Continuing Education for Pulmonary Physicians

The major reasons for participating in continuing medical education (CME) are to obtain new knowledge and skills, and to provide reassurance that present medical practice is still up to date. The ideal educational offering to accomplish these goals should be directly relevant to patient care, convenient, inexpensive, practical, individually based, provide immediate benefit, and take a minimum of time. The only activity that clearly fulfills these criteria is the practice of medicine. Problems encountered in the day-to-day practice of medicine stimulate intellectual curiosity and cause physicians to read, obtain formal consultation, and engage in “curbstone discussions” with colleagues to gather additional information. These activities are convenient and do not necessitate travel; they engender no cost to the physician; are specifically related to a patient problem, the solution of which will help the patient and reduce physician anxiety; and are timely, providing rapid feedback which facilitates patient management. Most physicians do not consider these activities to be CME, but the experience gained in patient care probably has the greatest influence on physician behavior.

Surveys of physician CME preferences have consistently demonstrated that formal short courses are the most highly rated activity. A quick review of the educational offerings at the annual meetings of the American College of Chest Physicians and the American Thoracic Society demonstrates why these meetings are so popular. A participant can hear state-of-the-art presentations, research papers, symposia, panel discussions of controversies, poster sessions, meet-the-professor sessions, clinical colloquia, and see a variety of exhibits from the pharmaceutical industry and equipment manufacturers. These may include audiovisual exhibits and computer-assisted instructional programs that are esthetically pleasing and educationally sound. It is well recognized that physicians have different learning styles, and the potpourri offered at these meetings ensures that there will be presentations that are appropriate for everyone. This is in sharp distinction to most hospital-based programs which are modeled after undergraduate medical education, primarily using passive learning methods consisting of multiple lectures interspersed with occasional question-and-answer sessions.

There are several other factors which play an important role in motivating physicians to attend these national meetings in increasing numbers. Respite from practice and the opportunity to take a vacation in conjunction with a meeting are frequently mentioned as important factors. The ability to informally interact with a large number of colleagues who have similar training and interests is also of value. This informal communication is non-threatening and allows physicians to obtain information on a wide range of topics.

As the knowledge base expands, it is incumbent upon physicians to update themselves using whatever educational modalities are best suited to their learning style. While national meetings are commonly attended and offer a wide variety of educational offerings, the problems presented by patients are still the greatest stimulus for learning. The tools to accomplish this: journals, textbooks, and colleagues, are widely available and need to be utilized for optimum results.

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REFERENCES

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Calcium Antagonists: New Therapy for Congestive Heart Failure?

Congestive heart failure remains a principle cause of death and disability in North America. Since the introduction of vasodilator therapy, considerable insight has been acquired into the pathophysiology of heart failure as it relates to associated subcellular alterations, the fundamental role of calcium, the relat-