portions of his knowledge and skills in addition to acquiring information which

is completely new to him.

(2) The University of Wisconsin has a responsibility to provide health practitioners in Wisconsin with the opportunity to constantly review and update their knowledge in order that they may improve the delivery of health care in their communities.

(3) Optimal learning occurs when an individual has an immediate and urgent need for information. A great deal of information need not be learned provided

it is instantaneously available when the physician requires it.

(4) The sources of information for a health professional are many and varied; the quality and veracity of this information is equally variable, e.g., the pharmaceutical representatives serve a distinct purpose in bringing information concerning new drugs to busy physicians and pharmacists. At the University of Wisconsin we have some concern about the appropriateness of the time at which this information is delivered and the context in which it is delivered.

(5) Much information in textbooks and journals is outdated or disproved by the time it is published, and even more unreliable after the publication has been

on the individual's reference shelf for a number of years.

(6) The demands on those delivering health care are such that time and distance are barriers to continuing education. It is difficult to leave patient care responsibilities and travel to a medical center for a course which may or may not be relevant to the individual's needs.

(7) The primary responsibility of the medical educator is to train medical students. Continuing education must compete with other responsibilities such

as research and service in its demands on his time.

(8) Medical practice today is so varied, it is our belief that no two physicians have the same pattern of demands placed upon them by their patients. Continuing education must be structured to enable the physician to identify and meet

his specific needs.

(9) Health care is becoming more and more a team effort. The nurse, medical technologist, pharmacist, x-ray technologist, hospital administrator, physiotherapist, social worker and dietician all have critical roles to play in the total medical care of the patient. Without any one of these ancillary personnel the physician loses a great deal of his effectiveness. Any continuing education program for physicians must encompass opportunities for all health personnel.

To meet these problems the Continuing Education Committee of the University

of Wisconsin has developed long-range aims which state:

1. The volume and opportunity for continuing education available is so great that the problems for the busy practitioner are "which, when, how good, and how

2. The provision for the continuing education of the physicians in the state of Wisconsin is an appropriate function and the duty fo the state university.

This education should be-

- a. Of the highest caliber and pertinent to current medical practice;
- b. Presented in a readily available form; and

c. Available

1. To physicians of varying interests and all areas of the state;

2. At convenient times of the day or night;

3. At lowest possible cost;

4. In various and diverse forms in which physicians may require it;

5. Without the physician having to absent himself from the responsibilities of his practice for any prolonged period.

3. Discussion of patients and prepared material is the most effective method of continuing education and can best be done on patients well known to the physician.

Implementation of these objectives has been the concern of the Department of Postgraduate Medical Education which soon recognized that communications offered the possibility of providing:

(1) Truly continuing educational programs for all health care personnel, presented on a regular basis in the communities where health care is being

(2) Greatly increased diffusion of the knowledge and skill of medical educators and at the same time reducing travel time of the faculty and course registrants.