Committee was to obtain funds to hire a coordinator and supporting staff for learning resources development in the Health Sciences. Funds totaling $41,805 were awarded for this effort from the Educational Development Program, including $21,750 from the 1971-72 E.D.P. and $20,055 from the 1972-73 E.D.P.

These monies will fund the learning resources development program for one year starting at a time the coordinator and supporting staff are hired. A projected starting date is between September 1 and December 1, 1972. The first year's budget is as follows:

Coordinator of Health Sciences Learning Resources Development (Including Fringe)	$22,287
Part-time help for collecting and cataloging data	3,500
Senior clerk typist ($5,304 plus fringe)	5,951
Office supplies, used office furniture and typewriter, and some educational resources materials	1,928
Educational resources development and demonstration workshops	2,200
Educational and technical consultants	5,000
Travel for coordinator and faculty representative (if appropriate) to visit top level educational resources centers and developers	1,500
Total:	$41,805

It is essential that on-going funds be obtained to maintain the program after utilization of the 1971-73 E.D.P. funds. The hope is that a coordinator may well generate sufficient funds through grant monies to provide most of the support for the learning resources development. Such support is not a certainty.

Therefore, the Learning Resources Committee asked that a legislative request be submitted to support part of the program after the E.D.P. funds have been utilized. A total of $34,100 was requested for 1973-74 and $36,450 for 1974-75. It is the understanding of the Learning Resources Committee that some funds have been included for this program as part of the Health Sciences 1973-75 biennial request.

Proposed Plan for Hiring a Coordinator

It is now time to advertise the availability of the coordinator's position and to proceed with the interviews. A plan for these steps has been discussed by representatives of the Learning Resources Committee and the ad hoc Health Sciences Educational Services Committee and by Mr. David Preston and Mrs. Lillie Engstrom of Vice-President French's office.

The proposed advertising plan is as follows:

1. The advertising will emanate from the offices of Vice-President Lyle French and Academic Vice-President William Shepherd.

2. Advertisements will be posted in appropriate educational and health science journals and mailed to some health science and educational institutions.

3. Individual letters announcing the availability of the position will be sent to appropriate individuals in education and the health sciences.

4. The proper statement will be made and followed regarding equal employment opportunity.

5. Appropriate liaison and consultation will be maintained with Dr. Peter Roll in the University's Office of Educational Resources and Development in Academic Administration.

Proposed Plan for Interviewing Candidates

1. The primary interviewing task will be carried out by three or four representatives of the Health Sciences Learning Resources Committee as designated by Vice-President French's office.

2. These representatives would usually interview the candidate as a small committee.

3. Further interviews, as deemed appropriate, would be conducted by representatives of the offices of Vice-President French, Vice-President Shepherd, the College of Education, and administrative offices of the Health Science units.

4. It is anticipated that a schedule of interviews for a candidate would not exceed one day.

5. Funds have not been designated to pay travel costs for interested candidates.

Qualifications Sought for Coordinator Position

The major criterion for appointment to this position is a broad understanding and interpretation of instructional concepts and systems. Other qualifications are as follows:

1. Most suitable would be a person with doctoral training in educational psychology and/or educational administration.

2. Another possibility would be a person trained at the doctoral level in another field such as in the health sciences but with specific experience in educational development and administration.

3. Experience and ability in the field of learning.

4. Reputation and experience as an academic generalist are considered valuable. However, awareness and some experience in the use of computers and special learning resources media would be helpful.

5. The individual need not be a highly established person. Rather he or she could be a younger person with some experience in innovative educational programs and a demonstrated potential for dynamic, original ideas.

6. Apparent skills in administration, interpersonal communication, and writing are considered valuable assets.

Job Responsibilities of the Coordinator

The following are anticipated job responsibilities of the coordinator. It is understood that priorities would be established with the coordinator in respect to carrying out these responsibilities.

1. Coordinate the further physical and programmatic development of an all-Health Sciences learning resources center and program.

2. Coordinate the formation and utilization of learning resources concepts and software.

3. Explore sources of funding for a Learning Resources and Educational Services Unit and assist in the acquisition of these funds.

4. Stimulate Health Sciences faculty to incorporate modern instructional techniques and concepts into their instructional programs through individual contact and demonstration workshops.

5. Identify and coordinate current educational development and learning resources programs in the Health Sciences.

6. Promote a clearly all-Health Sciences concept for learning resources and educational services so the individual and collective contributions and developments can be shared for widespread benefit.

7. On next page.

7. Encourage applied research in learning appropriate to the Health Sciences. Provide guidance for such research as requested. Initiate educational studies and research, if appropriate.

8. Coordinate the Health Sciences learning resources development with the all-University Learning Resources Program of the Academic Vice-President's office.

Proposed Organizational Arrangement for the Health Sciences Learning Resources Development

1. Coordinator would be under the aegis of the office of the Vice-President for Health Sciences.

2. Policy for the Health Sciences learning resources development would be formulated by the Health Sciences Learning Resources Committee in concert with the Coordinator and with review and approval by the Office of the Vice-President for Health Sciences.

3. As part of the development of learning resources and educational services for the Health Sciences, the Health Sciences Learning Resources Committee would consult with and work with the ad hoc Health Sciences Educational Services Committee.

4. Liasion would exist with the University's Academic Vice-President's office for appropriate coordination of the Health Sciences learning resources program with the University's Office of Educational Resources and Development in Academic Administration.

5. Coordinator and staff would initially be housed on the fifth floor of Diehl Hall. Later, the coordinator would be housed in the Learning Resources Center on the second floor of Diehl Hall.

M. R. Holland, Chairman
Health Sciences Learning Resources Committee

June 8, 1972

MRH:ajm

7

1. Scheduling of shared lecture and seminar rooms in Unit A and adjacent buildings. It would seem that Health Sciences management would be preferred.

2. Management of the audiovisual operation in the shared lecture and seminar rooms in Unit A and adjacent buildings. Should this management come under the Learning Resources Coordinator? Future development and organizational place of a Health Sciences Division of Audiovisual Services.

3. Relationship and working arrangement of the Coordinator with the Health Science units particularly in terms of their satellite television and other audiovisual operations.

4. Operation of the planned Health Sciences Learning Resources Center. Management under the Biomedical Library? Management under the Coordinator?

5. Extent of Coordinator's role in development of teaching materials for the Learning Resources Center and satellite operations?

6. Organizational place for Medical Arts and Photography? Should this unit provide more of a centralized service for Health Science units? Would funding for this service change from the current fee for service basis to a regular budget? Would this service be an extension of the Coordinator's office?

7. Would the Coordinator be the Health Sciences' representative to the proposed all-University Council on Educational Resources?

8. Establishment of a Health Sciences Learning Resources organizational chart to designate relationships within the Health Sciences and to centralized University educational resources programs.

Health Sciences Learning Resources Committee
February 13, 1973

PROGRESS REPORT ON THE UNIVERSITY OF MINNESOTA HEALTH SCIENCES LEARNING RESOURCES DEVELOPMENT

On June 12, 1973 the Health Sciences Council of Deans and Directors gave approval for the Learning Resources Committee to proceed with advertising the position of Coordinator for the Health Sciences Learning Resources Program. This has done last summer and fall through official advertisements in 6 professional journals, an announcement out of Vice-President Shepherd's office, and 58 letters to individuals in education and the health sciences.

Since the announcements were made, 57 applications have been received for the Coordinator's position. The Learning Resources Committee has met four times to evaluate and screen the applications. Peter Roll, Assistant to Vice-President Shepherd, and Russell Burris, Director of the Center for Study of Programmed Learning, have participated actively in the screening process. Specific criteria were used to rate the candidates. Some excellent candidates have applied for the position. Personal inquiries have been made regarding the qualities and availability of the best candidates. The Committee has selected four top candidates. Several others are in an alternative group.

The Committee wishes to proceed with interviewing an appropriate number of top candidates depending on travel funds and the availability of the candidates. However, before proceeding the Committee agreed that some very essential items had to be discussed with the Office of the Vice-President for the Health Sciences and the Council of Health Sciences Deans and Directors.

The Committee considered it essential to obtain a commitment of firm funds for the future basic operation of a Health Sciences Learning Resources Program. It has always been the expectation in our planning that a Coordinator would be able to generate some funds for the Learning Resources Program. However, we believe the core operating funds need to be fixed budgetary items.

Funds from the Educational Development Program are available for 1973-74 to support the Coordinator and his (her) immediate staff. However, additional hard monies are mandatory for 1973-74 to provide support for technical personnel to manage the audiovisual operation in the shared lecture and seminar rooms in Unit A. The most conservative budget possible for this need is as follows:

Senior Communications Technician	$ 7,536
Student Help for Technician	2,500
	$10,036

A full-time technician with part-time help would be the absolute minimum staff needed to keep the audiovisual system operating for the shared lecture and seminar rooms in Unit A. Without this help, there will be chaos next fall quarter in the use of the audiovisual equipment in these rooms such as rear screen and front projectors, automated lecterns, sound systems, projection booths, and a possible limited television operation.

It is estimated that the minimum amount of hard monies needed for the core operation in 1974-75 would be $49,886. Commitment of these dollars with the expected annual increases would need to be on-going. The breakdown of this budget

for 1974-75 is as follows:

Coordinator's Salary	$26,000
Part-time Student Help for Learning Resources Development	2,500
Senior-Clerk Typist	6,450
Educational Resources Development	2,900
Senior Communications Technician	7,536
Part-time Student Help for Technician	3,500
Supplies	500
Travel	500
	$49,886

In the June 12, 1973 presentation to the Health Sciences Deans and Directors, a proposal was submitted and approved for the organizational arrangement for the Health Sciences Learning Resources Development. This arrangement which is itemized below designates some basic elements of the organization.

1. Coordinator would be under the aegis of the Office of the Vice-President for Health Sciences.

2. Policy for the Health Sciences learning resources development would be formulated by the Health Sciences Learning Resources Committee in concert with the Coordinator and with review and approval by the Office of the Vice-President for Health Sciences.

3. As part of the development of learning resources and educational services for the Health Sciences, the Health Sciences Learning Resources Committee would consult with and work with the ad hoc Health Sciences Educational Services Committee.

4. Liasion would exist with the University's Academic Vice-President's Office for appropriate coordination of the Health Sciences Learning Resources Program with the University's Office of Educational Resources and Development in Academic Administration.

5. Coordinator and staff would initially be housed on the fifth floor of Diehl Hall. Later, the coordinator would be housed in the Learning Resources Center on the second floor of Diehl Hall.

The Learning Resources Committee has discussed many other aspects of the organization which are complex and need resolution. These organizational relationships will require close consultation with the Council of Health Sciences Deans and Directors and presumably with the Educational Policy Committees of the Health Sciences units.

For this report, the Learning Resources Committee wishes to cite some of these issues for the Council. At a later date, it is hoped that the Deans and Directors would be able to discuss these issues and to make decisions as they deem appropriate. Representatives of the Learning Resources Committee would be willing to appear before the Council to discuss the issues. Some of the key organizational problems as our Committee views them are as follows:

1. Scheduling of shared lecture and seminar rooms in Unit A and adjacent buildings. It would seem that Health Sciences management would be preferred.

2. Management of the audiovisual operation in the shared lecture and seminar rooms in Unit A and adjacent buildings. Should this management come under the Learning Resources Coordinator? Future development and organizational place of a Health Sciences Division of Audiovisual Services.

3. Relationship and working arrangement of the Coordinator with the Health Science units particularly in terms of their satellite television and other audiovisual operations.

4. Operation of the planned Health Sciences Learning Resources Center. Management under the Biomedical Library? Management under the Coordinator?

5. Extent of Coordinator's role in development of teaching materials for the Learning Resources Center and satellite operations?

6. Organizational place for Medical Arts and Photography? Should this unit provide more of a centralized service for Health Science units? Would funding for this service change from the current fee for service basis to a regular budget? Would this service be an extension of the Coordinator's office?

7. Would the Coordinator be the Health Sciences' representative to the proposed all-University Council on Educational Resources?

8. Establishment of a Health Sciences Learning Resources organizational chart to designate relationships within the Health Sciences and to centralized University educational resources programs.

Health Sciences Learning Resources Committee
February 13, 1973

UNIVERSITY OF MINNESOTA
TWIN CITIES

Office of the Dean

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

March 12, 1973

Mr. Paul Maupin
Health Sciences Planning Coordinator
4104 Powell Hall
University of Minnesota

Dear Mr. Maupin:

The uncertain state of the television installation in Unit A is most disappointing. The Health Sciences Learning Resources Committee, the Basic Science Departments, and the School of Dentistry have spent scores of hours working with the architects on the television systems for Unit A. We discussed at length with the architects the location of television outlets for sending and receiving; the location and installation of television monitors; the need for an appropriate base on the roof of Unit A for the microwave antenna, the television cable system; the need for television origination within the classrooms and clinics; the appropriate lighting for the television origination, and numerous other items pertinent to the television system.

The Faculty constantly had to take the initiative in pressing the development of the television system and, in fact, the entire audiovisual installation. In spite of considerable difficulty and some opposition, we pushed for the creation of the television control room and studio on the first floor of Unit A. Over the past several years, the architects must have spent a great deal of time (and considerable expense) in laying out television monitor and outlet locations. Where is that information now?

Well over two years ago, the Learning Resources Committee urged that special attention be given to the television development. We asked that an expert in educational television installations be brought in to review the plans and make necessary corrections. Since then, we have brought this matter up time and time again, and we provided names of consultants who could be contacted. We also pleaded for an internal review of the plans for the television. Now we are told that well over a year ago the architects were released of responsibility by the Planning Office regarding the plans for television installations in Unit A. This is most disappointing to the faculty who have been asking for solutions on the television planning over the past two years.

At the November 17, 1972 meeting of the Health Sciences Learning Resources Committee, the audiovisual and communication equipment installation for Unit A was a specific point of discussion. Mr. William Cook from Physical Plant and Mr. Dennis Johnson from Audio-Visual were there to participate in the discussions. A direct quote from the minutes of this meeting is as follows. "Selection of television equipment seems to be the least settled area. The Health Sciences Learning Resources Committee will be kept informed of the progress on the A-V and communication equipment

selections for Unit A and will help guide these decisions." At this date, March 12, or four months later none of this information has been brought to the Learning Resources Committee.

Now construction is moving forward and there appears to be absolute confusion as to the television installations in Unit A. It's unfortunate for the University of Minnesota to be in this situation.

We must raise some questions that must be settled.

1. What are the provisions and plans for installing the television monitors in the basic science laboratories and the dental preclinical laboratories? Are the appropriate ceiling supports and television brackets being provided? Who is checking the precise locations of these monitors? Much work went into this before as to sight lines, positions, extent of the drop from the ceiling, etc. Where is this information now?

2. What is the stage of the installation of television outlets for sending and receiving in the dental clinic rooms and dental study areas and the receiving outlets and monitor locations in the shared seminar rooms? Who is verifying that these installations match with all the thought and guidance that went into this before?

3. What is the status of the television system for the shared classrooms? It seems that the monitor installation is in a complete state of confusion. The number and location of these monitors are so critical. Some arrangement for raising and lowering some of the monitors seems absolutely necessary to preserve sight lines and to enhance the appearance of the rooms when television isn't being used. What about the lighting in these classrooms for television origination? What about the outlets for television origination in these classrooms?

4. Has provision been made on the roof for the future installation of the television antenna?

5. How thoroughly are the audiovisual communication systems being checked for the classrooms? For example, what provision is there for necessary antennae within the shared classrooms so portable microwave microphones can be used by both the lecturer and students who ask questions or make comments encouraged during the lecture?

As two members of the Health Sciences Learning Resources Committee which was originally involved in planning the audiovisual facilities in Unit A with the architects, we must express our dismay at the current situation. The communication gap and the lack of identifying responsibility in the television installations (and numerous other aspects of the planning) are disappointing.

We regret having to write this letter. But we felt it necessary to put our assessment in writing for the record. It is our opinion that these thoughts will express the views of the original Learning Resources Committee and the current Learning Resources Committee. As a faculty, we believe we have had to go far beyond our

responsibility in development of the audiovisual facilities and educational spaces. However, this seemed so necessary since the initiative and effort by others who should have been responsible, unfortunately were lacking.

We are still willing to help, and trust the situation isn't hopeless. The television development for Unit A is indeed a bad situation --- one that a University of our size and reputation should not be in at this stage of final construction.

Sincerely,

Carl Heggestad

Carl B. Heggestad
Former Chairman of the Subcommittee on Unit A Classrooms and Current Director of the Phase A Curriculum in the Medical School

Mel Holland

Mellor R. Holland
Chairman, Health Sciences Learning Resources Committee

CBH:MRH:ajm

cc: Health Sciences Learning Resources Committee

P.S. This letter was typed prior to the conversation yesterday, March 14, with one of us (MRH). It is disappointing to learn that no provisions had been made for the television monitors, but we appreciate your indicated willingness to give this prime attention to correct the situation. Your continued effective work on the Unit A project is deeply appreciated. We are standing by to give you any further help that may be required.

Learning Res. Com 6

Office of the Dean

UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

DATE: March 14, 1973

TO: Health Sciences Learning Resources Committee

FROM: M. Holland

SUBJECT: Funding Formula Proposal

Enclosed is a copy of the "Proposal of a Funding Formula for the Health Sciences Learning Resources Costs". Copies were distributed today at the Health Sciences Deans and Directors Meeting.

Enclosure

MRH:ajm

PROPOSAL OF A FUNDING FORMULA FOR THE HEALTH SCIENCES LEARNING RESOURCES COSTS

At a meeting of the Health Sciences Deans and Directors on February 13, 1973, a progress report was presented to the Council on the Health Sciences Learning Resources development. Glenn Brudvig, Robert Mulhausen, and Mellor Holland represented the Learning Resources Committee at this meeting. It was our understanding from the meeting that the Council of Deans and Directors approved and funded $10,036 for 1973-74 to provide support for technical personnel to manage the audio-visual operation in the shared lecture and seminar rooms in Unit A. Also, the Council approved a budget of $49,886 from hard monies for the Learning Resources operation in 1974-75. It was understood that the commitment of these dollars with the expected annual increases would need to be on-going.

At the February 13 meeting, the Council asked the Learning Resources Committee to submit a proposed funding formula for the 1974-75 and subsequent annual budgets. This was requested since in the approval of the annual budget it was recognized that the Health Science units would need to share in the costs of operating the Learning Resources Program.

The Learning Resources Committee met on March 12. The following is our proposal for a funding formula.

1. The Committee considered student numbers plus utilization as perhaps the best combination for providing a funding formula for the Learning Resources Program. However, it was believed that utilization would be difficult to demonstrate in the early stage of the program. At a later time this plan may be the most equitable.

2. Therefore, it was agreed that for 1974-75 the formula should be based on student numbers. The types of students to be included would be undergraduate and professional. Graduate students and residents were excluded. Using this plan, the following tentative current student numbers were established.

1,050 - Medical School (Medical students, medical technology, occupational therapy, and physical therapy)
350 - School of Nursing
210 - School of Public Health (Professional level)
350 - College of Pharmacy
640 - School of Dentistry
2,600 - Total

Based on these figures the tentative percentage contribution would be as follows:

Health Science Unit	Percentage
Medical School	40
School of Nursing	14
School of Public Health	8
College of Pharmacy	14
School of Dentistry	24
Total	100

More precise figures would need to be used for 1974-75. Also, it was suggested by Dr. Robert Anderson that Veterinary Medicine may be willing to make some contribution to the budget. It was agreed that Veterinary Medicine students may not receive direct benefit from the Learning Resources Program but could receive indirect benefit from the productive work of the coordinator, faculty workshops, etc. The Learning Resources Committee raised the question whether the Health Sciences budget would carry the cost of the audiovisual operation in the classrooms?

Another suggestion which the Deans and Directors may wish to consider is to help finance the Learning Resources operation through a charge to the health sciences students. For example, a $5.00 annual charge per student would support 25 percent of the full $50,000 budget for 1974-75.

The Health Sciences Learning Resources Committee expressed its appreciation at our March 13 meeting for the support from the Deans and Directors. We trust the support will be justified through the development of a viable and productive Health Sciences Learning Resources Program.

M. R. Holland

M. R. Holland, Chairman
Health Sciences Learning Resources Committee

March 13, 1973

MRH:ajm

Part 3

THE ARCHITECTS COLLABORATIVE INC.

15 February 1973

Mr. Hugh G.S. Peacock
Assistant Vice President
Physical Planning
University of Minnesota
340 Morrill Hall
Minneapolis, Minnesota 55455

Re: University of Minnesota
Parking Facility
TAC Job No. 72023

Dear Hugh:

Attached is a memo from Kurt Rogness of our office regarding the connection between the Parking Facility and the proposed Unit B/C tunnel.

In our previous discussions I believe you concurred that the elevator core of the Parking Facility should be extended in order to be able to connect with the proposed tunnel. Kurt's memo identifies that to accomplish this it will cost $167,290. Now that we have an accurate cost in this regard, we feel you should be given the opportunity to reaffirm your previous directive. We realize this information comes to you at a relatively late date, but believe time still permits a decision which can be incorporated into the Contract Documents prior to receipt of bids.

Although the elevator core extension and tunnel connection seem somewhat strained in the attached memo, it remains our recommendation that the University proceed in accordance with the long-range master plan and authorize the elevator core extension. This expenditure seems reasonable if options are to remain open regarding long-range planning for the Health Sciences and likewise, consideration of long-range land development on either side of the proposed tunnel route. We believe we can incorporate the extension into the Contract Documents by addendum without affecting the overall project schedule.

46 BRATTLE STREET, CAMBRIDGE, MASSACHUSETTS 02138
TELEPHONE: (617) 868-4200 CABLE: TACCAM CAMBRIDGE

We realize that the funding of this addition will be a problem for you and suggest it might best be handled after bids have been received and prices firm. The extension could also be handled as a deduct alternate.

Please let us know your wishes on this matter.

Very truly yours,

THE ARCHITECTS COLLABORATIVE Inc.

Roland

Roland Kluver

RK/bac

Attachment

cc: E. Wheeler
K. Rogness
Carl Walker Assoc.
P. Maupin

P.S.
Hugh, we think that we can reduce the overall cost associated with extending the core down if we eliminate stairs, slabs etc. In other words, the projected cost of 167,290 could be reduced to about 110,000 as we continue to look at savings possibilities. Thanks for your assistance

Roland

THE ARCHITECTS COLLABORATIVE Inc.

OFFICE MEMORANDUM

TO : Roland Kluver, John Scott

FROM : Kurt Rogness

DATE : 7 February 1973

SUBJECT: Planning for Future Health Sciences Tunnel Connection
University of Minnesota
Health Sciences Expansion
Parking Facility

It was decided by former University Vice President, Hale Champion, that the Health Sciences Parking Facility would at some point in time, be connected via a tunnel to the Health Sciences Expansion Project at Unit B/C one level below grade. We are now in a position to better assess the impact of this decision on the proposed ramp as well as the tunnel itself. Thus it appears prudent at this time to review the Champion decision based on current information.

In determining the appropriate elevation of such a tunnel connector to the ramp we analyzed utility information previously unavailable to us. It was discovered that a major combined sewer (8' inside diameter) is located under Oak Street. The sewer is of brick construction and is the main lead to the Twin City interceptor from the Southeast Community. Its location in section requires that we locate the proposed tunnel below it at an elevation approximately 5' above bedrock. (See enclosed sectional drawing.)

A number of construction and design problems should be noted. The tunnel elevation at the ramp is 795' or approximately 34' below the elevation at Unit B/C. Thus a ramp of 4% would be encountered between the two points. Tunnel floor elevation and ramp percentage could vary depending on type of construction employed in supporting the sewer. The previous tunnel studies by our office located the tunnel at a minimum depth to allow natural light at intervals along its length.

Several alternative courses of action have occurred to us:

Alternate A would extend a tunnel from Unit B/C, minimum depth, and terminate at Oak Street. Parkers would have to walk across Oak Street to enter the facility. Additional tunnel tie-ins from the dormitories, etc., would be simplified. Cost and environment would not be sacrificed.

Alternate B would be the same as A except instead of terminating the tunnel at Oak Street, a transition would be made to a lower elevation which would pass beneath the sewer and connect with the Parking Facility.

Alternate C would be to provide a direct, ramped, tunnel connection between Unit B/C and the Parking Facility. This would require the tunnel excavation to become increasingly deeper as it approached the Parking Facility in order to pass beneath the existing sewer.

Two master planning decisions by Vice President Brinkerhoff ought to enter into the discussion. He decided that the capacity of the ramp would be decreased from 3,000 to 2,000 spaces and that the ramp would not be expanded in the future. This means that at least under the current administration, no greater concentration of parking would occur on or adjacent to the ramp site. Correspondingly, one would presume that the initial decision to tunnel was based on the higher volume of traffic. Based on present operational assumptions, the parking facility will provide 1,000 contract and 1,000 student or patient spaces, which may turn over 3 times per day. Thus a maximum of 4,000 round-trips will be generated a day from the ramp. This volume seems somewhat low to justify the implementation of the tunnel. We realize though, that there are many variables which could affect the volume, such as, operational policy of the ramp; future land use and development along the tunnel route, etc.

The enclosed cost estimate for extending the elevator core for future tunnel construction tells us what we must spend now to keep our options open. The estimate was made in conjunction with Lawrence Trom of Knutson Construction Company and reflects what we feel to be an accurate appraisal of costs involved. The provision of the tunnel connector was discussed with The Building Committee and they decided that the added cost should not be born by the ramp budget. This cost should appropriately be born by the Health Sciences and added to the $100,000 for which they are currently committed.

Please be advised that the extention of the elevator core has not to date been incorporated in contract documents for the parking facility. Such incorporation now hinges on an affirmation of the original Hale Champion policy decision updated with new information here offered. Obviously, with document preparation drawing to a close, the decisbn is essential to maintaining our schedule.

K. Rogness

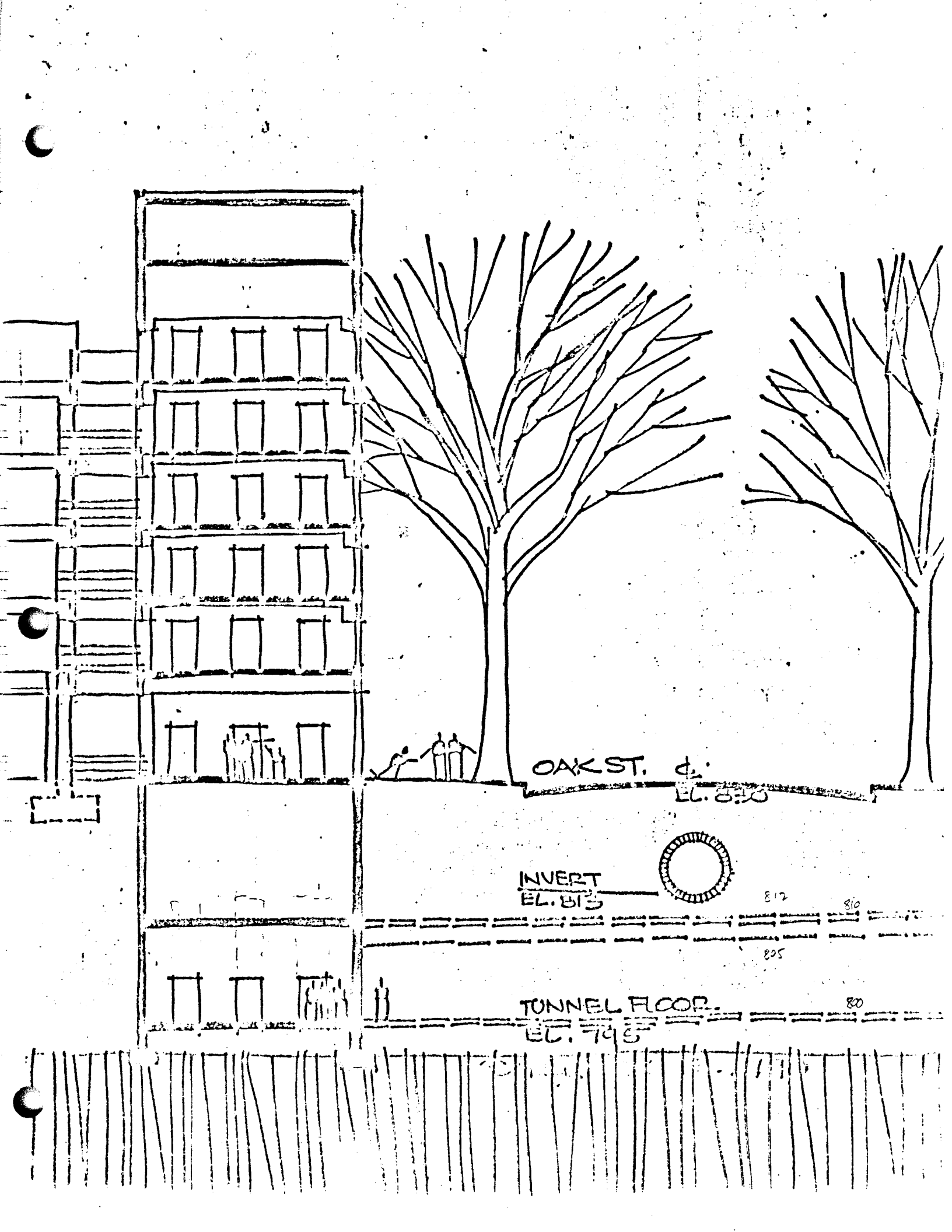
Attachment

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION
PARKING FACILITY

Cost impact on extending the elevator core for future tunnel construction.

Estimate Date: 2 February 1973
Assumed Start of Construction: 2 May 1973

ITEM	UNIT	COST
Temporary Support Wall	5,880 s.f. at $10	$ 58,800
Excavation	2,287 c.y. at $5	$ 11,435
Backfilling and Compaction	1,058 c.y. at $2.50	$ 2,645
Caissons	3 at $500	$ 1,500
Walls	6,300 s.f. at $4	$ 25,200
Wall Dampproofing	Allow	$ 3,000
Stairs	4 levels at $1,600	$ 6,400
Floors	900 s.f. at $4	$ 3,600
Elevators (extend 35' - one additional stop)	3 at $10,000	$ 30,000
Mechanical	Allow	$ 8,000
Electrical	Allow	$ 1,500
		$152,080
Contingency to cover miscellaneous finishing, hardware, miscellaneous metlas, connection to tunnel, etc. (10%)		$ 15,208
TOTAL		$167,288


OAK ST.
EL. 820
INVERT
EL. 815
812
810
805
TUNNEL FLOOR
EL. 795
800

Learning Res. Com. 7
Mr. Maupin

UNIVERSITY OF MINNESOTA
TWIN CITIES

Office of the Dean

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

DATE: August 9, 1973

TO: Learning Resources Committee

FROM: M. R. Holland MRH

SUBJECT: Dr. David Garloff

I am pleased to tell you that Dr. David Garloff from the University of Missouri has accepted the position of coordinator for the Health Sciences Learning Resources Program.

He is expected to begin his assignment on September 7. Prior to that date a meeting of our committee will be held for us to determine the course that we should follow as a committee in working with Dr. Garloff and how best we can be helpful to him.

Thank you for your great help in the search for a coordinator. I am confident that we have located a most capable and personable individual in Dr. Garloff.

MRH:ajm

7

HEALTH SCIENCES LEARNING RESOURCES COMMITTEE

Minutes of Meeting

26 November 1973

Present: Mead Cavert, Acting Chairman, Martin Finch, Robert Veninga, Frank DiGangi, Glenn Brudvig, Cheri Perlmutter, Paul Maupin, David Garloff.

Topics discussed:

I. Orientation Plans for Bldg A
   A. Flyer being sent out first week of December inviting Health Sciences faculty to attend orientation:
      1. Large group formal presentations (Dec. 10-13) by C. Heggestad, D. Johnson, L. Christenson, D. Garloff covering audio equipment, lighting, front and rear screen projection, TV systems, and AV scheduling procedures; also introducing side rooms and seminar rooms.
      2. Small group informal practice sessions (Dec. 17-19) with equipment for faculty members.

   B. Future session suggested (January) with more focus on "software" and developing a complete media package plus introducing additonal facilities not open in December.

   C. Also, suggestion for developing videocassette of formal presentation for review or use in future orientation.

II. Scheduling Unit A Classrooms
   A. Scheduling for Unit A auditoriums and shared classrooms currently (beginning winter qtr.) done by E. Grundner, Central Scheduling.

   B. Responsibility for scheduling Unit A seminar rooms and side rooms is undecided.
      Two possibilities were discussed:
      1. Scheduling office for seminar and side rooms to operate as satellite to Central Scheduling--using Central Scheduling staff but located in Health Sciences (possibly Learning Resources).
      2. Hiring Health Sciences staff to coordinate scheduling (classrooms and auditoriums with seminar rooms) from Central Scheduling Office.

   D. Garloff to explore possibilities with E. Grundner.

III. Role of Learning Resources Committee--Suggestions for Task Force Topics
   A. Funding for hardware
      --TV production equipment (Unit A)

   B. Develop organizational plan for Medical Arts and Photography--change to centralized service for Health Sciences unit instead of with University Hospitals.

C. Organizing task force to seek alternative of private foundation funding for renovation of 2nd floor Diehl (Learning Resources Center).

D. Planning programs of inservice education for faculty in use of media and resources.

Next meeting is scheduled for the afternoon of Monday, December 10 to discuss organization (time to be arranged later).

Regular meetings to be scheduled once/month (2nd or 3rd Mon. morning).

Learning Res. Comm. 7

Office of the Dean

UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

November 30, 1973

Mr. David R. Preston
Health Sciences Office
A-306 Mayo
University of Minnesota

Dear Dave:

As per our telephone conversation today, I would like to suggest for consideration by your office the appointment of additional members to the Health Sciences Learning Resources Committee. The proposal has the endorsement of Dr. David Garloff. The purposes for requesting additional members are the following:

1. To have representatives of the Health Sciences units on the committee who are faculty members active and/or keenly interested in self-study methods of education. Therefore, we are suggesting one additional representative from each of the six Health Sciences units.

2. To have a larger work force on the committee to carry out specific tasks that the committee is now identifying.

3. To assure a potentially larger representation at committee meetings so that at least one representative from each Health Science unit is attending the meetings.

4. Possibly to establish representation from allied health groups. I would like to discuss this proposal with you later. Perhaps the representative could be Dr. Meier or his designate.

If your office approves the increase in the committee membership, I would like to have the opportunity to discuss this matter with each dean prior to appointment of a second representative. This would give me the chance to better describe the purposes of the additional members and the kind of background these individuals should preferably have.

Thank you for consideration of this matter.

Sincerely,

Mel

Mellor R. Holland, Chairman
Health Sciences Learning Resources Committee

MRH:ajm

cc: Dr. David Garloff

L. Res. Com 7

HEALTH SCIENCES LEARNING RESOURCES COMMITTEE

Minutes of Meeting

10 December 1973

Present: Mellor Holland, Chairman, Glenn Brudvig, Mead Cavert, Martin Finch, Frank Di Gangi, David Garloff, Barbara Redman, Cheri Perlmutter, Bob Anderson, Judy Peterson.

COMMITTEE SIZE

Dean Holland identified a letter sent to David Preston concerning the appointment of additional members (one fom each Health Sciences unit) to the Health Sciences Learning Resources Committee. The purposes of the increase in membership are to have a larger work force on the Committee to carry out specific tasks, to assure larger representation at Committee meetings, and possibly to establish representation from allied health groups. The Committee suggested proceeding with the proposal through discussion with David Preston and also felt perhaps there was a need for additional resource people other than the two from each unit when the task forces were to start. Letter to Mr. Preston attached.

COMMITTEE TASKS

Dr. Redman reiterated the need for faculty development (inservice education in the use of media resources). Dr. Garloff suggested a task force to identify resources and hardware as an aid to educational developers and another task force to develop a mechanism for sharing resources between schools.

The Committee discussed alternate sources of funds for the Learning Resource Center. Attention was given to renovation of 2nd Flr Diehl; however, it was suggested that considering alternatives may be premature since funding for Units B and C is still being pursued. It was also expressed that an interim plan might be necessary, since the current facility is limited in capacity.

ORGANIZATIONAL PLAN

Discussion was given to an organizational plan developed by Dr. Garloff for the Office of Health Sciences Learning Resources. The Committee suggested the document be more detailed than the flow chart. Dr. Anderson made a motion for tentative approval of the organizational chart and presentation to David Preston as a direction to take in developing the Office of Health Sciences Learning Resources. The motion was seconded by Dr. Redman and carried.

SCHEDULING FOR BLDG A SEMINAR ROOMS

It will be recommended that Bldg A shared seminar rooms be scheduled through the office of Health Sciences Learning Resources and be handled by the AV Communications Technician, Pat Watkins.

Office of the Dean

UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

November 30, 1973

Mr. David R. Preston
Health Sciences Office
A-306 Mayo
University of Minnesota

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Thank you for consideration of this matter.

Sincerely,

Mellor R. Holland, Chairman
Health Sciences Learning Resources Committee

MRH:ajm

cc: Dr. David Garloff

Office of the Dean

UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

DATE: January 17, 1974

TO: Learning Resources Committee

FROM: M. Holland Mel

SUBJECT: Agenda for January 21 Meeting

Item 4 on the agenda for the January 21 meeting of the Learning Resources Committee is a request from Paul Maupin to discuss space for an All-University Computer Laboratory in the Health Sciences. Enclosed are copies of letters from Paul Maupin and Frank Verbrugge regarding the need for this space. You may wish to read these materials before coming to the meeting on January 21.

MRH:ajm

Enclosures (2)

UNIVERSITY OF *Minnesota*

UNIVERSITY COMPUTER SERVICES
SPACE SCIENCE CENTER • MINNEAPOLIS, MINNESOTA 55455

December 19, 1973

Dr. Lyle A. French
Vice President
The Health Sciences
424 Morrill Hall

Dear Dr. French:

The purpose of this letter is to request space for an all-University Computer Laboratory in the Health Sciences area. This laboratory is needed to provide student access to computer terminals which can be connected to the all-University Time-Sharing System (MERITSS) as well as the Health Computer Sciences Network. The room which could be made suitable for this should contain approximately 1200 square feet and have a somewhat central location within the Health Sciences complex. This space will be needed critically by Fall Quarter, 1974.

The courses which the faculty in Health Computer Sciences teach serve the educational needs of the entire Health Sciences. Exposure to bio-medical technology and health care computer applications is provided for Health Sciences faculty, technicians, undergraduates, and pre-professionals as well as graduate and post-doctoral students. Several of these courses have enrollments as high as 75-100 students. With this many people, the need for interactive computer access is critical. At the present time, there is no place to install the necessary computer terminals with provisions for supervision, consultation, sound-proofing and security. As a result students are unable to gain the level of familiarity and experience which should be the outcome of enrollment in the Health Computer Science courses.

The University Committee on Time-Sharing has approved the establishment of a laboratory in the Health Sciences subject to the availability of space. An all-University laboratory such as that described above qualifies for full operating support through University Computer Services; that is to say, this includes all computing and communications costs and all supplies and maintenance costs. The only responsibility of the collegiate or departmental units in which the laboratory is placed is that of providing supervision of the laboratory. It is an educational resource which has found very favorable acceptance in the collegiate units in which they have been established.

After the first of the year I will plan to make an appointment with your office to discuss the establishment of this laboratory in greater detail. If you deem it helpful, I will ask Vice President Chase to attend the meeting also.

Sincerely,

Frank Verbrugge

Frank Verbrugge, Director

FV/jm
cc: Eugene Ackerman
Lael Gatewood

HEALTH SCIENCES LEARNING RESOURCES COMMITTEE
Minutes of Meeting
21 January 1974

Present: Mellor Holland, Chairman, Glenn Brudvig, Bob McCollister, Martin Finch, Paul Maupin, Kathy Gunderson, Frank Di Gangi, Bob Anderson, Bob Veninga, David Garloff.

COMPUTER SPACE REQUEST

Discussion was made concerning a letter sent to Dr. French from Dr. Verbrugge requesting space in the Health Sciences facility for an All-University Computer Laboratory. An attempt was made to identify the exact nature of the request and the reasoning behind the Learning Resource Committee's involvement in the matter. According to Dr. Verbrugge's letter, the request is for laboratory space to be used as part of regular courses in the computer sciences and that Health Sciences students would be taking these courses. The question was raised whether the laboratory would also be used for CAI authoring and for CAI consumer use by Health Sciences students. The Committee asked David Garloff to inquire from Dr. Verbrugge or Dr. Ackerman the following:

1. What exactly are the needs that cannot currently be met?
2. What courses are identified in the letter?
3. What is meant by an "All-University Computer Laboratory"?
4. What is meant by superivision in the laboratory?
5. Where are the courses now being taught?
6. Would an interim facility supply the needs?

EXPANSION OF COMMITTEE

Mel Holland reported that Vice-President French's office had approved the recommendation to expand the Committee's size by one member from each unit. Each Dean will be contacted to request recommendations for additional membership. It was also approved that additional people could be invited to sit on task force subcommittees when the Chairman felt it appropriate.

ORGANIZATIONAL DIRECTION FOR H.S. LEARNING RESOURCES

Dave Garloff reported that, as part of a meeting with David Preston, the organizational projection approved by the Committee was questioned in regard to the relationship between the Learning Center component of the chart and the Library. The concept of sole administrative control of the Health Science Learning Center by the Library would inhibit the Office of Health Sciences Learning Resources in exerting operational policies pertinent to the educational environment of the facility. The implied opinion was that some educational decision-making ability should remain

with the Health Sciences office and that the organizational chart did not reflect that kind of joint governance.

Glenn Brudvig identified the philosophical background for a library-controlled center by explaining the utilization task of the Learning Center as being primarily one that is a library service function and one that promotes the integration of print and non-print operations. The Learning Center, as viewed by Mr. Brudvig, does not develop educational utilization practices, but reacts to guidelines of materials, equipment and facility configurations by applying good principles of library management in servicing the given system. To the end that the library can control its organizational ability for providing this management function, it would be beneficial for the library to operationally service the Health Sciences Learning Center.

It was suggested that Dave Garloff attempt to reconstruct an organizational chart that provides a joint administrative relationship to the Health Sciences Learning Center component of the plan.

BUDGET NEEDS FOR UNIT A

Dave Garloff presented several items of equipment needs that require special funding because of insufficient construction monies. A number of items represented the complement needed for the rear screen projection area. The other items represented equipment for the shared seminar rooms and miscellaneous audiovisual devices used in the shared lecture halls and/or the seminar rooms. A copy of this list is attached.

There was a discussion as to why there were no monies available since special funds were set aside for just such an occasion in the construction planning. Suggestions were given as to sources of funding, such as the Vice-President's reserve fund, and to sources of equipment that were no longer in use and could be given to us. It was also recommended that a check be made to see if back-ordered equipment will arrive later and eliminate the inclusion of several items on the list (ie. overhead projectors). It was suggested that the seminar equipment be given priority consideration.

H.S. LEARNING RESOURCES BUDGET

There was a brief discussion identifying that a budget proposal must be presented to Vice President French outlining Learning Resources needs for next year.

DIEHL HALL LEARNING CENTER

The question of providing an interim plan for a Learning Center larger than that on fourth floor of Diehl Hall was raised. Indications are that, because of the apparent delay in B-C construction, there will be need for interim housing of a broadened H.S. Learning Resources staff and utilization center (ie. Learning Center). Agreement was given to explore the possibility at the next meeting of the Committee.

PROJECTED NEEDS FOR REAR PROJECTION AREA

3	16mm projectors @ $725	$2175
6	2x2 slide projectors @ $219	$1314
6	3½x4 slide projectors @ $1297	$8782
3	8mm projectors (reel) @ $480	$1440
1	Dukane filmstrip/record	$295
6	front surfaced mirrors (4x8) @ $100	$600
6	triple-tiered projection stands (to be constructed by U. of M.)	???
3	mirror mounts (to be constructed by U. of M.)	???
	TOTAL	$14,606
	plus construction	_____

SEMINAR ROOM AND SHARED CLASSROOM

5	overhead projectors @ $289	$1445
5	29" deep-well carts @ $66	$330
5	audiocassette players @ $50	$250
1	stereo taperecorder-reel type Sony	$450
5	wireless microphones @ $1000	$5000
1	record player	$250
2	videocassette players @ $1000	$2000
5	low carts @ $70	$350
1	Graflex filmstrip projector	$172
6	stools for projection booths @ $25	$125
5	cabinets for booths @ $60	$300
5	headphones @ $11	$55
		$10,727

UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Laboratory Medicine and Pathology
Medical School
Box 198 Mayo Memorial Building
Minneapolis, Minnesota 55455
(612) 373-8623

February 25, 1974

E. Wayne Drehmel, Ph.D.
Assistant Dean
Medical School
1360 Mayo

Dear Wayne:

A persistant problem with the Department, because of it's expanded growth and activity during the last several years, has been office and laboratory space. In reviewing our total needs and in trying to realistically view probable space we discussed with Ms. Virginia Lewis of the Health Science space group the plans for the apartment buildings just east of the Building A and facing Harvard. As I understand this apartment complex is owned by the University and consists of three buildings, the Fenwick, the Marlin and the Wilshire.

I understand that the College of Pharmacy is optimistic about funding for Building F which, if constructed, would be built where these apartments are currently located. It is my understanding that the University is beginning to phase out the apartment dwellers in the Fenwick Building and plans to do very superficial remodeling such as painting and improved lighting in this area. Additional remodeling, as I understand, will be at a departmental expense.

My information indicates that the College of Pharmacy does plan to utilize some of this space. However, Ms. Lewis believed that there was still space available in Fenwick and certainly in the other two buildings which is as of yet uncommitted. Since we appeared extremely interested in acquiring some of the space, she suggested that we should write a letter to you outlining our needs and requesting space in this area.

Because of the increased utilization of the present space in the second floor of the Mayo building for service labs we do need to move a number of our faculty somewhere. Examples would be two or three of the medical technology staff. We could also utilize an office space for Dr. Hank Balfour, Director of our Virology Laboratory as well as Dr. Runge and Bernice Spector who presently occupy rooms 484 and 484 A in Jackson. By moving these two people we could then utilize these rooms as laboratory rooms.

We also have two new faculty joining us in July which would be Drs. Steffes and Connelly.

These are merely examples of our needs and I do not suggest that these will be the specific people to utilize such space. However, both Dr. Benson and myself feel that we would like to request a minimum of space which could

be utilized for ten offices.

Dr. Benson tells me that he discussed this with Dr. Gault and Dr. Gault suggested that he would like to see the building used. I would like to discuss this with you in the immediate future.

If you need further information or a written report as to our utilization of the space, please let me know. Dr. David Brown and myself are working on this presently.

Best regards,

Don Howard
Sr. Administrative Officer
Laboratory Medicine and Pathology

DH/mt
cc/Dr. Ellis Benson
Dr. David Brown
Ms. Virginia Lewis

...TY OF MINNESOTA
...Form 101
...1 (O)

REQUEST FOR SPACE

Instructions: Use this form to request office, laboratory, and supporting space.

Submit the first three copies to your Dean (or Director). He will endorse it, giving a college priority, and will then forward it to Space Programming and Management.

For use only by Space Management

The Department of Laboratory Medicine and Pathology

will need approximately 1500 sq. ft. of space by as soon as possible (effective date).

Description of space needed: (Indicate how many.)

X	Private offices		Conference rooms
	Double offices		Laboratories
	Multiple offices		Assume 150 sq. ft.
	Interview cubicles		each for 10 offices
	General offices		

Brief description of activity needing space: (Does it involve instruction, organized research, student services, administration, community service, etc.)

New faculty needs. This would also include movement of present faculty to utilize current space in more equitable manner. Faculty included represent both instruction as well as administration activities.

List personnel to be using space — by title rather than by name: (Director, supervisor, secretary, etc.) Director, Diagnostic Virology; Director, Outreach Program; Director, Data Division; Associate Director, Immunochemistry; Assistant Professors, Medical Technology (possibly three), etc.

Considerations: (Location, access, ventilation, noise, lighting, plumbing, etc.)

Adequate lighting and ventilation for office facilities.

Suggestions — including space presently assigned to the department which can be relinquished or traded off:

The Department has no space to relinquish. New faculty needs require additional space!

Person in department to provide additional information on project:

Name: Don C. Howard, Sr. Administrative Officer Phone: 373-9154

Requested by: Don C. Howard — Head of Department — Date: 2/28/74

STATEMENT OF PRIORITY — within college:

Endorsed by: — Dean or Administrative Officer — Date:

BLUE, PINK } SPACE PROGRAMMING AND MANAGEMENT
GREEN—DEAN'S OFFICE
YELLOW—DEPARTMENT COPY

HEALTH SCIENCES LEARNING RESOURCES COMMITTEE

Minutes of Meeting
4 March 1974

Present: Mellor Holland, Chairman, Judy Peterson, Kathy Gunderson, Linda Grummer, Barbara Redman, Cherie Perlmutter, Mead Cavert, Bob Anderson, Martin Finch, David Garloff, and Lynda Ellis.

HEALTH SCIENCES ALL-UNIVERSITY COMPUTER LABORATORY

Dr. Ellis, Assistant Director for Education in the Health Sciences Computer Center, reviewed the request for space in Health Sciences for an all-University computer laboratory. The substance of this review is presented in the document prepared by Dr. Gatewood from the Health Sciences Computer Center and is attached to these minutes.

Committee discussion centered on:

1. The use of the TV control room area and the possibility of noise caused by 12 terminals which would interfere with the use of classrooms adjacent to the control room.
2. Problem of using the control room in Building A conjunctly for functions of TV and computer services. Exploration of this is to be made with Bill Wik and Lee Christenson.
3. Sentiment for the needs of the Laboratory, but an unwillingness to grant long term use of the TV control room for this purpose.
4. Incorporation of this need in the design of B-C Learning Center planning and the use of the TV control room until such construction was completed.

HEW EDUCATIONAL DEVELOPMENT PROPOSAL

Dave Garloff presented the concepts behind the proposal being considered for submission to the Bureau of Health Resources Development. It would be an interdisciplinary educational development project on a two to three sequence. It will be aimed at developing health-related topics on an interdisciplinary level to produce appropriate learning experiences for various undergraduate audiences, including those of Continuing Education. A copy of the program statement is attached.

Discussion following the presentation generally endorsed the effort and the proposal will be developed for a March 15th deadline.

Meeting between Drs. David Garloff and Lael Gatewood (Reporter) - 2/7/74

Concerning: Request by Dr. Verbrugge for Health Science Center space for an all-University Computer Laboratory which was forwarded by Vice President French to Health Sciences Resource Center Committee

Committee Questions were as follows:

1. Is this an area of committee domain (CAI vs computer laboratory)?
2. What supervision is needed?
3. What courses and other uses will this space be for?
4. How much space and what type is needed?
5. Is this an all-University or a Health Sciences resource?
6. Would an interim facility such as one of the Building A TV Control Rooms be adequate?
7. What alterations are necessary?

Answers from Dr. Gatewood to these questions:

1. This laboratory would be used primarily to provide access to computer facilities for laboratory problems, although these assignments may entail developing specific computer-aided instruction (CAI) programs for the Health Sciences. The two terminals in the Biomedical Learning Center would still be used to provide CAI for Health Science students.

2. The Divisions of Health Computer Sciences will be responsible for all supervision, since all laboratory terminals will be able to reach either the University instructional computer or the Health Sciences distributed capacity network.

3. This space will be used specifically for students taking the following courses:

   PubH 5-430,1,2 Biomedical Computing I,II,III (90 students Fall 1974)

   PubH 5-450,1,2,3,4,5 Biometry I,II,III (80 students Fall 1974)

   PubH 5-409,10 Biometry in Clinical Studies, I,II (90 students Fall 1974)

   These are interdisciplinary courses with students from all areas within Health Sciences. There are other courses taught by Health Computer Sciences with smaller enrollments that need computer access to a variety of systems, which could be provided by the HCS Network. In addition,

other courses in Clinical Pharmacy, Hospital Administration and Dentistry will be adapted to this laboratory resource when it becomes available.

4. Approximately 1200 square feet of space is needed for up to 12 computer terminals, a remote job entry station, supervisor's desk, reference library, and a table for program debugging and consultation.
5. This laboratory will be used primarily for Health Science students and staff who are working on problems associated with the classes listed above. However, the inclusion of this facility as an "all-University laboratory," which provides core support for its activities, means that students from other disciplines can use the terminals if they are not busy. Placement of this laboratory within the Health Sciences complex increases its availability to Health Sciences students.
6. An interim space such as one of the TV Control Rooms in Building A would be adequate provided that a long-term agreement can be reached for its continued use by this resource. If such an interim space becomes needed for other purposes, equally suitable space must be found for this laboratory without a lapse in service. The terminals <u>are</u> portable, but further renovation of the space past the first assignment could not be borne by University Computer Services.
7. The only renovations necessary for the referenced space in Building A would be additional electrical and telephone outlets, one for each terminal and for the supervisor's desk. The costs of this alteration and the continuing telephone charges are met by University Computer Services if the facility is designated an all-University laboratory. This has been approved by the University Computer Services Subcommittee on MERITSS if the space within the Health Sciences complex can be found.

Grant Application Proposal
Health Sciences Multidisciplinary Educational Development

Needs statement

--The various units of the Health Sciences (Medicine, Nursing, Pharmacy, etc.) now plan and produce learning materials of like content as separate efforts. There is a need to economize by coordinating development across disciplines (ie. for self-instructional materials).

--There is a need to identify core materials which can be used as refresher information for adult health professionals and as a standard learning experience for health professions students.

--Learning materials cannot always be accessed by one mode of transmission (ie. television). Delivery systems for continuing education require a network with flexibility regarding the utilization of various learning materials formats. There is a need to test the viability of a learning center network that is state or multistate wide in scope and can utilize the development efforts of undergraduate projects.

--To provide for ease of interchange of educational materials by standardizing the methods for development of materials.

--Development of learning materials for self-instruction often occurs without the investigation of already produced materials. A coordinating capability is needed to incorporate outside sources into educational design projects.

Program proposal

--Core staff to 1) coordinate external relationships 2) coordinate internal development 3) prepare (assist) educational materials (4 people totally).

--Core educational materials would be developed in sample areas of content. Would include examples in 2 areas 1) basic science 2) clinical--and would be on a multidisciplinary basis.

--Five sites will be identified which have little or no resources. Equipment and training will be provided and agreements worked out for maintenance of these sites.

--Three or more additional sites which have some resources will be upgraded and agreements worked out for maintenance.

--Materials would be produced either at the University of Minnesota or at other sites on a contracted basis during phase 1.

--Materials will be sought during phase 2 from other sources which will conform to technological and pedagogical criteria established during phase 1. These materials would be integrated into the system during this phase.

June 6, 1974

[illegible] Subcommittee Recommendations

Present: Mel Holland, Lee Christenson, Bill Wik, Dave Garloff

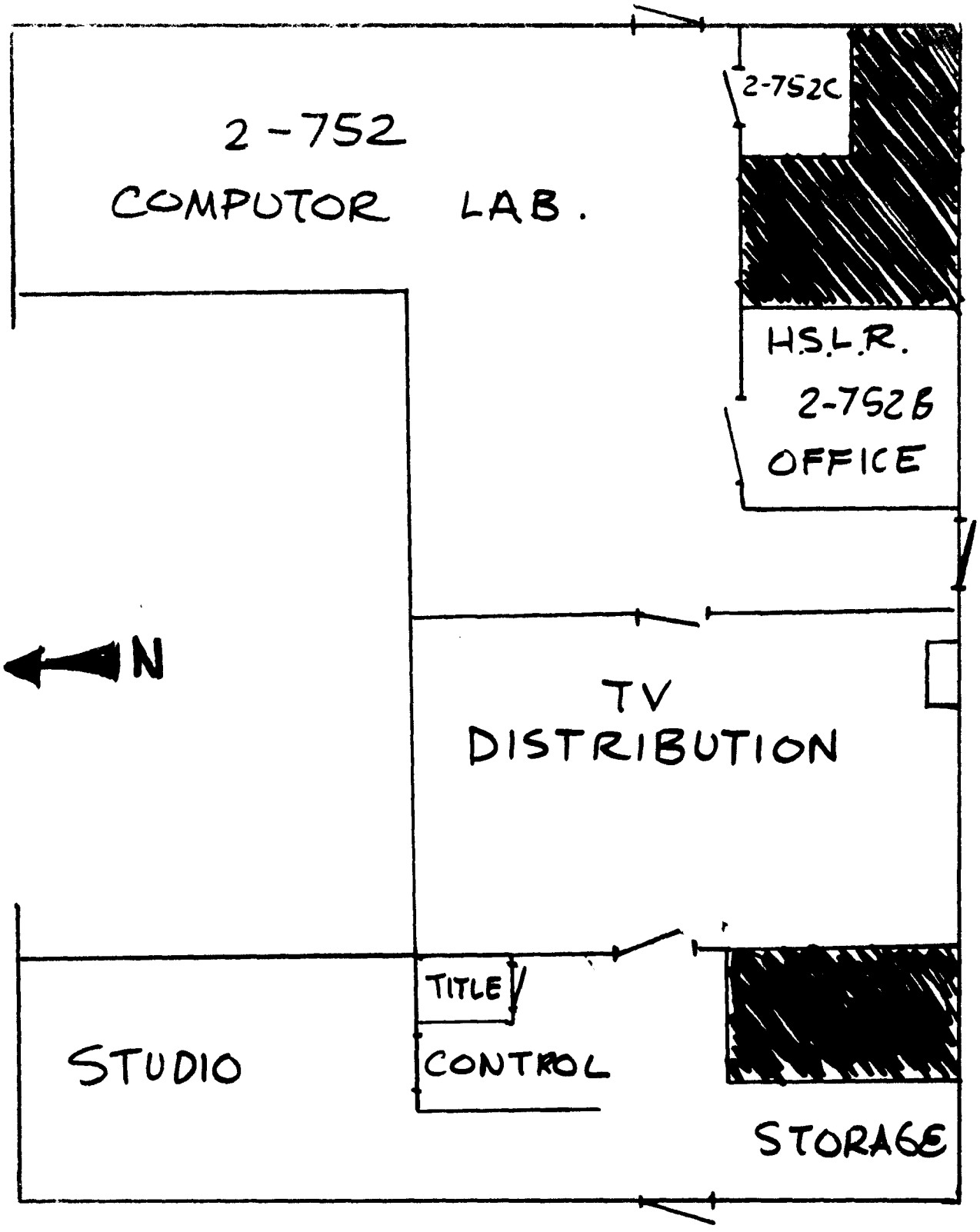
Review was made of the television control space below the main auditorium of Bldg. A. The area was examined with the concern for the next two years and the possible use of part of this space for an All-University Computer Laboratory in Health Sciences.

The area can be roughly divided into three sections: the telecine and engineering control room, the video tape control room, and the mini-studio/control production suite. All these sections are divided by walls and have connecting doors. The telecine and engineering control room (2-752) is the section under consideration for use by the All-University Computer Laboratory. The space in this room was estimated at about 700 square feet.

Because of the relative expense (ie. $3 million) to equip the area with broadcast quality machinery, it was projected that much of this space would not be occupied for at least another two years. Funds will not be available to fully complement the entire area by this time. It was therefore recommended that 2-752 be utilized for the All-University Computer Laboratory for a two-year period. Review of the space would then be made by the Health Sciences Learning Resources Committee and the Office of Health Sciences Learning Resources. This area would also include the storeroom identified as 2-752C, but <u>not</u> the electronic shop identified as 2-752B. Authority for the overall area of the TV control room space would be under the Office of Health Sciences Learning Resources, but supervision for the Computer Laboratory activity would be the responsibility of the Health Sciences Computer Laboratory.

MAY 9, 1974

PROPOSED USE OF TV CONTROL CENTER



HEALTH SCIENCES LEARNING RESOURCES COMMITTEE
Minutes of Meeting
14 June 1974

Present: Mellor Holland, Chairman, Bob Veninga, Frank DiGangi, Bob McCollister, Barbara Redman, Kathy Gunderson, Martin Finch, Glenn Brudvig, Paul Maupin, David Garloff.

1. Summary of year's activity. Review of the previous year's activity in the Office of Health Sciences Learning Resources was given by Dave Garloff. During the discussion, concern was voiced for the public information television series and the mechanism for developing programming as an approved representative effort of the Health Sciences Center. It was recommended that a program proposal be submitted to Vice President French which would be advanced to the Council of Deans and Directors. Their input into the formation of an Editorial Board for the TV series should protect the content merit and quality of representation for the University in such a series.

2. All-University Computer Laboratory. Notes and recommendations of the committee's subcommittee on space for an All-University Computer Laboratory were distributed. Discussion indicated that a document needs to be drafted which specified the expected utilization of the space so there would be agreed upon criteria for the area's use. These criteria would then be used for the periodic review which was recommended in the present subcommittee report. Dave Garloff will draft the document with Mel Holland and distribute it to the committee for their comment and approval. It would then be forwarded to Vice President French along with the initial recommendations. Further discussion identified the possible problem of using the TV Control Room area for the Computer Laboratory since the Learning Center was destroyed. It was suggested that the TV Control Area would function well as the temporary Learning Center. It was felt that the Learning Center should get priority consideration for this space if no other place was found for it to be temporarily housed.

3. Media Specialists Subcommittee. Dave Garloff presented the idea of establishing a standing subcommittee comprised of media specialists in the Health Sciences. Seventeen people have been identified as potential members of the committee. These people were invited to an organizational meeting to examine the need, objectives, and tasks of such a subcommittee. The report attached details the minutes of that meeting. The discussion for such an activity was positive and there was general agreement that the subcommittee should be established. Dave Garloff will chair the subcommittee and bring recommendations and information from the subcommittee to the full committee's attention.

4. Task force on television funding. Mel Holland identified the need to establish a task force to seek funds and develop a plan for equipping Bldg A with a television ditribution system. No specific action was taken, but it was suggested that a task force be appointed to start planning.

Enclosures: Minutes of First Subcommittee Meeting of Media Specialists
NRMP Proposal: Pilot Project of Regional Learning Center

Media Specialists Subcommittee

Minutes for Wednesday, May 29, 9:00 a.m.

Present: Martin Finch, Gordon Herbst, Bosco Lee, John Pollak, Alan Lenius, Mark Mekler, Paul Clements, Dennis Johnson, Richard Landry, David Garloff, Pat Watkins.

Individuals present introduced themselves and briefly explained how they function in their positions.

A mailing list of potential group members was compiled. It also included persons not present at this meeting. Future suggestions are welcome.

Dr. Garloff suggested we serve as a subgroup of the Learning Resources Committee. He then opened discussion as to what our group objectives might be.

The following suggestions were made:

1. To work cooperatively by sharing our services, equipment, and knowledge with one another.
2. To look at funding sources (for purchasing and mutually used equipment) as a unit.
3. To start a unified coding system of each department's inventory of audio-visual materials.
4. To start a central library and catalogue system for audiovisual materials and programs as soon as possible.
5. To compare notes on performance of various brands of equipment and on involvement with manufacturers and distributors.
6. To utilize the expertise of group members.
7. To take immediate action in assisting Nancy Sauro (Learning Center - Bio-Medical Library) with any emergency needs she might have after the fire destroyed most of the Learning Center, May 29th.

The following suggestions were made concerning our group meetings:

1. That we meet 4-6 times per year with additional meetings when necessary.
2. That our first few organizational meetings be held monthly.
3. That we rotate the meeting place to each member's work area to gain a better understanding of his work setting and responsibilities.

It was decided that our next meeting be tentatively set for June 25, 1974 at 9:00 a.m. Location was left open.

It was suggested that each member submit a summary of what his job entails, his special skills, and what equipment is available for mutual use. A questionnaire will be mailed to members so that the summaries are uniform. Each member will then receive a copy of all the questionnaires to be used as a resource.

Dr. Garloff will take the following actions before our next meeting:

1. Approach the Learning Resources Committee with our ideas and suggest that we operate as a subgroup of the Committee.

2. Contact Deans of all departments involved in the group and ask for permission to have their representative participate.

3. Develop a mailing list of subcommittee members and other appropriate staff to be informed of the subcommittee's activities. Distribute the mailing list before the next meeting.

GOALS

1. To assist health professionals in maintaining their proficiencies and thus improve health care in the population by providing educational opportunities to these providers of health care regardless of their location in the state.

2. To promote increased longevity of practice of health care professionals in rural areas by providing educational activities at or near the area of their practice.

OBJECTIVES

1. To provide learning centers at accessible sites to health professionals for their continued learning experiences.

2. To develop and make available educational materials that meet the needs of health professionals in training and in practice by using the resources of the University and other sources.

3. To assist the health professional in using the proposed learning centers' materials by providing the services of a trained resident educator.

4. To provide a linkage between outstate educational institutions and the University of Minnesota by developing joint appointments for a resident educator.

5. To encourage the use of standardized delivery formats for educational materials to facilitate exchange of materials and to conserve resources.

6. To build on the working relationships between the University and regional organizations such as educational institutions and the Community-based Health Education Councils by using their (regional) resources in the development of the learning centers.

7. To encourage the development of educational materials which are suitable for interdisciplinary use.

PHASE 1 (Initiated as of 7/1/74 if funded by NRMP). (To be initiated 7/1/75 if not funded by NRMP, but funded by Legislative Special).

TIMETABLE

7/1/74 - 7/31/74	Program Director recruited and introduced to the program and its objectives. Agreements will be reached for establishing sites as learning centers. Contracts will be negotiated.
8/1/74	Equipment for centers will be ordered. Resident Educators will begin their training to function in their roles at each learning center. The Educational Programmer will start identifying programing needs and enlisting the assistance of University instructors for developing learning materials.
10/1/74	Begin stocking learning centers with already developed materials that were appropriate for immediate use. Begin using learning centers with telelecture, TV and other Health Sciences Continuing Education Programs. Resident Educators begin identifying programming needs for future development of materials.
10/1/74	Start identifying content areas needed for development. Begin process of developing units of "packaged" materials.
11/1/74	Produce materials at the University and locally. Begin using and field testing the units. Seek State legislative support for continuation of the program.
2/1/75 - 6/30/75	Evaluate learning centers' operation and incorporate changes which may be necessary. Set up cataloging system for exchange system. Begin needs assessment for next year's programs and developmental projects.
4/1/75 - 6/1/75	Begin planning and, if possible, production of packaged units for next year's educational programs.
6/1/75 - 6/30/75	Conduct initial evaluation of the project and prepare status report.

(If funded by NRMP for 1974-75, continue on as indicated below)

7/1/75	Agreements will be reached with 2 additional sites. Contracts will be negotiated.

8/1/75	Equipment will be ordered. Resident educators will begin training. The 1974 process will be replicated, but at an accelerated pace, using the experience gained in the previous year.
6/1/76	Evaluation of the 2 years of experience will be formally initiated. Local advisory councils and resident educators will be asked to participate in proposal for future activity of the centers.
8/1/76	Report will be prepared and decision made whether to close the centers or request authority to continue with further development.

RESULTS

Four Learning Centers will be established. The initial two centers will be at Fergus Falls and Marshall. A Resident Educator will be placed at each site in order to provide the necessary expertise to help the health professional use the materials appropriately. This is often the missing component of a program of outreach education. The on-site person also identifies needs and assists in the evaluation. Expertise is thus developed at each regional center for future assistance to health professionals.

Communication linkages between the University and outstate centers will be initiated and developed. Faculty of the health sciences will have greater opportunity to interact with outstate educators and health professionals. Improved understanding of outstate needs should develop. Exchange of learning material will be afforded by virtue of standardization in delivery formats.

Through the concurring development of educational materials for all appropriate disciplines, economies of scale will be achieved. Also, for the first time, as these educational materials are used, it will provide coordinated educational advancement in a given subject for several health disciplines. Logical advancements in patient care should then be achieved.

It is hoped that by providing learning experiences and peer interaction between health professionals in areas that are currently underserved by the health professions, there will be increased acceptance of practice in rural areas and it will help eliminate a feeling of isolation.

BACKGROUND AND NEED

The traditional place of health sciences education is under continuing discussion and severe pressures for change are being made. From a point where it was acceptable and appropriate to train health professionals at a central site and not be concerned with their continuing competence, the health sciences unit now finds that it must frequently train health professionals at distant sites and also have a deep concern for their continuing competence. Mere acceptance of this changed role for the continuum of health education does not lead to methods of accomplishment. The Learning Center Project would develop a functioning prototype through which this changed role could be activated.

As the Health Sciences begins to develop off-campus training sites, complex communications problems have developed. At the same time, a host of outside factors make it imperative that Health Sciences develop means to solve these communications problems in a manner which will utilize and develop the resources which exist in the outstate areas.

External pressures are beginning to clarify the needed direction for Health Sciences Education. The knowledge explosion places strain on all health professionals' ability to maintain competence and prepare themselves for changing roles. The energy crisis is only one final evidence that these health professionals cannot always be required to travel to the Health Sciences Center in order to participate in educational programs which will help them accomplish their goals. Further problems arise when health professionals are required to leave their practice area to join other disciplines in education. The team approach to learning is one factor in attempting to promote the team approach to health care. In order for this factor to exert its fullest effect, health professionals should join in learning experiences which are shared by those other health professionals with whom they work on an every-day basis. Currently this is impossible.

The Rural Physician's Associate Program has placed 3rd year medical students throughout the state. The Program provides for periodic visitation by specialists from the Medical School to continually update both the Associate and the Preceptor. However, this leaves long periods of time when questions cannot be answered even though learning is best achieved when a real problem motivates the student to study. In order to provide the day-to-day educational input which would answer specific needs arising in diagnosis and treatment, some additional information source must be close at hand. This source must provide in-depth study materials which can be pursued by the student at his own time until he comprehends the material. In order to meet the needs of various students, it must be developed on the basis of a needs determination study; must cover the full range of information which might be necessary; must allow the student to be in control of how much material he needs to have; and must allow the student to proceed at

his own pace. This same study material should also be available to any physician in practice who has a need to update his knowledge.

Two other factors are creating needs which are currently difficult to satisfy. Mandatory continuing education is now an accomplished fact for at least 4 health professions. Several others either face these requirements in the near future or have similar requirements for participation in their professional societies. The expected loss in professionals's practice time for travel to educational programs may be a severe drain on already short health manpower. The second factor is less tangible but equally important. Education of the patient--to make him an active participant in his own health care--will dictate the need to train the health professional in ways to work with and maximize the talents of the activated patient. If health professionals are required to travel to the health sciences center for this training, the logistics and the energy crisis dictates a negative reaction. There are also some regional variations which indicate that it would be more effective to train the two groups in the same area--or at the same site.

One final need stands out as having the most far reaching implications for the outstate areas. Given all of the factors noted above, it becomes apparent that the available educational resources for health professionals in the outstate areas must be developed to their fullest extent possible so that health professionals in the rural areas have the professional education benefits which are equal to those of metropolitan areas. The isolation factor for a health professional in a rural district is perhaps one of the major barriers to keeping and enticing manpower in these regions. Educational opportunity will have much to say in eliminating such an isolation barrier.

But what about past and existing efforts in the Health Sciences for solving these problems? Surely some of these situations are not that current that programs have not been developed.

A number of programs already operate in collaboration with health care and educational institutions throughout the state. More than 20 sites have served the pharmacy television series. More than 20 sites have also served the nursing telelecture series. Both of these programs depend on outstate health professionals to serve in the capacity of 'host' educational coordinators.

Grant activity has also given Health Sciences the opportunity to work closely with outstate resources. Through the Community Health Education Consortia, response has been generated to upgrade the skills of health care institutions' inservice educators. Administrators of smaller health care institutions have been provided with the skills to facilitate change in their institution.

All of these, however, can only be described as partial steps to meet a need which becomes more pressing with each passing day and which requires more innovative and coordinated response in order to be successful. It is therefore proposed that to meet the growing demand for outreach programs of continuing education as well as the other needs outlined above, a prototype program be initiated to provide several learning centers in the community for which materials could be kept and used. And that these sites be provided with materials that have been developed as part of the University and other institutions' efforts to coordinate interdisciplinary development of materials and provide substance to the continuum of education concepts.

METHODOLOGY

The project can be divided into seven major efforts. They are:

a. Making site arrangements
b. Training the resident educators
c. Selection and development of materials
d. Field testing of new materials
e. Installation of equipment
f. Adapting Continuing Education programs for use in the learning centers
g. Establishing a system for exchanging and using materials appropriately

Site Arrangements. The initial step of arranging the sites for the learning centers will be crucial. The plan is to identify two sites that can be located at or near an educational institution. Two other sites will be attempted at communities that do not have educational institutions, but can locate their learning center in a health care institution.

The question of whether a learning center will do well at an educational institution, away from a health care institution and consequently away from the target user population, needs to be answered. However, an answer to whether a learning center at a health care institution will do well away from the source of educational expertise and source of ready maintenance also needs to be obtained. Will health professionals find it prohibitive to attend a learning environment where the atmosphere is not always conducive to study and where management of educational experiences is more difficult to arrange? These are two of the essential questions that this pilot project should answer.

To help in identifying the best sites, the advice of the Rural Physicians Associate Program will be sought because of their educational involvement of third year medical students in various communities and their experience in identifying needs in the State.

Dr. John E. Verby, Professor in Family Practice and Community Health and Coordinator of the Rural Physicians Associate Program has indicated his approval for this project and will provide substantial evaluative information for choosing and establishing the exact location of the sites.

Community Services will be consulted for advice on sites as evidenced by their needs assessment activities throughout the state. The Health Education Coordinating Council will be approached for advice as well as the CHEC Directors and staff.

Only two sites will be established in the first year, or first phase of the project. One will be in a health care institution and the second, in an educational institution. The second year, or phase two, will be the establishment of two additional sites with the same characteristics as those sites in phase one. Because phase one has been proposed in the form of an NRMP Grant request, site selections have been made in Fergus Falls Lake Region Hospital and Southwest State College.

Oral commitments of cooperation have been made by the two selected sites. Written confirmation from these sites has been requested and is expected to follow within the next several days. In the case of Fergus Falls, the Fergus Falls Lake Region Hospital and Fergus Falls Community College have been requested to respond. In the case of Marshall, Southwest State College has been requested to respond. When the project begins, contracts will be arranged with the University of Minnesota, the CHEC agency, and the institution in which the learning center is to be housed to specify the obligations and responsibilities of each for meeting the objectives of the project. Production of materials will not begin until arrangements have been made with the two sites.

At those sites where an educational institution carries affiliate responsibility for the learning center, a joint appointment of a resident educator would be sought. That is, joint appointment with the University and the educational institution would be desirable. At those sites where the health care institution becomes the place of the learning center, a joint relationship of staff and University appointment would be sought for the resident educator. The resident educator will be responsible for helping users of the learning center and in maintaining the site as a conducive learning area.

An advisory council for each site will be established to review progress and recommend to the CHEC director in the region the educational programing needs for the learning center. The council should be made up of members from at least three different health professions in the region, the CHEC director, the resident educator, a representative from the educational institution associated with the project, and the project's Program Director. The CHEC director would chair the council and call regular meetings throughout the project year.

To our knowledge the sites identified above will not duplicate any effort by other agencies in the state. Discussions with the AHEC Director indicate that AHEC is interested in such a project and has plans to request funds from the National Library of Medicine to establish a learning center for Area D. This would be done in concert with the present project's effort and, if funded, their project would be coordinated in terms of interchange of materials, standardization of media formats, and pattern of organization in relating to the University for production of materials.

Other criteria important to choosing the sites will be the activities of the Veterans Hospital projects to develop television and learning resources at the four VA Hospitals in the state. Dr. Lois Anderson of the Minneapolis Veterans Hospital has voiced her approval of the project and has indicated her interest in cooperating with us in exchanging and interacting between her program and this proposed project. Cooperative arrangements with their programs may be influential in the choice of the last two sites.

The site arrangements will be the first activity for the Program Director and the choice should be dependent distinctly on the needs of the community for a learning center facility.

Training the Resident Educator. Because of the uniqueness of the project and the relative importance of the resident educator for its success, a series of two training sessions will be planned for the people chosen for this role. During the first and second month of each project phase, a three day and then a two day workshop would be held at the University. During these two programs the two resident educators would be trained in the handling and use of the materials to be placed in the learning centers. They would be introduced to the people and systems at the University that would be associated with the development of materials throughout the year. They would be given a concentrated course in needs assessment techniques, since much of their responsibility will be in assisting the educational programer in identifying the needs and providing communication with the learning centers and the University. The resident educators would also be given an introduction to the resources of the Health Sciences Center so they are familiar with the organization of the University's preprofessional degree programs, especially with regard to their learning materials and activities using audiovisual materials. The training period is divided into two sessions, so the intervening period can be used for having the Program Director visit at the sites with the resident educators to identify their needs and plan the specific program each would have for the second workshop session.

Selection and Development of Materials. The initial collection of each learning center will have to be identified by a needs assessment program done partly by the resident educator, but also assisted by the Program Director and Educational Programer. At the end of such a survey a

core of materials should be purchased based on their high need for reuse. Another core will be identified as being capable of borrowing from centralized libraries and another core should represent units of learning materials that need to be developed throughout the year. The criteria for developing learning units will be the non-availability of commercial materials, the multidiscipline capability of the unit and the relative worth in terms of timeliness and interregion use. These last two concerns should perhaps be explained.

It is hoped that topics for learning units (primarily self-instructional units) will be developed that have relation to more than one discipline and more than one audience. So, if diabetes is an area of need, the process of designing materials for the nursing audience might simultaneously be used to construct materials on diabetes for dieticians.

The content of the two presentations might be different, but many of the visuals and techniques would be the same. The number of disciplines involved may exceed two. Most likely the greater the number of health disciplines identified for any one topic, the greater the priority it will be given for development. Not only will economies of scale be achieved, but learning experiences across the disciplines will be made available and upgrading of one member of health care team will not be another team member's sacrifice. This should also function to coordinate the identity of health team member roles in any one topic of learning.

Because development of learning materials is a costly investment and provides learning experiences that should be used many times, it is also important to select topics that do not represent information expected to be timely or prone to change quickly. Topics of this sort may be left to other techniques for teaching outside the self-instructional context.

Development, once topics are identified, will be the responsibility of the Educational Programer. It is this person's responsibility to organize the content expertise of the topic and decide the format in which the materials are to be presented. This person must also write the scripts and engage the services of the technical support (photographers, illustrators, etc.) to produce the final product. Generally, the educational programer will follow a systematic approach to designing materials similar to the procedure outlined in figure 1.

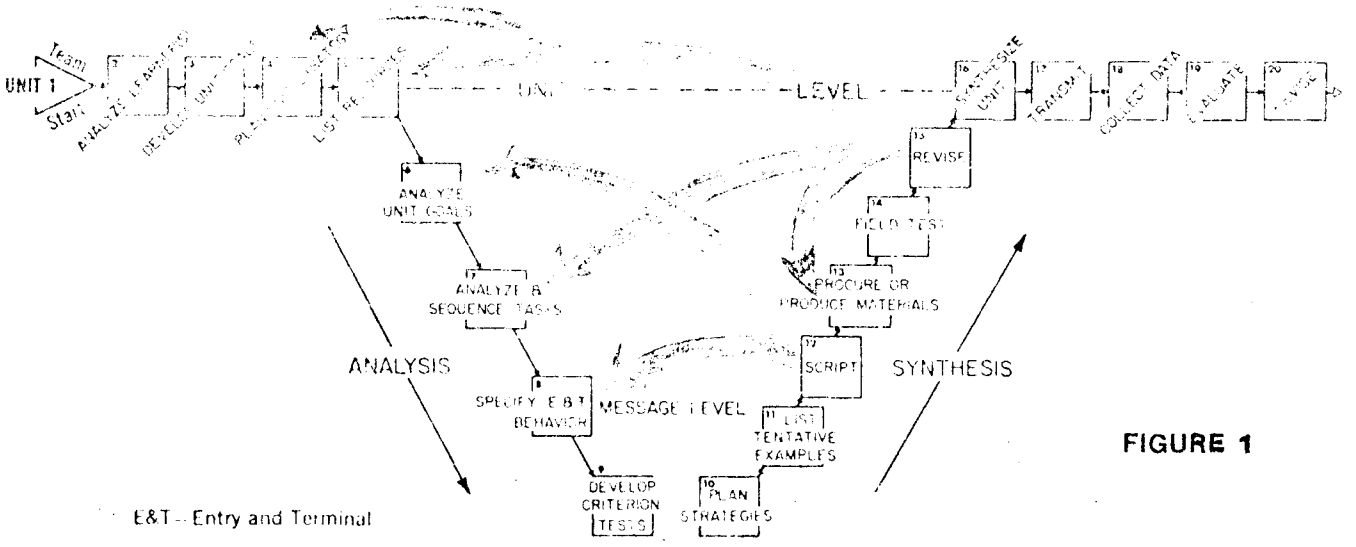


FIGURE 1

The arrows represent the type of "cybernetic" action that can occur at any point in the flowchart

After a development project is ended and a set of materials is adopted, the materials will be duplicated in multiples of eight. In this way two sets will be available at each site. This is important since many of the materials will be self-instructional in format and more than one user may call on the materials at once. The original copy will be kept at the University and will be used as a master for any additional duplication that may be necessary. This will be especially helpful if there is future expansion of the learning centers into other CHEC regions of the state.

Initially each set of materials would be used as part of some earlier identified and needed program. It is, therefore, the resident educator's responsibility to see that appropriate measures are taken to ensure proper use of the materials in the context of a total educational experience. Thus, for example, if the set of materials were self-instructional, it would be important for the resident educator to have the participants of the inservice program (if that was the intended audience of the program) know how the materials are to be used in the context of the rest of the education program and that they (the materials) are not intended to be used by themselves but rather as part of the overall program. Thus the learners can engage in a sequenced learning experience, move at their own pace, and add to their knowledge and skills in a progressive manner.

Once a set of materials has been used as part of a specific educational program, it would become part of the learning center's collection of refresher materials. Care must be taken, however, to maintain this collection as a working collection. The resident educator will continually identify and advertise materials to various health professionals in the region trying to stimulate people to see their potential for meeting commonly identified needs. This ongoing process of educational advertisement will also function to identify the specific character of new educational program and materials needs. By soliciting responses to current materials, new needs will surface and a very important mechanism for needs assessment will be established.

One last word need be said about the use of the materials. It is expected that most of the materials will be developed so that changing their parts (ie. adding slides, or changing narration, or editing in new video tape segments) will be possible. Such flexibility will give the resident educator and other educational people in the region the capability for adapting and tailoring the materials to their needs with minimum redesign efforts. In fact the redesign job may be brought to the educational programer's attention so, if the changing requires significant work, the University resource could be brought into the picture. Such a monitoring of redesign needs would be done by the resident educator.

Field Testing. The process of trying out new materials while still in the developmental stages (ie. before they have been duplicated) will be extended to all materials in the learning centers. This procedure will require the development of carefully constructed measuring devices that help the user self-evaluate their understanding and at the same time, provide us with information on the material's clarity, appropriateness and completeness for meeting educational needs. Establishing this procedure will be the job of the resident educator and Program Director. Once a minimum level of validity is established for a set of materials, they will be adopted as part of the collection.

Installation of Equipment. Each learning center will have to be equipped with three learning carrels. These carrels should enable use of materials for motion and still picture audio presentation. Videocassette television and 8mm projection is recommended for the motion presentations. Slide and audiocassette equipment for the later type of presentation. In addition to this basic complement, a small group discussion area should be available and an overhead projector should be installed for small class presentations. It is projected that future accommodations such as dial access, audio reception of telelecture, television network receiving centers, and computer-assisted instruction terminals would be possible in these sites, but would not be reasonable as part of the initial installation.

Adaptation of Continuing Education Programs. The learning centers, once established could become receiving sites for the numerous CE programs now being held for nurses, pharmacists and other health professionals. With the emergence of learning centers as proposed, programing of CE formats can be easily adapted for use in the learning centers. Coordination of this effort would be the responsibility of the Program Director.

Assessing Materials and Developing a System of Exchange and Use. Throughout the project period the resident educators and the educational programers will evaluate learning materials that are commercially available. They will also set up a cataloging system and exchange mechanism for materials to be borrowed. Assessment of commercially made materials will be made by designing an evaluation form and having content specialists in the topic area of the material preview it, obtaining an educator's evaluation and having a user evaluate the material. Decisions will then be made to purchase the materials or to recommend that the University library buy the materials for borrowing use.

ANTICIPATED RESULTS

Learning centers will be started in four regions of the state and collections of integrated and pertinent materials will be established so health professionals in the state might be able to obtain the resources of the University as well as use their own local educational resources.

A visible site may become evident for other agencies such as the state hospitals in the state and Veterans Hospitals for concentrating and coordinating their learning resource efforts in their surrounding communities. Both these agencies have expressed interest in supporting such a concept as a way of reaching and getting at health care needs which their emerging missions of relating to the community have taken them.

By systematically developing learning materials across disciplines and making those materials available in multiples across the state, the upgrading of health care should be a logical outcome. Continuing education for some time has been inhibited in its ability to provide learning activities that do little more than bring people together for a brief period of time to hear and see a few selected things. The task of continuing education involves more than this one kind of learning experience. It involves providing health professionals with easy access to a learning activity that stems from his or her own educational need at any one time. Only by providing individualized learning capabilities, such as the learning center concept, in conjunction with a person, in the form of a resident educator who can interpret the need and direction necessary for educational programs, can there be a full-fledged continuation of learning programs.

EVALUATION

Evaluation of this project will proceed at two levels: Effectiveness of educational materials in meeting learning objectives; and effectiveness of the project in meeting its stated objectives.

In the first form of evaluation, the process will be as follows: As learning needs are assessed, objectives stated and materials prepared, evaluation will be structured into each unit of learning. The learner will participate by rating the effectiveness of the educational unit in meeting his needs and listing devices will be employed. These latter devices will be developed and used so that the learner may evaluate himself rather than be tested by an outside source. In this format, the cooperation of the learner is obtained and the data gathered can be used to determine the effectiveness of the unit of learning and the method of delivery in meeting the stated objectives. The professional-in-practice results will then be compared with results obtained from professional-in-training (University student) results.

The second form of evaluation will relate to the ability of the project to meet its objectives of attracting professionals-in-practice to regional learning centers, meeting their educational needs, providing peer group and interprofessional interaction and comparing the utility of an educationally based learning center as opposed to a health care institutionally based learning center.

Evaluation of effectiveness in meeting their needs will be developed from data obtained in the first form of evaluation and is based on proper definition of objectives before programming is initiated. Participant counts and interviews, on a structured format used by the "resident educator" will provide data to evaluate how effective the project has been in attracting learners and providing peer group and interprofessional interaction. These same participant counts and interviews will be used along with an additional questionnaire to determine which of the two types of sites is the most desirable for a learning center. CHEC Directors will be asked to participate by providing feedback on participants' attitudes on a routine basis. This information will be integrated into the entire body of evaluation data.

UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Laboratory Medicine and Pathology
Medical School
Box 198 Mayo Memorial Building
Minneapolis, Minnesota 55455
(612) 373-8623

June 25, 1974

E. Wayne Drehmel, Ph.D.
Assistant Dean
Medical School
Mayo, Box 293

Dear Wayne:

I am writing to follow up on my letter of February 25, 1974 discussing the problems associated with the expanded growth and activity of the department during the last several years. There has been and is currently a severe shortage in office and laboratory space in the department.

At the time of my letter, I had understood and had discussed with Ms. Virginia Lewis the plans for the apartment complex East of Building A and facing Harvard Street. As I understood, this apartment complex was purchased by the University and consisted of three buildings, the Fenwick, the Marlin and the Wilshire.

My current information indicates that the Fenwick Building has been utilized and that the decision to acquire additional space in the Marlin or the Wilshire is based on a review of the needs within the Health Science Complex. I am sure that the present occupants in both the Marlin and the Wilshire would have to be given a minimum of three months notice prior to utilization of that space.

The Department of Laboratory Medicine and Pathology as of July 1, 1974, is enlarging our faculty through the recruitment of a number of new specialists. You are aware of the recruitment of Dr. Juan Rosai as Professor of Surgical Pathology and Dr. Louis Dehner as Associate Professor of Surgical Pathology. Both Dr. Rosai and Dr. Dehner will be actively engaged in service as of July 1. We also are committing an Instructor position to Dr. Doris Brooker, who will have a joint appointment with Obstetrics-Gynecology and work both with Dr. Okagaki and Dr. Rosai. Additional new staff in the department would be Dr. Don Connelly as an Assistant Professor in charge of the Data Division, Dr. Mike Steffes as Assistant Professor in charge of the Immunochemistry Section of the Chemistry Division, Dr. Leo Furcht as an Instructor, working primarily in aspects of electron microscopy and Dr. Robert McKenna as an Assistant Professor in charge of the Outreach Program.

The above paragraph describes a few of the new faculty, but does give some idea of the office problems and space problems as they relate to such faculty. We have had severe restraints on our service space as it relates to ongoing laboratories related to in-patient work. We have had to move our teaching

laboratories out of the 2nd floor Mayo and are constantly revising the space for maximum utilization. However, it is apparent that to expand and grow in those areas which the department feels are priority ones, we must prepare for offfice space and other necessities as it relates to faculty. As a further example, an area which I did not mention above in need of office space would be the Medical Technology teaching division. We have a need for at least three additional offices for their staff at the Instructor and Assistant Professor category.

In my letter of February 25, I had requested ten offices or approximately 1500 square feet of space. It is still our intent that we do need such space. I recognize the inherent disadvantage of the distance factor between laboratories and offices, but the need is such that we can utilize the space if it is available. I would be happy to sit down and outline in detail form the exact faculty which could utilize this space and their activity as it relates to the department's role in service, teaching and research.

I hope this information is sufficient for your use.

Best regards,

Don Howard
Senior Administrative Officer
Department of Laboratory Medicine
and Pathology

DH:kp

Office of the Dean

UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

DATE: July 12, 1974

TO: Health Sciences Learning Resources Committee Members

FROM: M. R. Holland MRH

SUBJECT: Proposal for Use of T.V. Control Space for Computer Laboratory

As a result of the discussion at the last Learning Resources Committee Meeting, the following guidelines and stipulations are suggested to specify the use of a Computer Laboratory for the Health Sciences. Please let me know promptly your reactions to this as a statement of condition for space utilization. I've also included previous documents related to the discussion, including the original request by Dr. Verbrugge.

To identify how the Health Sciences Computer Laboratory would fit into the overall network plan for computer laboratories on campus, I've included a list of the present time-sharing instructional computer laboratories. The proposed Health Sciences Computer Laboratory would be an addition to the eight existing laboratories. The proposed location under consideration is still the 857 square feet in the TV Control Area. A rough floor plan is included to help locate the T.V. Control Center.

It is important that we receive your specific reaction to this proposal. You should know that a space has been found for the Learning Resources Center which was destroyed by fire. Our final decision will depend on your reactions plus the decision on the funding for Units B/C.

MRH:ajm

Enclosures

GUIDELINES FOR USE OF T.V. CONTROL SPACE FOR COMPUTER LABORATORY

I. Capabilities of the Laboratory

A. Teletype and CRT terminals (approximately 8) for student and faculty use.

B. Test scoring equipment for faculty to use in obtaining item-analysis of quizzes and short tests.

C. Any time-sharing computer facility would be accessible (primarily CYBER 74 and Health Computer Sciences network).

D. Reference Library for Biomedical Computing.

E. Computer Problem Consultation.

II. The Uses of the Laboratory

A. Review of course materials in Health Sciences by students (CAI).

B. Problem-solving (quantitative analyses) for Health Science courses by students.

C. Instruction in the use of the computer as a component in Health Care delivery systems.

D. Provide access to the computer as a tool which becomes an individual learning resource service to students in the Health Sciences. No course will be totally taught in the laboratory.

E. Provide graduate students with computer languages and package programs to help their research projects.

F. Provide faculty with terminals and languages to help develop self-instructional materials.

III. Users of the Laboratory

A. Health Sciences students will be given user priority over non-Health Sciences students.

B. Student use is sponsored and paid for by University Computer Services. Research use will not be sponsored. The priority use is for instruction, and research users can have access only during open times such as the evenings when terminals are not in use.

C. Known users in Health Sciences would be from the areas of:

1. School of Public Health
    a. Biometry
    b. Environmental Health
    c. Epidemiology
    d. Hospital Administration
2. Clinical Pharmacy
3. Dentistry
4. Laboratory Medicine and Pathology residents
5. Phases B and D Medical School curriculum

IV. Other Characteristics of the Facility

A. A reference library will be part of the service to provide work, study, and development space for computer-related projects.

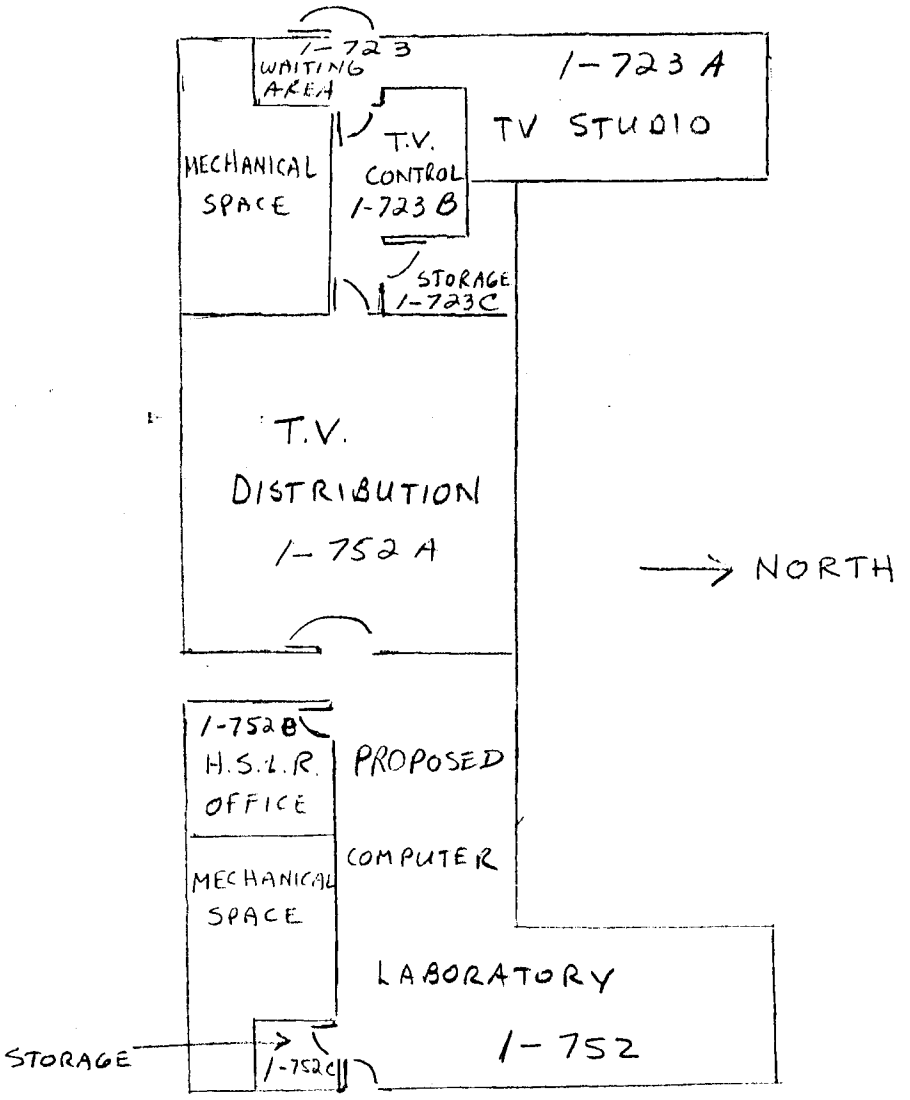
B. Supervision will be provided by teaching assistants, staff and graduate students in Health Computer Sciences.

C. Assistance to faculty for programming CAI materials will be provided by the Consulting Group on Instructional Design, the Office of Health Sciences Learning Resources, and Health Computer Sciences.

D. Initially, the Laboratory will be open five days per week for eight hours each day. The goal will be to have a two-shift operation with hours during the weekend.

E. No classes will be taught in the Laboratory, but time can be reserved for on-site demonstrations for Health Science courses.

FIRST FLOOR UNIT A - NORTH END
UNDER AUDITORIUM 2-650



PROPOSED USE OF TV CONTROL CENTER

1/16" = 1 ft.

PROPOSED COMPUTER LABORATORY (1-752 and 1-752C) = 857 net sq. ft

T.V. FACILITIES (1-752 A, 1-723, 1-723A, 1-723B, 1-723C, and 1-752B) = 1426 net sq. ft.

UNIVERSITY OF Minnesota

UNIVERSITY COMPUTER SERVICES
SPACE SCIENCE CENTER • MINNEAPOLIS, MINNESOTA 55455

December 19, 1973

Dr. Lyle A. French
Vice President
The Health Sciences
424 Morrill Hall

Dear Dr. French:

The purpose of this letter is to request space for an all-University Computer Laboratory in the Health Sciences area. This laboratory is needed to provide student access to computer terminals which can be connected to the all-University Time-Sharing System (MERITSS) as well as the Health Computer Sciences Network. The room which could be made suitable for this should contain approximately 1200 square feet and have a somewhat central location within the Health Sciences complex. This space will be needed critically by Fall Quarter, 1974.

The courses which the faculty in Health Computer Sciences teach serve the educational needs of the entire Health Sciences. Exposure to bio-medical technology and health care computer applications is provided for Health Sciences faculty, technicians, undergraduates, and pre-professionals as well as graduate and post-doctoral students. Several of these courses have enrollments as high as 75-100 students. With this many people, the need for interactive computer access is critical. At the present time, there is no place to install the necessary computer terminals with provisions for supervision, consultation, sound-proofing and security. As a result students are unable to gain the level of familiarity and experience which should be the outcome of enrollment in the Health Computer Science courses.

The University Committee on Time-Sharing has approved the establishment of a laboratory in the Health Sciences subject to the availability of space. An all-University laboratory such as that described above qualifies for full operating support through University Computer Services; that is to say, this includes all computing and communications costs and all supplies and maintenance costs. The only responsibility of the collegiate or departmental units in which the laboratory is placed is that of providing supervision of the laboratory. It is an educational resource which has found very favorable acceptance in the collegiate units in which they have been established.

After the first of the year I will plan to make an appointment with your office to discuss the establishment of this laboratory in greater detail. If you deem it helpful, I will ask Vice President Chase to attend the meeting also.

Sincerely,

Frank Verbrugge

Frank Verbrugge, Director

FV/jm
cc: Eugene Ackerman

If all of the terminals in this laboratory are in use, you may go to another. The locations of the laboratories are:

LOCATIONS	EQUIPMENT	HOURS	
221 Lind (East Bank)	6 on-line TTYs	M-F	9:00-5:00
140 Kipling (East Bank)	3 on-line CRTs 1 Printer	M-F Sat Sun	8:30-Midnight 8:30-4:00 6 PM-Midnight
308 MechE (East Bank)	11 on-line TTYs 1 off-line TTY	M,W,F Tu,Th	8:00-4:30 8:00-8:00
4 VincentH (East Bank)	11 on-line TTYs 1 off-line TTY	M,Th T,W,F	8:30-5 6-10 8:30-5
125E ClaOff (St. Paul)	8 on-line TTYs 3 on-line CRTs 1 on-line DI/AN 9030	M-F Sat	8:30-6:00 8:30-noon
167 SciSci (West Bank)	11 on-line TTYs	M,Th W,F Sat	8:30-9:00 8:30-6:00 8:30-2:00
Centennial Hall Lobby	1 on-line TTY	Arranged	
Middlebrook	1 on-line TTY	Arranged	

Meeting between Drs. David Garloff and Lael Gatewood (Reporter) - 2/7/74

Concerning: Request by Dr. Verbrugge for Health Science Center space for an all-University Computer Laboratory which was forwarded by Vice President French to Health Sciences Resource Center Committee

Committee Questions were as follows:

1. Is this an area of committee domain (CAI vs computer laboratory)?
2. What supervision is needed?
3. What courses and other uses will this space be for?
4. How much space and what type is needed?
5. Is this an all-University or a Health Sciences resource?
6. Would an interim facility such as one of the Building A TV Control Rooms be adequate?
7. What alterations are necessary?

Answers from Dr. Gatewood to these questions:

1. This laboratory would be used primarily to provide access to computer facilities for laboratory problems, although these assignments may entail developing specific computer-aided instruction (CAI) programs for the Health Sciences. The two terminals in the Biomedical Learning Center would still be used to provide CAI for Health Science students.

2. The Divisions of Health Computer Sciences will be responsible for all supervision, since all laboratory terminals will be able to reach either the University instructional computer or the Health Sciences distributed capacity network.

3. This space will be used specifically for students taking the following courses:

   PubH 5-430,1,2 Biomedical Computing I,II,III (90 students Fall 1974)

   PubH 5-450,1,2,3,4,5 Biometry I,II,III (80 students Fall 1974)

   PubH 5-409,10 Biometry in Clinical Studies, I,II (90 students Fall 1974)

   These are interdisciplinary courses with students from all areas within Health Sciences. There are other courses taught by Health Computer Sciences with smaller enrollments that need computer access to a variety of systems, which could be provided by the HCS Network. In addition,

other courses in Clinical Pharmacy, Hospital Administration and Dentistry will be adapted to this laboratory resource when it becomes available.

4. Approximately 1200 square feet of space is needed for up to 12 computer terminals, a remote job entry station, supervisor's desk, reference library, and a table for program debugging and consultation.
5. This laboratory will be used primarily for Health Science students and staff who are working on problems associated with the classes listed above. However, the inclusion of this facility as an "all-University laboratory," which provides core support for its activities, means that students from other disciplines can use the terminals if they are not busy. Placement of this laboratory within the Health Sciences complex increases its availability to Health Sciences students.
6. An interim space such as one of the TV Control Rooms in Building A would be adequate provided that a long-term agreement can be reached for its continued use by this resource. If such an interim space becomes needed for other purposes, equally suitable space must be found for this laboratory without a lapse in service. The terminals <u>are</u> portable, but further renovation of the space past the first assignment could not be borne by University Computer Services.
7. The only renovations necessary for the referenced space in Building A would be additional electrical and telephone outlets, one for each terminal and for the supervisor's desk. The costs of this alteration and the continuing telephone charges are met by University Computer Services if the facility is designated an all-University laboratory. This has been approved by the University Computer Services Subcommittee on MERITSS if the space within the Health Sciences complex can be found.

RECEIVED
AUG 26 1974
UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

[illegible]
[illegible]
[illegible]

Present: Mellor Hol[illegible], Chairman, [illegible], David Garloff, Hugh Kabat, Kathy Gunderson, Bob [illegible], Charla Perlmutter, Marian Finch.

1. Report on Progress of Regional Learning Center Project. Dave Garloff reported on the progress in establishing regional learning centers at Fergus Falls and Marshall. It was indicated that Mr. George Loeser has accepted the position of Program Director for the Project. Kathy Gunderson assisted in the interviewing for the position and reported on Mr. Loeser's background in Continuing Education with Projects RAISE and MINIWA. Dave Garloff will arrange meetings with Mr. Loeser and members of the committee so they can meet him and ask him any questions they might have about the Project. It is anticipated that the members of the committee could assist in the Project's materials development goals by providing advice and guidance in identifying faculty resource support for development projects.

   It was reported that Eva Anderson has been recommended for the position of Resident Educator for the Fergus Falls (Lake Region Hospital) Learning Center. She has moved to Fergus Falls just recently, after working in the Nurse Practitioner Program of the School of Public Health. The Resident Educator for Marshall (Southwest Minnesota State College) has not been identified nor have any specific arrangements been made with this site.

   The position of Educational Programer will be taken by Patricia Watkins who currently is the AV Specialist for Unit A Audiovisual Services. Her duties in this new position will be directed at planning and producing materials for the Project. This position reports to the Office of H.S. Learning Resources.

2. TV Control Space for All-University Computer Laboratory. Discussion was given to the recent developments in the space request from Dr. Verbrugge and the use of the area in the Unit A TV Control Room. The constraints placed upon the temporary Learning Center in the Bell Museum as offered by the Department of Laboratory Medicine and Pathology indicate that provision must be made for space to accommodate a temporary Learning Center until the completion of B/C. The concerns expressed by Dr. McCollister and other recommendations from other committee members (see attached) were also discussed. It was decided that the time of use by Health Sciences Computer Services would have to match minimally those of the Bell Museum commitment. This would probably be between nine and sixteen months. The maximum time would be two years of occupation and the Health Sciences Learning Resources Committee cannot be responsible for insuring continued replacement space for the Computer Laboratory beyond the commitment period in the TV Control Room.

UNIVERSITY OF MINNESOTA
Medical School
Box 33
1540 Variety Club Building
Minneapolis, Minnesota 55455

July 17, 1974

TO: M. R. Holland
Chairman, Learning Resources Committee

FROM: R. J. McCollister RJMc

SUBJECT: Proposal to use TV Control space for an All-University computer laboratory in Building A.

Before any final Learning Resources Committee recommendation is forwarded to Vice-President French, I urge that the following items be made a matter of record, endorsed by the Committee, as part of the agreement:

1. The specific recommendation and opinion of Dr. David Garloff concerning the future plans and expectations for his development of this space, including his frank recommendation on the question before us.

2. A plan detailing how the use of this space is to be monitored and how it is planned that the Committee will keep au courant on this project and on student use.

3. How problems of night use and building security are to be resolved.

4. Some response to item 6 in the February 7 Garloff-Gatewood dialogue which addresses the phrase "provided that a long-term agreement can be reached for its continued use by this resource."

My own reaction to the changed use of this space remains very skeptical and I am most concerned that we are headed toward a permanent commitment to space for an All-University computer resource which may stunt some of the long-planned-for development of teaching facilities in Building A, and at that, a resource which may be of potential benefit to relatively few. Admittedly, the full development of television capability and need for a control room is a way off, but what about other kinds of developmental uses of this area -- a "hands-on" or kind of demonstration laboratory setup for faculty to try their hands at creating or getting advice on new kinds of visuals? Or a demonstration-display area to show the possibilities of new teaching modalities in health science education - kind of permanent display? And finally, the now identified substitute space for a Learning Center in the Bell Museum is not equal in size to the old center (which itself was cramped for space) -- which raises the question of the use of the TV control space as an additional area for a much bigger potential group of students to study and work with kinds of learning materials which already have been enthusiastically accepted?

university of minnesota
memo

date 7/17 19

to Dr. Holland

from a jm

Barbara Redman called yesterday regarding the proposal for use of T.V. Control Space for the Computer Laboratory: Her one suggestion was to put in a time when the whole proposal would be reviewed -- two years from now or so. Otherwise, she thought it looked good.

university of minnesota
memo

date 15 July 1974

to Pat McGrath

from [redacted]
BIOMEDICAL GRAPHIC COMMUNICATIONS DEPT.
BOX 711, UNIVERSITY OF MINNESOTA HOSPITALS
MINNEAPOLIS, MINNESOTA 55455

In response to your July 10 memo re space for computer laboratory:

1. I think you should state a time frame for your use of the space - no longer than 2 years.
2. Is the H-S.L.R. office moving to this location? or is this additional space?

Office of the Dean

UNIVERSITY OF MINNESOTA
TWIN CITIES

College of Pharmacy
115 Appleby Hall
Minneapolis, Minnesota 55455

July 23, 1974

M. R. Holland
Associate Dean
School of Dentistry
136 Owre

Dear Mel:

I have read your July 12th letter in which the suggested guidelines and stipulations are put forth for the use of computer laboratory in the Health Sciences.

Viewed in terms of our projected needs for Clinical Pharmacy and perhaps in Pharmacy Administration (a graduate department), we react favorably to the proposal as you have presented it.

Please keep us advised.

Sincerely,

Frank E. DiGangi, Ph.D.
Assistant Dean for Student Affairs

FED/per

UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Public Health
1325 Mayo Memorial Building
Minneapolis, Minnesota 55455

August 14, 1974

Ms. Virginia Lewis
Building Space Management
4116 Powell Hall
Box 100 Mayo
University of Minnesota

Dear Ms. Lewis:

I write to request that the School of Public Health be allocated one floor of the Marlin Apartment Building (east of Health Sciences Building A) which I understand will become available to the University on September 1, 1974. It is my understanding that the middle two floors of this building have not yet been committed to Health Science units, therefore, we request that the second floor (third floor if you count the basement) of the building be made available for School of Public Health use.

The School is currently undertaking a study of which functions and personnel could best be transferred to the requested space, given the constraints of indefinite occupancy due to the uncertain future of Building K. However, present over crowded conditions within the Mayo Building and the expansion of faculty make the addition of new offices and facilities mandatory if the School is going to continue to function effectively.

During the summer we have employed a Director of Maternal and Child Health and a secretary and have also received a federally funded grant for our Public Health Nursing Program which provides for three additional full time faculty, secretarial support and some part-time personnel. In addition, we have legislative requests which if funded, would provide for additional faculty and staff beginning July 1, 1975. We have a great need to pull our nursing faculty together from scattered locations and the apartment space would make this possible.

Our alternative to utilizing space in the Marlin Apartments would appear to be conversion of some existing classrooms on the 12th floor of the Mayo Building to faculty and staff offices. This we are reluctant to do, since the cost is relatively high and the use less desirable than as classroom space. We could convert considerably more space to useful offices by an equal expenditure on the apartment building. However, we have secured estimates and are preparing such plans in the event we are not authorized the use of the requested space in the Marlin Apartments.

I look forward to hearing from you in order that we may begin to further define our space programming for the coming year.

Sincerely

Lee D. Stauffer
Dean
HEALTH SCIENCES

cc: Dr. Lyle French

LDS:sr

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

August 19, 1974

Dr. Frank Verbrugge, Director
University Computer Services
142 Space Science Center
Minneapolis

Dear Dr. Verbrugge,

We apologize for the extended delay in arriving at a response to your request for space in the Health Sciences Center. The delay was caused by an unavoidable series of events which are explained in the accompanying statement. We sincerely hope the delay will not hamper your planning.

The attached conditions were prepared as a result of numerous meetings with the Health Sciences Learning Resources Committee and Drs. Gatewood and Ellis of the Health Sciences Computer Center. We are grateful to Dr. Gatewood and Dr. Ellis for cooperating with the committee throughout the deliberations. Their effort and information were very helpful.

We hope the conditions and space identified in the accompanying report meet your needs and offer a realistic solution to your space problem. It was not possible for the Health Sciences to make a long term space commitment and we are sorry this could not be accommodated in the report.

Sincerely,

David Garloff

David Garloff, Ed.D.
Coordinator for Health Sciences
Learning Resources

Mel Holland

Mellor R. Holland, Chairman
Health Sciences Learning Resources
Committee

DG/MH:rn
Encl.
cc: David Preston

Report of Health Sciences Learning Resources Committee

Space Request for All-University Health Sciences Computer Laboratory

August 19, 1974

PREFACE

The space in Health Sciences Unit A identified as the TV Control Room is designed to accommodate the television distribution system of the Health Sciences Center. The planning for this space envisions the phasing in of centralized distribution equipment such as videotape recorders, telecine and film chain systems, electronic monitoring and maintenance systems, and amplification equipment. Because of initial funding restrictions it is estimated that completion of this planned distribution system will be gradual rather than immediate. Thus the TV Control space seemed feasible as a temporary site for an All-University Health Sciences Computer Laboratory.

In May of this year the Health Sciences Learning Resource Center located on the fourth floor of Diehl Hall was destroyed by fire. Because of the unique service function of this facility to all Health Sciences students, the maintenance of an ongoing Learning Center must receive priority to other space requirements in Health Sciences Learning Resources. It is estimated that restitution of space in Diehl Hall will not be possible within a one year period and that the B/C Learning Center will not be completed for another three to three-and-one-half years.

Fortunately, temporary space for a learning center has been offered to the Health Sciences by the Department of Laboratory Medicine and Pathology. However, the verbal statement of the offer indicates that the Health Sciences Learning Resource Center could use the Unit A Bell Museum for a period of only nine to twelve months with possibly four additional months to find replacement space. Thus the Learning Center could use the Bell Museum no more than sixteen months, and minimally for nine months.

At such time that replacement space is required for the Bell Museum Learning Center, the TV Control Room would likely have to be available because it is the only programmed space outside of the Bio-Medical Library and the B/C building that could house this facility. As was indicated, there is no assurance that either the Bio-Medical Library space (Diehl Hall) or B/C will be completed by the end of the sixteen month period.

It is, therefore, recommended that the All-University Health Sciences Computer Laboratory be located in the TV Control Room area (as described in the attached set of conditions) for a period equal to that of the Learning Center's occupation of the Bell Museum.

If accommodations can be made to house the Learning Center at a site other than the TV Control Room at the completion of Bell Museum occupation and before the B/C facility is ready, the Computer Laboratory shall be allowed to remain in the TV Control area for the originally planned 2-year period. Unfortunately it will not be possible for the Health Sciences to make a long term commitment of space nor can it assure any substitute space at the end of the period.

CONDITIONS FOR USE OF TV CONTROL SPACE FOR COMPUTER LABORATORY

I. Capabilities of the Laboratory

A. Teletype and CRT terminals (approximately 8) for student and faculty use.

B. Test scoring equipment for faculty to use in obtaining item-analysis of quizzes and short tests.

C. Any time-sharing computer facility would be accessible (primarily CYBER 74 and Health Computer Sciences network).

D. Reference library for Biomedical Computing

E. Computer problem consultation.

II. The Uses of the Laboratory

A. Review of course materials in Health Sciences by students (CAI).

B. Problem-solving (quantitative analyses) for Health Science courses by students.

C. Instruction in the use of the computer as a component in Health Care delivery systems.

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F. Provide faculty with terminals and languages to help develop self-instructional materials.

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B. Student use is sponsored and paid for by University Computer Services. Research use will not be sponsored. The priority use is for instruction, and research users can have access only during open times such as the evenings when terminals are not in use.

C. Known users in Health Sciences would be from the areas of:

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   b. Environmental Health
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2. Clinical Pharmacy
3. Dentistry
4. Laboratory Medicine and Pathology residents
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IV. Other Characteristics of the Facility

A. A reference library will be part of the service to provide work, study, and development space for computer-related projects.

B. Supervision will be provided by teaching assistants, staff and graduate students in Health Computer Sciences.

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D. Initially, the Laboratory will be open five days per week for eight hours each day. The goal will be to have a two-shift operation with hours during the weekend.

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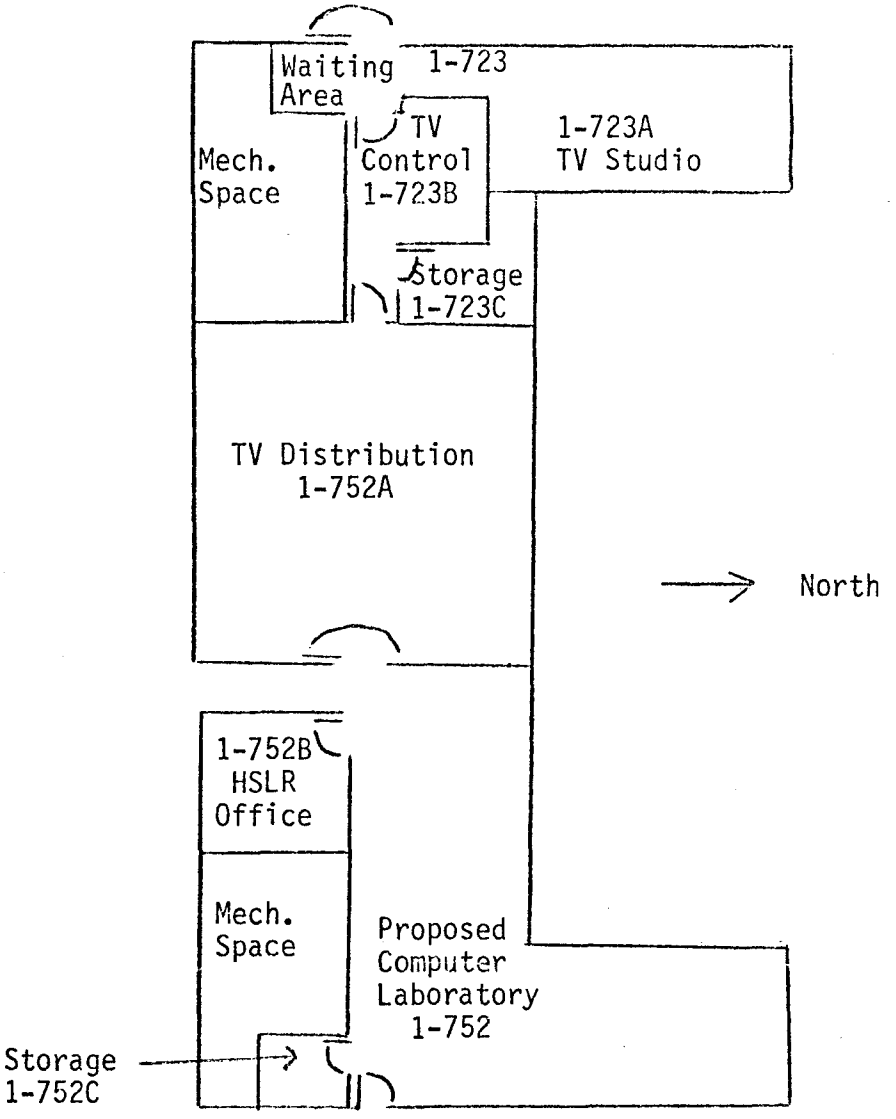

PROPOSED USE OF TV CONTROL CENTER
1/16" = 1 ft.

Proposed Computer Laboratory (1-752 and 1-752C) = 857 net sq. ft.

TV Facilities (1-752A, 1-723, 1-723A, 1-723B, 1-723C, and 1-752B) = 1426 net sq. ft.

UKF
IAF
file 432

UNIVERSITY OF *Minnesota*

MEDICAL SCHOOL
1360 MAYO MEMORIAL BUILDING · MINNEAPOLIS, MINNESOTA 55455

Office of the Dean

August 23, 1974

Vice President Lyle A. French
432 Morrill Hall

Vice President James F. Brinkerhoff
301 Morrill Hall

Dear Sirs:

Attached, I am forwarding a request by Dr. Edward Ciriacy, Head of the Department of Family Practice and Community Health, requesting that you support the University's participation in the establishment of a primary health care clinic in South Minneapolis for the purpose of developing the department's potential in experimenting with different models of health care delivery.

Dr. Ciriacy requests that the University purchase the property mentioned at a cost of $110,000. He commits the repayment of this investment over the next 10 years. He has worked with Mr. Vern Ausen in negotiating with the owners of the property and in clearing the transaction with the necessary planning agency for that part of the city.

I would recommend that his request be supported and that necessary Board of Regents' approval be secured in their September meeting, which will enable the completion of the transaction during the option period held by Dr. Ciriacy.

With appreciation for your attention to this request, I am

Sincerely yours,

N. L. Gault, Jr., M.D.
Dean

NLG:sam
Enclosures

cc: Dr. E. Wayne Drehmel

LRC

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

To: Members of the Health Sciences Learning Resource Committee
From: David Garloff, Ed.D.
Date: July 9, 1975.

I am enclosing a copy of the letter we received concerning the NLM Resource Application we were site visited on last April. The consequence of the deferral indicated by Dr. Dahlen is that we will not know until next December or January what the award, if any, will be. We are still hopeful of our chances since we know that the application was approved.

We also learned last week that funding from Northlands Regional Medical Program will definitely not be a reality for the Regional Learning Resource Center Project. We will, however, pursue funding for the project on an expanded basis from other sources.

Sincerely yours,

Dave

David Garloff, Ed.D.
Coordinator for Health Sciences
Learning Resources

DG:lms
Enclosure

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014

June 30, 1975

NATIONAL LIBRARY OF MEDICINE

Refer to: NLM-EMP (1 G08 LM 02586-01)

Mr. A. R. Potami
Director
Office of Research Administration
University of Minnesota
Minneapolis, Minnesota 55455

Dear Mr. Potami:

This letter is to inform you that the Board of Regents, at its June 26-27 meeting, recommended deferral of your application for a Resource Project Grant. Your project had two basic objectives: 1) to develop the audio-visual collection of the Health Sciences Learning Resource Center, and 2) to prepare a catalog of learning materials.

All applications similar to the first proposed objective were deferred to allow a review of the experience gained thus far from the awards that have been made by the National Library of Medicine. Similarly, all applications dealing with cataloging of AV materials were deferred pending formation of NLM policy on the support of this activity.

No request for additional information was made of you or Mr. Brudvig. Your application will be considered by the Board of Regents at their next meeting.

Sincerely yours,

Roger W. Dahlen

Roger W. Dahlen, Ph.D.
Chief, Division of Biomedical
Information Support, EMP
Telephone: 301-496-4221

cc: Mr. Glenn Brudvig
Mr. C. T. Johnson
Mr. David Garloff

A6

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014

December 1, 1975

NATIONAL LIBRARY OF MEDICINE

Refer to: NLM-EMP (1 G08 LM 02586-01)

Mr. A. R. Potami
Director
Office of Research Administration
University of Minnesota
Minneapolis, Minnesota 55455

Dear Mr. Potami:

I am pleased to inform you that the Board of Regents of the National Library of Medicine, at its November 25-26, 1975 meeting, recommended approval of the Resource grant application from the University of Minnesota.

This letter is advisory only; it does not provide assurance of support. There are always more projects that qualify for approval than can be funded. If we are able to make an award, we will notify you as promptly as possible.

Sincerely yours,

Roger W. Dahlen

Roger W. Dahlen, Ph.D.
Chief, Division of Biomedical
Information Support, EMP
Telephone: 301-496-4221

cc: Mr. Glenn Brudvig
Mr. C. T. Johnson

Minutes

HEALTH SCIENCES LEARNING RESOURCES COMMITTEE

January 29, 1976.

Present: Kenneth Burns, Martin Finch, David Garloff, Linda Grummer, James Henkel, Mel Holland, Hugh Kabat, James Moller, Cherie Perlmutter, Donald Vesley, & William Young. Meta Maneks attended for Robert McCollister.

Discussion:

1. Expanded Membership - Mel Holland introduced the new members to the committee and explained the need for greater faculty representation on the committee. It is hoped that by adding to the committee's membership additional ideas and input will be possible.

2. Graduate Assistantship Program - David Garloff circulated a description of the Instructional Development Graduate Assistantship Program recently funded through the Vice President's office. The program will substantially increase the ability of instructors to access support service in the design of educational activities and materials. A review of current projects was made, indicating that each graduate assistant was assigned two projects to work on at any one time.

3. B/C Learning Resource Center Review - Since many new members have joined the committee, a presentation was made reviewing the plans for the B/C Learning Resource Center. David Garloff showed slides illustrating the design and kinds of hardware planned for the space.

4. Problems in Using H.S. Unit A Shared Classrooms - Mel Holland distributed copies of a report explaining the use of space for seminar rooms and indicated there was good utilization of the space. Several problems, however, have been reported and no good mechanism seems to exist to solve them. These problems are:

   A. No telephones on 2nd floor for instructors to call their offices or the hospital. This poses a rather significant problem since many instructors have clinical responsibilities demanding some form of accessible communication.

   B. Tables and chairs are constantly inadequate in seminar rooms.

4.C. Some rooms have no chalkboards.

D. The numbering system is not logical and makes it difficult to locate the rooms.

E. Audiovisual Services are hard to reach by telephone and it is sometimes difficult to locate an AV assistant in emergencies.

F. There is no information desk on the second floor to help guest instructors or new students.

G. The security system makes it difficult to enter the building at odd hours.

It was suggested that recommendations for solutions to these problems be forwarded to the Vice President so action can be taken.

5. Future meetings - The question of meeting frequency was raised. It was suggested that meetings should be held when needed rather than on a regular basis. No objections to this were made and this was left standing as the policy.

DG:lms

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resour
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

MINUTES OF HEALTH SCIENCES
LEARNING RESOURCES COMMITTEE MEETING
Monday, November 1, 1976
555 Diehl Hall at 9:30 a.m.

Present: G. Brudvig, M. Finch, D. Garloff, K. Gunderson, J. Henkel, M. Holland, P. Maupin, R. McCollister, J. Moller, C. Perlmutter, B. Tebbitt, R. Veninga, and W. Young.

Order of Business:

1). Room Scheduling - It was mentioned that the Health Sciences Educational Policy Committee was exploring the problems of room scheduling in the health sciences. A task force chaired by Dr. James Jensen includes representatives from each academic unit and the Health Sciences Learning Resources office. The question was raised whether the H.S. Learning Resource Committee should be represented on the task force rather than a staff person from the HSLR office. All concurred this wasn't necessary.

The second issue with regard to room scheduling relates to the medical student requests to use the seminar rooms for study late at night and on weekends. It was unanimously agreed that the intent of this space and the resources (i.e., security and custodial services) were not developed for such use. Thus, the committee will support the policy to limit the use of this space to class use and for the period of class activity in the building.

2). NLM Grant - It was announced that a three year grant was awarded to the Biomedical Library and Health Sciences Learning Resources for developing the audiovisual collection of the Health Sciences Learning Resource Center. The $150,000 award will be co-directed by Glenn Brudvig and David Garloff and will expand the collection for those underdeveloped areas of health science curricula. It will also provide for an outstate collection of materials which will meet needs for professionals-in-practice. A search committee has been formed to begin the search for the project's coordinator.

3). Progress of B/C Construction - Paul Maupin indicated that construction of the Learning Resource Center will take approximately one year to complete and should begin by November 1978. This would mean the learning center would not be completed until November 1979. This is due to the Phase I and II timetable for completing B/C.

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
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The labs in Diehl hall will have to wait until completion of space in B/C until they can move out of their current space. This will not be possible until completion of Phase II.

4). Presentation to Health Sciences Dean's and Director's Council - A progress report is to be given to the Dean's and Director's Council on November 9, 1976. This report will outline the educational development activities of the office of Health Sciences Learning Resources. David Garloff will demonstrate samples of taped productions and summarize the activities of the office. A written statement of projects was distributed to committee members.

5). Biomedical Graphics Space Request - Martin Finch presented his request to maintain space in the hospital after leaving for new quarters in B/C, and this request was supported by the Health Sciences Learning Resources Committee. It was suggested that a letter of support be supplied to hospital administration to strengthen the rationale of patient proximity to photo services and a training site for Biocommunications students.

DG:lms

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

TO: Members of the Health Sciences Learning Resources Committee and the Media Specialists Subcommittee.

FROM: David Garloff, Ed.D.

DATE: October 28, 1976.

Dear Committee Members:

Media Resources - Engineering has arranged for a demonstration of the G.E. Large Screen Color Television Projector on:

Friday, November 19th, 1976
From 10 a.m. to 11:30 a.m.
Health Sciences Unit A
Room 2-620

We hope to purchase a projector television for the new classroom in Unit B/C. This would eliminate the need for numerous monitors hanging from the ceiling. We also hope to have the projector used with the rear projection system.

I look forward to hearing your comments after the demonstration.

DG:lms

COMPLETED HSLR PROJECTS

DENTISTRY

Hypertension: The Silent Killer
Hypertension Screening - videotape
Practice in Blood Pressure Readings - videotape
Introduction to Hypertension - slide-tape
Jane Anderson
Nancy Champlin

Anatomical Considerations in Endodontics - slide-tape
Dr. Quan Dinh
Dr. Ken Zakariasen

Technique for Filling a Root Canal of an Upper Central Incisor - slide-tape
Dr. Abbas Tabibi
Dr. Ken Zakariasen

Chronic Obstructed Lung Disease: A Clinical Diagnosis -videotape
Dr. Charles Drage
Dr. Richard King
Dr. Richard Kronenberg
Dr. Michael Loupe

Oral Prophylaxis - videotape
Barbara Linnell
Kathleen Newell

Methods for Communication with Dental Patients - slide-tape
Dr. Bashar Bakdash

MEDICINE

Diagnostic Techniques in Microbiology - videotape
Donna Blazevic
Grace Mary Ederer

Pathology Slide Review - videotape
Dr. Norman Ratliff

MEDICINE (Continued)

Introduction to Clinical Medicine - videotape
The Physical Exam
Dr. Joseph Westermeyer

History Taking - videotape
Dr. Fredarick Gobel
Dr. Donald Masler
Dr. Robert Petzel

Autopsy Case Studies - videotape
Dr. Norman Ratliff

NURSING

Current Nursing Care Concepts in Diabetes - videotapes
Adapting to Diabetes
Adult Onset Diabetes
Advances in Hypoglycemia Medications
Diabetic Foot Care
Diabetic Renal Disease
Educating the Person with Diabetes
Hypoglycemia
Juvenile Onset Diabetes, Parts I & II
Ketoacidosis
Meal Planning, Parts I & II
The Pregnant Diabetic
Urine Testing
Vascular Disease in the Diabetic
The Visually Handicapped Diabetic

Carolyn Fylling
Lois Recker
Florence Ruhland

Respiratory Nursing Assessment and Care - videotapes

Examining and Monitoring Part I: Tools for Assessment
Examining and Monitoring Part II: Upper Airway
Examining and Monitoring Part III: Chest Bellow Action
Examining and Monitoring Part IV: Lower Airway
Examining and Monitoring Part V: Chest Auscultation
Examining and Monitoring Part VI: Signs of Altered Blood Gas and Heart-Lung Relationships

Marge Peterson

Infant Umbilical Catheterization - videotape
Patricia Johnson

Dysrrthymia - slide-tape and manual
Mary Jo O'Brien

NURSING (Continued)

Clinical Incidents in Nursing - videotapes
Dr. Zee: Parts I & II
The Nichels Family: Parts I, II, & III
Miss LeMere: Parts I, II, III, & IV
Beth: Parts I, II, III, & IV
Dr. Sax: Parts I & II
Monday Morning
Frances Dunning
Linda Grummer
Kathleen McMullen

Physical Assessment in Nursing Care: Two Case Studies
videotape
Kenneth Burns

Role of Nursing Within Health Care - A Self-Instructional Course: Five slide-tape presentations and workbook
Mariah Snyder

PHARMACY

Psychology of Intoxication: A Model for Understanding Drug Taking Behavior - 16 mm film
Dr. John Brantner

University Response to Alcohol and Other Drug Problems
slide-tape
Robert Muscala

UNIVERSITY HOSPITAL

Guided Lesson in the Problem Oriented Medical Record
videotape
Judith Beniak

Basic Life Support (A Simulation) - videotape
Patricia Blake

A Simulated Patient Interview - videotape
Mary Callahan

EDUCATIONAL DEVELOPMENT PROJECTS - In Progress

SCHOOL	PROJECT	INSTRUCTOR	HSLR STAFF	DESCRIPTION
Medicine	Pediatric Exam	J. Moller	P. Watkins	Series of videotape programs for use in RPAP areas primarily. However, other students will have use for the programs which describe routine kinds of approaches to doing peds physical exams. Expected completion is spring. Currentl in the early organization, search for prepareds and content analysis. Physicians from other hospitals in Twin Cities will be involved.
Public Health	Oral Cavity Screening Exam for Pediatric Nurse Associate Program	P. Woodbury K. Newell D. Shaw	D. Scott	Collaborative project with Pedodontics, Dental Hygiene and Public Health Nursing One unit in course which will be self-instruction. Included will be videotape slide-tape presentation, and revision of currently used manual. Completion date is winter quarter. Will use case methods and didactic presentation to teach the elements of oral development and how to do an oral exam. Audience is the student in the Pediatric Nurse Associate Program.
Nursing	Nurse Midwife Course	J. Maccanelli	E. Robbins	As part of a year old Northwest Foundatic grant, assistance is being provided to complete several modules of an entire course in nurse midwifery. The project will last the entire year and all materials will be on paper, rather than media. The expected use is in the area of nurse continuing education and has

SCHOOL	PROJECT	INSTRUCTOR	STAFF	DESCRIPTION
(Continued)				the endorsement of the Health Sciences Continuing Education Coordinating Counci
Public Health	Interpersonal Communications and Group Process Training	T. Kurzman D. Devens	D. Scott M. Rode	Entire course to be redeveloped into a competency-based, self-instructional sequence of five modules. A collaborati project with St. Mary's Junior College. The J.C. is developing the competency assessment materials and the University is developing the teaching materials. Contracts have been arranged to delineat each institution's responsibility and the sharing of funds should the materials be sold. Development is being partially funded by the Media Production Fund of the University's EPP program and covers costs of doing five videotapes and accompanying print materials. Expected completion date is not defined, but it could be a two year project. The audience is broad since there are a number of Public Health and other Health Sciences courses teaching this content. The project is especially interdisciplinary and should be a good prototype for future efforts of this kind.
Dentistry	Dental Hygiene Head and Neck Anatomy	M. Fenstad E. Ghetto M. Lawless B. Rasmus	D. Garloff	Entire course in Dental Hygiene Program aimed at teaching Head and Neck Anatomy in a competency-based format as opposed to the previously taught discipline approach. Materials include slide-tape presentations centered around the performance of oral inspection, radiology, anesthesiology and other categories pertinent to the hygienists function and need-to-know information about anatomy. Expected completion date is summer of 1977. One year has already been spent in designing competency statements, test items, and scripts.

SCHOOL	PROJECT	INSTRUCTOR	HSLR STAFF	DESCRIPTION
Dentistry	Oral Surgery Module - Forceps and Elevators	R. Hylton M. Jaspers	E. Robbins	Workbook and manual to supplement lecture and slide presentation which teaches dental students who are on oral surgery clinical rotation how to use various surgical instruments. First of a series is to be completed by late September or early October.
Dentistry	Dental Hygiene Module - Designing Self-Instructional Units of Instruction	K. Newell	P. Watkins L. Foley	Dental Hygiene teaches a curriculum design course as part of its Baccalaurette program. One unit is concerned with the design of self-instructional materials. Thus, a self-instructional package is being designed to teach this unit. It will include a workbook and slide-tape presentation. Project completion is expected for the spring quarter.
Nursing	Well Baby Examination	M. Juarez	P. Watkins	Videotape presentation which illustrates the nurse technique for doing a well baby check on a six week infant and the teaching a nurse can provide to the mother.
Nursing	Emergency Care	S. Jensen	P. Watkins	Slide-tape presentation depicting the care and techniques for treating burn patients. This is the first of a series on emergency care for nurses and will be available for continuing education as well as undergraduate nurse education. Includes two slide-tapes and one audio tape.
Dentistry	Periodontal Case Presentation	B. Bakdash	D. Scott	Programmed instruction text which will teach, primarily dental students, how to give a periodontal case presentation. Other audiences include the practicing professional (C.E.), dental assistants, and graduate students in periodontics.

	PROJECT	INSTRUCTOR	HSC STAFF	DESCRIPTION
ıblic Heal	Dietetics and Nutrition for Youngsters	P. Woodbury	Rode	Project started last year to revise two slide-tape presentations for the Pediatric Nurse Associate Program. Self-instructional package was evaluated and, on the basis of information and planning, a new presentation will be planned this year. No defined completion date has been set.
Medicine	Resident Curriculum For Pathology - Unit on Computer Applications	D. Connelly	D. Garloff	Curriculum development project to define the objectives and competencies for pathology residents in the area of computer applications to medical issues of a pathologist. Year long project which could, but not yet determined, lead to a materials production project.
Medicine	Nurse Anesthetist Unit on Clinical Techniques	S. Bell	D. Garloff	Media Production grant for producing a slide-tape program to illustrate clinical techniques for administering anesthesia. Directed at the nurse anesthetist student. CRNA students are assisting in the design. Media Resources is producing the materials.
Pharmacy	Materials Collection Development for Regional Learning Resource Center	H. Kabat	D. Garloff	AHEC sponsored project to select, evaluate, and acquire non-print and print materials to be used in the regional learning resource centers. These materials are to be used by clinical pharmacy students doing field work in these regions.
Dentistry	Diet Counseling	P. Sander	P. Watkins	Continuing Education materials to teach practicing dental hygienists the elements of diet counseling. Materials will be in text form with some audio tape. Materials will be mailed to participants for individual use in their homes.

SCHOOL	PROJECT	INSTRUCTOR	HSER STAFF	DESCRIPTION
Nursing	Sick Newborn Care	P. Johnson	D. Garloff	Slide tape series being developed in conjunction with Pat Johnson from St. Paul Children's Hospital for the School of Nursing.
Nursing	Role of the Community Nurse	M. Madden	D. Garloff	Slide-tape presentation for Community Nursing.
Nutrition and Dietetics	Diet Counselling Evaluations	D. Verstraete M. Fruin	D. Garloff	Two videotapes which simulate the interviewing of a patient about their diet. To be used for evaluating students. The simulated interviews will be used to obtain student responses as to the good and bad features of the session. Based on these responses, the student can be assessed for their knowledge and perception of interviewing techniques. Expected completion date is Fall Quarter.
Dentistry	Use of the Mirror in Operative Procedures	Dr. H. Pantke	D. Garloff	Development of a self-instructional handbook to teach dental students how to position the mirror for drilling different teeth. Completion is expected in Spring Quarter. Dr. Pantke is now in Seattle, WA but will complete the project in liaison with us.

CURRICULUM FOR BIOMEDICAL GRAPHIC DESIGN PROGRAM

PRE-CLINICAL TRAINING YEARS AT THE MINNEAPOLIS COLLEGE OF ART AND DESIGN

1ST YEAR - Fall

170a	Basic Graphic Design	Tues.	10-5	3 cr.
160b	Basic Photography	Thur.	10-5	3 cr.
110f	Basic Drawing	Wed.	10-5	3 cr.
16a	Intro. to Art History	M/W/Th	8-10	5 cr.

1ST YEAR - Spring

170b	Basic Graphic Design	Thur.	10-5	3 cr.
151c	Basic Photography	Fri.	10-5	3 cr.
101f	Basic Drawing	Wed.	10-5	3 cr.
(101l) Biol.	General Biology (ext. at Univ)	TTh	6-9	4 cr.

2ND YEAR - Fall

270a	Graphic Design	Mon.	10-5	3 cr.
220a	Drawing/Illustration	Tues.	10-5	3 cr.
366	Studio Photography	Fri.	10-5	3 cr.
1004) Anat.	Elem. Anatomy	(ext. at Univ.) T	6-9	3 cr.
341	The Written Script	M/W/Th	8-10	5 cr.

2ND YEAR - Spring

271a	Graphic Design	M/W	10-5	6 cr.
358	Color Printing	Fri.	10-5	3 cr.
268	Intro. to Video	Tues.	10-5	3 cr.
272	Visual Communication in the Health Field	Thur.	Night	3 cr.

3RD YEAR - Fall

370	Graphic Design	T/Th/S	10-5	6 cr.
-	Medical Photography I.	Friday	10-5	3 cr.
265	Intro. to Filmaking	Wed.	10-5	3 cr.
002) Phsl.	Human Physiology	(ext. at Univ.) M/W 6-8	.....	3 cr.
-	Medical Terminology	(indep. study)	.....	1 cr.

3RD YEAR - Spring

371	Graphic Design	M/W	10-5	6 cr.
-	Medical Photography II.	Friday	10-5	3 cr.
368a	TV Commercial Prod.	Thur.	10-5	3 cr.
34m	Intro. to Psychology	M/W	7-9:30	5 cr.

CLINICAL TRAINING YEAR AT UNIVERSITY OF MINNESOTA

4TH YEAR - Fall Qtr.

(-)	Biomedical Graphics I.	6 qtr. cr.
	Elective *	3 qtr. cr.
	Liberal Arts*	4 qtr. cr.

4TH YEAR - Winter Qtr.

(-)	Biomedical Graphics II.	6 qtr. cr.
	Elective*	3 qtr. cr.
	Liberal Arts*	4 qtr. cr.

4TH YEAR - Spring Qtr.

(-)	Biomed. Internship	6 qtr. c
	Elective*	3 qtr. c
	Liberal Arts*	4 qtr. c

*Liberal Arts credits and electives in the 4th year will be taken at the University of Minnesota. Recommended courses are:

(HSU 5-010) Interpersonal Behavior in Health Organizations
(HSU 5-011) Instructional Skills 1: The Teaching-Learning Process
(HSU 5-017) Written Communications Skills for Health Professionals
(L.A. 3004) Basic Concepts in Personal and Community Health
(Electives)... in Journalism, Speech & Communications, and Education are suggested

Note: 4th year students will be located at the University full time, and listed as adult specials in the Medical School

University Quarter Credits will transfer as Semester Credits at 2/3 Rate to MCAD

HEALTH SCIENCES LEARNING RESOURCES
COMMITTEE MEMBERS
1976 - 1977

Glenn Brudvig - Ex officio
Head, Biomedical Library
316 Diehl Hall
3-5585

Kenneth Burns
Instructor, Nursing
3313 Powell Hall
3-3120

Martin Finch - Ex officio
Director, Biomedical Graphic Comm.
C566 Mayo
3-8824 or 3-8136

David Garloff
Coordinator, H.S. Learning Res.
544 Diehl Hall
6-4666

Linda Grummer
School of Nursing
4410 Powell Hall
3-8217

Kathy Gunderson
Communications Consultant
University Hospital Pers. Serv.
Box 500, Mayo
6-7149

James Henkel
Medicinal Chem.
28 Appleby Hall
6-4892

Mellor Holland - Chairperson
Assoc. Dean, Dentistry
15-106 H.S. Unit A
3-3454 or 6-4374

Hugh Kabat
College of Pharmacy
318 Harvard St. S.E.
6-5312

Paul Maupin - Ex officio
Coordinator, H.S. Planning Office
4104 Powell Hall
3-8981

Robert McCollister
Asst. Dean, Med. School Curriculum
Box 33, Mayo
3-9582

James Moller
Prof. - Peds.
247 H.S. Unit K/E
3-8938

Cherie Perlmutter
Asst. to Vice President for H.S.
432 Morrill Hall
3-7610 or 3-7624

Everett Short, Jr.
Prof. and Assoc. Dean
Veterinary Medicine Administration
301e Veterinary Science - St. Paul
6-3890

Barbara Tebbitt
Coordinator, Nursing Resources
Box 603, Mayo
3-8291

Robert Veninga
Asst. Dean, Public Health
1325 Mayo
3-8060

Donald Vesley
Environmental Health
W173 Boynton Health Service
3-5943

William Young
Assoc. Prof. - Oral Path.
6-108 Owre
6-4382

SUMMARY OF A MEETING OF AN AD HOC COMMITTEE ON VIDEO INTERCONNECTION NEEDS
MARCH 2, 1976

Participants: Larry Brogger (Engineering, University Media Resources)
David Garloff (Coordinator, Health Sciences Learning Resources)
Sheldon Goldstein (Programming, University Media Resources)
Gordon Kingston (Center for Educational Development)
Fred Street (Engineering, UNITE)
H. B. Tordoff (College of Biological Sciences)
Arnold Walker (Closed-Circuit Television, University Media Resources)
Donald Z. Woods (Delivery Systems, Continuing Education & Extension)
Everett C. Short (College of Veterinary Medicine)

Absent: Arnold Cohen (Institute of Technology)
Morris Nicholson (Institute of Technology and Continuing Education)
Burton Paulu (University Media Resources)

Convenor and Rapporteur: Peter Roll (Academic Affairs)

At the first meeting of this group on February 10, 1976 an informal task force was established to propose a technical configuration of interconnection and origination equipment which would meet the following needs:

(1) Permit the College of Biological Sciences to offer seminars and special programs on either the Minneapolis or St. Paul Campuses to students and faculty on the other campus without the need for travel;

(2) Permit Health Sciences faculty and students on either campus to offer and attend seminars and interdisciplinary courses on either campus without the need for intercampus travel; and

(3) Interconnect Health Science Unit A television control and UNITE master control to the UMR studios in Rarig Center for transmission of programs in both directions, so that the Health Sciences and UNITE facilities can utilize the professional studio capabilities in Rarig Center and can access the head end of the University closed-circuit television (CCTV) cable system for both reception and origination.

The task force convenor was Professor Tordoff, and its members included Larry Brogger, Fred Street, and David Garloff. The purpose of the meeting on March 2, 1976 was to receive and review the results of the task force, with the expectation that the configuration proposed might form the basis of an Educational Development Program proposal by the College of Biological Sciences and perhaps other colleges on the St. Paul Campus and in the Health Sciences.

The configuration presented by the task force on March 2, 1976 consisted of the following components (with estimated capital costs):

1. Cable interconnection (reversible 2-way audio and video) of Rarig Center CCTV head-end with Unit A TV control $7,967.

2. Cable interconnection (reversible 2-way audio and video) of Rarig Center CCTV head-end with UNITE master control 9,435.

3.	Single-channel microwave interconnection from St. Paul Campus origination site (Biological Sciences Building) to Rarig Center CCTV head-end, utilizing a single passive reflector and an existing surplus UNITE microwave link (including Radomes)	16,090.
4.	Equipment for audio talkback facilities for one classroom	2,051.
5.	Equipment for video origination for a classroom -- 3 color cameras, telecine chain, and associated equipment	176,285.
5a.	Mobile unit to house video origination equipment (item 5) for use at multiple locations (Mini-motor home configuration; capital cost of travel trailer configuration would be about $5,650 less)	15,000.

Discussion of this interconnection configuration and its high costs brought out the following points:

* The cost of item 5 is so high because of the need for color equipment. The major component of this item is the three color cameras -- two of which cost $45,000 each, while the cost of a comparable-quality black and white camera is about $1,000. To equip a classroom with the kind of equipment now used in the UNITE studio-classrooms would cost about $25,000.

* Health Sciences and CBS faculty feel that color is a necessity if television is to be used for their teaching and seminar activities.

* The CBS faculty feels now that an equipped origination classroom on each campus is needed to permit them to transmit classes as well as seminars between campuses. The total capital costs of facilities to permit this would be about $380,729 (items 1, 3, 2x4, and 2x5). A single origination classroom, or a mobile unit that could be moved quickly between campuses to permit any classroom to be used for origination, would not meet these needs.

* Operating costs for the configuration proposed would be about $30,000/yr (2 FTE staff plus supplies, maintenance, and part-time student help) per equipped origination location. (This would be $60,000/yr for the configuration preferred by CBS faculty).

* The wisdom of providing a classroom facility rather than a staffed production studio facility was questioned, as this might encourage ineffective and inappropriate uses of television rather than encouraging significant changes in teaching approach to use the medium effectively.

* Conversely, it was recognized that a classroom television facility will be used by faculty much more than studio production facilities -- the experience with the acceptance of the UNITE studio classroom approach and the decreased usage of the CCTV system for studio production of courses is the evidence for this conclusion.

* CBS faculty probably would not be interested in preparing or participating in a project to experiment with transmission of regular classes between campuses to determine how effective and acceptable to faculty this might be for various kinds of classes. Such an experiment could be performed at no cost for new equipment by using existing studio facilities in Rarig Center as a classroom.

* The cost of the preferred interconnection configuration about equals the entire EDP budget for next year. An EDP proposal, therefore, would clearly require substantial programatic discussions with and participation of other St. Paul and Minneapolis campus colleges. Since this has not really been done and there is not time to do it before this year's deadline for EDP proposals (March 5, 1976), the effort will be dropped for this year but continued to develop a full proposal for a later time.

The meeting ended with an agreement on the following steps to carry forward the planning for a proposal to implement some kind of interconnection service in the future:

1. Two task forces were formed to prepare programatic descriptions of the educational problems to be solved by the interconnection facilities, how and how much they would be used to solve these problems, and any evidence that they will be effective in the ways proposed. The two task forces will consist of the following people:

   A. Internal Minneapolis-St. Paul Campus interconnection:
   H. B. Tordoff (convenor)
   Craig Gannon
   David Garloff
   Sheldon Goldstein

   B. External extensions of UNITE to Rochester and any other locations (including expansion of number of channels)
   Morris Nicholson (convenor)
   David Garloff
   Donald Z. Woods

   These task forces should bring in any other persons who can contribute to their work, and should consult as extensively as necessary with all colleges or departments which may be affected. The target date for completion of this step (or at least a preliminary progress report) is about May 1, 1976.

2. These programatic statements will be referred to all colleges which might be affected by or participate in them for their comment and input, and to assess the degree of importance which they attach to the proposed services. Target date: June 1, 1976 (?)

3. The programatic statements and the interconnection configurations and cost estimates will be combined, incorporating the input received from the colleges in step 2, into a complete proposal. Target date June 15, 1976 (?)

4. Assuming that all has gone well to this point, the completed proposal will be presented to the Vice President for Academic Affairs for his reactions and suggestions on how to proceed. Target date July 1, 1976 (?)

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

TO: Health Sciences Learning Resources Committee Members.
FROM: David Garloff, Ed.D. David Garloff
DATE: March 23, 1977.
SUBJ: Agenda for meeting to be held on April 6, 1977.

Dear Committee Members:

Our next committee meeting will be on Wednesday, April 6th at 2:00 p.m. in room 555 Diehl Hall. The agenda is as follows:

1. Introduction of Yvonne Wulff, Coordinator for NLM Audio Visual Collection Development Grant.

2. Election of new chairperson. Please review the enclosed membership list and come prepared to nominate and elect a new chairperson for the committee.

3. New business.

DG:lmw

Enclosure

HEALTH SCIENCES LEARNING RESOURCES
COMMITTEE MEMBERS
1976 - 1977

Glenn Brudvig - Ex officio
Head, Biomedical Library
316 Diehl Hall
3-5585

Kenneth Burns
Instructor, Nursing
3313 Powell Hall
3-3120

Martin Finch - Ex officio
Director, Biomedical Graphic Comm.
C566 Mayo
3-8824 or 3-8136

David Garloff
Coordinator, H.S. Learning Res.
544 Diehl Hall
6-4666

Linda Grummer
School of Nursing
4410 Powell Hall
3-8217

Kathy Gunderson
Communications Consultant
University Hospital Pers. Serv.
Box 500, Mayo

James Henkel
Medicinal Chem.
28 Appleby Hall
6-4892

Mellor Holland - Chairperson
Assoc. Dean, Dentistry
15-106 H.S. Unit A
3-3454 or 6-4374

Hugh Kabat
College of Pharmacy
318 Harvard St. S.E.
6-5312

Paul Maupin - Ex officio
Coordinator, H.S. Planning Office
4104 Powell Hall
3-8981

Robert McCollister
Asst. Dean, Med. School Curriculum
Box 33, Mayo
3-9582

James Moller
Prof. - Peds.
247 H.S. Unit K/E
3-8938

Cherie Perlmutter
Asst. to Vice President for H.S.
432 Morrill Hall
3-7610 or 3-7624

Everett Short, Jr.
Prof. and Assoc. Dean
Veterinary Medicine Administration
301e Veterinary Science - St. Paul
6-3890

Barbara Tebbitt
Coordinator, Nursing Resources
Box 603, Mayo
3-8291

Robert Veninga
Asst. Dean, Public Health
1325 Mayo
3-8060

Donald Vesley
Environmental Health
W173 Boynton Health Service
3-5943

William Young
Assoc. Prof. - Oral Path.
16-108 HS Unit A
6-4382

The subcommttee of Media Specialists met to meet Duane Johnson, Senior Communications Technician for Health Sciences Audiovisual Services. Duane outlined his staffing arrangement and current support service for the Health Sciences. This is summarized as follows:

1. At least 24 hours advance notice is required on all requests for equipment or service. Obviously, exceptions and emergencies are provided for during the working day.
2. Evening and weekend service is available, given the same advance notice as day time requests.
3. The scope of service officially supported by Health Sciences administration is for Unit A audiovisual only. The School of Public Health and the School of Nursing have contracted for our services per school-wide need in the Health Sciences Center. This means we provide AV services to faculties from both these schools for their classes held throughout the Health Sciences Center. Included in this service would be service to Owre-Jackson-Millard, Powell Hall, Mayo Hospital and the K/E Building. These are locations where Public Health and Nursing faculty would hold classes. We are currently not funded to provide service to College of Pharmacy, Medicine, Dentistry or University Hospital faculty who hold classes away from the Unit A shared classrooms.

Exceptions have been made to this because faculty have cross-over appointments or interdisciplinary teaching assignments. Classes once held in Unit A one quarter may be in Owre a second quarter and continuity of service has been extended to these classes.

The expanded service has created many problems and is confusing to faculty.

4. As of November 1976, Health Sciences AV Services is charging for services rendered to continuing education and extension offerings. An hourly rate has been set and the Coordinator for H.S.C.E. has circulated the policy statement for this charge policy.

5. No current budget is being developed for replacement of equipment and alternative are being explored for meeting this need. Recommendations have been made to start charging all users a rate which would create this fund.

Much discussion followed which illustrated the problem surrrounding the expanded program and new visibility afforded faculty. SEveral recommendations came from the committee:

1. A walkie-talkie system be used to increase communication with projectionist doing work in other buildings.

2. More students be employed with fewer hours given to each.

3. Studen employees should sign for specific request in advance in order that responsibility be assigned.

4. Closer coordination by way of regular weekly or bi-monthly meetings be initiated with Medical School Curriculum Affairs Technician, Dick Landry, Gordon Herbst and Duane Johnson

AV PREVIEW FORM

Previewer _____ Title _____
School _____ Phone _____ Producer _____
Preview date _____ Date _____ Format _____

I. Audience *(Please check)*

___ Allied Health Practitioner
___ Dentist
___ Nurse
___ Pharmacist
___ Physician
___ Public Health Practitioner
___ Other (specify) _____

___ Allied Health Student
___ Dental Student
___ Nursing Student
___ Pharmacy Student
___ Medical Student
___ Public Health Student

II. Applications

A. List course or program for which material is appropriate _____
B. Check kind(s) of use anticipated

___ Lecture ___ Self-instruction ___ Small group
___ Integral to course work ___ Supplemental to course work

III. Evaluation *(Circle the number that best indicates your rating)*

A. Relevancy of subject matter. 0 1 2 3 4 5
Irrelevant — Relevant

B. Accuracy and authenticity. 0 1 2 3 4 5
Inaccurate — Accurate

C. Organization of content. 0 1 2 3 4 5
Unclear — Logical

D. Scope of content *(Mark one scale)*.

0 1 2 3 4 5
Too Broad — Correct

0 1 2 3 4 5
Too Limited — Correct

E. Program length *(Mark one scale)*.

0 1 2 3 4 5
Too Long — Correct

0 1 2 3 4 5
Too Short — Correct

F. Technical quality of visuals. 0 1 2 3 4 5
Fuzzy — Clear

G. Technical quality of sound. 0 1 2 3 4 5
Indistinct — Distinct

H. Value of program compared to other available instructional materials. 0 1 2 3 4 5
Adds Little — New Contribution

I. Overall rating of program. 0 1 2 3 4 5
Poor — Excellent

COMMENTS *(Use back)* _____

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

MINUTES OF HEALTH SCIENCES LEARNING RESOURCES COMMITTEE MEETING
Wednesday, April 6, 1977.
Room 555 Diehl Hall

Present: C. Perlmutter, P. Maupin, P. Bast (representing Dr. Kabat), M. Finch, J. Henkel, K. Gunderson, G. Brudvig, Y. Wulff, W. Young, D. Garloff, and M. Holland, Chairperson. & J. Moller

The meeting was called to order by Dr. Holland at 2:10 p.m.

ITEM: Introduction of Yvonne Wulff, Coordinator for the Learning Resources Development Project.

DISCUSSION: This project is funded by the National Library of Medicine and Co-directed by Glenn Brudvig and David Garloff. The total amount granted is $160,000 of which $52,000 is to be used for materials purchase. These materials, however, must be commercially prepared as the grant does not allow for instructional development. Yvonne then expanded on the purpose of the project.

There are three major sections to this grant:

1. Learning Resource Center Collection Development:
   A. This includes expanding the existing LRC collection to include all Health Sciences and
   B. developing a collection to lend to outstate LRC's, hospitals, clinics, etc.

2. Develop a catalog and distribute

3. Establish a program to lend AV materials. (This has already been done to some extent)

Considerable input will be needed to decide which materials to purchase. Faculty members of the various schools and the project staff will do the search process; students and faculty will then preview and evaluate the materials; a decision will then be made based on evaluations. Outstate decisions will be made by the Fergus Falls Advisory Committee.

Members of the HSLR Committee will play a major role in the decision making process. They will (1) identify

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Health Sciences Learning Resources
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faculty to assist in evaluating and identifying needs (2) make value judgments on what should be purchased based on information presented in the evaluations. It was suggested that each committee member associated with a particular school go to the faculty and find out exactly which topic areas need developing and, therefore, should be given priority. Yvonne will be meeting with the committee members individually within the next week or two regarding this.

Mr. Brudvig brought to the committee's attention the fact that a preliminary list is currently being prepared on all materials we currently have in the Health Sciences Learning Resources Center. This listing will be bibliographic and not judgmental.

ITEM: Health Sciences AV Services

DISCUSSION: David Garloff distributed a handout which summarized AV Service problems recently discussed at a Media Specialists Subcommittee meeting. It seems that within the Health Sciences there are several means of obtaining AV Service which leads to misunderstanding, confusion, and inconvenience on the part of faculty as well as those who are trying to provide good service. There is a definite need to coordinate all of these various services. In an effort to achieve this Dr. French will be approached for funds to further develop Health Sciences Learning Resources AV Services. In addition, committees of the various schools will be meeting to discuss methods of better coordinating the system.

ITEM: Election of New Chairperson:

DISCUSSION: Dr. Holland, Chairperson since 1968, opened the floor for nominations. Dr. Robert Veninga (School of Public Health), and Dr. William Young (School of Dentistry) received nominations. It was then suggested by Cherie Perlmutter that we also accept nominations by mail as several schools were not represented at the meeting. It was then agreed that missing committee members should be notified of this and given the opportunity to submit nominations.

The meeting was adjourned at 2:55 p.m.

Learning Resources Committee

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

TO: Members of the Health Sciences Learning Resources Committee

FROM: David Garloff, Ed.D.

DATE: May 11, 1977.

SUBJ: Ballot Results for New Chairperson

Dear Committee Members:

The majority of votes were cast for Dr. William Young, School of Dentistry. Dr. Young will assume the chair at our next committee meeting. You should be hearing from him in the near future for the time and place of that meeting. I wish to thank Bill for accepting the position.

A special thanks should go to Dr. Mel Holland who led the committee for many years and was unfailing in his effort to make the Learning Resources Program come to pass.

DG:lmw

Learning Resources Committee

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

TO: Health Sciences Learning Resources Committee Members
FROM: David Garloff, Ed.D.
DATE: June 9, 1977.
SUBJ: Agenda for meeting to be held on Tuesday, June 28th.

Dear Committee Members:

Our next committee meeting will be on Tuesday, June 28th at 2:00 p.m. in room 555 Diehl Hall. The agenda is as follows:

1. Unit F Planning - Paul Maupin
2. The Fifth Floor Diehl Hall Learning Resources Center: Its Activity and Use. - Glenn Brudvig
3. Planning for Fall Faculty Orientation to the Unit A Auditoria Audiovisual Services - David Garloff
4. Review of Acquisition Activities for the Health Sciences Learning Resource Center Development Project - Yvonne Wulff
5. Introduction to the Learning Resource Center Network Proposal - Hodapp, Brudvig, Garloff
6. Other old business.

DG:lmw

DEVELOPING A NETWORK OF LEARNING RESOURCE CENTERS

It was considered appropriate, at one time, for health professions schools to present a total educational experience at one site. As student bodies increased in number it became necessary to complete affiliation agreements with outside health care institutions in order to accommodate the need for clinical experience for students. This off-site training, however, was usually for short periods of time and almost always in proximity to the educational institution. Predictable results developed from this form of training in terms of eventual sites of practice for graduates, perceptions by practicing professionals of where they could obtain their continuing education, and the methods by which education could be obtained.

As maldistribution of practitioner and excessive production of specialists reached a crisis stage, programs were initiated to remedy the situation. Rural sites for training were developed, which in turn created a demand by the students for educational support services and by practitioner-preceptors for continuing education opportunities. The teaching responsibilities of the preceptors, added to their already time consuming practice responsibilities made it impractical for them to spend large amounts of time away from their practice and caused them to question the relevancy of many continuing education offerings. The added burden of mandatory continuing education requirements reinforced the search for convenient, relevant educational opportunities. Almost imperceptably there has been a movement towards the recognition that varying methods of education may be necessary for the variety of knowledge, attitudes and skills which must be developed and/or maintained by both students and practitioners in order that their competencies be assured. Legislative mandates, the need for more clinical training sites, the requirements of professional and licensing bodies and the requests of students and practitioners have thus combined to stimulate the demand for educational support services which would be available at the sites of training and practice.

The University of Minnesota Health Sciences has responded to this demand by developing and testing models for the delivery of educational support services to the site of need. A recent grant funded the development and short term

testing of two model leraning resource sites. The characteristics of these centers are presented later in this summary. This first project was relatively simple in design and sought to define the nature and character of regionally placed learning centers -- one in a hospital setting and one in an educational institution. Following the lead of educators such as Leonard S. Stein, Ph.D., a beginning was made in experimentation with the concept of personalized learning plans for individual health professionals. The centers also serviced the needs of students in the Rural Physician Associate Program as well as students from other health disciplines. They also responded to the needs of a variety of health practitioners, drawing from a radius of up to thirty miles from the centers.

Evaluation of these early models pointed to the success of the learning resource center which was situated in a hospital setting. Ease of access, availability at conveneient times, peer interaction and a number of other factors indicate that a hospital setting is most effective. The effectiveness of mediated learning experiences was also demonstrated for both students and practitioners. The value of a local advisory body, made up of practicing health professionals and the absolute necessity for librarian/educator services was demonstrated. In combination, all of these evaluative results point to the need for development of a network of centers which would have the following characteristics:

A. Established in hospital settings
B. Provide the services of a medical librarian/educator
C. Provide primary level library services for both hard copy and mediated educational materials
D. Maintain audio-visual hardware for viewing programs
E. Distribute mediated programs on a limited regional basis
F. Assist students and practitioners in determining their educational needs and in supplying appropriate materials to meet these needs
G. Provide training and service in the principles and functions of individualized education
H. Receive guidance from a locally selected advisory board and receive coordinated direction from the University of Minnesota Health Sciences Center.

A three year project is planned for the development of eight regional learning centers. Including the model site, three centers would be initiated the first year, three in the second year and two in the final year. Sites will be selected in collaboration with all of the health sciences units which have outstate

training programs and in consultation with each unit's continuing education director. The University of Minnesota will provide the necessary response to users' requests which cannot be satisfied at the local site.

At the end of the third year, a number of goals will be accomplished. Eight learning resource centers will be operational. A medical librarian/educator will staff each center. Advisory boards will have been named for each center and individualized educational training will have been initiated at each center.

As a result of these goal achievements, a number of benefits should be derived. Health care practitioners in the region will have more relevant and more timely educational opportunities. The quality and desirability of practice in outstate communities should improve. Patient care should benefit from a more competent group of practitioners. Students will be encouraged to select outstate practice settings because of the demonstrated availability of educational opportunities and the probability of frequent peer interaction and stimulation. Finally, the direct interaction with the University will provide stimulation both to the outstate and the University community.

Evaluation of the project's accomplishments will be planned to measure achievement of stated objectives. Attitudes of students and practitioners towards the center and its function will be evaluated along with measures of participation and a relative cost/benefit analysis of the forms of educational experiences which will be available. In addition, a practical measure of achievement will be demonstrated by the willingness of each local site to assume some responsibilitiy for its continued operation when grant support is terminated.

Learning Resources Development Project

June 28, 1977

Task Summary

1. Preliminary list of Learning Center Materials.
   Projected completion: May 15th
   Current status: Author section complete; subject section not yet compiled.

2. "Union Catalog" of Health Science AV materials.
   Continuing through project
   Current status: Lists of materials acquired from -
   Dental Learning Center
   School of Nursing
   Nursing Resources
   Physical Medicine and Rehab. Library
   Dwan Learning Center

3. Resource catalog file up-dated.

4. Establish faculty contacts:
   Continuing throughout project
   15 faculty members

AV Request Summary

AV titles previwed and evaluated - 9
AV titles recommended for purchase- 7

Requesting School	No.	$
Public Health (Nutrition)	3	$70.15
Public Health (Nursing)	1	$210.00
Public Health (MCH)	2	$625.00
Med. School (Anatomy)	1	$100.00
		$1,005.15

AV PREVIEW FORM – SUMMARY

Previewer Public Health Nursing
School _____ Phone _____
Preview date _____

Title Denver Developmental Screening Test
Producer La Dood Project
Date _____ Format Video Cassette

I. Audience (*Please check*)

___	Allied Health Practitioner	___	Allied Health Student
___	Nurse	X	Nursing Student
___	Dentist	___	Dentist
___	Pharmacist	___	Pharmacy Student
___	Physician	X	Medical Student
___	Public Health Practitioner	X	Public Health Student
___	Other (specify)		

II. Applications

A. List course or program for which material is appropriate _____

B. Check kind(s) of use anticipated

___ Lecture
X Integral to course work
X Self-instruction
___ Supplemental to course work
___ Small group

III. Evaluation (*Circle the number that best indicates your rating*)

A. Relevancy of subject matter.
0 1 2 3 4 (5)
Irrelevant 1 Relevant

B. Accuracy and authenticity.
0 1 2 3 4 (5)
Inaccurate Accurate

C. Organization of content.
0 1 2 3 4 (5)
Unclear Logical

D. Scope of content (*Mark one scale*)

0 1 2 3 4 5
Too Broad Correct

0 1 2 3 4 (5)
Too Limited Correct

E. Program length (*Mark one scale*)

0 1 2 3 4 5
Too Long Correct

0 1 2 3 4 (5)
Too Short Correct

F. Technical quality of visuals.
0 1 2 3 4 (5)
Fuzzy Clear

G. Technical quality of sound.
0 1 2 3 4 (5)
Indistinct Distinct

H. Value of program compared to other available instructional materials.
0 1 2 3 4 (5)
Adds Little New Contribution

I. Overall rating of program.
0 1 2 3 4 (5)
Poor Excellent

COMMENTS (*Use back*) Price – $210

Verbal recommendations also received from School of Nursing and from Pediatrics.

AV PREVIEW FORM -- SUMMARY

Previewer Anatomy
School _____ Phone _____
Preview date _____

Title Anatomy of the Human Brain
Producer Educational Media, Inc
Date _____ Format 35 mm slides

I. Audience (Please check)

___ Allied Health Practitioner	___ Allied Health Student
___ Nurse	___ Nursing Student
___ Dentist	___ Dentist
___ Pharmacist	___ Pharmacy Student
___ Physician	X Medical Student
___ Public Health Practitioner	___ Public Health Student
___ Other (specify) _____	

II. Applications

A. List course or program for which material is appropriate _____

B. Check kind(s) of use anticipated

___ Lecture X Self-instruction ___ Small group
X Integral to course work ___ Supplemental to course work

III. Evaluation (Circle the number that best indicates your rating)

A. Relevancy of subject matter. 0 1 2 3 4 (5)
Irrelevant ... Relevant

B. Accuracy and authenticity. 0 1 2 3 4 (5)
Inaccurate ... Accurate

C. Organization of content. 0 1 2 3 4 (5)
Unclear ... Logical

D. Scope of content (Mark one scale)

0 1 2 3 4 5
Too Broad ... Correct

0 1 2 3 4 (5)
Too Limited ... Correct

E. Program length (Mark one scale)

0 1 2 3 4 5
Too Long ... Correct

0 1 2 3 4 (5)
Too Short ... Correct

F. Technical quality of visuals. 0 1 2 3 4 (5)
Fuzzy ... Clear

G. Technical quality of sound. 0 1 2 3 4 (5)
Indistinct ... Distinct

H. Value of program compared to other available instructional materials. 0 1 2 3 4 (5)
Adds Little ... New Contribution

I. Overall rating of program. 0 1 2 3 4 (5)
Poor ... Excellent

COMMENTS (Use back) Price -$100

AV PREVIEW FORM - SUMMARY

Previewer Public Health Nutrition
School _____ Phone _____
Preview date _____

Title Carbohydrates
Producer Science Software Systems
Date _____ Format 35mm slides

I. Audience (Please check)

___	Allied Health Practitioner	___	Allied Health Student
___	Nurse	___	Nursing Student
___	Dentist	___	Dentist
___	Pharmacist	___	Pharmacy Student
___	Physician	___	Medical Student
X	Public Health Practitioner	X	Public Health Student
___	Other (specify) _____		

II. Applications

A. List course or program for which material is appropriate Intro Nutrition PH 5-608 PH 3-600

B. Check kind(s) of use anticipated

X	Lecture	X	Self-instruction	X	Small group
X	Integral to course work	X	Supplemental to course work		

III. Evaluation (Circle the number that best indicates your rating)

A. Relevancy of subject matter.
0 1 2 3 4 (5)
Irrelevant 1 Relevant

B. Accuracy and authenticity.
0 1 2 3 4 (5)
Inaccurate Accurate

C. Organization of content.
0 1 2 3 4 (5)
Unclear Logical

D. Scope of content (Mark one scale)

0 1 2 3 4 5
Too Broad Correct

0 1 2 3 4 (5)
Too Limited Correct

E. Program length (Mark one scale)

0 1 2 3 4 5
Too Long Correct

0 1 2 3 4 (5)
Too Short Correct

F. Technical quality of visuals.
0 1 2 3 4 (5)
Fuzzy Clear

G. Technical quality of sound.
0 1 2 3 N.A. ~~(5)~~
Indistinct Distinct

H. Value of program compared to other available instructional materials.
0 1 2 3 (4) 5
Adds Little New Contribution

I. Overall rating of program.
0 1 2 3 4 (5)
Poor Excellent

COMMENTS (Use back) Price - $14.25

AV PREVIEW FORM - SUMMARY

Previewer Public Health Nutrition Title Diet and Health
School _____ Phone _____ Producer Science Software Systems
Preview date _____ Date _____ Format 35mm Slide

I. Audience (Please check)

___	Allied Health Practitioner	___	Allied Health Student
___	Nurse	___	Nursing Student
___	Dentist	___	Dentist
___	Pharmacist	___	Pharmacy Student
___	Physician	___	Medical Student
X	Public Health Practitioner	X	Public Health Student
___	Other (specify)		

II. Applications

A. List course or program for which material is appropriate PH 5-608 ; PH 3-600

B. Check kind(s) of use anticipated

X	Lecture	X	Self-instruction	X	Small group
X	Integral to course work	X	Supplemental to course work		

III. Evaluation (Circle the number that best indicates your rating)

A. Relevancy of subject matter.
0 — 1 — 2 — 3 — 4 — (5)
Irrelevant — Relevant

B. Accuracy and authenticity.
0 — 1 — 2 — 3 — 4 — (5)
Inaccurate — Accurate

C. Organization of content.
0 — 1 — 2 — 3 — 4 — (5)
Unclear — Logical

D. Scope of content (Mark one scale)

0 — 1 — 2 — 3 — 4 — 5
Too Broad — Correct

0 — 1 — 2 — 3 — 4 — (5)
Too Limited — Correct

E. Program length (Mark one scale)

0 — 1 — 2 — 3 — 4 — 5
Too Long — Correct

0 — 1 — 2 — 3 — 4 — (5)
Too Short — Correct

F. Technical quality of visuals.
0 — 1 — 2 — 3 — 4 — (5)
Fuzzy — Clear

G. Technical quality of sound.
0 — 1 — 2 — 3 — NA — ~~5~~
Indistinct — Distinct

H. Value of program compared to other available instructional materials.
0 — 1 — 2 — 3 — (4) — 5
Adds Little — New Contribution

I. Overall rating of program.
0 — 1 — 2 — 3 — (4) — 5
Poor — Excellent

COMMENTS (Use back) Price - $27.95

AV PREVIEW FORM - SUMMARY

Previewer Public Health Nutrition
School _____ Phone _____
Preview date _____

Title Nutrition and Foods
Producer Science Software Systems
Date _____ Format _____

I. Audience (*Please check*)

___ Allied Health Practitioner	___ Allied Health Student
___ Nurse	___ Nursing Student
___ Dentist	___ Dentist
___ Pharmacist	___ Pharmacy Student
___ Physician	___ Medical Student
___ Public Health Practitioner	X Public Health Student
___ Other (specify) _____	

II. Applications

A. List course or program for which material is appropriate PH 3-600, PH 5-608

B. Check kind(s) of use anticipated

X Lecture X Self-instruction X Small group
X Integral to course work X Supplemental to course work

III. Evaluation (*Circle the number that best indicates your rating*)

A. Relevancy of subject matter. 0 1 2 3 4 (5)
Irrelevant 1 Relevant

B. Accuracy and authenticity. 0 1 2 3 4 (5)
Inaccurate Accurate

C. Organization of content. 0 1 2 3 4 (5)
Unclear Logical

D. Scope of content (*Mark one scale*)

0 1 2 3 4 5
Too Broad Correct

0 1 2 3 4 (5)
Too Limited Correct

E. Program length (*Mark one scale*)

0 1 2 3 4 5
Too Long Correct

0 1 2 3 4 (5)
Too Short Correct

F. Technical quality of visuals. 0 1 2 3 4 (5)
Fuzzy Clear

G. Technical quality of sound. 0 1 2 3 N. A.
Indistinct Distinct

H. Value of program compared to other available instructional materials. 0 1 2 3 (4) 5
Adds Little New Contribution

I. Overall rating of program. 0 1 2 3 4 (5)
Poor Excellent

COMMENTS (*Use back*) Price - $27.95

AV PREVIEW FORM – SUMMARY

Previewer Public Health
School _____ Phone _____
Preview date _____

Title Rockabye Baby
Producer Time-Life Media
Date _____ Format 16mm film color, sound

I. Audience *(Please check)*

- [X] Allied Health Practitioner
- [ ] Nurse
- [ ] Dentist
- [ ] Pharmacist
- [ ] Physician
- [ ] Public Health Practitioner
- [ ] Other (specify) _____

- [X] Allied Health Student
- [ ] Nursing Student
- [ ] Dentist
- [ ] Pharmacy Student
- [ ] Medical Student
- [X] Public Health Student

II. Applications

A. List course or program for which material is appropriate Child Development Maternal & Child Health

B. Check kind(s) of use anticipated

- [X] Lecture
- [X] Integral to course work
- [ ] Self-instruction
- [ ] Supplemental to course work
- [X] Small group

III. Evaluation *(Circle the number that best indicates your rating)*

A. Relevancy of subject matter. 0 1 2 3 4 (5)
Irrelevant 1 Relevant

B. Accuracy and authenticity. 0 1 2 3 4 (5)
Inaccurate Accurate

C. Organization of content. 0 1 2 3 4 (5)
Unclear Logical

D. Scope of content *(Mark one scale)*

0 1 2 3 (4) 5
Too Broad Correct

0 1 2 3 4 5
Too Limited Correct

E. Program length *(Mark one scale)*

0 1 2 3 4 (5)
Too Long Correct

0 1 2 3 4 5
Too Short Correct

F. Technical quality of visuals. 0 1 2 3 4 (5)
Fuzzy Clear

G. Technical quality of sound. 0 1 2 3 4 (5)
Indistinct Distinct

H. Value of program compared to other available instructional materials. 0 1 2 3 (4) 5
Adds Little New Contribution

I. Overall rating of program. 0 1 2 3 4 (5)
Poor Excellent

COMMENTS *(Use back)* Price – $400

AV PREVIEW FORM — SUMMARY

Previewer Public Health
School _____ Phone _____
Preview date _____

Title TV: Anonymous Teacher
Producer United Methodist Media ...
Date _____ Format 16 mm Film Sound

I. Audience *(Please check)*

___	Allied Health Practitioner	___	Allied Health Student
___	Nurse	___	Nursing Student
___	Dentist	___	Dentist
___	Pharmacist	___	Pharmacy Student
X	Physician	___	Medical Student
X	Public Health Practitioner	X	Public Health Student
___	Other (specify)		

II. Applications

A. List course or program for which material is appropriate PH 5616

B. Check kind(s) of use anticipated

X	Lecture	X	Self-instruction	X	Small group
X	Integral to course work	___	Supplemental to course work		

III. Evaluation *(Circle the number that best indicates your rating)*

A. Relevancy of subject matter. 0 1 2 3 4 (5) — Irrelevant … Relevant

B. Accuracy and authenticity. 0 1 2 3 4 (5) — Inaccurate … Accurate

C. Organization of content. 0 1 2 3 (4) 5 — Unclear … Logical

D. Scope of content *(Mark one scale)*

0 1 2 3 4 5 — Too Broad … Correct

0 1 2 3 4 5 — Too Limited … Correct

E. Program length *(Mark one scale)*

0 1 2 3 4 5 — Too Long … Correct

0 1 2 3 4 5 — Too Short … Correct

F. Technical quality of visuals. 0 1 2 3 (4) 5 — Fuzzy … Clear

G. Technical quality of sound. 0 1 2 3 (4) 5 — Indistinct … Distinct

H. Value of program compared to other available instructional materials. 0 1 2 3 (4) 5 — Adds Little … New Contribution

I. Overall rating of program. 0 1 2 3 4 (5) — Poor … Excellent

COMMENTS *(Use back)* Price - $225

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

MINUTES OF HEALTH SCIENCES LEARNING RESOURCES COMMITTEE MEETING

Tuesday, June 28, 1977.
Room 555 Diehl Hall

Present: Wm. Young (Chairperson), D. Garloff, B. Tebbitt, P. Bast, K. Gunderson, M. Finch, G. Brudvig, R. Veninga, Y. Wulff, W. Hodapp, J. Moller, H. Kabat, P. Maupin, C. Perlmutter

The meeting was called to order at 2:10 p.m. by Chairperson, Wm Young.

ITEM: Unit F Planning - Paul Maupin

DISCUSSION: There is a twenty-one million dollar budget for Unit F. There will be eleven levels all connected to Unit A. The space will be allocated as follows:

3500 feet = Nursing
5800 feet = Pharmacy
7000 feet = Shared Nursing and Pharmacy
2600 feet = Shared Health Sciences

TIME SCHEDULE:
Excavation will begin in October 1977.
Steel work will begin in July 1978.
Finish date will be April 1, 1980.
Completion date for the Learning Resources Center in B/C is November 1979. This delay is due to (a) laboratorys that need to be moved before construction can begin and (b) we are one half million (500,000) dollars short.

In addition, remodeling will begin in Owre Hall in late summer of this year which will place additional stress on the Health Sciences Unit A shared seminar rooms.

ITEM: The Fifth Floor Diehl Hall Learning Resources Center: Its Activity and Use.

DISCUSSION: The present Learning Resources Center was established seven years ago on the fourth floor of Diehl Hall - BioMedical Library. It remained there until there was a fire in 1974. After the fire what remained was moved to the fifth floor of Diehl Hall and this is where it will remain until completion of the new LRC in Unit B/C. The LRC is coordinated closely with the BioMedical Library in terms of such things as hours, interlibrary loan, etc.

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USE: During the 1976-77 year there were 42,000 audio-visual and print loans.
75% of the use is by medical students
15% of the use is by nursing students
10% of the use is by other health science units

FUNDING: At this time 73% of the funds are coming from Medical School and the other 27% are from the BioMedical Library.

A printed inventory is currently being prepared which is basically a description of all materials located in the LRC. There are two section to this. The first is the title section. This has now been completed. The second is the subject section which is now in development and will be completed by the end of this summer.

ITEM: Review of Acquisition Activities for the Health Sciences Learning Resource Center Development Project - Yvonne Wulff.

Yvonne distributed two handouts. The first being a Task Summary of the project. The second handout consisted of seven pages. Each of the seven was a completed AV Preview Form for seven different programs. Everyone previewing a program (usually 5 or 6 people) fills out a preview form and Yvonne then makes a composite form based on these. These composite forms were the forms distributed. Yvonne moved that the committee recommend titles for purchase. D. Garloff seconded. However, there was some discussion as to the best possible way of determining which materials should be purchased. It was decided that some guidelines needed to be distinguished regarding - what should be given priority; how many persons will be served by a particular program; what the potential for interdisciplinary use would be, etc.

A motion was made by K. Gunderson and seconded by G. Brudvig that the committee go ahead and make a decision regarding these seven titles and make the necessary purchases. The motion carried with one dissenting vote.

It was agreed that before the next meeting, Yvonne would (1) find exactly where the weaknesses are in the current LRC collection and (2) go to the faculty of the various schools to get feedback as to how they would like to see the decision making process regarding program purchase handled. It was decided that

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together D. Garloff and Y. Wulff would draft some guidelines to be followed for determining purchases and that these guidelines would be discussed at the next meeting.

ITEM: Introduction to the Learning Resource Center Network Proposal - Hodapp, Brudvig, Garloff.

This concept began four years ago when two regional LRCs were opened. The first located in an educational center in Marshall, Minnesota and the second located in a health care center in Fergus Falls, MN. Both of these centers were designed to serve both health professional students as well as practitioners..

We need to make mediated instructional materials available to health professionals for training, retraining, self-instruction, etc. To do this, eight learning resource centers need to be developed. It is important that we (1) get materials out into the community and (2) that we have a medical librarian/ educator in each of the LRCs to assist doctors and students in determining their educational needs and put them in touch with the proper materials.

The HSCECC (Health Sciences Continuing Education Coordinating Council) was involved in the developing of the Fergus Falls and Marshall LRCs. Members are currently lacking interest however, and will again be approached for support, participation and enthusiasm.

The grant will have some money for personnel, core support and money to develop or purchase materials.

The meeting was adjourned at 3:45 p.m.

Learning Resources Comm.

UNIVERSITY OF MINNESOTA
Office of the Vice President for the Health Sciences
A-306 Mayo Memorial Building, Box 501
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

June 29, 1977

Ms. Yvonne Wulff
Assistant to Director
Biomedical Library
Diehl Hall
Minneapolis Campus Mail

Dear Ms. Wulff:

David Garloff has indicated, as have both Mellor Holland and William Young, past and present chairmen of the Health Sciences Learning Resources Committee, that in your capacity as grant coordinator for the Learning Center Collection Development Project you will be working very closely with that committee. In view of that relationship, I am writing to ask you to serve as an ex officio member of the Health Sciences Learning Resources Committee.

I am hopeful that you will be willing to serve and will assume your willingness to do so unless I hear from you to the contrary.

Sincerely,

Lyle A. French, M.D.
Vice President

LAF/kfm

cc: Health Sciences Learning Resources Committee

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TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

FILE Paul

MINUTES OF HEALTH SCIENCES
LEARNING RESOURCES COMMITTEE MEETING
Wednesday, September 28th
Room 555 Diehl Hall

Present: Kabat, Garloff, Finch, Grummer, Burns, Bast, Gunderson, Holland, Perlmutter, L. Pierce of the LRC Development Project - BioMed. Library, J. Paulson representing Dr. McCollister and R. Fernandez of BioMedical Graphics.

The meeting was called to order at 2:40 p.m.

The minutes of the last meeting were approved. A third item was then added to the days' agenda: #3 Student Study Space in Health Sciences Unit A.

Chairperson Young opened discussion on agenda item #1 - Criteria for Evaluation of Recommended Title . After lengthy discussion the criteria were passed. However, the AV Information Sheet may need revising. The following are highlights of the discussion on each of the nine criteria:

#1 - Materials should be for use in the Learning Resources Center with no instructor present. Films are satisfactory as long as they can be used independently.

#2 - Little Discussion

#3 - Little Discussion

#4 - Little Discussion

#5 - Currently there is no indication given on the AV Information Sheet as to how many students will be served. The committee needs to get estimates from the faculty regarding the number of students who will be using the materials every year.

#6 - Little Discussion

#7 - Little Discussion

#8 - How important is this? Materials may desperately be needed by a particular discipline. For example, basic science level materials are desperately needed right now.

#9 - Materials should be previewed by representatives from the three different groups: students, faculty, and a technical specialist.

A motion was made to adopt the Criteria as they are. Seconded. Passed with a unanimous vote.

Since the last HSLRC meeting thirty-three titles have been previewed and of these only four were selected to bring to the committee's attention for possible purchase.

Health Care Ethics and Human Values Institues
Balabloc
Family Therapy I and II*
Mixing Procedures

A motion was made to approve purchase of all four titles. Seconded. Carried unanimously.
* Note: On "Family Therapy I and II" approval was given to purchase the film rather than the videotape.

The committee requested that they be kept informed on the following:

1) How much money has been spent so far - on a month to month basis.
2) To whom had the money gone (This is not to be a major issue).

Agenda Item #2
Report by Martin Finch on BioMedical Graphic Communications:

BioMedical Graphic Communications was established by Dean Diehl in 1954 as a centralized artist/photographer department on a fee for service basis. From 1954 until 1977 it has operated on a self-sustaining basis. However, in 1977 it saw a loss in income (a deficit of $7,000) which indicates a trend which may be beginning. This loss is due essentially to rising costs such as labor and inflation; the ability of the Health Sciences faculty to pay for service is declining due to budget cuts and; customers are beginning to use the do-it-yourself method.

A customer service questionnaire was sent out. 37% of them were returned and the general consensus is that the customers are happy with the service they are now receiving although most thought the prices were too high. BioMedical Graphics then surveyed ten other universities and commercial labs and found their costs comparable.

In December 1977 BioMedical Graphics will be moving to new space in Health Sciences Unit B/C. Most people responding to the questionnaire said that this wouldn't pose any problem for service. However, BioMedical Graphics is working on a pick-up and delivery service having a drop point at the Information Center-3rd floor Mayo.

It was suggested by Dr. Holland that we need to obtain some sort of central funding for BioMedical Graphics. This will be put on the agenda for a future meeting of the Committee. Possibly this could be funded through the Vice President's Office with Health Sciences Learning Resources behind it. It was then pointed out that some

support of this nature was received this year. $16,000 was funded for Educational Development Activities. Note: The 1977-78 budget is for $400,000. The $16,000 was a start and we now need to build on it.

A subcommittee was appointed to consider possibilities for developing the television section of BioMedical Graphics. They will make recommendations at the next Committee meeting. The subcommittee members are D. Garloff, P. Bast and M. Finch -ex officio.

The meeting was adjourned at 4:00 p.m.

NOTE: THE NEXT HEALTH SCIENCES LEARNING RESOURCES COMMITTEE MEETING WILL BE ON:

TUESDAY, NOVEMBER 22ND AT 2;00 P.M.
IN ROOM 279 DIEHL HALL

Just enter the BioMedical Library on the 3rd floor and inside the library you will find steps leading down to the second floor. Once on level two go left and then straight ahead and you will be in room 279.

lw

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Bio-Medical Library
Diehl Hall
505 Essex Street S.E.
Minneapolis, Minnesota 55455

TO: Members of the Health Sciences Learning Resources Committee.
FROM: L. Yvonne Wulff, Coordinator of the Learning Resources Center Development Project
DATE: November 18, 1977.

Dear Committee Members:

Attached are copies of review materials on sixteen AV titles. Please be prepared to make recommendations on the purchase of these at our November 22nd meeting.

AV REQUEST SUMMARY

	Titles Previewed & Evaluated	Titles Recommended
June 1977	9	7
Sept. 1977	22	3
Nov. 1977	61	16

94 titles on request for preview 11/17/77
92 titles previewed March 29 - 11/17/77
26 titles referred to committee
28% selection rate

AV BUDGET SUMMARY

$ Approved Thru 9/77	$ November Request
$1776	$2128

LYW:lmw

Enclosures

Learning Resources Collection Development Project

AV Information Sheet

MACDOPE (Computer Simulation of Pharmacokinetics)
CAI program $150
Mc Master University

Previewed by: Faculty 1
Students 1
Technical ____ Discussed with HS Computer Center

Recommend for: Pharmacology - Phase B Est. Student Use=200+

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	4	4
Accuracy	4	4
Organization	4	4
Length	-	-
Tech. quality-sound	na	na
Tech. quality-visual	na	na
Value compared to other available instructional mat'l	4	4
Overall rating	4	4

II. Anticipated use:

x Self-instruction
____ Small group
____ Lecture
____ Assigned viewing for class
____ Recommended viewing for class

III. Comments:
Evaluation based on descriptive manual. The simulations in perscription writing which the program provides were of particular interest to both faculty and student.

IV. Related materials presently in the Learning Center:
There are no pharmacology materials in the LRC. We have MACPUF (Computer Simulation of Gas Exchange and Circulation) available on the LRC computer terminals.

Learning Resources Collection Development Project

AV Information Sheet

Blood Brain Barrier Slide/tape $60
McMaster University

Previewed by: Faculty 1
Students 0
Technical 0

Recommend for: Pharmacyology-Phase B; Physiology-Phase A Est. Use =300+

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	2	
Accuracy	4	
Organization	2	
Length	1	
Tech. quality-sound	4	
Tech. quality-visual	4	
Value compared to other available instructional mat'l	3	
Overall rating	3	

II. Anticipated use:

- [x] Self-instruction
- [ ] Small group
- [ ] Lecture
- [ ] Assigned viewing for class
- [x] Recommended viewing for class

III. Comments:
A portion of particular interest for pharmacology. Good additional material for physiology.

IV. Related materials presently in the Learning Center:

No material directed specifically to blood brain barrier in LRC. Several titles related to respiration, gas diffusion, and transport.
Eg. Diffusion, Slide/tape
Gas Transport to the Periphery, Slide/tape

Learning Resources Collection Development Project

AV Information Sheet

Auscultation and the normal heart. Multi-media including videocassette and slide/tape $304.20
Lippincott (Medi-Cine Ltd.)

Previewed by: Faculty ____ Sr. Lab. Services Coordinator, Physiology
Students ____
Technical ____

Recommend for: Physiology - Allied Health; Phase A. Est. use = 200+

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	4	____
Accuracy	5	____
Organization	4	____
Length	4	____
Tech. quality-sound	4	____
Tech. quality-visual	3	____
Value compared to other available instructional mat'l	5	____
Overall rating	4	____

II. Anticipated use:

x	Self-instruction
____	Small group
____	Lecture
____	Assigned viewing for class
x	Recommended viewing for class

III. Comments:
Could also be used as a laboratory experience. Shows heart action which produces sounds.

IV. Related materials presently in the Learning Center:
Interpreting Heart Sounds. Audio-tape.
Self-Test on heart sounds and murmurs. Audio-tape and Diagrams
(Dwan Learning Center has Phono Cardio Simulator)

Learning Resources Collection Development Project

AV Information Sheet

Pure Mitral Stenosis. Multi-media including videocassette and slide/tape. $279.20
Lippincott (Medi-Cine Ltd)

Previewed by: Faculty ____ Sr. Lab Services Coordinator, Physiology
Students ____
Technical ____

Recommend for: (See comments)

Evaluation Summary: (See comments)

	Range (Range possible 0-5)	Mean
I. Subject relevancy	____	____
Accuracy	____	____
Organization	____	____
Length	____	____
Tech. quality-sound	____	____
Tech. quality-visual	____	____
Value compared to other available instructional mat'l	____	____
Overall rating	____	____

II. Anticipated use:

__x__ Self-instruction
_____ Small group
_____ Lecture
_____ Assigned viewing for class
_____ Recommended viewing for class

III. Comments:
The video portion of this multi-media package was given high ratings for physiology. The slide/tape portion was considered too sophisticated for students early in their program.

IV. Related materials presently in the Learning Center:

Functional Anatomy of the Mitral Valve. Videocassette
(Additional materials in Dwan Learning Center)

Learning Resources Collection Development Project

AV Information Sheet

The Orbit. Videocassette. $200.00
(Anatomy of the Eye Series #1)
Teaching Films, Inc.

Previewed by: Faculty 1
Students ____
Technical ____

Recommend for: Phase B; Phase D; Nurse Practitioner; Est. Use = 300+

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	3	____
Accuracy	3	____
Organization	3	____
Length	5	____
Tech. quality-sound	4	____
Tech. quality-visual	4	____
Value compared to other available instructional mat'l	2	____
Overall rating	3	____

II. Anticipated use:

x	Self-instruction
____	Small group
____	Lecture
____	Assigned viewing for class
x	Recommended viewing for class

III. Comments:

IV. Related materials presently in the Learning Center:
There are 30+ titles related to the eye - diseases, examination, diagnosis, treatment.

Learning Resources Collection Development Project

AV Information Sheet

The Visual System: The Globe. Videocassette. $200
(Anatomy of the Eye Series #1)
Teaching Films, Inc.

Previewed by: Faculty 1
Students ____
Technical ____

Recommend for: Phase B; Phase D; Nurse Practitioner. Est. Use = 300+

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	4	____
Accuracy	3	____
Organization	3	____
Length	5	____
Tech. quality-sound	4	____
Tech. quality-visual	4	____
Value compared to other available instructional mat'l	2	____
Overall rating	4	____

II. Anticipated use:

- x Self-instruction
- ____ Small group
- ____ Lecture
- ____ Assigned viewing for class
- x Recommended viewing for class

III. Comments:

IV. Related materials presently in the Learning Center:

There are 30+ titles related to the eye - diseases, examination, diagnosis, treatment.

Learning Resources Collection Development Project

AV Information Sheet

The Circulation. Videocassette $200
(Anatomy of the Eye Series #6)
Teaching Films, Inc.

Previewed by: Faculty 1
Students ____
Technical ____

Recommend for: Phase B; Phase D; Nurse Practitioner. Est. Use -300+

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	4	____
Accuracy	4	____
Organization	4	____
Length	5	____
Tech. quality-sound	4	____
Tech. quality-visual	4	____
Value compared to other available instructional mat'l	2	____
Overall rating	3	____

II. Anticipated use:

- x Self-instruction
- ____ Small group
- ____ Lecture
- ____ Assigned viewing for class
- x Recommended viewing for class

III. Comments:

IV. Related materials presently in the Learning Center:
There are 30+ titles related to the eye - diseases, examination, diagnosis and treatment.

Learning Resources Collection Development Project

AV Information Sheet

The Nerves. Videocassette $200
(Anatomy of the Eye Series #7)
Teaching Films, Inc.

Previewed by: Faculty 2
Students 0
Technical 0

Recommend for: Phase B; Phase D; Nurse Practitioners; Est. Use = 300+

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	2-5	3.5
Accuracy	3-5	4
Organization	2-5	3.5
Length	2-5	3.5
Tech. quality-sound	4	4
Tech. quality-visual	4-5	4.5
Value compared to other available instructional mat'l	1-4	2.5
Overall rating	2-5	3.5

II. Anticipated use:

- [x] Self-instruction
- [ ] Small group
- [ ] Lecture
- [ ] Assigned viewing for class
- [x] Recommended viewing for class

III. Comments:

IV. Related materials presently in the Learning Center:
There are 30+ titles related to the eye - diseases, examination, diagnosis, treatment.

Learning Resources Collection Development Project

AV Information Sheet

The Tofflemire Matrix. Videocassette $105
Case Western H.S. Communication Center

Previewed by: Faculty 1
Students 1
Technical 1

Recommend for: Operative Dentistry: Pre-clinical. Est. Student Use = 150

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	4-5	4.6
Accuracy	4-5	4.6
Organization	4-5	4.6
Length	5	5
Tech. quality-sound	5	5
Tech. quality-visual	5	5
Value compared to other available instructional mat'l	5	5
Overall rating	4-5	4.6

II. Anticipated use:

x	Self-instruction
x	Small group
	Lecture
	Assigned viewing for class
x	Recommended viewing for class

III. Comments:
This title is one of several being reviewed for use by dental students in preparation for clinical work.

IV. Related materials presently in the Learning Center:

None

Learning Resources Collection Development Project

AV Information Sheet

Condensing and Carving a Class II. slide/tape $50
Case Western H.S. Communication Center

Previewed by: Faculty 1
Students 1
Technical 1

Recommend for: Operative Dentistry. Pre-clinical. Dental Assistants
Est. Student Use - 150+

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	4-5	4.6
Accuracy	5	5
Organization	5	5
Length	5	5
Tech. quality-sound	3-5	2.6
Tech. quality-visual	5	5
Value compared to other available instructional mat'l	4-5	4.6
Overall rating	4-5	4.6

II. Anticipated use:

x	Self-instruction
x	Small group
	Lecture
	Assigned viewing for class
x	Recommended viewing for class

III. Comments:

This title is one of several being reviewed for use by dental students in preparation for clinical work.

IV. Related materials presently in the Learning Center:

None.

Learning Resources Collection Development Project

AV Information Sheet

Modern Amalgam Alloys - How to select and manipulate for optimum clinical performance.
Slide/tape $50
Northwestern University.

Previewed by:
Faculty 1
Students 0
Technical 1

Recommend for: Operative Dentistry. Pre-clinical. Est. Use=150

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	5	5
Accuracy	5	5
Organization	5	5
Length	5	5
Tech. quality-sound	5	5
Tech. quality-visual	5	5
Value compared to other available instructional mat'l	5	5
Overall rating	5	5

II. Anticipated use:

- x Self-instruction
- x Small group
- ___ Lecture
- ___ Assigned viewing for class
- x Recommended viewing for class

III. Comments:

This title is one of several being reviewed for use by dental students in preparation for clinical work.

IV. Related materials presently in the Learning Center:

None.

Learning Resources Collection Development Project

AV Information Sheet

Cavity Varnish (Copalite) and Cement Base (Zinc Phosphate Cement)
Videocassette $40
University of Michical School of Dentistry

Previewed by: Faculty 2
Students 1
Technical 1

Recommend for: Operative Dentistry. Pre-clinical. Est. Use =150
Dental Assistants

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	4-5	4.7
Accuracy	4-5	4.7
Organization	4-5	4.7
Length	4-5	4.7
Tech. quality-sound	4-5	4.7
Tech. quality-visual	4-5	4.7
Value compared to other available instructional mat'l	4-5	4.2
Overall rating	4-5	4.5

II. Anticipated use:

- [x] Self-instruction
- [ ] Small group
- [ ] Lecture
- [ ] Assigned viewing for class
- [x] Recommended viewing for class

III. Comments:

This title is one of several being reviewed for use by dental students in preparation for clinical work.

IV. Related materials presently in the Learning Center:
None.

Learning Resources Collection Development Project

AV Information Sheet

Mixing Rubber Base Impression Materials. Videocassette $40
University of Michigan School of Dentistry

Previewed by: Faculty 2
Students 1
Technical 1

Recommend for: Operative Dentsitry. Pre-clinical. Dental Assistants. Est. Use =150+

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	4-5	4.7
Accuracy	1-5	4.0
Organization	4-5	4.7
Length	4-5	4.7
Tech. quality-sound	5	5
Tech. quality-visual	5	5
Value compared to other available instructional mat'l	2-5	4.0
Overall rating	3-5	4.2

II. Anticipated use:

- x Self-instruction
- ___ Small group
- ___ Lecture
- ___ Assigned viewing for class
- x Recommended viewing for class

III. Comments:
This title is one of several being reviewed for use by dental students in preparation for clinical work.

IV. Related materials presently in the Learning Center:
None

Learning Resources Collection Development Project

AV Information Sheet

Radiograph and Digital Examination of the Teeth
Videocassette. $50
University of Michigan School of Dentistry

Previewed by: Faculty 2
Students 0
Technical 1

Recommend for: Operative Dentistry. Pre-clinical. Est. Student Use=150

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	5	5
Accuracy	5	5
Organization	5	5
Length	5	5
Tech. quality-sound	4-5	4.6
Tech. quality-visual	5	5
Value compared to other available instructional mat'l	4-5	4.6
Overall rating	4-5	4.6

II. Anticipated use:

X	Self-instruction
	Small group
	Lecture
	Assigned viewing for class
X	Recommended viewing for class

III. Comments:
This title is one of several being reviewed for use by dental students in preparation for clinical work.

IV. Related materials presently in the Learning Center:

None

Learning Resources Collection Development Project

AV Information Sheet

Class I Amalgam Restoration
Videocassette. $50
University of Michigan School of Dentistry

Previewed by: Faculty 2
Students 1
Technical 1

Recommend for: Operative Dentistry. Pre-clinical. Est. Student Use =150

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	5	5
Accuracy	4-5	4.6
Organization	5	5
Length	5	5
Tech. quality-sound	4	4
Tech. quality-visual	4	4
Value compared to other available instructional mat'l	4	4
Overall rating	4	4

II. Anticipated use:

- X Self-instruction
- ___ Small group
- ___ Lecture
- ___ Assigned viewing for class
- X Recommended viewing for class

III. Comments:
This title is one of several being previewed for use by dental students in preparation for clinical work.

IV. Related materials presently in the Learning Center:

None.

Learning Resources Collection Development Project

AV Information Sheet

Polishing an Amalgam Restoration. Slide/tape $50
Case Western Reserve H.S. Communication Center

Previewed by: Faculty 1
Students 0
Technical 1

Recommend for: Operative Dentistry, Pre-clinical. Dental Assistants, Dental Hygiene. Est. Student Use=150+

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	5	5
Accuracy	5	5
Organization	5	5
Length	5	5
Tech. quality-sound	5	5
Tech. quality-visual	5	5
Value compared to other available instructional mat'l	4-5	4-5
Overall rating	4-5	4-5

II. Anticipated use:

- x Self-instruction
- ___ Small group
- ___ Lecture
- ___ Assigned viewing for class
- x Recommended viewing for class

III. Comments:

This title is one of several being reviewed for use by dental students in preparation for clinical work.

IV. Related materials presently in the Learning Center:

None.

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

November 14, 1977.

Lyle French, M.D.
Vice President for
Health Sciences
432 Morrill Hall

Dear Dr. French:

By January 1978 our Biomedical Graphics Division will have moved into its new facility in Unit B/C. One component of the new space will be devoted to television studio production. We will be moving the camera system currently housed in Unit A to this new studio because it is a larger studio and thus offers more flexibility in productions. The Unit A studio will then be used as a one-camera black and white recording area and audio studio.

The new B/C studio will need appropriate staffing if it is to function well. Our present arrangement of using student part-time projectionists is inappropriate and inadequate. They are untrained and not paid enough to demand of them an expertise of that required by the television production tasks. Requests have tripled in this last year for use of the new camera system and we anticipate continued activity, especially as educational development projects cannot get access to the Rarig Studios (we have been turned down on two projects this year for the first time--their staff could not accommodate our volume of requests).

It should be emphasized that our B/C television studio is a second level facility with capabilities intended to complement the Rarig studios. Rarig is equipped to produce broadcast standard television. Our standard is for excellence in educational television, but this application is generally recognized as possible with less than broadcast quality hardware and personnel support. Our intention is to develop a facility which can use the capabilities of Rarig on those projects requiring elaborate auxillary support, while keeping the bulk of the projects near the clinical activity of a medical center. Doing this requires close and constant planning and coordination, both in terms of equipment and staff.

Given this situation I have consulted numerous resource people at the University and weighed several alternatives for advancing our mission of instructional television service. Priority seems to be with the area of staffing and organizational interrelationships.

To meet our staffing needs I would, then, recommend the following steps:

1. University Media Resources be asked to provide a training program for our biomedical photographers so they can function as directors of studio television activity.

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2. 1/4 time support funds be provided to UMR to have a director assigned to Health Science projects on a ½ time basis. This person would:

   a. Direct projects at either Rarig or Health Sciences;
   b. Do staff development activities of Biomedical photographers and supervise project staff during studio production;
   c. Coordinate Rarig activities and Health Science projects by acting as a liaison between UMR-Television and Biomedical Graphics-Television.

3. Biomedical Graphics institute a charge system for studio production on an hourly basis. This would allow us to generate the support funds for the above 1/4 time position (however, initial allotments may be required until a clientele of customers is established) and to pay for the biomedical photographers working on projects.

   UMR-Television provides its service at no charge and, admittedly, this recommendation would be at odds with U-wide operations. However, we are a second-level facility. Rarig is a first level facility and, if they (UMR) were to charge for their service, the user cost would be too high to be affordable. As a second level facility, our costs would keep charges at a rate parallel to other biomedical graphic services rates. I believe the discrepancy between the Rarig and Health Sciences charge policy to be less paradoxical than creating a discrepancy within our own department service functions (i.e., charging for photography, but not for television).

4. UMR-Engineering be asked to:

   a. Regularly assess our engineering status and recommend action on our TV equipment needs and;
   b. That they hold training sessions for our student and professional staff for the care and operation of equipment.

I believe these provisions would represent a beginning step in coordinating with UMR and at the same time building a capability within the Health Sciences. Further recommendations will be forthcoming in a task force report of the Health Sciences Learning Resources Committee. As I mentioned earlier, this initial set of recommendations was selected from other alternatives. For your information, the other alternative solutions for staffing would be as follows:

a. Keep all television within the Health Sciences Center and work toward an autonomous first level production capability which would meet all future needs. This would require a broadcast quality system. The costs of such a system are so high that it would be prohibitive to do this.

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b. Turn all responsibility for television production over to UMR-Television. They would establish a satellite function of their central service. This alternative becomes difficult to accept in light of Rarig's difficulty in expanding their staff to take charge of a rather significant new site. Furthermore, the morale problem within our existing Health Sciences support service would be seriously diminished. Career expansion of our staff is critical to a healthy organization of service personnel. I believe we need to create opportunities for staff to grow.

One last point should be made. It is my strong belief that the function of television production should be supervised by those most capable of doing so, and that the broader issue of project design be supervised in a likewise fashion by us. Hopefully, this proposal of inter-unit collaboration would guarantee just such a philosophy and act to provide an economically desirable solution; one which can also achieve those objectives of service required of educational development activities.

If you agree with these proposed actions, would you take the next step in discussing the issues with Vice President Koffler to obtain a reaction in regard to UMR.

Sincerely yours,

David Garloff, Ed.D.
Coordinator, Health Sciences
Learning Resources

DG:lw

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
544 Diehl Hall
Minneapolis, Minnesota 55455
(612) 376-4666

MINUTES OF HEALTH SCIENCES
LEARNING RESOURCES COMMITTEE MEETING
Tuesday, November 22, 1977.
Room 279 Diehl Hall

Present: Bast, Finch, Goldstein, Gunderson, Kabat, McCollister, Perlmutter, Wulff and Garloff-Chairing.

The meeting was called to order at 2:07 p.m. by David Garloff who was substituting for Chairperson Young.

Agenda Item #1 - Report of the Task Force on Biomedical Graphics: Handout
D. Garloff spoke briefly about the handout highlighting specifically numbers 1 through 7 on pages 2 and 3 of the handout.

(1) Training Program: The photographers have already registered for courses to train them in television production. There will be several workshops pertaining to this beginning in January.

(2) We definitely will need engineering support.

(3) Purchase equipment: Funds were eliminated from B/C funds. All television equipment was scratched We have lighting, wiring for control room, computer flooring. Essentially - we have a studio without equipment.

(4) Rarig liaison: We would need to have a half-time person from University Media Resources who would be assigned to Health Science projects. 50% of the funding for this position would come from Health Sciences Learning Resources and the other 50% would come from University Media Resources.

(5) Media Resources fund distribution: Writers of grants should be including costs in proposals for obtaining our services rather than for hiring a person to do the work or doing it themselves.

(6) Administrators and faculty need to be urged to share resources.

(7) A Television Committee needs to be established to answer questions on policy.

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Health Sciences Learning Resources
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Handout: Letter to Dr. Lyle French

The committee was asked for their endorsement of this letter to Dr. French which was asking three things:

(1) Support funds be provided to UMR to have a director assigned to Health Science projects on a ½ time basis.

(2) Biomedical Graphics institute a charge system for studio production on an hourly basis.

(3) UMR-Engineering be asked for support.

The committee voted unanimously to endorse the letter to Dr. French.

Agenda Item #2 - NLM AV Collection Development Grant

Sixteen titles totaling $2,028.40 were presented to the committee for their purchase approval. All were unanimously approved for purchase.

The meeting was adjourned at 3:45 p.m.

lw

THE TASK FORCE ON BIOMEDICAL GRAPHICS

The task force on Biomedical Graphics met to discuss the concerns and needs with regard to Health Sciences television. In review, it was mentioned that:

1. The B/C construction would allow for substantial TV studio production space in the Biomedical Graphics area. Some of this space would be shared with the medical photographers, but the potential will exist for intermediate range productions.

2. No funds or staff have been identified to operate a studio in the B/C studio. This means no equipment funds are budgeted nor are staff positions available for operating the system if the equipment did exist.

3. Several inquiries were made to the University Media Resources and Central Administration about the feasibility of "loaning" engineering and directing staff of UMR to do television projects in the B/C facility. No response in the way of a plan or provision is forthcoming from UMR to warrant waiting on such an arrangement. Their staff constraints would not allow for such a collaborative effort unless their staff were augmented.

4. The television studio in Unit A is currently equipped with a used studio color camera system. The cameras represent any inexpensive color system and do not provide very good flexibility or range of capabilities for TV production. The recording capability is a minimum system with a 3/4" recorder doing the master recording.

   The staff of the Audiovisual Services Dept. operates the equipment. This staff is relatively untrained in television and is composed of undergraduate students working part-time as projectionists. The supervisor of AV Services has limited TV training and engineering support is purchased through Media Resources-Engineering for backup assistance.

5. Other television facilities in the Health Sciences Center do not provide substitute capabilities such as those provided by the B/C plan. The School of Dentistry system, although highly sophisticated technically, cannot be used fo even moderately complex studio productions. The staff of Dentistry is not large enough or trained in the competence of studio-type production. Studio productions require a team composed of engineer, director, camera people and audio person. One person proficient in all these areas does not satisfy the conditions for production of most instructional programs.

5. (Continued)

Furthermore, non-dental projects are hard to justify given the dedicated nature of the facility for dental faculty. This leaves Pharmacy, Medicine, Nursing, and Public Health with absolutely no alternative except the Rarig Center television studio. University Health Sciences Centers throughout the country have demonstrated the importance of in house television through their investments and program expansion. The Universities of Michigan, Texas, Washington, Alabama, Georgetown, Indiana, and Illinois are just a few examples of health institutions with television facilities within their health sciences. Their decisions to do this were not unfounded and many of these (the above list is in no way a complete list) institutions have demonstrated exceptionally good instructional materials.

Based on this discussion, it was recommended that seven actions be taken to improve and expand the program of instructional television within the Health Sciences.

1. Develop a training program: This has already been initiated. The medical photographers will engage in several training sessions and courses to expand their expertise. This should facilitate the projected staff shortage.

2. Programatically support engineering and maintenance service: Currently we purchase service on an item basis. With an on-going facility engineering service would be needed continuously. It is proposed that an engineer's services be supported in a 3/4 time basis from Media Resources - Engineering.

3. Purchase equipment: Approximately $350,000 would be needed to equip the space with an intermediate capability. This could be done in phases, but it will have to be done eventually if the space is to be ever justified or television technology is to be used significantly as an instructional resource. The capital investment would bring with it ongoing financial requirements such as maintenance.

   The specific budget for equipment has been carefully planned as part of B/C construction planning.

4. Rarig liaison and consultative provision: It is recommended that greater inter-departmental collaboration be developed with the Rarig Center Media Resources. This would be done through inter-staff inservice programs and other informal channels, but other provisions would be:

   a. Request representation of HSLR on Media Resources staff meetings and planning sessions.
   b. Support a UMR staff person by way of joint appointment and who would be dedicated to HSLR projects within Rarig Center. Logically this would be at the Director's level (based upon current experience of interrelationships

c. Inclusion of UMR administrator in HSLR Committee in an ex-officio capacity.

5. Reidentification of Media Resource fund distribution by academic departments. Many project directors of grants and administrators of academic divisions could further their programs by planning for use of HSLR production capabilities rather than develop their own relatively small parochial provisions. It is recommended that a program of inquiry and argument be made to these investigators and administrators for incorporating our services in their planning.

6. Program of Advocacy system for sharing and support for HSLR. Many resources for television already exist in the Health Sciences and much has been said and actually done to promote sharing of equipment, personnel and services. However, more needs to be done in this area and it is recommended that administrators and faculty be urged to develop an attitude and act on the philosophy of sharing resources.

7. Television Committee: If true interaction and collaborative activity increase, a policy recommending group needs to be formed so problems and inter-school priorities can be resolved.

This task force report has limited itself to those concerns related to television. There are, however, broader questions which need to be addressed. The task force felt that the above recommendations only begin to resolve the problems associated with Biomedical Graphics. The central issue still is centralized support for production activities. Specifically these broader issues could be characterized with the following questions:

A. How can educational development be supported centrally without a fee-for-service charge? Fee-for-service prohibits innovative attempts at improving teaching.

B. How can our Biomedical Graphics division best relate to other university services to they are not competitive or duplicative?

C. How can Biomedical Graphics increase service (based on increased requests) without jeopardizing the quality of products (i.e., fee-for-service promotes requests for cheaper services which, in turn, affects the quality standards of its service).

These three broad issues are interrelated and demand thorough analysis before good solutions can be found. It is, therefore, recommended that the task force continue with one added person.

UNIVERSITY OF MINNESOTA
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Bio-Medical Library
Diehl Hall
Minneapolis, Minnesota 55455

TO: Members of the Health Sciences Learning Resources Committee
FROM: Sandra J. Johnson, Coordinator, Development Project
DATE: March 21, 1978.

Dear Committee Members:

Attached are copies of review materials for Audiovisual Titles. Please be prepared to make recommendations on the purchase of these on March 31, 1978.

AV REQUEST SUMMARY

June 77	9	7	$518.90
Sept 77	22	3	$509.50
Nov 77	61	16	$2028.40
Feb 78	28	24	$4955.42
March 78	45	18	$4150.62

Total Number of Titles previewed 1977 to date: 234

Number of Titles recommended 1977 to date: 100

Total cost of titles recommended to date: $15,575.28 (31.15% of grant)

By Department:

Public Health Nutrition	6	$592.65	1.18%
Medicine	34	$4203.40	8.41%
Public Health Nursing	16	$2799.30	5.60%
Nursing	22	$6051.67	12.1%
Dentistry	22	$1928.26	3.86%
Totals	100	$15,575.28	31.15%

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Feeding the Young Child
Producer: University of Toronto
Format: VC
Date: 1974

Cost: $100

Previwed by:
Faculty ____
Students 1 student who has had the course
Technical 2

Recommend for:

Faculty: Phyllis Fleming Pub health Nutrition Number of Students _____

Evaluation Summary:	Range (Range possible 0-5)		Mean
I. Subject relevancy	0		____
Accuracy	0		____
Organization	0		____
Length	0		____
Tech. quality-sound	0		4
Tech. quality-visual	0		5
Value compared to other available instructional mat'ls	0		5
Overall rating	0	4.33	5

II. Anticipated use:

____ Self-instruction
____ Small group
x Lecture
x Assigned viewing for class
____ Recommended viewing for class

III. Comments:

Program held students interest. Should supplement lecture well. Could be used for other courses where infant feeding is discussed. Narrators voice sounds rather patronizing, but that may be "Canadian" dialect-- becomes easy to ignore later in the program. Good factual information, opinions are stated as such. Good explanation of obesity in childhood and infancy.

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Changing Images of Women Drinkers
Producer: Addiction Research Foundation
Format: VC
Date: 197?

Cost: $90.00

Previwed by:

Faculty	1
Students	1
Technical	2

Preview of composite film only.
We saw only a short clip from the tape.

Recommend for:

Faculty: Trude Turnquist PHN 5622 Number of Students _____

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	?	?
Organization	?	?
Length	0	5
Tech. quality-sound	4-5	4.5
Tech. quality-visual	0	5
Value compared to other available instructional mat'ls	0	4
Overall rating	4-5	4.5
	4.17	

II. Anticipated use:

_____	Self-instruction
_____	Small group
x	Lecture
x	Assigned viewing for class
x	Recommended viewing for class

III. Comments:

x Socio-historical aaproach to female alcoholism. Use of"Media Hype"
Treatment approach seems to be multi-disciplinary.
very appropriate for the course, no other materials available.

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Pedodontic Technics Pediatric Dentistry Course
Producer: Dr. David Avery Indiana-Purdue University
Format: VC
Date: 1977-78

Cost: $600.00 dubbing fee

Previwed by: Faculty 2
Students ____
Technical ____

Recommend for:

Faculty: Paul Walker Pediatric Dentistry Number of Students ____

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	0	5
Organization	0	5
Length	0	5
Tech. quality-sound	0	5
Tech. quality-visual	0	5
Value compared to other available instructional mat'ls	0	5
Overall rating	0	5

II. Anticipated use:

x	Self-instruction
x	Small group
x	Lecture
x	Assigned viewing for class
x	Recommended viewing for class

III. Comments: This course will be used directly in ongoing classes. The Univeristy is giving the course to us free of charge. The price of $600.00 is the cost of 2" quad tape for dubbing (total of Three) for creation of masters for broadcasting.

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Stander OB Mannikin-- Bony Pelvis with Fetal Skull, and Fetal Doll
Producer: Clay-Adams
Format: 3 dimensional model
Date: no date
Cost: $250.00

Previwed by: Faculty ____ Students ____ Technical ____

no preview available. Faculty have seen this at conferences and workshops. Catalogue has good color picture and description.

Recommend for:

Faculty: K. Dineen Nurse-Midwifery Program
Number of Students 10-15 students per quarter

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	____	____
Accuracy	____	____
Organization	____	____
Length	____	____
Tech. quality-sound	____	____
Tech. quality-visual	____	____
Value compared to other available instructional mat'ls	____	____
Overall rating	____	____

II. Anticipated use:

- x Self-instruction
- x Small group
- ____ Lecture
- x Assigned viewing for class
- ____ Recommended viewing for class

III. Comments:

Needed to demonstrate various delivery positions, complications of delivery etc. Will be compared with the OB Phantom and the Simulaids' Transparent OB Manikin

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Transparent OB Phantom
Producer: Gaumard Scientific, Inc.
Format: 3 dimensional model
Date: no date

Cost: $285.00

Previwed by:
Faculty ____
Students ____
Technical ____

No preview available
Catalogue has good description and photograph.

Recommend for:

Faculty: K. Dineen Nurse-Midwifery Program Number of Students 10-15 students per quarter

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	____	____
Accuracy	____	____
Organization	____	____
Length	____	____
Tech. quality-sound	____	____
Tech. quality-visual	____	____
Value compared to other available instructional mat'ls	____	____
Overall rating	____	____

II. Anticipated use:

x	Self-instruction
x	Small group
x	Lecture
x	Assigned viewing for class
x	Recommended viewing for class

III. Comments: This is a second priority for purchase. The use of this model will depend on the quality of the "Bony Pelvis and Fetal Skull"(#223) and and OB Mannikin 115 (#214).
It will be used to simulate delivery since clinical experiences in institutions are becoming difficult to obtain. Present model is archaic and of little use. Public Health Practitioners may also find this model useful,

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Looking for Me
Producer: Multi Media Resource Center
Format: 16mm film-VC
Date: 1970

Cost: $250.00

Previwed by:
Faculty x
Students x
Technical ____

Recommend for:

Faculty: S. Clatworthy School of Nursing Number of Students _____

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	____	____
Accuracy	____	____
Organization	____	____
Length	____	____
Tech. quality-sound	____	____
Tech. quality-visual	____	____
Value compared to other available instructional mat'ls	____	____
Overall rating	____	____

II. Anticipated use:

x Self-instruction
x Small group
x Lecture
x Assigned viewing for class
x Recommended viewing for class

III. Comments:

Film demon strates how "body language" van be a means of communication with the psychotic. Three sequences with autistic children, normal children and adults provide comparisons. Most powerful sequence shows the therapist working with two autistic girls as they share the joyous moment of a physical and emotional experience for the first time.

IV. Related materials presently in the Learning Center:

AVLS Owns this film, but rental is not always available. Need a copy in the LRC for students to use individually. Could not obtain permission to copy.

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Delivering Family Planning Services: Reaching Out
Producer: Airlie Foundation--National Medical Audiovisual Center
Format: [illegible]-VC
Date: 1974 Cost: 170.00

Previewed by:

Faculty	1
Students	1
Technical	1

Recommend for:

Faculty: Trude Turnquist Public Health Nursing 5-622 Number of Students _____

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	4
Accuracy	0	5
Organization	0	5
Length	0	4
Tech. quality-sound	0	4
Tech. quality-visual	0	5
Value compared to other available instructional mat'ls	0	5
Overall rating	0	4

II. Anticipated use:

_____	Self-instruction
_____	Small group
x	Lecture
_____	Assigned viewing for class
_____	Recommended viewing for class

III. Comments: Excellent film-- Covers the international aspects of Women and Health Care.

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Forecasting the Future
Producer: Harper & Rowe
Format: 2 filmstrips with audiocassettes
Date: 1977

Cost: $120.00

Previwed by: Faculty 2
Students ____
Technical ____

Recommend for:

Faculty: Maria Snyder Nursing 5-703 Number of Students _____

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	0	5
Organization	0	5
Length	0	5
Tech. quality-sound	0	5
Tech. quality-visual	0	5
Value compared to other available instructional mat'ls	0	5
Overall rating	0	5
		5.0

II. Anticipated use:

x	Self-instruction
x	Small group
	Lecture
	Assigned viewing for class
x	Recommended viewing for class

III. Comments: Many timely and thought-provoking ideas. Very good teacher's guide. Not aware of anything comparable.

IV. Related materials presently in the Learning Center:

AVLS owns "Future Shock" (not about Forecasting.)

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Beating the Averages
Producer: National Audiovisual Center
Format: 16mm film--VC
Date: 1969

Cost: $109.50

Previwed by:

Faculty	2
Students	1
Technical	1

Recommend for:

Faculty: Dr. Katz Dental Health Ecology Number of Students _____

Evaluation Summary:	Range (Range possible 0-5)		Mean
I. Subject relevancy	0		5
Accuracy	0		5
Organization	0		5
Length	0		5
Tech. quality-sound	0		5
Tech. quality-visual	4-5		4.6
Value compared to other available instructional mat'ls	0		5
Overall rating	0	4.9	5

II. Anticipated use:

x	Self-instruction
x	Small group
	Lecture
	Assigned viewing for class
x	Recommended viewing for class

III. Comments: Shows the problems of architectural barriers for the handicapped in a positive framework.

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Rape Culture
Producer: Cambridge Documentary Films, Boston
Format: 16mm film--VC
Date: 1975

Cost: $375.00

Previwed by: Faculty 1
Students 1
Technical 1

Recommend for:

Faculty: Trude Turnquist PHN 5-616, 5-622 Number of Students _____

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	0	5
Organization	0	5
Length	1-5	3
Tech. quality-sound	1-5	4.3
Tech. quality-visual	4-5	4.6
Value compared to other available instructional mat'ls	4-5	4.3
Overall rating	0	5
	4.26	

II. Anticipated use:

x	Self-instruction
	Small group
x	Lecture
x	Assigned viewing for class
	Recommended viewing for class

III. Comments:

Describes rape a not an isolated phenomenon, but integrally related to violence in society. Excellent addition to the collection. Interviews all segments of the population-- from rape counselors to the man on the street. Relates to violence in society in general. Applicable to battered women, child abuse, criminal sociology, psychiatry, etc.

IV. Related materials presently in the Learning Center:

This has been cited as a recent addition to six other large university film collections.

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Allergic Contact Dermatitis, Atopic Dermatitis, Psoriasis, Tumor of the Skin, Part I& II, Techniques for Examination of the Skin
Producer: Institute for Continuing Education in Dermatology
Format: Slides/Audiotape
Date: 1976
Cost: $425.00

Previwed by:
Faculty 1
Students
Technical 1

Recommend for:

Faculty: Dr. Manek Dermatologist VA Number of Students

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	0	5
Organization	0	5
Length	0	5
Tech. quality-sound	0	5
Tech. quality-visual	0	5
Value compared to other available instructional mat'ls	0	5
Overall rating	0	5
	5.0	

II. Anticipated use:

x	Self-instruction
	Small group
	Lecture
x	Assigned viewing for class
x	Recommended viewing for class

III. Comments:

Dr. Manek owns these materials at the VA and is currently using them for his students on rotation in dermatology. He would like copies placed in the Learning Center for easier access. These are the highest quality of materials he has ever seen in this field.

IV. Related materials presently in the Learning Center:

Contact Dermatitis, Skin Cancer: Recognition and Treatment, Clinical Dermatology, Primary and Secondary Lesions of the Skin Skin Lesions Depicted and Defined, The Integumentary Sysytem.

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: The Human Torso
Producer: Carolina Biological Products
Format: three dimensional model
Date: no date

Cost: $1950.00

Previwed by: Faculty ____
Students ____
No Preview available Technical ____

Recommend for:

Faculty: Nursing 5-206, 5-404, 5-405 Number of Students 140-150 per quarter
Blossom Gullickson, Joanne Stenburg

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	0	5
Organization		
Length		
Tech. quality-sound		
Tech. quality-visual		
Value compared to other available instructional mat'ls	~~0~~ ~~0~~	~~5~~ 5
Overall rating	0	5

II. Anticipated use:

~~x~~	Self-instruction
~~x~~	Small group
	Lecture
x	Assigned viewing for class
x	Recommended viewing for class

III. Comments: We have an old model similar to this one which is no longer useable. We have found that having a model like this essential so that students can really see the relationship between the skeleton, organs and the outsides of the body. Students cannot visualize where the lungs are! Important in teaching Physical Assessment skills--an increasingly important nursing responsibility.
Inour experience teaching the Tools course to nursing students, any model that can reinforce anatomical relationships is useful. This model is unique, because the rib cage is available and removable. Also includes the spine and vertebral column and spinal nerve. Can be used in teaching intramuscular injections and the location of gluteal nerves. Useful in teaching trauma of the spinal cloumn.

IV. Related materials presently in the Learning Center:

Slelton and charts only.

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: OB Mannikin 115
Producer: Simulaids, Inc.
Format: 3 dimensional model
Date: no date

Cost: $250.00

Previwed by:
Faculty ____
Students ____
Technical ____

No preview available. Other nurse-midwifery programs use this model.

Recommend for:

Faculty: K. Dineen Nurse mid-wifery program

Number of Students 10-15 students per quarter.

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	____	____
Accuracy	____	____
Organization	____	____
Length	____	____
Tech. quality-sound	____	____
Tech. quality-visual	____	____
Value compared to other available instructional mat'ls	____	____
Overall rating	____	____

II. Anticipated use:

x	Self-instruction
x	Small group
x	Lecture
x	Assigned viewing for class
x	Recommended viewing for class

III. Comments:

Our model is an old, wooden, leather-covered affair. The doll is disintegrating. This is not usable and is stored in a closet of the learning center. It needs replacement. (Perhaps we could sell it?)

IV. Related materials presently in the Learning Center:

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MINUTES OF THE HEALTH SCIENCES LEARNING RESOURCES COMMITTEE MEETING
Wednesday, May 3, 1978.

Present: Brudvig, Finch, Garloff, Johnson, Kabat, McCollister, Moller, Perlmutter, Zaworski (H.S. Planning) and Chairperson Young.

The meeting was called to order by Chairperson Young at 10:45 a.m.

OLD BUSINESS:
A motion was made and seconded to approve the minutes of the HSLRC meeting of March 31st. The motion passed.

NEW BUSINESS:

Agenda Item #1 - Opening of shared classrooms and auditorium in Unit B/C - Garloff

There are five shared seminar rooms (capacity of approximately 20 persons each) and one large auditorium (capacity of 325) in the Unit B/C complex. With the opening of these classrooms projected as July 1st and full operation expected by fall the committee needs to be alerted to two areas needing further development; they are A) equipment B) furniture.

A. Equipment: The equipment for the auditorium will consist of the following:

2x2 projector system for rear screen projection
2x2 high intensity projector system
Television projection system - 8' x 8' rear screen
(This will be the only TV system in the auditorium)
16mm high intensity projector
The auditorium will have the same amplification and lighting systems as the auditoria in Unit A.

The legislature recently awarded Media Resources $770,000 for equipment. Planning is now under way to run a cable from Rarig Center to the Unit A studio. We would like to extend the cable and have it also connect to the Unit B/C studio. The value would be as follows:

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a. Rarig studio time is often unavailable and this would allow for high quality production in our B/C studio.
b. The 2" quadraplex tape recorder system that Rarig has makes a high quality master.
c. The B/C studio would be a satellite to the main Rarig studios.

These plans also include the purchase of a complete, high quality mobile system including the services of directors, producers, etc. We would like to see this set up at the B/C studio 2-3 days each month. Again, this would lead to high quality production that could be done right in our own health science studios. The expense of all of the above is small considering the value to teaching.

B. Furniture: There are five shared seminar rooms in the B/C complex. Interior Design is now designing floor plans. The rooms will be furnished with movable chalkboards, conference tables, stacking chairs and allocations will be made to obtain extra chairs for each room. When plans are completed a memo will be sent to committee members by Dr. Garloff illustrating the proposed layout of the rooms.

Agenda Item #2 - Learning Resource Center construction time schedule - Garloff

The construction for the new learning center is being done in two distinct phases with the projected completion date of 1980 anticipated for phase 1.

Some slight changes in the original plans have been necessary due to the fact that Scientific Apparatus originally was going to retain its current space on the second floor of Diehl Hall and the labs in the back of Diehl would be moving out. Now, however, the plans are to have Scientific Apparatus move out and a portion of lab space remain. This is why the completion of the LRC is in two steps. In the end we will have the same square footage of space originally intended for the LRC (18,000 sq. ft.). When the remaining lab space is vacated the LRC will be completed.

1st phase - New plan allocating 12,000 sq. ft.
2nd phase - Original plan allocating 18,000 sq. ft.

Also, the position of the LRC in relation to the building itself has been changed. Initially it was to be on the edge of the building and now it will be located in the center of the building.

Medical students have voiced a concern that they would like some

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space for a Health Sciences Student Activities Center. This would be an area where there would be an information center, display cases, a place to put materials on reserve and possibly some office space. Phase 2 planning could include this function.

Agenda Item #3 - LRC Development Grant - Johnson

Sixteen titles were brought to the committee's attention for purchase approval at the cost of $4,574.00. All titles were approved for purchase.

There is a formal charge in the grant to develop out-state collections and Ms. Johnson will elaborate on this at the next committee meeting.

Agenda Item #4 - BioMedical Graphics - Finch

M. Finch had a 4th item to add to the agenda regarding BioMedical Graphics. They have now moved into their new space in Unit B/C and are planning an open house once their studio is in full operation. Martin would like input on ideas about dedication of the space - they are the first occupants of the building. It was suggested that no special dedication be made for that particular area - rather they would wait for the building's dedication. It was suggested also that the MINNESOTA DAILY be contacted. Possibly they could be persuaded to do a story about B/C's first occupants and this would lead to a bit of free publicity for BioMedical Graphics and alert people of their move.

The meeting was adjourned at 12:00 noon.

The next committee meeting will be scheduled sometime near the end of June.

HEALTH SCIENCES LEARNING RESOURCES
COMMITTEE MEMBERS
1978-1979

Peter Bast
College of Pharmacy
Room 5 Appleby Hall
6-5354

Glenn Brudvig - Ex officio
Head, BioMedical Library
316 Diehl Hall
3-5585

Kenneth Burns
Instructor, Nursing
3313 Powel Hall
3-3120

Martin Finch - Ex officio
Director, BioMedical Graphics
Box 711, Mayo
192 B/C
3-8824

David Garloff - Ex officio
Director, H.S. Learning Resources
544 Diehl Hall
6-4666

Nancy Goldstein
Patient Ed. Specialist
Box 603
Mayo
3-8291

Linda Grummer
Asst. Prof., Nursing
4410 Powell Hall
3-8217

Mellor Holland
Assoc. Dean, Dentistry
15-106 HS Unit A
3-3454 or 6-4374

Sandra Johnson - Ex officio
Coordinator, LRC Development Project
547 Diel Hall
6-5048

Hugh Kabat
College of Pharmacy
Room 204 Appleby Hall
6-7454

Paul Maupin - Ex officio
Coordinator, H.S. Planning Office
4104 Powell Hall
3-8981

Robert McCollister
Asst. Dean, Medical School Curriculum
Box 33, Mayo
3-9582

James Moller - Chairperson
Professor - Pediatrics
247 HS Unit K/E

Cherie Perlmutter
Asst. Vice President - Health Sciences
432 Morrill Hall
3-7610 or 3-7624

James Rothenberger
Interdisciplinary Studies - Public Health
1305 Mayo
3-4453

Suzanne Sisson
Training Program Manager
University Hospital Personnel Services
Box 500, Mayo
6-4197

Patricia Woodbury
Asst. Prof., Public Health Nursing
1325 Mayo
3-8055

Ken Zakariasen
Assoc. Chairman - Endodontics
8-166 HS Unit A
6-4183

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FILE
11/13/78
Paul

MINUTES OF THE HEALTH SCIENCES
LEARNING RESOURCES COMMITTEE MEETING
Wednesday, October 11, 1978

Present: Bast, Brudvig, Burns, Finch, Garloff, Holland, Kabat, McCollister Rothenberger, Woodbury, Zakariasen, Chairperson Moller, and guest, Faith Meakin.

The meeting was called to order at 2:00 p.m. by Chairperson Moller.

Agenda Item #1 - Discussion and approval of the letter to Dr. French.

As was agreed at the last committee meeting, Drs. Garloff and Moller drafted a letter to Dr. French. This letter was reviewed by the committee and recommendations made. A finalized copy of the letter is enclosed. Dr. French was to share the letter with the Deans' and Directors' Council at their meeting of November 2nd. Cherie Perlmutter will report the outcome at the next committee meeting, Wednesday, December 6th at 2:00 p.m.

Agenda Item #2 - Discussion of the role and function of the committee.

After some discussion it was decided that the committee needs to direct its attention to two major areas:

1. Physical Resources
   (For example: Air conditioning BioMedical Library, Management of shared classrooms in Unit A, Equipment pools, etc)
2. Educational Resources

It was requested that perhaps we check the original charge made to the committee; check on what other committees exist in the Health Sciences and what their functions are and have a review of Health Sciences Learning Resources. These items will appear on the agenda for our next committee meeting.

Agenda Item #3 - Future committee meetings.

It was agreed that the standing time for future committee meetings would be on the first Wednesday of the month at 2:00 p.m. in room 555 Diehl Hall.
NOTE: The next two committee meetings have been scheduled for:

Wednesday, December 6th at 2:00 p.m. in Room 555 Diehl Hall

Wednesday, January 3rd at 2:00 p.m. in Room 555 Diehl Hall

MARK YOUR CALENDARS NOW!

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November 1, 1978.

Lyle French, M.D., Ph.D.
Vice President for Health Sciences
432 Morrill Hall

Dear Dr. French:

As chairperson of the Health Sciences Learning Resources Committee I would like to convey our critical concern for the delay in construction of the Health Sciences Learning Resources Center. I represent the sentiments of the entire Committee as I write this and want you to know the content of my remarks has been developed over several discussions by its membership.

For more than ten years, there have been plans to provide a Learning Resources Center for the benefit of all health sciences students. Much of this planning was culminated in a construction grant which was awarded for Building B/C. The Diehl Hall location was decided because of its proximity to the Biomedical Library. This would allow for easy management of the center and functionally relate the activity to that of the library. Many careful and systematic studies have been made, one as recently as last year, which document the use and need for such a facility to be located in Diehl Hall. From these projections of need, construction plans were developed which carefully detail the space required and its arrangement for an optimal learning environment. Based on historical projections of inflation, the need to vacate current space holders and other factors, multiple revisions have been made of this space so the total completed area has been reduced from 18,000 net square feet to 12,000 net square feet. Any further curtailment will cause severe program cutbacks.

We are chagrined to learn that there is resurgent pressure to reverse space allocations essential for implementation of LRC plans and that further delay is imminent. Such a delay will allow, again, for inflation to further compromise this vital project. We hope you will consider this an urgent plea to affirm the original decision so that the LRC program will not be jeopardized.

The Biomedical Library is also planning needed reorganization based on the space adjustments which will be available after the Learning Resources Center is relocated. The timing is

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established so the College of Pharmacy Library will be incorporated into the Biomedical Library and the Drug Information Center would move into fifth floor space of Diehl Hall upon completion of Unit F and the move from Appleby Hall where they are presently housed. This roughly parallels the projected completion of the LRC. Much depends on the use of the Learning Resources Center for relieving space now taken by the reserved collection. The LRC will house the reserved collection now kept on the third floor of Diehl.

Certainly the education mission has to be kept in the forefront of our thinking. If it is your pleasure, we would appreciate the opportunity to meet with you to discuss these concerns in more detail.

Sincerely Yours,

Jim

James H. Moller, M.D.
Chairperson, Health Sciences
Learning Resources Committee

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MINUTES OF THE HEALTH SCIENCES LEARNING RESOURCES COMMITTEE MEETING

Wednesday, December 6, 1978.

Present: Bast. Brudvig, Finch, Garloff, Grummer, Johnson, Kabat, McCollister, Rothenberger, Zakariasen, Chairperson Moller, and guests Fran Johnson (National Library of Medicine) and Faith Meakin (BioMedical Library).

The meeting was called to order at 2:00 p.m. by Chairperson Moller.

Agenda Item #1 - A motion was made and seconded to approve the minutes of the last HSLRC meeting of November 1st. The motion passed.

Agenda Item #2 - Letter from Dr. French (dated 11/5/71) stating the mission of the Committee. A copy of the above mentioned letter was distributed to the committee. The original mission of the commitee was to develop plans for a Learning Resources Center. In addition, the commitee was instrumental in the development of the Department of Health Sciences Learning Resources and establishing the position now held by David Garloff. The committee should still be monitoring the construction of the LRC, but it was agreed that the committee could now focus attention on other issues as well.

Agenda Item #3 - What is Health Sciences Learning Resources? Dr. Garloff distributed a report entitled "Update Proposal - Program of Health Sciences Learning Resources". The program was initiated in 1973 after a survey concluded that what little educational development was occurring in the Health Sciences was disjointed. There were duplications in equipment purchases, programs, etc. It showed the need for a Health Sciences-Wide agency to (1) coordinate development efforts so there would be some logical order and (2) economize.

The department has four major areas of focus:

1. Instructional Design Center
2. BioMedical Graphics
3. Audiovisual Services
4. Room Scheduling

Do to severe budget cutbacks numerous revisions have been made in each of these areas during the past year - particularly in the areas of Instructional Design (lost two ½ time teaching assistants) and Audiovisual Services (severe deficits forced us to contract to Media Resources this year). Dr. Garloff is writing a proposal outlining the various needs of each area and the funds required to fulfill those needs.

Agenda Item #4 - Anticipating needs for replacement of AV equipment. The original equipment pool was purchased over five years ago. Its replacement time is near and a clear indication of this is through last year's repair costs which totaled over $6,000. The estimate for replacing such equipment is $81,950. Much of the budget represents replacing equipment which will go to the Learning Resources Center when it is completed. A further breakdown of these needs is listed in the Update Proposal.

The meeting adjourned at 3:20 p.m.

NEXT COMMITTEE MEETINGS:

Wednesday, January 3rd	- 2:00 p.m.	-	555 Diehl Hall
Wednesday, February 7th	- 2:00 p.m.	-	555 Diehl Hall
Wednesday, March 7th	- 2:00 p.m.	-	555 Diehl Hall
Wednesday, April 4th	- 2:00 p.m.	-	555 Diehl Hall
Wednesday, May 2nd	- 2:00 p.m.	-	555 Diehl Hall
Wednesday, June 6th	- 2:00 p.m.	-	555 Diehl Hall

MARK YOUR CALENDARS NOW!!!

UPDATE PROPOSAL

Program of Health Sciences Learning Resources

The Health Sciences Learning Resources Program was initiated in 1973 after considerable planning and deliberation. The need for the program can be summarized by the following developments and investigations.

1. A survey of educational development activities revealed a substantial number of projects being carried out without regard to overlapping effort or economic savings in resources.
2. The construction program (Unit A, B/C, F) was giving visibility to a Health Science facility which would require inter-school sharing of learning resources.
3. University-wide support services could not do the systematic design and production of teaching materials with their current provisions. This was especially the case given the projected increase in student population in the Health Sciences and planned changes in curricular methods.
4. A survey of media production activities in the Health Sciences indicated a proliferation of hardware and staff capabilities without regard to efficient and good organizational planning from a Health Sciences perspective.
5. Curricula showed evidence of depending on media and educational technology more and more. Budgets were

restrictive of faculty expansion and the logistics of teaching a larger class were compelling factors in turning to the Learning Resource Center concept.

These factors led to the creation of an Office of Health Sciences Learning Resources under an EDP Grant. The Health Sciences Learning Resources Committee concluded that a solution to these needs would involve a health sciences-wide support service. The office was to develop organizational provisions where gaps in service are revealed, but only in a way in which they would complement existing service agencies. This includes the University-at-large as well as the service groups in the Health Sciences Center.

With this mission in mind, the specific goals of the Director's office are to:

1. Provide an educational environment for Health Sciences students so they can use learning materials which have been identified as integral resources for a course or curricular plan.
2. Stimulate Health Sciences faculty members to design educational experiences as part of a systematic, process; and to economize development by promoting interdisciplinary and continuing education application of resources.
3. Obtain economy and efficiency in using learning resources now available within the Health Science units; and to identify methods for appropriately applying institutional resources to outreach programs.

4. Do applied research in learning systems when appropriate.
5. Establish a capability for technically producing learning materials which have been designed by health science educators.

The Director for Health Sciences Learning Resources initiated a program and activities to meet these objectives by organizing the following office functions which were later translated into service divisions.

Instructional Design
Audiovisual Equipment Utilization
Media Production
Seminar Room Scheduling
Teaching Instructional Skills to H.S. Students
Educational Consultation and Coordination

Each of these functions have met with varying degrees of success. There are needs which exist for each and this comprehensive proposal describes the specific requests for each function.

Instructional Design

The improvement of learning resources depends on the care and planning instructors give to organizing a student's learning activity. Very often this task is time consuming and interfers with other faculty responsibilities. Thus, if support is provided by an educator who can help an instructor, more instructors will be able to engage in thoughtful redesign of instruction.

For the past four years Health Sciences Learning Resources has been developing a service support group to assist faculty with this expertise. Until this year, we have had two full-time educators and two half-time teaching assistants working with many health sciences instructors. Their projects have had significant impact on the use of resources and teaching patterns. Appendix A documents the variety and number of projects employed by this design experience. Also, a number of letters are included (Appendix B) and characterize the values the faculty have had for this assistance. Certainly it is difficult to quantify the progress and achievement made by such a support group, but it is certain that the impact is not negligible.

This year fiscal events have required that we reduce our total budget. Although we have pulled tighter in other phases of our program, we have had to reduce our design program to eliminate the teaching assistant funds and the funds used for producing materials. This measure has reduced the design activity drastically. The current design staff also have very limited funds to use in production and their capability for doing major improvement projects is rather limited (i.e., many faculty members cannot support these costs from their departmental budgets because it is above their normal instructional costs). Since what amounts to a full-time employee is lost, the total number of projects underway is reduced by another 30%, (each FTE engages in four projects at any one time). We have reduced our relative workload with faculty by at least 60% over last year. The additional 30% stems from reduced supplies and service dollars provided to the remaining instructional developers. As was stated above, their workload is a function of the funds they

have to do production. Thus their productivity is decreased.

The original proposal for the T.A. instructional developer program is attached (Appendix C) and elaborates on the procedure and role this person has in the program. To bring back this vital design function to its original level would cost an estimated $20,000 per year. Given the relative payoff such a program has provided in the past, it would seem an extremely good investment.

Audiovisual Services:

Probably the most visible and most vulnerable function of Health Sciences Learning Resources is Audiovisual Services. For the past five years this division has provided the services of:

1. Loaning AV equipment to Health Sciences faculty to use in their instruction.
2. Projectionists and AV technician assistance to instructors having classes in the Academic Health Center.
3. Television and audio recording in Health Sciences Unit A studio for instructional uses.
4. Repair and preventative maintenance to equipment in the Health Sciences pool.

During the first five years the geographical area of service expanded from just the shared classrooms in Unit A to the entire Academic Health Center. This was accomplished through additional funding from the School of Public Health, the School of Nursing and the Office of Vice President for Health Sciences and fee-for-service charges to all other users (i.e., University Hospitals, Medical School, CEE, School of Dentistry). The charge system applied to users of non-Health Sciences shared classrooms in the Academic Health Center.

A financial review over the five year period would show that the first year's operating budget was $14,000. This included one full time AV technician and $3,000 for supplies. Each year since then the budget has increased until this last year, 1977-78, the budgeted amount was approximately $43,500. This covered part-time employees, one AV technician and a supplies budget. The actual cost for 1977-78, however, exceeded this amount by about another

$12,000. The over expenditure occurred because:

1. Supply costs have increased sharply
2. We were being charged for furniture repair and TV tuning unexpectedly
3. Equipment breakdowns and repair rose sharply (the 5th and 6th year of AV equipment is the point of replacement rather than repair). An exact breakdown of these costs is included in Appendix D.

As a result of the cost over-run, the AV Services have been reorganized for 1978-79. The in-house service was absolved and an agreement of service was made with UMR. The production division of UMR now manages the service as a satellite center and fulfills the same service requests as last year. The Medical School Curriculum Affairs Office has contributed personnel dollars so the satellite can also service Phase B audiovisual needs. The Schools of Nursing and Public Health have doubled their annual fee for the service and an individual user charge of $10.50 was effected (as opposed to the previous $4.50). With these additional funds it is estimated that the service can be maintained at a level which will provide for most needs.

The exception is with replacement equipment. The original equipment pool was purchased over five years ago and was intended for use in Unit A shared classrooms. Since that time the equipment has been subjected to heavy use in Unit A and elsewhere in the Academic Health Center. Its replacement time is near and a clear indication of this is through last year's repair costs which totaled over $6,000. The estimate for replacing such equipment is $81,950. Obviously, the current operating budget will not allow for such a six year cyclic expense. Thus, a special request is made to

supply the service with this replacement equipment. It is important to note that the every six year expense will not be as high as this year because much of the budget represents replacing equipment which will go to the Learning Resources Center when it is completed.

Although the University has a Replacement Equipment Fund, it does not provide enough support to meet our needs. The Health Sciences is a heavy user of audiovisual technology and, in comparison with the rest of the University, requires more specialized and better equipment. The Replacement Equipment Fund has had little impact on the total equipment pool.

The following breakdown of equipment and costs includes current tiems which will leave the ppol (marked by asterisk) when the Learning Center construction is completed. We are using this equipment now, but will turn it over to the LRC when construction is complete. Thus, the current service is, in effect, using borrowed equipment.

*	15 Videocassette playback decks @ $1000	$15,000
*	15 Video monitors @ $600	$9,000
*	25 2x2 projectors @ $260	$6,500
*	10 Audiocassette recorders @ $260	$2,600
	5 Overhead projectors @ $250	$1,250
	8 High light intensity projectors @ $4,600	$36,800
	2 Videocassette recorders @ $3,000	$6,000
	1 Portable TV camera @ $4,800	$4,800
		$81,950

At the end of the Fall Quarter a report by UMR will document the costs of service under the new arrangement. At this time a more realistic definition of costs for service will be available.

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MINUTES OF THE HEALTH SCIENCES LEARNING RESOURCES COMMITTEE MEETING

March 7, 1979.

Present: Bast, Brudvig, Finch, Garloff, Holland, Johnson, Kabat, Maupin, McCollister, Meakin, Rothenberger, Sisson, Woodbury, Zakariasen, Chairperson Moller and guest, David Preston.

The meeting was called to order at 2:06 p.m.

Agenda Item #1 - A motion was made and seconded to approve the minutes of the committee meeting held February 7, 1979.

Agenda Item #2 - Dr. Ellis was unable to attend today's committee meeting and thus will be introduced to the committee at the next meeting.

Agenda Item #3 - Discussion of Diehl Hall LRC - David Preston
In response to the memo sent to Mr. Preston by Dr. Moller on January 23rd expressing the concerns the committee had regarding the construction and operation of the new Health Sciences Learning Resources Center, Mr. Preston elected to personally attend the meeting to answer questions. The following is a list of questions the committee had asked Mr. Preston to address in the memo along with his response.

A. What monies are set aside for construction of the Health Sciences Learning Resources Center?

$900,000 has been allocated for construction and it is estimated that the actual construction cost will be $899,000.

B. Will the original plan be used for this construction?

The original plan allocated 18,000 square feet for the LRC. The plan has now been modified and the LRC will be completed in two separate phases. Phase I will be completed by April 1980 at which time 13,000 square feet will be ready for occupancy by the LRC. Sometime in the future Phase II will be undertaken at which time the remaining 6,000 square feet will be added to the LRC. These modifications are due to (1) problems in relocating offices and labs currently located on the second floor of Diehl Hall, and (2) cash allocation - due to inflation the amount originally allocated is no longer adequate for completion of the entire LRC.

C. If there is a reduction in the plan, will it not jeopardize the federal grant support?

There is a slight possibility this may happen. However, we have checked

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with the Department of H.E.W. and they unofficially have informed us that since we were not significantly changing the original plans, the changes made thus far would be acceptable.

D. Have other sources of funds been sought?

Currently, we are trying to obtain funding from the B/C Development Fund. Dr. Garloff has contacted the University Foundation Office to explore possibilities. Another possibility would be that perhaps next year all EDP grants to the Health Sciences be solely for the purchase/repair/maintenance of equipment for the Health Sciences AV pool and LRC - this would be about $60,000 - $70,000. If anyone has information or suggestions about other funding sources, please bring it to the attention of the committee.

Agenda Item #4 - NLM Collection Development
The task force reported back on the two titles they had been requested to study. The first (Goats) - recommended by Vet. Medicine - was approved by the task force and committee on the basis that it be applicable to all Health Science Units.

The second - (3 modules for Operative Dentistry) - was not recommended at this time due to lack of information regarding the justification if its use.

The other twelve titles were all approved for purchase by the committee.

New Business
Dr. Garloff indicated that the University has been working on a cable television system linking it with area hospitals. This would be a two-way audio, one-way video system to be used for patient education. He will keep the committee posted on any further developments.

At the last committee meeting the suggestion was made to put foam rubber wheels on the AV carts used in the H.S. Unit A on the cobblestone floors to save on equipment. Dr. Garloff researched the possibility and found the cost would be ridiculous. To convert the 30 AV carts would cost approximately $16,800. An alternative would be to place a layer of foam rubber on top of the carts to cushion the equipment.

The meeting was adjourned at 3:23 p.m.

NEXT COMMITTEE MEETING: Wednesday, April 4, 1979 - 2p.m. - 555 Diehl Hall

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School of Dentistry
515 Delaware St. S.E.
Minneapolis, Minnesota 55455

March 21, 1979

MEMO TO: Health Sciences Learning Resources Committee
Dr. J. H. Maller, Chairman

FROM: Dr. Ronald E. Geistfeld
Associate Professor and Chairman
Division of Operative Dentistry

RE: Request to reconsider the purchase of some of the A/V material from the University of Florida requested earlier.

The materials which have been requested previously and are currently in the Learning Resource Library, will "stand on their own". However, the revised list below would compliment those we already have and would give the Division of Operative Dentistry a well rounded, basic A/V Library. The materials requested would be utilized not only as required viewing material in conjunction with a lecture course, but many would also allow the student to review a particular clinical procedure before actually doing the procedure in the clinic.

MODULE 723 (University of Florida)

*Slide Tape 09: "Pin Retention" 18 min.

*Slide Tape 10: "Intracoronal Pin Placement for Sliver Amalgam" 24 min.

*Slide Tape 04: "Update: Periodontal-Restorative Interrelationships" 13 min.

*Slide Tape 11: "The Restoration of a Pin Amalgam Cavity Preparation" 17 min.

*Slide Tape 03: "Rationale for Treatment Planning Extensive Restorations" 18 min.

Slide Tape 05: "Extensive Class II Cavity Preparations for Amalgam" 13 min.
Slide Tape 06: "The Restoration of Extensive Class II Preparations with Amalgam" 7 min.

Slide Tape 01: "Principles and Diagnosis of Extensive and Recurrent Carious Lesions" 23 min.

MODULE 718 (University of Florida)

Slide Tape 04: "The Class III Cavity Preparation for Amalgam"
Slide Tape 05: "The Class III Amalgam Restoration"

Slide Tape 06: "The Class V Cavity Preparation for Amalgam"
Slide Tape 07: "The Class V Amalgam Restoration"

MODULE 720: None

*These would be top priority.

university of minnesota

memo

date March 22 1979

to Sandy Johnson

from Char Watson

Evaluation and documentation by dental students concerning the validity and usefulness of the materials included in modules 720 and 723 by the University of Florida were not obtained due to the following circumstances:

We received the modules during winter break 1978. The students were on break for the holidays and were therefore not available to preview the materials.

The University of Florida requested that we return the modules before Winter quarter began at the University of Florida ; therefore, the materials could not be retained for the Minnesota students after the end of the winter holiday break.

Charlene S. Watson

S-92050

Module 723
First Priority

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: Rationale for Treatment Planning for Extensive Restorations; Update: Perio-Restorative Interrelationships; Pin Retention; Intracoronal Pin PLacement for Silver Amalgam; Restoration of a Pin Amalgam Cavity
Producer: Dept. of Operative Dentistry - U of Florida - Gainesville
Format: 5 SL-CT
Date: 1977

Cost: Average cost each is $94
x 5
$470
Less Preview Fee -$ 63
TOTAL COST $407

Previwed by: Faculty 1
Students
Technical 1

Recommend for:

Faculty: Dr. R. Geistfeld Number of Students 50-150

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	0	5
Organization	0	5
Length	0	5
Tech. quality-sound	0	5
Tech. quality-visual	0	5
Value compared to other available instructional mat'ls	0	5
Overall rating	0	5

II. Anticipated use:

- X Self-instruction
- ___ Small group
- ___ Lecture
- ___ Assigned viewing for class
- X Recommended viewing for class

III. Comments:

Duplication pricing schedule

30 min. cassette	$1.50
60 min. cassette	$1.50
90 min. cassette	$2.50

slides 35¢/slide

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

The Class V Cavity Preparation for Amalgam
The Class II Amalgam Restoration

Title: The Class II Cavity Preparation for Amalgam & The Class V Amalgam Restorati
Producer: Dept. of Operative Dentistry - U of Florida - Gainesville
Format: 3 SL-CT
Date: 1977

Cost: $ 91.50
$ 91.95
$103.55
$ 88.55
less preview fee -$ 63.00
TOTAL COST $312.55

Previewed by: Faculty 1
Students ___
Technical 1

Recommend for:

Faculty: Dr. R. Geistfeld Number of Students 50-150

Evaluation Summary:	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	0	5
Organization	0	5
Length	0	5
Tech. quality-sound	0	5
Tech. quality-visual	0	5
Value compared to other available instructional mat'ls	0	5
Overall rating	0	5

II. Anticipated use:

X Self-instruction
___ Small group
___ Lecture
___ Assigned viewing for class
x Recommended viewing for class

III. Comments:

Duplication pricing schedule

30 min. cassette $1.50
60 min. cassette $1.50
90 min. cassette $2.50

slides 35¢/slide

IV. Related materials presently in the Learning Center:

Learning Resources
Collection Development Project

Recommended Title
Information Sheet

Title: 1) Intramuscular Injection Sites 2) Intramuscular Injection Techniques 3) Ampules and Vitals-Prep. for Injection 4) Hypodermic Syringe 5) Genito - Rectal Cleansing

Producer: Wallcur, Inc.

Format: VC

Date: 1974

Cost:	$195
	$120
	$165
	$130
	$195
	$805

Previwed by: Faculty ____ Students ____ Technical ____

Recommend for: 60-80 students

Faculty: Joan Stenberg

Nursing Tools I & II
Number of Students 5-404 5-205

Evaluation Summary:

	Range (Range possible 0-5)	Mean
I. Subject relevancy	0	5
Accuracy	0	5
Organization	0	5
Length	0	5
Tech. quality-sound	0	3 (sound is
Tech. quality-visual	0	5 fuzzy on
Value compared to other available instructional mat'ls	0	5 copy - wil replace)
Overall rating	0	5

II. Anticipated use:

X	Self-instruction
	Small group
	Lecture
	Assigned viewing for class
X	Recommended viewing for class

III. Comments: These are excellent tapes of high technical quality with carefully planned instructional method. The difficulty of learning this psychomotor skill involves practice, and memorization of exacting techniques. The programs on injection techniques would be used in the LRC. Students will be supplied with syringes and practice ampules. The pace of these programs and instructions to stop the tape for practice and the post-test contribute significantly to the learning of these skills. In addition to undergraduate students, RN's returning for a B.A., challenge the tools course and use the Learning Center a great deal.

IV. Related materials presently in the Learning Center:

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
W42 Centennial Hall
Minneapolis, Minnesota 55455
(612) 376-4666

HEALTH SCIENCES LEARNING RESOURCES COMMITTEE

MINUTES

Wednesday, March 12, 1980

Present: Brudvig, Ellis, Finch, Garloff, Holland, Kabat, Chairperson Moller and guest, Nancy Sauro.

The meeting was called to order at 3:37 p.m. by Chairperson Moller.

Agenda Item #1 - Minutes

A motion was made and seconded to approve the minutes of the last meeting held January 9, 1980.

Agenda Item #2 - Report of Task Force on the Use of TV Control Room Space (Moller, Ellis, Holland, Garloff)

Dr. Ellis reported that a timetable has been set for moving the computer laboratory out of the control room sometime during Summer Session II. Thereby enabling AV Services full use of the room by Fall quarter this year.

A written report of the Task Force meeting has been enclosed for your review.

Agenda Item #3 - Review of committee goals and concerns

1. Construction of the LRC - Currently on schedule with occupation occurring in November.

2. Replacement of AV equipment in HS classrooms - The system now in use appears to be adequate. Periodically this system will be reviewed with findings reported to the committee by Dennis Johnson.

3. Development of the Biomedical Garphics Departmental facilities - There are still needs in the area of television production. This is due to the increase in requests for more complicated projects thereby creating the need for more technical equipment, i.e., a time-based corrector.

4. Instructional design / staff needs - There are currently 2 full-time developers and 3 part-time developers. However, the part-time developers are all on grants which will be terminating in June 1980. A long-range goal would be to hire part-time developers on hard money.

5. A listing of services of HSLR through a brochure - This has not been done. The University has a brochure that describes the various departments. It was determined that information brochures would be more useful advertising than simply a descriptive outline of the department and its functions. For example, Biomedical Graphics has distributed a brochure on helpful hints on how to make slides. More of this type of brochure are planned.

6. Attention to the operational aspects of the new LRC (equipment, staffing and collection development needs) - This item will continue to be a major concern of the committee. When the new LRC opens the committee would like to see it highly publicized (reception, program, posters, media fair) with each unit helping to defray the cost. It was also suggested that an orientation session be presented each fall for new faculty and staff members.

7. Investigation of student educational needs - This also will continue to be a major concern of the committee.

Agenda Item #4 - Policy for Loan of AV Materials in Health Sciences Learning Resources Center

Three questions were presented to the committee by Nancy Sauro and Glenn Brudvig regarding policy for the new LRC.

A. Who should be the target audience of the LRC? - The committee felt that the students should be our first concern and that hospitals and health care institutions also be included.

B. Currently the LRC charges for any materials have to be mailed out. It is a nominal fee covering such things as postage and packaging. For loan materials picked up at the learning center there is no charge. This policy will be continued.

C. To whom should the new catalogs be distributed? - It was decided that they would go to area hospitals, health care institutions, and other learning centers in the region.

The meeting adjourned at 4:50 p.m.

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(612) 376-4666

REPORT OF TASK FORCE

REVIEW OF TV CONTROL ROOM OCCUPANCY

Present: L. Ellis, D. Garloff, M. Holland, and J. Moller - Chairperson

The space for the television control room located in H.S. Unit A 1-752 is currently being used as an all University Student Computer Laboratory. It is supervised by Health Computer Sciences personnel and has functioned as a temporary site for the laboratory since the fall of 1974. Every two years a review has been made of the space to determine the feasibility of continuing occupancy as a computer laboratory.

This last year the audiovisual services needs for space have grown because of staff increases, equipment storage and maintenance requirements. Therefore, the space adjacent to the computer laboratory is inadequate for the program and interest in the computer laboratory space has been particularly keen.

Dr. Ellis reports, however, that a timetable has been set for moving the computer laboratory out of the control room. A letter from Eugene Johnson indicates a late summer move into Masonic facilities. This will solve the problem of Audiovisual Services.

A recommendation of the Task Force is that a letter from the Health Sciences Learning Resources Committee be sent to Dr. Johnson recognizing this deadline and indicating our plan for using the space starting second summer session of 1980.

The Task Force also recommends that the committee recognize the importance of computers as a learning resource and support the activities of CAI in the new H.S. Learning Resource Center as well as in the new Masonic facility.

lw

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Minneapolis, Minnesota 55455
(612) 376-4666

HEALTH SCIENCES LEARNING RESOURCES COMMITTEE

MINUTES

Wednesday, April 2, 1980.

Present: Bast, Ellis, Finch, Goldstein, Holland, Maupin, McCollister, Rothenberger, Nancy Sauro for Brudvig, guest Gerrie Jensen and Garloff chairing for Dr. Moller.

The meeting was called to order at 2:00 by Garloff.

The minutes were discussed and minor changes were recommended. Corrected minutes are enclosed. A motion was made and seconded to approve the minutes with the noted changes.

Agenda Item #1 - EDP Proposal

Because the new Health Sciences Learning Resources Center will not have complete funding for equipment and furnishings upon its completion, the suggestion was made that a proposal be drafted to the Deans of the Health Sciences and to the Director of the Center for Educational Development. The proposal would ask each of the collegiate units to recommend their allocations fo EDP funds be used for completing the program of the LRC. To initiate this activity it was recommended that a letter from the Chairman be sent to the Deans' and Directors' Council and Dr. Werntz of the Center for Educational Development to introduce the idea before preparing a formal proposal.

Agenda Item #2 - LRC Equipment and Furniture Needs

Gerrie Jensen explained a number of problems associated with the H.S. seminar rooms. Of particular concern was that no one is able to monitor the condition of the rooms. Complaints seemed to be the only way for locating problems. With this in mind, the committee reviewed a rough draft of a letter to Dr. French recommending the formation of a management committee. A copy is attached. The discussion led to the conclusion that a number of the problems in the classrooms and building, in general, fall outside the domain of the committee. It was recommended that Mr. Maupin review the

draft letter and add to it the concerns for non-educational building management problems. We could then forward the letter to Dr. French as an expression of need.

Agenda Item #3 - LRC Grand Opening

A task Force was formed to begin planning the ceremony and opening of the new LRC. It was suggested that the ceremony not be held in conflict with classes or use of the center. Also, it was suggested that the opening be held after the new center was completely operational. Nancy Sauro, Dr. Holland, Dr. Moller, and Martin Finch will be members of the Task Force. Ms. Sauro volunteered to convene the group.

Agenda Item #4 - TV Equipment Development for Biomedical Graphics

It was reported that the VA will require return of its equipment but that it will be declared surplus and will be available for any other VA to use. If not claimed, we stand a good chance for obtaining it as well as additional equipment.

The meeting adjourned at 3:30 p.m.

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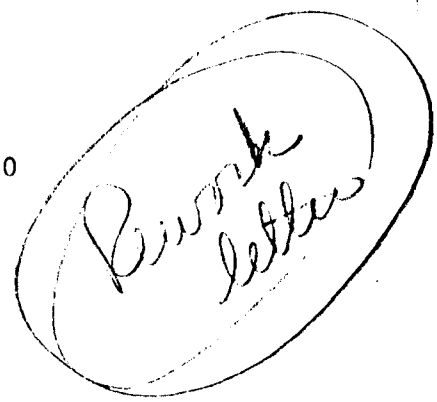
Minneapolis, Minnesota 55455
(612) 376-4666



April 2, 1980

MEMORANDUM

TO: Vice President French

FROM: Health Sciences Learning Resources Committee

SUBJECT: Building Management Committee

Over the last few years there have been a number of problems associated with the upkeep and maintenance of the instructional areas in the academic Health Center. Most of these problems are related to shared or Health Science-wide space. Audiovisual services, plant services, custodial, and security are the major providers of service affected by these problems. The faculties of the Health Sciences are the major users of service identifying the problems. This committee feels that many solutions would be possible if:

1. better communication were possible between these two groups.
2. the two groups mutually planned to prevent and solve problems.
3. resources between the groups be consolidated when possible to effect solutions.
4. requests for financial solutions were made as a joint proposal of both groups to central administration.

To accomplish these ends, it is recommended that you appoint a regular committee of your office or a subcommittee of this committee comprised of members from these two groups.

mss

Yuches OK

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Planning Office
Physical Planning
4103 Powell Hall, Box 75
500 Essex Street S.E.
Minneapolis, Minnesota 55455
(612) 373-8981

April 3, 1980

TO: Mr. Paul Maupin

FROM: Robert Swanson

SUBJECT: Health Sciences Learning Resources Committee
Building Management Committee proposal
Dated April 2, 1980

In reference to the subject memorandum, I was under the impression that Dr. Garloff was responsible for the management of the shared facilities within the Health Sciences, and central scheduling handled the Auditorium space. Therefore, I would assume that all identifiable audiovisual, plant service, custodial and security problems would be directed to Dr. Garloff for action. I'm sure Bill Wik, Dick Hendricks, Tom Harrity and Lt. Claude Jarvis would be very helpful in solving the Health Sciences Learning Resources Committee problems upon notification.

One method of solving the communication problem would be the addition of a building graphic panel in each shared seminar, conference and/or auditorium space identifying the proper contact when problems arise. As for the need to appoint another committee to handle and solve the issue described above, I can see no useful need unless the overall charge of the committee is the management of a given structure or building complex.

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Physical Planning
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Minneapolis, Minnesota 55455
(612) 373-8981

April 18, 1980

TO: Paul J. Maupin

FROM: Warren Forslund Warren

SUBJECT: Health Sciences Learning Resources Committee
Building Management Committee Proposal
Dated April 2, 1980

Most every school and department likes to use these facilities. They like to use them during regular hours, and they like to use them after hours when it's convenient in meeting their needs.

Each school and/or department would like to have a complete set of facilities to meet their needs, but, since this is obviously financially impossible, shared facilities are the next best thing.

Fortunately the State and Federal governments picked up the bill for the original facilities and equipment; and the State government is picking up the costs for keeping the basic structure and environmental facilities in repair, paying for utilities and providing monies for plant services, custodial services, security and, in this case, manning for audiovisual services.

Obtaining a continuing fund source for replacing carpet, furniture, audio visual equipment and programs, and for overall coordination of these services seems to be at the bottom of the problem being addressed to Dr. French by the Health Sciences Learning Resources Committee. It's very doubtful that another committee would help in solving these problems.

I believe a more fruitful direction for obtaining desired results would lie in the area of the Learning Resources becoming a separate department that provides a service (examples: Medical Arts Department and Scientific Apparatus Service) and should have a manager with the proper authority to deal on an "at least equal basis" with the Heads of Plant Services, Custodial Services, Security, Audiovisual Services and the Health Sciences Learning Resources committee that represents students and Faculty.

I suggest that this manager's title be "Head of Learning Resources". He, with his assistant manager, could work with the groups noted above to develop policies, procedures, and working relations to effectively provide a professional overall service to the user.

He could, more effectively, work out funding methods that could take one of several directions to cover costs for replacing carpet, furniture and audiovisual equipment and programs and costs for this overall coordination.

A. Convince the Vice Presidents to fund these areas from general funds or funds designated by the legislature.

B. Set up charging schedules for rooms and equipment that appropriately reflect these costs and charge schools and departments for their use.

C. Charge all (or a percentage) of costs to the Dental School and the Hospital because they both are income producers (so enabled by the State) and the remaining percentage to the general fund or funds designated by the legislature.

D. By charging costs he might be able to provide after regular hour services, if sufficient use could be projected, at a reduced cost to the user. Or he may have to make double or triple charges for some off hour use to cover personnel costs for Security and Audiovisual services.

Also, whether or not one went in the strong management direction suggested above, some of the following should be considered:

A. Head of Learning Resources could do much of what was suggested above to develop policies, procedures, and working relations. But, again, I think he would need more help in the way of an assistant manager to carry them out. I also believe he would not be as effective serving under the direction of the Learning Resources Committee as serving under the two Vice Presidents.

B. The funding or charging procedures suggested above could also be explored by the Head of Learning Resources and the Learning Resources Committee (not a new committee).

C. Direction could be given to the user by means of letter and/or signage giving appropriate direction and names and telephone numbers of people to reach for help and direction during regular

working hours. This would also include minimum notices required to schedule rooms for both regular hour and after regular hour use.

WF:mg

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Physical Planning
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500 Essex Street S.E.
Minneapolis, Minnesota 55455
(612) 373-8981

April 21, 1980

TO: Paul Maupin

FROM: Tom Kyle Tom

SUBJECT: LRC - Building Management Committee

These are my comments regarding the committee's letter to Dr. French dated April 2, 1980.

One of the main problems is that there is no academic person responsible for shared space in the sense that no one monitors use and problems. There are only the complaints but no mechanism to formalize steps to be taken. I am confident that Physical Plant is responsive to needs and problems when they are presented in a timely and appropriate manner; but it is difficult to respond to general crticism.

It would seem there is a need for each building (or groups of buildings) to have one spokesperson for the day to day problems to be referred to regarding shared space.

I am sure that many of the problems would straighten themselves out if prompt attention was available, and also the influence of a spokesperson or manager would persuade users of space to do their part to maintain the facilities. Abuse is a problem that could definitely be reduced.

There appears also to be a need for separate funding sources for renovation of shared facilities such as new carpet, furnishings, ect.

TK:jm

Diehl Hall Library
Resource Services

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Learning Resources
W42 Centennial Hall
Minneapolis, Minnesota 55455
(612) 376-4666

December 15, 1981

Minutes
Health Sciences Learning Resources Committee
December 9, 1981
2:00 p.m. , Room 220 HSLR Center, Diehl Hall

Present: Glenn Brudvig, Warren Forslund, Hugh Kabat, Jim Rothenberger, Mel Holland, Pat Woodbury, Martin Finch, Ken Burns, Nancy Sauro, Lynda Ellis, David Garloff, acting Chair.

1. Report of Grand Opening. Mel Holland shared photographs of the Grand Opening with the committee. Mention was made of the relative interest people had in the actual materials of the Center and the turnout. A point was also raised about post-dedication publicity. The committee felt, since the HSLRC was a rather significant event for the Health Sciences more attention should be brought to it. It was moved that David Garloff would inquire with the EDP office and University Relations Office for follow-up stories in newsletters and publications.

2. Evaluation Project. Jo Freidman reported on the activities of the evaluation project. She indicated that student surveys were being tabulated and a report would be made in the near future. The faculty questionnaire is now ready for distribution after a revision phase. Interviews will also be held as a later activity.

3. EDP Faculty Development Workshops. Since Peter Bast was unable to attend the committee deferred this report.

4. CAI Coordination. Dr. Ellis passed out a report to the committee detailing the activities of the project. She also reported on the upcoming workshop with its new date of January 20th.

9 December 1981

To: Health Sciences Learning Resources Committee and its CAI Subcommittee

From: Lynda Ellis, Chair CAI Subcommittee LE

Re: Report on Subcommittee Activities

The subcommittee had orginially planned to meet on a quarterly basis. Unfortunately, the press of other committments prevented a Fall quarter meeting. A meeting will be scheduled in Winter quarter.

Lack of meetings did not prevent a very active quarter. Simin Hickman has coordinated much programming activity documented in her attached report. This includes updating all existing health science CAI materials so that they would remain useable after computer changes at the University (this maintenance activity is essential if CAI is to be used over extended periods of time). She also has helped develope new materials, including a patient management simulation for pediatric nurse practitioners authored by Pat Woodbury in Public Health Nursing, School of Public Health. In addition, Simin consulted with Dr. Jock Bishop, Department of Pharmacology, Medical School, who is in the process of purchasing computer drill programs in pharmacology, and with Dr. Sue Fetzel, Health Care Psychology, who is planning an evaluation and instruction lesson in behavioral psychology.

The 11 November dedication of the Health Sciences Learning Resources Center was also a very busy time for the committee. I as committee chair organized several demonstrations of computer assisted instruction as part of the open house activities. Besides myself, other demonstrators included Pat Woodbury and Sue Petzel who demonstrated the newly developed materials mentioned above; Dr. Jim Ayers, who demonstrated his computer controlled videotape equipment; and Dr. Jack Miller, who demonstrated the MACDOPE program which simulates pharmacokinetics. The Faculty Guide for CAI in the Health Sciences (copy attached) was available for distribution at the open house.

Our final activity was planning for the upcoming CAI Faculty Development Workshop, to be held on Wednesday, January 20, 1982, from 2-4pm in the Health Sciences Learning Resources Center. The Workshop will include presentations by myself and Simin Hickman, and reports on the use of CAI in the health sciences by three faculty: Dr. Jack Miller, who will report on his use of MACDOPE with medical and pharmacy students; Dr. Mary Bradley, who will report on her development of a patient simulation in laboratory medicine and its use by medical and allied health students; and Pat Woodbury who will report on her development of a patient simulation for nurse practitioners.

From: Simin Hickman,
CAI Systems Group
To : Dr. Lynda Ellis,
Chair Health Science CAI Subcommittee
Re : Progress on Health Science CAI sponsored by EDP Grant.

July - December 1981

The existing Health Science CAI programs as you know were written in three different languages: Branchit , old MIL, and Basic. All the Branchit programs needed to be updated to the latest version of MIL to run on the MERITSS system.I finished converting all of these programs and they have all been tested and run without any errors. The programs converted to MIL are:

BHELP
An index to all the computer assisted lessons prepared for the Health Sciences department at the University of Minnesota.

EPI-LAB1
This exercise is designed to give an introduction to the methods of an epidemiological investigation.

EPI-LAB2
An exercise covering the concepts and terms Primary, Secondary attack rates and incidence.

EPI-LAB3
An exercise on Age adjustment of Diptheria .

EPI-LAB4
Different aspects of mental health and cancer of the lung.

BLOOD GAS
An exercise to test the knowledge of the underlying concepts of respiratory system interaction and acid-based balance.

CONTENT
A demonstration of a pharmacy Experiment.

RH FACTOR
This is a lesson to introduce the topic of enthroblastosis fetalis or hemolytic disease of the newborn due to RH incompatibility.

ANEMIS
An exercise in the workup and treatment of an anemic patient.

LABMED
A simulation of a patient seen in a clinic. The user selects and interprets laboratory test to correctly diagnose the illness. This program is also available on the Apple micro computer.

PNEUMONIA
A brief history and the results of a physical exam on a patient who has pneumonia.

ALGORITHM
A lesson to teach students about computer algorithm and algorithmic thinking.

ARRAYS
A lesson on subscripting, dimensioning, variable names, and looping using Basic language as example.

BASIC

Demonstrates the use of Basic as an algorithmic language which can be used to solve counting and statistics problems.

COMPUTER

This program introduces elementary computer concepts such as digital computers, computer programs, machine language, compilers, etc.

EXPRESSIONS

A program to present the rules used by MERITSS Basic for evaluating expressions.

While converting these programs I also added corrections and additions requested by instructors.

One program written in old MIL was also updated to new MIL. The completed program is:

BYTESIZE

Covers machine representation of characters and numbers, and also word length restrictions.

MACDOPE

This program, written in Fortran was left without any major changes.

The programs written in Basic were also left without any change. These programs are:

THREX

Designed to enhance and test therapeutic knowledge in Hypertension, Congestive Heart Failure, Antibiotic Therapy, Urinary Tract Infection, and Asthma.

THREX5

Designed to accompany Therapeutics. This program gives the user an opportunity to examine the drugs used to treat asthma.

ELIZA

This program demonstrates computer syntax recognition by simulating a psychologist-patient dialogue.

LIFESTYLE

A series of questions on your lifestyle that would influence your life expectancy.

WEIGHT

This program determines your desirable weight, given height, frame size, weight, sex, and age.

After updating all the Health Science CAI programs , we consolidated all the user numbers into one of our numbers. This is to avoid future problems with files being purged.We will access all the files on this number on regular basis to prevent the loss of any of our files.

Since our first meeting with the Health Science CAI subcommittee, many of the instructors have shown interest in preparing CAI courses. Pat Woodbury wanted to prepare a patient simulation program. I met with her a few times to discuss her course material and the possibilities for the program design. To help demonstrate the various design options, I had her run some of the existing program. We decided for the time being to use the MERITSS system and write her program in MIL. This program was ready to be demonstrated at the opening of the Learning Resourses Center in November. We now need to change some of the code and add new code to improve her program. We also have to add some code to score the user's answers upon completion of the study. Pat woodbury's course is a case management computer simulation.

I did some research for Dr. Bishop on a CAI course developed by the Dept. of Pharmacology at the University of Kansas Medical Center. The course was programmed in COBAL and we were not sure if it would run on our computers. Dr. Bishop is in the process of puchasing part of this program for the department here to be used for drill in pharmacology.

Jim Ayers and Sue Petzel are working on a program for the Apple micro computer using Basic. I have been meeting with them regularly helping them set up the material and program it. I will do the programming for the rest of their course and will continue meeting with Sue to decide on the best design for the rest of the material. The program is still in the beginning stage and needs a lot of future work.

11 November 1981

Computer-assisted Instruction in the Health Sciences at the University of Minnesota, Twin Cities Campus: A Guide for Faculty

Dr. Lynda Ellis

Division of Health Computer Sciences
Chair, Health Sciences Learning Resources CAI Subcommittee

Introduction

Computer-assisted instruction (CAI) is the use of computers to help teach. The ways in which the computer helps is limited only by an instructor's imagination, time and resources. For example, at the University of Minnesota, CAI is used for drill and practice in technical terminology of the health sciences; for tutorial lessons in epidemiology; for evaluation of knowledge (testing) in continuing medical education; and in simulation of both clinical encounters (patient simulations) and physiological processes.

This paper will describe the resources which are presently available for CAI at the University of Minnesota, emphasizing those which are most useful in the health sciences, and one possible route to production of a sample CAI lesson, assuming no prior experience in the area.

What facilities are available?

There are several computer systems available for CAI at the University of Minnesota. MERITSS is a large general-purpose timesharing system dedicated to instruction. It can be accessed by both video display and printing terminals, in several computer laboratories located throughout the Twin Cities campus. In the Health Sciences, seven printing and three video terminals connected to MERITSS are located in the Health Sciences Learning Resources Center, on the second level of the Biomedical Library in Diehl Hall. This and all other computer laboratories are available to any currently registered University student.

MERITSS in general must be used through these computer laboratories; computer terminals outside the laboratories have very limited MERITSS access. MERITSS use is subsidized for students, but each department must pay $ .50 per hour of student use for supply costs. MERITSS can support up to 250 simultaneous users and thus is very attractive for large classes. Lessons in pharmacokinetics, epidemiology, diagnosis and patient management are available on MERITSS.

A second type of computer system for CAI is the dedicated small computer, which functions independently of a large central computer. The two major small systems at the University of Minnesota are TERAK and APPLE.

There are a few general small computer student laboratories on campus. For example, the Health Sciences Learning Resources Center contains six APPLEs. However, it is also possible for a department or division to purchase individual systems to place in laboratories, student study areas, etc. Then hours of operation and priority of use can be under local control.

A TERAK computer system costs from $6-10,000, and provides very good graphic and text display capabilities. It can handle most lessons as well as MERITSS and has a greater capacity for graphics than a standard video display MERITSS terminal. No health science lessons are currently available on the TERAK, but faculty in Classics, German, Dutch and several other humanities have made extensive use of it. A maintenance contract for TERAK currently costs about $600 to $900 per year.

An APPLE II computer system costs from $1,000 to $4,000. It provides graphics, color, sound and text capabilities. Printers from $500 to $2,000 are optional accessories. The cheaper ($1,000-$2,000) BASIC System is less well suited for lessons involving a large amount of text material; the more expensive PASCAL system ($1,800-$2,800) is a better choice in those instances. The screen resolution is less than that of TERAK (or MERITSS). Standard text is displayed in 24 lines of 40 characters each. Lessons in health science subjects have been developed in both BASIC and PASCAL for the APPLE. A maintenance contract for the APPLE currently costs about $250 per year.

How do I get started?

An instructor considering the use of CAI for the first time should first examine some of the literature in the field (see References) and the currently available lessons. The staff of the Health Sciences Learning Resources Center (376-7005) can assist faculty in reviewing CAI lessons in health science subjects available on both MERITSS and APPLE.

Unfortunately, the number, quality and mechanisms of distribution for CAI lessons are much inferior to those for textbooks at the present time. A lesson produced on one computer system is often not directly transferable to another without extensive effort. If an instructor wishes to use CAI and no adequate lesson is available, one must be developed.

If a lesson is to be developed, the lesson author must decide on one of the available systems. Factors to be considered include class size, amount of use per student, need for written (printed) output, terminals (number, location, hours available), possibility of purchase of TERAK or APPLE systems, cost of use once the lesson is developed, and the time necessary to develop a lesson. One CAI expert estimates 100 hours of author time is needed to produce (develop, test and redesign) one hour of "good" student CAI lesson material.

Each computer system mentioned earlier (MERITSS, TERAK, APPLE) can be used for CAI in several different computer languages. These languages can

be divided into general languages such as the BASIC and PASCAL mentioned earlier, and other languages especially designed for CAI development such as MIL and CALLS (on MERITSS) and PILOT (which can be purchased for APPLE). Each language has its own advantages and disadvantages and a discussion with a University Computer Services (UCS) CAI Systems consultant (376-2975) may be necessary before a final decision can be made. The CAI Systems group can also advise on the technical feasibility of a proposed CAI project and can occasionally provide some programming assistance.

Once a system and language have been selected, and even if programming assistance is available, the instructor (author) should learn how to write one or two CAI displays on the system of choice. This ability will permit the author to make minor changes in an existing lesson to keep it current and correct spelling errors, etc., without the time and expense of hiring a programmer. Of course, if programming assistance is not available, the author will be the programmer as well.

Finally, the author should write (with or without programming assistance) one short (10- to 15-minute) lesson. He or she should field test this lesson; show it to other faculty, experienced students, new students, everyone possible. The lesson should then be redesigned to improve readability, eliminate confusion, and provide the very best teaching possible. (This testing and redesign time is perhaps equal to the time needed to write the lesson originally.)

At this point, you are ready to decide if CAI suits your students, your subject and yourself. If the answer is no, remember that the capabilities of the equipment are changing rapidly. Look at it again in a few years to see if your particular complaints still exist. If the answer is yes, proceed with development, redevelopment, implementation and use.

Good luck!

Who else can help?

Besides the Health Sciences Learning Resources Center and the USC CAI Systems Group mentioned earlier, there are other groups or people around campus who can help. The Consulting Group on Instructional Design has assisted instructors with CAI projects in the past. Contact Dr. Russell Burris at 373-5352. Health Sciences Learning Resources can help instructors decide on objectives for CAI. Contact Dr. David Garloff at 376-4666. Mr. Dan Whealdon, of UCS Field Engineering, can assist in terminal or computer purchases for University use; he can be contacted at 376-8153. Problems with or questions about MERITSS can be directed to the UCS Help Line (376-5592) from 9 to 5 weekdays; problems or questions on APPLE or TERAK may be directed to the UCS Microcomputer Help Line (376-4276) from 10-12 and 2-4 weekdays.

Developing a CAI lesson can be an excellent way for a student to learn or review a particular subject and gain experience with computers at the same time. My colleagues and I in the Division of Health Computer Sciences

have given independent study credit to students for such projects, in cooperation with instructors in the health subjects. I am also the Health Sciences Instructional Timesharing Coordinator, and can be contacted about MERITSS access for instructional and non-instructional use. I can be contacted at 373-0331.

References

The following non-exhaustive list can introduce the field.

Information Technology in Health Science Education, ed., E.C. Deland, Plenum Press, New York, 1978.

Computer Technology in Medical Education and Assessment, Office of Technology Assessment, Congress of the United States, September, 1979.

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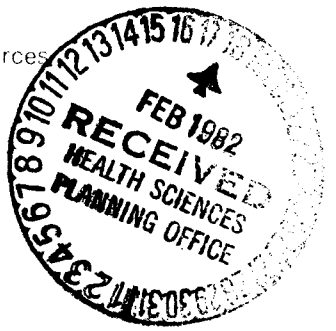

HEALTH SCIENCES LEARNING RESOURCES COMMITTEE

MINUTES

Wednesday, February 3, 1982

PRESENT: Glen Brudvig, Lynda Ellis, Nancy Sauro, Martin Finch, Mel Holland, Hugh Kabat, David Garloff

1. Lynda Ellis reported on the workshop. Over 30 people were present. The CAI subcommittee will continue to meet. The next subcommittee meeting is scheduled for later this month and will look at future activities.

2. Glen Brudvig reported that Mary Hanley will become acting head of the Health Sciences Learning Resource Center after Nancy Sauro leaves her position. Ms. Hanley is currently Asst. Professor and will continue as acting head until a new person is hired. This will be in July when, hopefully, the hiring freeze is lifted. The search committee is comprised of Bob McCollister, Vicki Glasgow, Bob Estelle, and Gertrude Foreman.

3. Glen Brudvig reported on the complaints received on the gate to the Learning Resource Center. The present hours for opening the gate are at 7:30 a.m. during weekdays until 6:30 p.m. Discussion centered on the question of whether the hours should be extended for leaving the gate open. The committee felt the existing hours were better than causing the security risk. A sign will be posted next to the gate stating the hours.

4. The faculty evaluations of the Health Sciences Learning Resource Center by Jo Freidman have reached well over 400. Currently, the student evaluations are being collected. It is hoped that a report will be presented to the committee by the end of the school year.

5. This was Nancy Sauro's last meeting of the Committee. The members expressed their appreciation for her years of service as head of the Health Sciences Learning Resources Center and wished her well in her future professional endeavors.