Medical iPad
Is It Right for You?

In March 2011 the New iPad 2 was released after an invasion of 15 million iPads sold during the previous year. The iPad 2 is a tad thinner than its predecessor, lighter, with front and back cameras for video conferencing, a video-out function for all programs with an extra adapter, and added speed.

Both have 16GB, 32GB or 64GB internal storage options, Wi-Fi only or 3G cell data enabled and 10 hours of use with the built-in rechargeable battery. It does everything the iPhone or iPod touch can do, only bigger. The bad news is that it is bigger and harder than either of those to carry into the somewhat harsh clinical world.

Computer tablets have been around for a few years, but thousands of established applications and the popularity of the iPhone have propelled the sleek, stylish iPad to become a top seller. The touch-screen is big, beautiful, readable, resizable and fast. You can type on the touch-screen keypad or on a wireless or attached keyboard, adding another thing to carry. It connects to Wi-Fi networks in seconds, making email and Web surfing fast and efficient. It can come equipped to use a cellular data connection and Wi-Fi or Wi-Fi alone.

So why not use a laptop or netbook computer? If you need to connect USB drives, add memory, operate an attached keyboard or play videos and DVDs, then stay with a notebook or netbook. If you like the iLife portability of the iPhone or iPod touch and all the apps at the iTunes App store, then the iPad is a great choice when you need or want a bigger touch-screen.

Ipads have invaded medical schools at the University of Minnesota, Stanford, the University of California-Irvine and the University of Central Florida. In summer 2010, the Red Rocks PA program in Colorado distributed 67 iPads to faculty and students. The goal, according to PA Program Director Debra Nickell, PhD, PA-C, was to provide e-medical textbooks, high-resolution diagnostic images and EMR access on clinical rotations. Faculty member Christa Dobbs, PA-C, stated that "the students have quick, easy access to medical resources and patient logging while in clinic, if there is Wi-Fi available. Without Wi-Fi," she added, "many of the apps don’t function. In the didactic year, we have many students who continue to use laptops instead of the iPad. I personally love the portability of the iPad and use it daily for email and other teaching preparation.”

PA students at Emory University are required to have a laptop and a PDA/smart phone. They have the choice of an iPad, iPod touch, iPhone or anything Android to run downloadable medical applications such as DynaMed, Mobile MerckMedicus, Medscape Mobile and the free Epocrates Rx. All these programs work when no Wi-Fi is available.

Gabriel Najarro graduated from the University of Illinois with a BS degree in bioengineering and worked extensively with computer technology prior to entering the Emory University School of Medicine PA program. He is currently a second-year PA student doing clinical rotations and has used the iPad from its introduction.

"It’s wonderful for patient education; you can quickly show stored photos, documents or other medical diagrams that make for great teaching tools," Najarro said. “You could even pull up a Web or stored patient education video on your iPad for the patient to watch while you finish charting,” he noted. As far as portability and infection control are concerned, Najarro sewed an iPad-size pocket inside his white coat. “It added no more weight than a couple of quick references would. Some white coats already have pockets wide enough to fit it,” he said. “The iPad is easily cleaned with standard equipment wipes available in every hospital. It can also be used in the OR to review images. Just put it in an X-ray cassette bag, cut off the top and tape it closed.”

The future for the medical iPad may rest on electronic medical record, or EMR, connectivity. A free Citrix app connects to some EMR programs. There are apps that allow excellent viewing of radiology images, EKGs, lab values, vital signs and all other aspects of the EMR. If the iPad fits into the daily work flow of patient charting, reviewing diagnostic data, patient billing, patient/provider education and references, then it will be a timesaver worth its weight in gold.

If your iPhone or iPod touch screen is getting too small, then you might want to look at an iPad. Otherwise, smaller may be better in the clinic and hospital. The best place to get news and app advice for your medical iLife is at www.imedicalapps.com/. PA

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