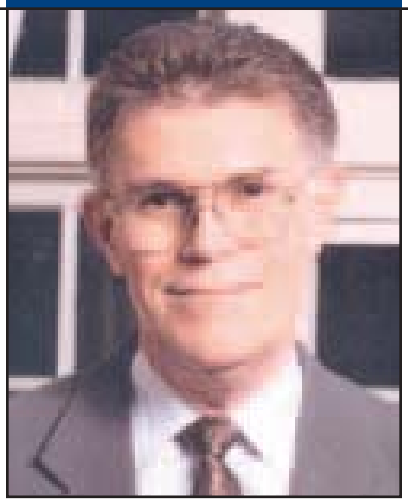

The Perils of Convergence

By Jim Silcox, MD, FRCSC

There has been a lot of discourse in the business media lately about "convergence," — supposedly the coming together of two companies, each with expertise which the other needs for growth or enhancement. The resulting synergy is supposed to realize that old adage: the sum is greater than its individual parts. In particular, we have seen the merging of companies mastering technological innovation with those that manufacture content. This collaboration was expected to produce information and entertainment of proven popularity and durability and was considered to be a union made in heaven, guaranteed to satisfy even the most jaded shareholder with soaring revenues. But, as most of us now know, the riches and successes promised by these mergers have not quite materialized. Proponents are now quickly disappearing from the corporate ladder, being replaced by those who swear by the fundamentals.

Medical schools have much to learn from this little parable. Traditionally, we have had our own corner in the content market. We have teachers with expertise in every aspect of health care. Like Janus, we can look both ways and present the historical and the traditional, as well as cutting-edge material to our students. When it comes to process, we have a lot of experience in face-to-face encounters with our students, whether they be in small bedside groups, medium-sized tutorials, or large classrooms. However, we have never had to adapt our delivery for purposes of distributed learning, nor have we wanted to. Preference has been given to bringing trainees to us and presenting our "pearls" in a didactic and synchronous model.

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Editorial

It is no surprise, therefore, that CME and Professional Development programs run by schools have tended to follow this "build it and they will come" principle. We have said to ourselves that if we can figure out what this year's target audience wants to know, we can be assured of having our class seats filled, and that will be the hallmark of our success as adult educators.

Yet nothing stays the same. Medical education is no exception. To meet doctor shortages, medical schools across the country are being propelled by their provincial governments into rapid expansion of undergraduate and postgraduate programs. But traditional classrooms and restructured health-care facilities cannot accommodate the increased number of trainees. This overload has called for an altered teaching/learning paradigm. Consequently, schools have awakened to the fact that they must spread their trainees over wide geographic radii. This in turn raises the spectre of delivering consistent, high-quality education over two dimensions that we never had to consider before: time and space. Moreover, what we do must meet the demands of the information age and be "user-friendly." If not, we will never be able to recruit the far-flung faculty we so desperately need. We must make teaching "do-able" for them with accessible CME so they can teach the curriculum confidently. We must provide professional development in regard to best teaching practices, evaluation, administration, and student support; all without taking them out of context or disrupting their lives in intolerable ways. If we cannot do this and do this quickly, then our noble plans for expansion will fail. After all, many doctors purposely left large teaching centres to get away from teaching and its responsibilities. With this kind of challenge, is it any wonder that medical school deans these days have the look of a deer with their eyes caught in the headlights?

Therefore, we, the media companies, are vulnerable to the platitudes, and promises of delivery industries who sense our naiveté. After all these years of indifference we are now ready, even desperate, to take the leap into distributed learning at the undergraduate, postgraduate and CME/professional development levels. However, most of us don't have the first idea of how to do that. We sense, without knowing the details, that technology is integral and that this will force us into a new kind of pedagogy. Courses will have to be designed differently. Thought will have to be given to packaging them so that they meet the constraints and opportunities of delivery systems. Convergence will fall flat in medical schools, just as it has in the market place, if we fail to adhere to the educational fundamentals. We as teachers should be driving the process — not those who offer us the networks, the bridges, the hardware, the video, *etc.*

These are unprecedented times for medical educators at all levels. We can, and indeed must, develop partnerships with those who can help us to get the word out. There are benefits for all the players in doing this, but let us not forget the lessons learned by our counterparts in the industrial marketplace. The fundamentals of teaching and learning must always come first. CME