The time has come ... are you ready, doctor?

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The time has come my little friends, to talk of other things. So says the walrus in Disney's version of Lewis Carroll's imaginative tale "Alice in Wonderland." In this, one of my favourite children's stories, Alice finds herself inadvertently thrust in a world to which she is totally unaccustomed. Due to her unanticipated circumstance, she is compelled to explore, experiment, experience, ... endure! It becomes a total misadventure, inherent with intrigue and mystery, devoid of predictability and familiarity. Throughout her plight, Alice faces a variety of challenges, totally beyond her comprehension and control. Nevertheless, albeit with much concerted effort, she manages to survive the unexpected course of events. What a tumultuous ordeal!

I have often wondered what the outcome might have been, had Alice prepared herself sufficiently for the unknown, in order to have made the appropriate decisions in her own best interests. Would she have performed with much less trepidation or would it not have mattered in the least? Given the odds, I think we would unanimously agree that the path to security and excellence requires suitable preparation as a major key in surmounting many, if not the majority of life's untoward difficulties. Further substantiation is borne out in the statement, *chance favours the prepared mind*, a well-known aphorism of Louis Pasteur, the so-called father of modern bacteriology – a most astute observation, to say the least.

Given due consideration, ponder for a moment. Is the foregoing scenario not unlike that of the educational process? If this be so, ask yourself, "As a primary health care practitioner, am I genuinely prepared to meet the challenges of contemporary clinical practice? Am I equipped with modern technologies and skills to service the needs of an every-burgeoning and longer-living population? Is my

academic knowledge base sufficient to carry me into the 21st century and beyond?" I submit the impact of such questions is more important now than ever before in our professional history. Such issues must be addressed and answered truthfully, in order to maintain a standard of practice which is acceptable, not only to our collegial peers and the public at large, but to ourselves.

With respect to issues concerning their health care, patients expect no less than competent attention and service and are, in fact, so entitled. As a professional body, we are obliged to continue to deliver state-of-the-art health care. This is particularly evident at this time when patients are no longer considered solely as "patients," but rather, as referred to as "health care consumers," who form an integral part of the health care team.¹

A brief review of our chiropractic educational experience reminds us of our college days and the four years spent pouring over textbooks, producing group projects and the burning necessity of submitting reports on time. The majority of this phase of our educational experience was largely teacher-directed and was conducted within the confines of our respective educational institutions. The institution provided the formal schooling component of your personal educational experience, the means to the end. The end, in this case, being the awarding of degrees and the distribution of the appropriate certificates and diplomas; the traditional universal approach to the educational process.

The formal schooling component attempts to stimulate and tantalize the student's "mental palate," providing a veritable smorgasbord as invitation to an academic feast lasting over a period of four years. Yet, voracious as the appetite may be initially, the student soon becomes selective and develops the less desirable habits associated with short-cutting. Much is discarded in the interest of time prioritizing, an action which, eventually, we all fall victims to.

Graduation signals the culmination of diligence and

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dedicated effort for the most part ... the representation of accumulated knowledge and the mastery of a variety of technical skills. But, is this the end? If it is true that education is what survives when what has been learned has been forgotten, according to the behavioural psychologist B.F. Skinner, then graduation is exactly the point at which authentic education must begin. It becomes our moral obligation to our colleagues, to the public, and to ourselves to remain abreast of our specific and unique field of health care and its associated dynamic components.

The vehicle through which we best maintain contact with our profession, specific fields of academic interest and technical advancements, is undoubtedly regular involvement in continuing education (CE). Note that the acronym, "CE," may also be considered "cutting edge," and so it should, as the face of CE is rapidly undergoing change. According to Campbell and colleagues,2 the traditional means by which learning occurs among physicians following graduation from medical school, is by perusal of the literature and attendance at conferences. These forms of self-directed learning are similar and in line with most health care professionals, including Doctors of Chiropractic. However, in a recent editorial, Snell,3 has recognized that physicians no longer consider the continuing component of their education to solely constitute the simple matter of attending lectures, as a means of updating their clinical knowledge. In addition, it is suggested that physicians assume the responsibility of assisting in designing their own self-directed and formal continuing medical education. Current trends in the field of continuing medical education are said to include issues relating to ethics, health care management, clinical practice guidelines and computer-generated information.3 The issue regarding computer literacy and the necessity for the modern practitioner to become familiar with the latest technological advancements in the area, are emphasized by Toews and Lockyer,4 "... the time is now to acquire computer skills to prepare yourself for using the resources that are available." They go on to say, "... textbook publishers such as Harrison's and producers of directories such as the Compendium of Pharmaceuticals and Specialities (CPS) have their material available on disk in formats that make searching for information much easier than that possible with traditional tables of contents and indexes. Some of those producers are considering dropping their print versions."

The powerful infiltration of the computer within society in general, has left little room for argument with respect to its influence in all fields, including, perhaps most importantly, the field of education. Yet, while its utilization may threaten the livelihood of many gainfully employed, it is my contention that computer-assisted, self-directed learning will not entirely replace the invaluable experience of the "live" lecture. There is nothing to say that self-directed learning must be solitary, or that it must be independent of professional assistance.¹

It is not my intention to argue the efficacy of self-directed versus teacher-directed learning and the benefits/ detriments of either. My purpose here is not to engage in controversy regarding such issues. Suffice it to say, however, that throughout your educational journey, and more particularly so, following graduation, it is incumbent on the health care professional to remain abreast and maintain current competency levels. I have often said, an education is one's personal responsibility. Continuing education is, in my opinion, not only a necessary tool for the survival of contemporary health care practitioners, it is also a moral obligation. With the advent of computers, modems, fax machines, access to the Internet, and all the associated means of technological wizardry, the acquisition of knowledge has never been more attainable. Ignorance may no longer be a tenable excuse. In fact, practitioners in rural settings may no longer claim isolation or distance as an impairment to learning and knowledge.5,6

The practice of a system of health care, founded upon the basic precepts of the art, science and philosophy of chiropractic, began during our formative years as students. I encourage you to examine your professional responsibility and consider the importance of remaining abreast of your chosen field. It is likely that, with time, mandatory continuing education credits for the purpose of maintaining professional licensing will be the accepted norm in all jurisdictions nation-wide. Now is the time to prepare for this seemingly certain eventuality. There will always be uncertainty and challenge in the future, however. Are you prepared to meet the unforseen? To paraphrase Will and Arial Durant from their work "The Lessons of History,"7 "of what use has your formal schooling been? Have you learned more about the human being than the man in the street can learn without so much as opening a book? Have you derived from your educational experience any illumination of your present condition, any guidance for your judgements and policies, any guard against the rebuffs of surprise or the vicissitudes of change?"

Continuing education may be defined as "any activity which will increase learning to improve the experience in any area that will help the professional do a better job." Whatever you may decide, the importance of remaining current in your chosen field cannot sufficiently be underscored. Your Division of Continuing Education exists to assist you in your needs and concerns. It is incumbent on you to fulfil this aspect of your professional responsibility.

The time has come, my little friends, to talk of other things ... You are responsible for your own education. Are you ready, Doctor?

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