Editor's Page

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This is the kind of educational experience we try to provide twice a month through the Medical Education Program at Lawrence and Memorial Hospitals in New London, Connecticut. For the past thirteen years we have used the lecture format extensively. Participating physicians pay tuition, and they come voluntarily, in large numbers, from out-of-state as well as from the immediate area. Subject matter represents many disciplines, and physicians are offered course material closely related to problems they face in their practices. At the end of each lecture, a question-and-answer period provides at least an adequate opportunity for audience participation and for resolution of points that may be unclear.

Since much of what can go wrong with lectures is due to the quality of the lecturer rather than to the lecture format itself, we screen our speakers carefully. They are selected, not only for scholarship, but also for their ability to speak well, to make suitable slide and other visual presentations, and, in general, to have a strong impact on a large audience.

At the end of each session, course participants are asked to fill out questionnaires evaluating the content of the lecture, its value to them, and the effectiveness with which it was delivered. We share the results—bad or good—with the lecturers.

Fortunately, many successful administrators, research scientists, and clinical specialists are also good communicators, and they are invited back again. But there are other equally accomplished physicians who are brilliant in their specialties, or effective at directing large research projects or conducting intensive bedside teaching; and yet they do not have the special gifts required to organize or simplify their material into a good lecture and to present it with flair to a large group. For their sakes, and in the interest of a successful educational program, we feel that they should know how they have been evaluated, and we do not ask them back again.

Response to our lectures suggests to us that this program, and many others like it in this country, constitute one of several possible forms of voluntary, continuing self-education, in which physicians take responsibility for upgrading their knowledge. Despite their supposedly passive roles in a lecture situation, the participation of these physicians in question-and-answer periods, and their responses to evaluation questionnaires, indicate to us that they are involved in some form of learning and they find the courses rewarding.

Of course, we cannot prove that these rewards are passed on in the form of changed physician behavior and better patient care. But we strongly doubt the validity of studies that claim to measure the relationship between a medical education course and subsequent changes in patient care. To quote a writer on this subject in a recent issue of JAMA:

> *There are many controlled factors that influence physician behavior and treatment outcome that were not, and could not be, identified or measured in such studies. While the studies fail to find a change, they also fail to prove that no change occurred.*

Because our experience with the lecture format has been positive, we are interested in seeing that it is preserved as an effective instrument. To do this, more teaching talent must constantly be developed. Perhaps we can look for this talent among the ranks of medical school instructors and teaching fellows, many of whom are effective communicators. If they had more opportunities to represent their departments on the lecture platform, we might see the rise of an important new group of medical lecturers. Since we can expect growing demands to be made on the physician to engage in continuing education, all possible encouragement should be given to the development of such a corps of effective medical educators. □

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