



Keeping up the Pace

Rapid Response in CME: Is this Reasonable?

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In this issue of the *Canadian Journal of Continuing Medical Education (CME)*, you will find two of the eight articles dealing with infectious diseases. With the recent outbreak of severe acute respiratory syndrome (SARS), the issue of emerging infectious diseases has once again hit the headlines. This is an important reminder about the continued prevalence and potentially devastating consequences of diseases that we once thought were well controlled and easily treated.

Over the past decade we have seen resurgences of “old” diseases, emergences of new, and increases of outbreaks: both globally and locally (Table 1).

These rapid changes in infectious diseases necessitate a rapid response from CME to develop

Table 1

Recent challenges

Several of the more important agents and diseases that we have had to deal with in a very short period of time include:

- HIV/AIDS
- Increase in tuberculosis/ advent of multidrug resistant tuberculosis
- Increase in antibiotic resistant bacteria
- Potential use of agents of bioterrorism/ potential reintroduction of the small pox vaccine
- Increase in drug resistant malaria
- Emergence of West Nile Virus
- SARS

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educational materials in an equally rapid manner. Although changes in infectious diseases likely evolve more quickly than in other fields of medicine, these changes merely accentuate the problem that we face on a continuous basis in CME. How do we effectively keep up with the pace of change, and how do we provide sound education for broad and diverse audiences?

When one compounds the number of recent advances in medicine by the number of readily available educational resources, the volume of material becomes staggering, and the ability to keep up-to-date, difficult, at best. For instance, the multitude of Internet sites with sound, evidence-based educational materials expands daily. Regularly navigating the Web in an attempt to access this voluminous material is becoming almost impossible. It would appear that the electronic era might actually be making it more difficult, rather than easier to, maintain a current knowledge base and understanding of medicine.

CME, therefore, has a difficult task. With ever-changing needs, based on continuous advances and alterations in medicine, we must develop pedagogically sound, relevant and timely CME. We must do this while adhering to the principles of life

long learning and in formats that cater to the broad and diverse audiences that we serve. No longer is the traditional classroom the standard venue. Common delivery venues now include:

- Interactive classrooms
- Small group learning
- Individualized preceptorships
- Electronic classrooms
- Interactive technology based programs
- Tools for the personal digital assistant (PDA)

The difficulties CME face are in many ways the same difficulties that the individual learners face in a field where the advances and changes outweigh the ability to keep up-to-date. However, within CME, the issue is compounded exponentially

as we must maintain educational programs in all areas of medicine and we must develop these in an array of formats to fit the needs of our users. The challenges of fulfilling this role are becoming more and more daunting. However, it is important to remember that although we strive to fulfill our mandate in an effective and innovative manner, changes in medicine still manage to keep one step ahead of all of us. The challenge we face is to keep that step as short as possible. CME

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