**Q1. About the resolution of image**

- Good: 61%
- Very good: 13%
- Small: 44%
- Very small: 56%

**Q2. About the image movement**

- Smooth: 68%
- Very smooth: 32%
- Big: 0%
- Very big: 0%

**Q3. About the delay of the image**

- Time-consuming: 8%
- Very time-consuming: 0%
- Small: 0%
- Very small: 0%

**Q4. About the quality of sound**

- Good: 89%
- Very good: 7%
- Poor: 11%

**Q5. About the preparations**

- Easy: 31%
- Very easy: 15%
- Time-consuming: 6%
- Very time-consuming: 0%

**Q6. About the program**

- Good: 76%
- Very good: 24%
- Poor: 0%
- Very poor: 0%

**Q7. Is this system better than DVTS?**

- This system is better: 59%
- DVTS is better: 16%
- Similar: 20%
- Don't know: 5%

**Q8. Would you like to use this system for your own activities?**

- Yes: 39%
- Probably yes: 13%
- No: 11%
Although DVTS provides better image resolution and sound, Vidyo has an advantage on the easiness of

1. very good  2. very smooth  3. very sluggish (slow)  4. very sluggish (slow)
2. very good  2. smooth  3. sluggish (slow)  4. very sluggish (slow)
1. very small  2. very small  3. big  4. very big
1. very good  2. very good  3. poor  4. very poor
1. very easy  2. easy  3. time-consuming  4. very time-consuming
1. very good  2. good  3. poor  4. very poor
1. this system is better  2. similar  3. DVTS is better  4. do not know.

(7) Is this system better than DVTS?
1. would like to use this system for your own activit  1. yes  2. probably yes  3. probably no  4. No
(9) If you found any problems in teleconference, please write any comments you may have.
(10) Which is your station?
(11) What is your occupation?

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1 Honolulu venue/US medical doctor
2 Honolulu venue/US medical doctor
3 Honolulu venue/US others
4 Gifu U/JP medical doctor
5 Honolulu venue/US others
6 Honolulu venue/US medical doctor
7 Honolulu venue/US others
8 Honolulu venue/US others
9 Honolulu venue/US medical doctor
10 GuU/JP medical doctor
11 U of HongKong/JP engineer
12 KONCH/JP medical doctor
13 GuU/JP medical doctor
14 Virginia Mason Med Cent/US
15 Indiana UUS medical doctor
16 Indiana UUS medical doctor
17 NCC/JP medical doctor
18 Konkuk/KR medical doctor
19 AMCNKR medical doctor
20 Sirinaj Hosp/TH medical doctor

Teleconference participants:
There are several issues to discuss.
1. The final audio check should occur immediately prior to the conference.
2. Centers with audio problems during the conference need to be informed and be able to fix the problem immediately rather than continue to talk/participate but not be understandable.
3. We need a method to better identify the speaker, and put his/her face and/or the teaching slide onto the big screen.
4. Would it be better to have the speaker hold up a red sign/marker to better identify who is speaking?
5. Should somali of the audience who are not speaking during the case presentation be removed from the screen to better see the presented materials and speaker… then put everyone back on screen during discussion.
6. Informal discussion time before or after the official conference would be good… as suggested by Chris Khor.
7. If English continues to be the common language, then the moderator should ask speakers who are less understandable to slow up or speak up louder. Should each presentation begin with a final audio check and language check?
8. Discussants should probably receive the “case” materials/presentation a few days ahead so as to be better prepared… just from a language viewpoint if not scientific viewpoint. Perhaps all participants should receive all teaching slides ahead of time.
9. Slides need to be previewed by moderator… for readability and have big font to be more readable.
10. Teleconference participants?