# Editor's Page

## Is the Lecture Obsolete?

Pressures on the physician to update his knowledge come from many sides. The strongest motivation for continuing his education should, of course, come from the rapid proliferation of new medical findings, and the physician's desire to provide good medical care. But regardless of their personal drive to learn, all physicians will have to face the likelihood that mandatory continuing education—now legally required in a minority of states as a condition of relicensure and continuing hospital affiliation—will some day be required throughout the United States.

Against this background it is disturbing to read the attacks by some writers in medical journals on mandatory continuing education in general and on the lecture format in particular.

These critics assert that the majority of continuing medical education programs rely heavily on the lecture method; that the flow of information is all one way—from the platform to the audience—discouraging the active participation of the learner and fostering passivity and resentment; that compulsory attendance at such programs arouses resistance to learning; and that there is no evidence that physicians render better patient care as a result of their attendance at these courses.

Some critics say that mandatory continuing education and formal lectures should be replaced by a voluntary form of continuing self-education, in which the physicians could select problem-centered learning opportunities directly related to his practice.

Superficially, some of these arguments seem persuasive. There is no denying the destructive effect of a lecture delivered by a speaker who has little ability to hold the interest of a large audience; who has not organized his material well or simplified it appropriately for the occasion; and whose slides are so crowded with data printed in small, pale type that they cannot be read beyond the third row.

But there is a right and a wrong way to carry on any form of medical education, whether it is done through lectures, seminars, journal articles, bedside teaching, or audiovisual teaching aids. Each of these methods, performed badly, wastes the physician's time. Each one, when it is performed well, makes a contribution to medical education which is unique to that method, and not replaceable by any other.

Let us look at the advantages of the lecture when it is delivered at a high level of competence. A stimulating presentation by a specialist who is also a gifted communicator can provide large audiences with a valuable perspective—the result of his survey and crystallization of a tremendous amount of research. In an hour or less, a good speaker can illuminate what is known, what is new, and what is still to be explored, alerting the individual physician to developments that may have immediate bearing on his practice. This also helps the physician to focus his reading in a field crowded with more journals than he could ever survey and evaluate on his own.

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