A gap exists in what is known about patient preferences or choices associated with the effective multimedia design in healthcare education. Only a few studies have included multimedia design as a concept in all types of patient education (Boyington et al., 2004; Cousineau et al., 2004; Enzenhofer et al., 2004; Ruland, 2004; Sweeney & Chiriboga, 2003), and even fewer are specific to patients with cancer (Berry et al., 2004; Davison & Degner, 2002; Degner, Davison, Sloan, & Mueller, 1998; Hahn et al., 2003). Multimedia design encompasses many areas of concern, including content, text, layout, navigation, user friendliness, and font. However, no known studies have specifically assessed multimedia design preferences of patients with cancer that include several racial groups. The purpose of this study is to describe computer experiences and design preferences for interface development that would translate into a product of educational media for patients with cancer. The premise is that known preferences (Ruland) will enhance educational knowledge and increase user satisfaction. Ruland further elaborated that the result, because of preference, will be the achievement of desired patient outcomes.

**Literature Review**

The few studies that address the effectiveness and satisfaction related to the use of multimedia in patient education have focused on noncancer populations (Boyington et al., 2004; Cousineau et al., 2004; Sweeney & Chiriboga, 2003) or general cancer populations (Berry et al., 2004; Green et al., 2004). Studies in noncancer populations have found that visualization increases satisfaction in patient education about coronary catheter and endoscopy procedures (Enzenhofer et al., 2004); audio, video, and interactive tasks increase satisfaction for couples receiving infertility treatment (Cousineau et al.); multimedia improves senior citizen knowledge (Sweeney & Chiriboga); graphics enhance written messages (Boyington et al.); and computer-assisted instruction can increase knowledge in patients undergoing joint replacement surgery (Tibbles, Lewis, Reisine, Rippey, & Donald, 1992).

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