CONTINUING EDUCATION

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Postgraduate education in medicine in itself is not a new entity. Most practicing physicians in the past have recognized the need for it and have continued to educate themselves in many ways: through trial, error and experience; through attendance at local, regional and national meetings; through part-time teaching, through journal reading and through the occasional refresher course.

But the modern concept of postgraduate continuing education for credit is a relatively recent development, brought on by the threat of government takeover, which has now almost changed what was once a voluntary effort into a mandatory requirement. It may soon become a necessity to log a certain number of hours credit each year in order to keep an active hospital staff appointment or even to keep a state license.

Most new and young practitioners have already accepted the idea; most middle-aged practitioners go along with it reluctantly; but many of the elderly, who glimpse the faint light of retirement at the end of the long tunnel, continue to resist and say to hell with it.

It all may not be as serious as it sounds, and for some humorous comment on the modern fad of continuing education as viewed from the other side of the lectern, we reprint here an article on "Lectures and Luncheons" by Howard M. Spiro, Professor of Medicine at Yale, which appeared in the August 1978 issue of *FORUM ON MEDICINE*.

> "Postgraduate education is now the big fad. Even the College has now turned to taping lectures. The lecturer whose words are automatically recorded by a machine knows that he is impressing at least a plastic tape. He sometimes has doubts when he looks at the audience. To his sorrow, every speaker knows that some people sleep at every talk—he hopes for good reason unconnected with the talk. Presence at lectures gains the sleeper continuing medical education credit if he signs in and even convinces the hospital commissions that lectures are popular, particularly if attendance is compulsory as it so often is in community hospitals.
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> "Nothing more chills the peripatetic lecturer than a roll call just before he is to talk. Even at the final trumpet, the orthopedists and gynecologists will rise from the grave to greet their God and sign in, but they will surely be called back to the operating room before exchanging their green scrub suits for the white robes of glory. But at least the green-suited surgeon ambling out of the auditorium with a wave here and there to his captive internist colleagues in their business suits carries a sense of urgency that comforts the abandoned speaker. It is much more disturbing to see an internist less urgently clad get up and walk out. The person may have a very good reason to leave, may even be leaving with reluctance, but the speaker has no way of knowing and is convinced that he has failed to get his message across. If you must leave a lecture, run out, clutch your belly with a look of horror, bang the door loudly. Never walk out leisurely! Dash out, as if against your will! Beepers are particularly good for the internist. Several squawks permit him to leave as if reluctantly, with the double benefit of calling attention to his presence and the fact that

he is busy and needed elsewhere.

"The young write letters, I think. I watch the rhythm of the pens. If the pens pause when I pause, I assume that notes are being taken; but when the pens continue moving steadily through my pauses and evenly through my jokes, I assume that letters are being written or even that bills are being paid. Nowadays, young women often knit during the lectures, beatifically and serenely to be sure, but the steady rhythm of the needles unnerves me, and I wonder what they are thinking.

"As humbling but more comforting is the luncheon lecture, which keeps the speaker in doubt as to whether the audience has come for him or for the buffet. At least he has the comfort of satisfied faces, even if the crackling of potato chips sometimes provides background competition. Still, there is a sense of communion, if only with the salami.

"There are so many different ways to conjure up an audience. Our GI group holds lectures only in the late afternoon, and sometimes we even serve sherry. We import speakers at great expense from quite a distance, and yet the famous man usually talks to 40 or 50 in an auditorium for 300. I remind our guests that God would have saved Sodom for the sake of 10 righteous men and point out that they have attracted 30, a comparison which our speakers usually receive graciously. Still, the reluctance to attend lectures must be telling us something about medical education and the place of lecturers in such medical education.

"The practicing physician gives the clue sometimes even when he does not know it. Lecturers laugh at the proverbial elderly practitioner who stands up at the end of a lecture to ask about a patient. Everyone gets a little nervous, but is that not really why he is at the lecture? That elderly physician simply stands up to tell us that physicians need practical information about how to make a diagnosis and what to do for patients. We lecturers need to keep him in mind as we watch our audience dozing."

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